

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH JOINT WITH
COMMITTEE ON HOSPITALS

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MARCH 5, 2020
Start: 3:45 p.m.
Recess: 7:22 p.m.

HELD AT: Council Chamber - City Hall

B E F O R E: Corey Johnson
SPEAKER

Mark Levine
CHAIRPERSON

Carlina Rivera
CHAIRPERSON

COUNCIL MEMBERS:

- Keith Powers
- Andrew Cohen
- Robert Holden
- Mathieu Eugene
- Alicka Ampry-Samuel
- Inez Barron
- Diana Ayala
- Francisco Moya
- Antonio Reynoso
- Mathieu Eugene
- Alan N. Maisel

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

Dr. Oaxiris Barbot, Commission
Department of Health and Mental Hygiene

Dr. Mitchell Katz, President and CEO
New York City Health and Hospitals

Dr. Richard Carranza, Chancellor
Department of Education

Andrew D'Amora, First Deputy Commissioner
Office of Emergency Management

Michael Mulgrew, President
United Federation of Teachers

Annette Seyhe [sp?], member
SEIU 1199

Carol Wills, member
SEIU 1199

Geordani Bueno [sp?], member
32 BJ

Kim Thompson, member
SEIU 1199

Lilly
Registered Nurse Division

Jenna Mandel-Ricci, Vice President of
Regulatory and Profession Affairs
Greater New York Hospital Association

Jeff Oshins, President
Local 3005

Michael Greco, Vice President
Local 2507

Judith Arroyo, President
Local 436

Gabriel Oberfield, Vice President of
Policy and Operations
Continuing Care Leadership Coalition

Nancy Rankin, Vice President for Policy
Research and Advocacy
Community Service Society of New York

Unidentified
Center of Independence of the Disabled in
New York (CIDNY)

Reed Vreeland
Housing Works

Seogeun Chun, Senior Manager of Health
Policy
New York Immigration Coalition

Meera Venugopal, Communication and
Development Manager
Asian American Federation

Joel Cufferman
National Lawyers Guild Environmental
Justice Initiative

Dusty Burke
Westview News

SERGEANT AT ARMS: Check. Check. This is the sound check for the Committee on Health joint with Hospitals. Today's date is March 5th, 2020 located in the council chambers. Recording done by Pedro Lugo [sp?].

[gavel]

SPEAKER COREY JOHNSON: Good afternoon, everyone. I am City Council Speaker Corey Johnson and I'd like to start off by thanking my colleagues, council members Levine and Rivera for holding this joint hearing. We're joined by council member Holden, council member Eugene, council member Treyger, council member Barron, council member Cohen, council member Powers, council member Levin, council member Ampry-Samuel. And I believe that is everyone. Today, we'll discuss the city's preparedness for the novel Coronavirus and the related disease officially designated COVID-19 by the World Health Organization or the WHO. We expect to hear from several city agencies, including the New York City Department of Health and Mental Hygiene, the New York City Health & Hospitals, New York City Office of Emergency Management, the Department for the Aging, and the Department of Education, and from members of the

public. I am very thankful for the entire administration for being here today. I was just with you all at a press conference just five minutes ago at One Police Plaza and for all of the work that you have been doing around the clock on this. I am pleased to know that it is an all-hands-on-deck approach to ensure that New Yorkers are as prepared, informed, and safe as possible. And I especially want to thank and recognize our Department of Health Commissioner Dr. Barbot and her entire team at the new York City Health Department who have been working tirelessly since the beginning of this year to ensure our city is prepared for and responsive to COVID-19. Dr. Barbot, you've done a great job. The city of New York is lucky to have the best public health officials and health department in the world and we appreciate you, again, taking time to come here, especially with everything that has been going on today. Recently, a new Coronavirus, which causes a disease named COVID-19, has been detected in almost 100,000 people worldwide. COVID-19 has been making headlines and there is a lot of misinformation out there. Today, we are here to shine light on the facts. The facts of what people need to know. We

want New Yorkers to be prepared and we want to address the real fears New Yorkers have, but we want New Yorkers to feel calm because the city is prepared. New York City has handled similar situations before and we are ready to do it again. Coronaviruses are a family of viruses that cause mild illness is like a cold to more serious illnesses like different strains of the flu. I want to emphasize that COVID-19, for a large majority of people who become infected presents the same symptoms as a cold or the flu. In fact, as of now, 80 percent of people with COVID-19 have mild symptoms that resolve on their own without the need for medical intervention. Based on our current understanding, most people who contract COVID-19 will not need hospital care or urgent medical care at all. That being said, we, as the public should see every single day, are taking this virus very seriously and some New Yorkers are more vulnerable than others because new information is emerging every day. Today, again, will hear from the Department of Health and Mental Hygiene about individuals who may be more susceptible to moderate and severe symptoms including older individuals and those with certain underlying health conditions and

what the city is doing to reach out and support these individuals. We'll have a role to play in taking preventative measures to protect ourselves and our vulnerable friends and neighbors against this virus. Not surprisingly, these preventative measures are similar to those recommended for the common cold and the flu. Frequent and thorough hand washing with soap for at least 20 seconds or using hand sanitizer when necessary, alcohol-based, staying home if we feel sick, and covering our coughs and sneezes with a tissue or in our elbow. It is crucial for every single person who has a fever, cough, and or shortness of breath to contact their doctor or health provider or call 311 to get connected to care. There are also things that New Yorkers should not do at this time such as boycotting or avoiding certain businesses, avoiding public spaces, hoarding important medical equipment such as facemasks or cleaning supplies if they are healthy. This can hurt other New Yorkers who may actually need those supplies right now. New Yorkers can also rest assured knowing that every single person can receive medical care regardless of their insurance status, their income, or immigration status. If you are feeling unwell and

you have any questions, again, you should call 311 and requests that help. Anyone without health insurance can receive free and low-cost care at our public hospital system and we are glad the Dr. Katz is here, as well. I want to encourage all New Yorkers to support their friends and neighbors and colleagues by educating themselves against misinformation, especially misinformation that perpetuates panic or bias. In particular, we've seen examples of anti-Asian racism and anti-Semitism in connection with the spread of this virus. We, as a city, as I've said before, will not stand for actions fueled by fear mongering or racism. At moments like this, we must stand alongside our friends and neighbors and do all we can to protect one another. As a reminder, if you're being harassed due to your race, ethnicity, religion, nation of origin, or their identities, or you are a witness to such acts, you can report such discrimination and harassment to the New York City Commission on Human Rights by calling 311. I am also troubled by some of the ways that we have seen, I think, irresponsible folks that have been commenting on this who perpetuated the troubling and fear mongering messages and tried to create

public panic around this one we're trying to handle this in a sober, factual, scientific way. Let's focus on public health. Let's make sure that our messaging resonates with the facts shared by true public health experts, such as members of our Health Department, of our Health & Hospitals system, of the World Health Organization. That's who we should be listening to. New Yorkers can also call 311 if they face retaliation from their employer or if they need to take sick time and they have questions. As a reminder, the city mandates most employers to provide paid sick leave and no one should feel pressured to go to work as they are not feeling well. Our city is strong, resilient, and equipped with some of the best hospitals and medical providers in the world. We are ready to handle anything, including COVID-19. But I'm proud of the work we have done so far and I look forward to discussing this preparedness in greater detail. Before I turn it over to the co-chairs who are co-chairing this hearing, I just want to say that today's hearing for the members who are here-- for all the members who are here-- we've also been joined by council members Reynoso, Ayala, and Maisel. Today is about us getting facts. Today is about us

handling this in a sober, thoughtful way. Now, people are rightfully concerned. People are rightfully anxious. It's okay to ask questions in that regard, but let's not move towards hyperbole. It's not do things that are going to cause panic and scare people. Let's focus on what the city is doing to be prepared. If there are questions about what we have done so far, those are reasonable questions that people should ask, but I want to just set the tone for this hearing today and today is us trying to get facts out there to the public, to our constituents who are calling our local council member offices with questions and concerns and to hear it from some of the main individuals who have been handling the response. Deputy Commission Demetre Daskalakis couldn't be here today because he is dealing with this. He was supposed to be here. And Commissioner Criswell from OEM was supposed to be here but she couldn't be here because they are both, literally at this moment, dealing with the city's response. Though, in the midst of that, Dr. Barbot, Dr. Katz, Chancellor Carranza, and other folks from the administration are here because they thought it was important to be at this hearing today to continue to

reassure the public about what we have done so far, what we are doing in the future, and how we need to think of this moving forward. So I appreciate you all being here. From the Council members and being here today and, with that, I want to turn it over to Council member Levine, the Chair of the Council's Committee on Health.

CHAIRPERSON LEVINE: Thank you very much, Mr. Speaker, and thinking for that very important guidelines on our goals in the hearing today. As you said, I am Mark Levine, Chair of the City Council's Health Committee and I want to thank you, Mr. Speaker, and, of course, my colleague, Council member Rivera for chairing this hearing with me today. I want to thank the administration. All of you for joining us today and I, too, want to single out the Health Department and you, Dr. Barbot, our Commissioner, and your team for working around the clock. We are very lucky to have world-class public health professionals in charge right now and we want the public to know that. That they should have confidence in you and your leadership.

To successfully battle and a public health crisis, certainly, one on the scale of

Coronavirus or COVID-19, it is critical that the public be armed with accurate information from trustworthy sources. And, thus, the goal of this hearing is to focus on the facts, on this science, to highlight those cities preparedness, to dispel misinformation, and took while on warranted fears that can lead to needless and even harmful actions by the public. So, some facts. 80 percent of those who contract COVID-19 will, in fact, experience only light symptoms roughly akin to a cold and not requiring medical treatment. On the other extreme, 14 percent of patients do experience severe disease at approximately five percent of patients will become critically ill, likely requiring hospitalization with fatalities and some smaller portion of cases. The majority of those most seriously affected our older individuals. In fact, children are the least vulnerable age group and many of those with the most serious medical repercussions from COVID-19 have pre-existing medical conditions such as cardiovascular disease, diabetes, hepatitis B, chronic obstructive pulmonary disease, chronic kidney diseases, and cancer. More facts. There is no recommendation at this time-- Repeat. No recommendation at this time

for New Yorkers to limit their travel within the city, to avoid public gatherings and public transportation, or to change anything about where they obtain their food or prepare it. And there is no need and no excuse for avoiding any neighborhood in this city, in particular, Chinatown and other Asian communities which are now struggling in the face of a crippling economic low brought on by the unfounded shunning of their businesses by the public. There is no recommendation for anyone to wear a mask as they are not sick or have not been instructed to do so by a medical provider. Nor, however, should anyone be targeted for harassment if they do choose to wear a mask. And given that the confirmed cases in New York so far have been concentrated in the Jewish community, and a pre-existing climate of rising anti-Semitism, we must fiercely oppose any further attempt to scapegoat or stigmatize Jewish New Yorkers or any other group in this city affected or presumed to be affected by this virus. This hearing is about helping New Yorkers understand the roles we all have to play and getting through this crisis. It's about understanding the steps the health department and other city agencies are taking to

protect New Yorkers and to prepare for a more serious turn in this crisis. It's about ensuring we have adequate resources and plans in place should the most serious scenarios come to pass. I firmly believe that our city government is up to this challenge. I know our city is up to this challenge and I very much look forward to the discussion ahead. And now, I'm going to turn it over to my colleague who is co-chairing, Council member Carlina Rivera.

CHAIRPERSON RIVERA: Good afternoon, everyone. I am Carlina Rivera, Chair of the Committee on Hospitals and I'd like to start off by thanking my colleague, Speaker Johnson and Council member Levine for chairing this hearing with me today. As the Speaker and Council member Levine discussed, we will be examining the city's preparedness for COVID-19. The city's hospitals are a key partner in our efforts to prepare for COVID-19. New York City is home to some of the countries most renowned hospital systems and this includes our public hospital system, H&H. H&H's 11 acute care hospitals and various other medical facilities are located throughout our city and serve many of our residents who rely on Medicaid or are uninsured. H&H

never turns anyone away who is seeking care. As the Speaker highlighted, every person in New York City, regardless of their ability to pay for their immigration status, can receive care at H&H. This includes individuals who seek medical care because of COVID-19 symptoms. And I want to encourage all individuals who are experiencing flulike symptoms to contact their doctor or 311 to get the medical advice and services they need and to know that they can rely on H&H and other hospitals to receive care. I am grateful to have H&H present here today so we can learn more about their preparation efforts. Recent reports state that our cities hospitals already have the capacity to treat 1200 people for COVID-19 without disrupting other needed medical care. I would like to learn more about where these beds are located, how many are within H&H facilities, how many are within voluntary hospitals, and what else H&H has done to prepare for the spread of the virus. I would also like to hear more about the protocols already in place to screen and treat patients, as well as precautionary measures taken by staff when treating patients. Our medical providers can be vulnerable during such outbreaks and I am sure that we are doing

all we can to protect them from exposure. I am pleased that we are also joined by the Greater New York Hospital Association who can speak to the efforts of our savings voluntary hospitals. We already know that the city is voluntary hospitals have provided care to the few New Yorkers with the virus. I look forward to learning more about their protocols and the measures they have taken to ensure that we can effectively treat and prevent the spread of COVID-19. As the Speaker mentioned, this spread of COVID-19 is occurring simultaneously with efforts by the federal government to scare our immigrant communities. Just last week we held a joint hearing with the Committee on Immigration regarding increased ICE activity in New York City. I want to again emphasize that no matter who you are, where you were born, your immigration status, you are able to get healthcare in New York City. We know that particular individuals are more susceptible to moderate or severe symptoms: those who are older and those with chronic health conditions. With these statistics in mind, the response to COVID-19 must include the examination of health inequities and reinforcement of health care access in care for those within

populations that are disproportionately impacted. I look forward to discussing the city's outreach and efforts during our hearing today.

[Speaking foreign language]

Today, we are highlighting the facts.

The fact is our city's hospital systems have effectively handled numerous outbreaks before including measles and Ebola. They have been preparing for COVID-19 for months. They already have plans in place and today we will learn more about those plans. Every New Yorker should feel confident that they can rely on our city's hospital systems, as well as our health department. I want to thank all of our public employees from the person cleaning our schools to the public hospital nurse, to our emergency fire and police services for all the work that they are doing to keep our city safe. Thank you all for attending today and I look forward to highlighting the relevant facts while dispelling dangerous misinformation which can result in unnecessary and dangerous actions. Thank you.

SPEAKER JOHNSON: Thank you, Chair Rivera.

And I want to quickly turn it over for some brief opening remarks. Even though this is a joint hearing

between the Health Committee and the Hospital Committee, we do of the Chancellor here today and I want to allow the Chair for Education Committee, Mark Treyger, to make some brief opening remarks.

COUNCIL MEMBER TREYGER: Thank you, Mr. Speaker. And I want to just also thank you, Speaker, and your office has been extremely responsive to my office and issues that we have raised. And I want to also just publicly acknowledge and thank the Chancellor and his team and his office with the speed of responsiveness to my office and to the questions-- I do want to publicly thank you for that, Mr. Chancellor, and your team.

So, my name is Council member Mark Treyger. I want to thank the Speaker, Chair Levine, Chair Rivera for holding this very important hearing. And thank you all, to all the agencies, that are here to testify and to answer questions. As Chair of the Education Committee, I want to think of few moments to speak directly to parents and our school communities. We've been hearing from you and we understand that you are concerned about your children's well-being, but based on what we know right now, the virus appears to be affecting school

age children at lower rates and the symptoms are still relatively mild. Still, we understand that when it comes to our kids, we must be prepared and must do everything we can to keep them safe and supported. That is why the Department of Education has taken measures to reassure students, staff, and parents. Schools are being deep cleaned twice per week using standard strong cleaning products commonly used against viruses. I would respectfully request that the DOE ensure that custodial and maintenance staff have access to overtime, as needed, to ensure that there is ample time for deep cleaning and preventative maintenance. DOE has sent a memorandum to custodial staff reminding them of cleaning protocols, instructing them to pick up additional cleaning supplies, including supplies that are designed to kill the virus, then we will be sending a survey to custodians asking them whether they have enough supplies to last at least 30 days. And to emphasize the importance of staying home if you feel ill, DOE has said that it will suspend its policy of considering absences for the purposes of middle and high school admissions for next year's admission cycle. I want to know that this is a conversation

that must continue beyond this outbreak.

Additionally, DOE has been in contact with early education centers and private schools in the city to share cleaning protocols, collaborate on best practices, and offer assistance in obtaining cleaning supplies. And just to build on the Speakers and the Chairs remarks, there is room, zero tolerance for xenophobia, hatred, bullying of any kind in our school system, as well. And I am sure the Chancellor will echo and reinforce those remarks, as well. Zero room. Zero tolerance for hate. Because it is my belief that the virus of misinformation man the virus of hate are far more dangerous than the virus itself. So we're going to hear more today from DOE about it plans, including learning more about it coordination with the Health Department. I look forward to continuing to work with my colleagues in the administration to combat this virus. Thank you, Mr. Speaker.

SPEAKER JOHNSON: Thank you, Mr. Chair.

So, I'm going to read the name of the folks that Dr. Barbot is going to be the one who delivers the testimony today for the entire administration of all of the agencies that are represented, but we have a

bunch of folks that may actually have questions asked of them. So, I am going to read the names and then the Counsel is going to administer to oath to you. We have Dr. Oaxiris Barbot, the Commissioner of the Department of Health and Mental Hygiene, we have Dr. Mitchell Katz, the president and CEO of New York City Health and Hospitals, we have Dr. Richard Carranza, the Chancellor at the Department of Education, we have Michelle Allen, doctor, senior vice president, and chief medical officer New York City Health and Hospitals, we have Andrew D'Amora from the Office of Emergency Management, we have Guillermo Cruz from the New York City Department for the Aging, we have-- forgive me if I miss pronounce your name or if your handwriting is not very good-- Benjamin Strong from DFTA, as well, and we have from DFTA, Azela Colili [sp], deputy commissioner for the Department for the Aging. So if all of you would please raise your right hand and the council will administer the oath.

UNIDENTIFIED: Mr. Speaker, could we just-- friendly amendment. Ursalina Ramirez--

SPEAKER JOHNSON: Yes. I apologize. Ursalina, as well, from the DOE. Ursalina Ramirez.

LEGAL COUNSEL: Do you affirm to tell the truth, the whole truth, and nothing but the truth in your testimony before this committee or these committees and to respond honestly to Councilmember questions?

[background comments]

LEGAL COUNSEL: Thank you.

SPEAKER JOHNSON: Thank you. Dr. Barbot.

COMMISSIONER BARBOT: Good afternoon, Mr. Speaker, Chairs Levine and Rivera, and members of the committee. I am Oaxiris Barbot, the Commissioner of the New York City Department of Health and Mental Hygiene. I am joined by colleagues from The New York City Emergency Management, New York City Health and Hospitals, Department of Education, and Department for the Aging. I will testify that day on the city's response to the 2019 novel coronavirus, or COVID-19. COVID-19 is a respiratory infection. Reported illnesses have ranged from asymptomatic to my own to severely ill and symptoms can include fever, cough, and shortness of breath. It can spread between people who are in close regular contact with one

another and through respiratory droplets produced when an infected person coughs or sneezes in close contact with others. So, while 80 percent of cases have been classified as mild, the virus can be severe and even fatal. Across the world and here in the United States, the COVID-19 outbreak is rapidly changing. In New York City, 33 individuals have been tested for the COVID-19. Three individuals have tested positive. And actually this is an indication of how quickly things change. As of this morning, we had 35 individuals. Four individuals have tested positive and we have six results that are pending. These include both travel acquired infections and community acquired infections. Currently, those at greatest risk of infection are persons who have had prolonged and unprotected close contact with the patient with confirmed COVID-19 who is symptomatic. And those with recent travel to affected geographic regions with widespread or sustained community transmission or contact with anyone with confirmed COVID-19 within 14 days. The Centers for Disease Control and Prevention, CDC, has

issued clinical guidance for the national response to COVID-19. This week, the CDC expanded that guidance for healthcare providers so anyone can be tested for COVID-19 regardless of symptoms, exposure, or travel history at the discretion of the clinical provider. Viruses don't respect borders and this broader definition will help us cast a wider net to detect the virus in our city. I want to be very clear. We expect the number of cases under investigation grow. We want New Yorkers to be prepared and vigilant, but not alarmed. We're going to confront this with transparency, full information, and science-based strategies that help us protect people. I want to emphasize the risk to New Yorkers of contracting COVID-19 since the beginning has been low, but as we are seeing community transmission, we are really paying very close attention to that. The important thing is for New Yorkers to remain vigilant. New York City has a rapidly mobilized to respond that this outbreak working closely with our state and federal partners. Within the city, the Health Department is in constant communication with our sister agencies.

I am happy to report that our Public Health Laboratory can now test for COVID-19. This means that we can currently test specimens as soon as we get them and get results back in a matter of hours, not days. We also began implementing an early detection system at three health systems, including H&H, NYU, and New York Presbyterian to obtain high quality data and information about COVID-19, its prevalence, and its transmission in the community. We lowered the threshold for testing to people who may have been missed by previous CDC guidance. Since implementing this change, we have detected local transmission in New York City. That means person-to-person spread in our community that is not linked to travel abroad. Quick detection is vital to our ability to appropriately isolate patients, identify close contacts, and ultimately halt further transmission. The health care system is ready to accept patients. There are nearly 20,000 hospital beds all throughout New York City and, of these, over 1200 are at the highest level of isolation. Excuse me. The H&H emergency operations center is activated to virtually

monitor the outbreak and provide support to all sides as needed and system leadership is in constant communication with local, state, and federal public health partners. All H&H sites have surge management plans which include using traditional and nontraditional spaces to treat patients, including over 300 negative pressure rooms. Frontline H&H staff have up to date clinical information, including infection prevention and control, personal protective equipment usage and practices, instructions on specimen collection, and in-service trainings on using personal protective gear. H&H also has embedded travel screening into the electronic health record system to ensure that any patient walking into one of its facilities is promptly identified and isolated. The Health Department activated our incident command system to respond to COVID-19 on January 31st and the city's Situation Room at NYC Emergency Management, or NYSEM, activated on February 1st. NYSEM has engaged close to 800 organizations that are the city's quote-unquote partners in preparedness for employees services and facilities for emergencies

and conducted multiple calls with our private sector partners which encompasses building owners and managers, the real estate industry, university and independent schools, as well as airlines. NYSEM is executing practice plans and have recently hosted tabletop exercises that brought together our leading health experts and officials from dozens city agencies to rehearse citywide coordinated responses. They are also closely monitoring the supply chain and working with the Department of Citywide and Administrative Services to the plan for mitigating the effects of any disruptions to agency resource needs. In recent weeks, the city has accelerated our efforts to disseminate critical information to healthcare providers, community organizations, and other partners and the public. NYSEM, along with multiple city agency partners, opened the joint information Center on Tuesday. The Health Department and our sister agencies, including Department for the Aging have also been working to create and distribute educational messaging and multiple languages to provide critical information for the

public about COVID-19, including information on protective measures, common symptoms, criteria for testing, and what to do with they feel unwell. Yesterday, we announced a subway digital and multimedia ad campaign encouraging hygiene and seeking care when symptomatic. The Health Department has issued guidance and FAQ documents for healthcare professionals across New York City to provide up to date information on COVID-19, including the latest information on the prevalence of the virus, guidelines for testing and treatment, and recent national and international guidance. We established a provider call center to make sure that healthcare workers can access the latest information and are cohosting weekly provider conference calls with the State Health Department. The Health Department is also working closely with the Department of Information and communicating updated guidance to principals and families. DOE increased deep cleanings to two times per week and has ensured all 1800 schools have adequate hygiene and cleaning materials. The most important message we can communicate to parents

is that, if your child is sick, they should stay home from school. We are working with community partners to reach their constituencies with these facts and learn what they are hearing from-- excuse me. And learn what they are hearing from people in the community. If you or your constituents are looking for the latest information regarding COVID-19, please visit the Hell Department website or call 311. In the coming weeks, we may call for greater cooperation from the public, depending on the number of people affected by COVID-19 and the severity of the illness we experienced in our city. For now, New Yorkers should practice the same precautions as cold and flu season. Get a flu shot. It's not too late. Frequently wash hands with soap and water. Or, if you are not close to a water source, use alcohol-based hand sanitizer. Avoid touching your face and cover your mouth and nose if you cough or sneeze. If you have fever, cough, and/or shortness of breath and recently have traveled to an area with ongoing spread of coronavirus or have been in close contact with someone who has recently traveled to any of the

affected areas, call your doctor. Go to your doctor. Don't delay. If you have these symptoms, but no relevant travel history, stay home and call your doctor. As we confront this emerging outbreak, we need to separate facts from fear and guard against stigma. I want to be clear this says about of fire is. Not about a group of people. There is no excuse for anyone to discriminate or stigmatize anyone. I urge all New Yorkers to continue to live their lives as usual, practice good hand hygiene, and stay vigilant, so together we can stop the spread of this virus. Thank you take Speaker Johnson, Chairs Levine and Rivera and the City Council for their partnership in this work. I am happy to answer questions as I am sure my fellow panelists are.

SPEAKER JOHNSON: Thank you, Dr. Barbot. I know your testimony wasn't exactly how we got it because this has been an evolving situation, so you all were changing the testimony up until the last minute and I appreciate everything that you said. I also want to just preface our questions that we are going to ask saying we know the answers to some of

these questions already, but I think it's important that we actually get the answers on the record. People are watching since the media is here. Even though some of the questions may seem rudimentary or basic, I think it is important, given the misinformation that we are seeing to ask even the most basic questions and to have our chance to health professionals and providers to answer those questions. So, the first question I wanted to ask is-- and you may have addressed this in your testimony. How is COVID-19 spread?

COMMISSIONER BARBOT: So, COVID-19 is what we call a respiratory virus and it is a new strain way then an existing family of viruses. And so, the way that it is spread is when someone who has the virus and is infected with it coughs, sneezes to someone else and that person then takes their hands, puts them in their mouth, puts them in their eyes and that is where the virus comes into the body. This is not like measles where, as someone with the measles is in a room, leaves, two hours later, you know, 10 people who haven't been vaccinated with the measles come into the room can actually get the measles very easily. Nine out of 10 of them will get it. This is

a situation where an individual with coronavirus can spread the virus, but it is through very clear mechanisms that I just described. It's not a casual contact sort of thing.

SPEAKER JOHNSON: So, then if you could talk-- you talked earlier today at the press conference and if you can't explain what communities spread means for folks who may not know what that means and that is causing some concern amongst folks. If you could talk about the community spread that we have seen thus far, what that means, and what New Yorkers should think about that as it relates to how COVID-19 can be spread.

COMMISSIONER BARBOT: so that's a really important question and thank you for that. At the beginning of this outbreak, this worldwide outbreak, the information to New Yorkers and to Americans was that the risk was based on travel. And so we've become accustomed to saying symptoms of fever, cough, shortness of breath and travel were the primary risks. Initially, it was China and moved to Iran, Italy, South Korea, Japan. Virtually, there's almost 80 countries throughout the world that have coronavirus. When we talk about community spread,

wet, and its simplest form, simply means person to person spread in the community, what we're actually trying to convey is that there is no longer that travel nexus. It means that the buyer is his and our community and that we can't just go by travel. It's an important component, but were now moving into a situation where we have loosened our testing requirements so that travel is no longer a reason why people are being excluded for treatment. So, community and transmission is a very important piece of information.

SPEAKER JOHNSON: And some of the confirmed cases that were announced today and have been announced in the last couple of days there was no nexus to travel to the countries that have been identified then, and some of the instances, we don't know at this point, though the disease detectives at the Department of Health and Mental Hygiene are looking into this, we don't know of a neck size of some folks even being in contact with folks that had been in those countries. Is that correct?

COMMISSIONER BARBOT: So, currently, the four individuals who have tested positive in New York City, only one of them has a travel nexus. And so,

the other three we have not been able to identify and need direct contact and so that is a really important point to emphasize that we need New Yorkers to practice with diligence good hand hygiene and, most importantly, if they are feeling sick and they have traveled to one of these countries, stay home. Don't send your children home. Talk to your doctor. We're making it as easy as possible to get tested.

SPEAKER JOHNSON: So, I just want to be clear. This is-- And I don't say this in any way to exaggerate the moment that we aren't, but to provide some context. This is an evolving situation. David day, the Department of Health and the other city agencies, in conjunction with the state of New York and other federal partners and looking at what is happening around the world with the World Health Organization, you all make a determination today based off of the number of people who are being tested, based off of the number of positive tests that have come back-- and, again, the number is only four in New York City and there have been more than 30 people who have been tested. You all make a determination day today. This is what way are learning. The public, too, here are the facts. Here

is how we are being transparent. I think there are some New Yorkers-- I think it's important to say this-- who, because of a lot of media attention around it, because, of course, parents are extraordinarily concerned about their children because seniors have been affected and a much greater way than other folks because of their particular vulnerability as it relates to COVID-19, because of that some New Yorkers have thought to themselves, is it okay to get on the subway? Is it okay to go to my child's dance recital? Is it okay to go to these type of things? And, Dr. Barbot, for New Yorkers that are thinking in that way, I would love for you to sort of tell them what the-- the guidance could change at some point, but the current guidance today is what?

COMMISSIONER BARBOT: From the very beginning, we have been encouraging New Yorkers to go about their daily lives, but to practice vigilance. And so we want New Yorkers to use the subway, to go to the theater, to go to gatherings, to go to banquet halls and celebrate life. But we also want New Yorkers to pay attention. To check out our website NYC.gov/health for, as you started this hearing, for

the facts and not give into the fear that is being perpetrated across the Internet, across social media based on inaccuracies. And so, it's important to note that also, from the very beginning, we have been transparent to say, this is an evolving situation. The scientific community is learning everyday about the science of the virus and that, beyond that, we are learning every day about the transmission. What guidance we are giving from the beginning, the hand hygiene guidance, will carry through whether we remain in particular status of transmission or whatever-- to whenever things change. And so, the important message is that we have been very careful not to the over sort of dramatize the situation because this is a time for vigilance, not for panic. But we want New Yorkers to know all the information.

SPEAKER JOHNSON: And when you spoke in your testimony about the NYSEM, the New York City Office of Emergency Management coordinated group of folks, when you talked about the two tabletop exercises that have been done, just to be clear to New Yorkers and sort of layperson's terms, what that means is that the city's sketches out different, potentially, cascading scenarios. Not to freak

people out, but to ensure that we're prepared that, if the situation does change from the moment that we are in, if other additional measures do need to be taken, that we have already played those scenarios out and we have a coordinated response. So, we're always sort of planning ahead of the curve for a potentially worst-case scenario even though it is not the scenario we're in right now.

COMMISSIONER BARBOT: From the very beginning, our posture has-- And All-Star and you can amplify. Our posture band that we were going to be as aggressive as possible to deploy all the tools at our disposal, but only put them into action when the situation called for it. And so, as you say in terms of our advanced planning, we're-- from the very beginning, we're not taking anything for granted. We're not saying, oh, it's not going to come here. Oh, it's going to be mild. We are running through scenarios so that if and when we hit certain thresholds, we've already planned for that. We've got the resources that we need. We got the chains in line so that, when and if, things need to be deployed, we are ready.

SPEAKER JOHNSON: And just before OEM goes, and I want you to answer the question, but just to get to sort of the heart of the matter, you believe, Dr. Barbot, in being in all of these meetings and not getting much sleep over the vast many weeks because of how involved you have been in responding to this and being one of the public faces associated with the city's response. You, of course, are in charge of our Health Department, but in working with your other commissioners, with the Chancellor, with the deputy mayors, with the state health commissioner, being in touch with the folks at the CDC, and other partners, WHO, do you believe right now that the city is prepared?

COMMISSIONER BARBOT: Without a doubt, the city is prepared. And I will also add that we are in regular communication with our state partners and with our federal partners. You know, I've been a part of the Health Department for a number of years that I would have to say that the level of coordination and cooperation between us and our state counterparts has never been stronger. And we are focused on ensuring that we keep New Yorkers,

whether they live in the city or outside of the city, are always safe.

ANDREW D'AMORA: I just wanted to expand. We've--

SPEAKER JOHNSON: [interposing] Tell us your name.

ANDREW D'AMORA: Oh, Andy D'Amora from Emergency Management. Good afternoon. Not just with the two, we've doings on a continuing basis and we'll continue to daily.

SPEAKER JOHNSON: [interposing] The tabletop exercises.

ANDREW D'AMORA: That is correct. We call it like a war room type situation.

SPEAKER JOHNSON: Situation room.

ANDREW D'AMORA: Yeah. So, the Mayor has been involved fully with his staff. In fact, we've also had put planning groups together with all city agencies to come in. We have opened up an emergency operations center and a planning sell to really lean forward to look at those scenarios as we go into this prolonged--

SPEAKER JOHNSON: I just have a couple more questions and I'm going to turn it over to the

co-chairs and then we're going to have members here. We're going to have the members on a clock because these folks can't be here all day because they have to get back to actually dealing with the situation at hand. So we have them for a limited amount of time. Dr. Barbot, if you could just be a little more specific-- because I think Councilmembers have some concerns and I've heard it from the public, as well-- about if you can get this through casual contact. What I mean by that is if you are on the subway with someone who has it and, you know, you're all at the other end of the car and they sneeze or cough, could you get it? I think people want a little more specificity about what the risk is right now because I think there is some concern around the answer to that question.

COMMISSIONER BARBOT: It's unlikely that someone would contract COVID-19 from being in the subway, from being on a bus, being on public transportation. The likelihood of someone contracting COVID-19 is much higher if they live in the same household with someone. Other scenarios where people would be at higher risk are-- You know, we're always concerned about our health care workers

and ensuring that they have the proper protective equipment to ensure that, when they are taking care of patients, they're not putting themselves added additional risks. So, from the very beginning, we've been telling New Yorkers to use the subway. Use public transportation. We are not in a situation where casual contact has been the reason why it's exploded across the world. Currently, we've got close to 100,000 people throughout the world that have been infected with COVID-19.

SPEAKER JOHNSON: So, just to be clear, the four folks that have been identified as testing positive right now, we tested additional people from universe says that, through the disease detectives, and found to have been in close contact with them. You had the family members for the family that lives in Westchester where the father worked in New York City, and then you did test so people who worked at the law firm.

COMMISSIONER BARBOT: Yes.

SPEAKER JOHNSON: We've done tests for the roommates and friends of the son who went to university in the-- We did tests on those folks. The folks that were tested, did any of those tests,

at this point, come back positive where they were living in the same household where they were at work with the person, they were in the same car as the person. Have any of those tests come back positive at this point?

COMMISSIONER BARBOT: So, but tests that have come back positive have been individuals that lived in the same household--

SPEAKER JOHNSON: Yes.

COMMISSIONER BARBOT: with the affected individual. In the case, for example, of the son of the gentleman who is currently still in the hospital, we tested his roommate and his best friend. They were negative.

SPEAKER JOHNSON: Both negative.

COMMISSIONER BARBOT: Exactly. We've tested the coworkers in the law firm. They have all been negative.

SPEAKER JOHNSON: All negative.

COMMISSIONER BARBOT: All negative.

SPEAKER JOHNSON: Very helpful. You age, I want to ask one question of the Chancellor and then I'm going to-- and one of Dr. Katz and I'm going to turn it over to the co-chairs. Chancellor Carranza,

at this moment in time, out of the 1.1 million public school children-- When we say public school children, we are including charter schools, we're including all the schools that the Department of Education has oversight over. We don't have a single positive test or even, at this point, someone who we are considering symptomatic of a child in the schools right now. Is that correct?

CHANCELLOR CARRANZA: That's correct, Mr. Speaker. So, we have no students that are being excluded or quarantined or testing positive. We have no students from New York City.

SPEAKER JOHNSON: None. And the communication that DOE has put in place over the last few weeks, especially over the last few days, is-- If you could describe it on how DOE right now is disseminating information-- again factual information-- to parents, to school community, to teachers, to people that work in the schools at all levels, whether they work in the cafeteria-- what is the communication system right now to get facts out and if, again, things change over the course of the days and weeks ahead, what does that communication

system look like as it relates to our public school communities, children, and parents?

CHANCELLOR CARRANZA: So, Mr. Speaker, I think one of the most powerful things that I would like people to leave here with is what Dr. Barbot has spoken about. That this virus doesn't seem to like kids, thank goodness. But what we've been doing, because of the changing nature of the guidance, we are communicating almost on a daily basis with all of our employee groups. The major mode of communication currently is we are backpacking information home at the lower grades. We are also posting the information on school websites. Our website. We are giving information to the schools that they send home to their students and parents. Today I sent communication and guidelines to all 152,000 employees in the DOE. We also send additional guidance today, updated guidance, to principles on a number of things. Everything from cleaning protocols to identifying students that may present some symptoms. I am having tomorrow, a webinar with all 1800 principles which is mandatory where we will also have our partners from the Department of Health that will go through the guidance and answer any questions

principles have. We have really done what we can to make sure everyone understands that this is a priority and this is a high priority. We will continue as information becomes more current. As guidance becomes more current. We will also continue to communicate that directly to our schools, to our parents. And the reason we are adopting the school delivery method, as well as others, but the school delivery method is that schools have their most direct way of communicating with their parent communities and it looks a little different in different schools, so we are utilizing that methodology they get information to our families.

SPEAKER JOHNSON: Thank you, Chancellor. I'm sure there will be more questions for you. I have a short last question for Dr. Katz, then I'm going to turn it over to Council member Levine and then, I believe, Council member Rivera. Dr. Katz, I know, of course, you're in charge of our public hospital system here, but there has been, as Dr. Barbot testified, of course, conversations with the other hospitals outside of the system that you run. At this moment right now, if things-- again, not to exaggerate, not to come up with worst-case scenarios,

but from a planning perspective, and things changed a little bit and we saw a jump in infections here in New York City that required not just people quarantining in their homes and staying in their home, but actually is significant number of older adults or people with chronic conditions actually needed to be hospitalized, you believe right now we have the capacity to deal with a situation like that here in New York City from a hospital bed perspective, from a medical staff prospective, from a supply perspective, from all those perspectives, you feel like we are in a good-- Do you feel like we are in a good position right now?

DR. KATZ: Mr. Speaker, Dr. Mitch Katz, CEO of Health and Hospitals, Yes. Health and Hospitals, as well as the private hospital systems, we have practiced specifically on what we would each do if 100 more people came to us in respiratory distress. Every hospital, as part of its disaster plan, knows that they are going to activate their center of emergency and they are going to-- There is a set protocol that all hospitals train on that me games with things like, we are canceling all active surgeries. We are closing clinics for people who are

not sick. All of the resources are moving into the hospital. Okay? Do we have enough hospital beds? If we don't have enough hospital beds, what are the next spaces in the hospital that we would use? So, at Health and Hospitals, and I know in the Greater New York voluntary sector, as well, we actively practice how we are going to do that and are prepared.

SPEAKER JOHNSON: And in the city of New York when the president of the United States or any president at a given time comes to New York City, and the designated hospital, in case of an emergency for that president, is which hospital?

DR. KATZ: It is Bellevue Hospital and also Elmhurst if it is closer to there. Two public hospitals and a good time to remind people that it was Bellevue that successfully resuscitated someone with a bola. The only hospital in all of New York that took care of someone successfully who recovered from Ebola.

SPEAKER JOHNSON: Thank you, Dr. Katz. I want to turn it over to Chair Levine.

CHAIRPERSON LEVINE: Thank you very much, Mr. Speaker. By far, the most common question

I get from constituents concerns the availability of testing and just to should get tested. This is been something of a moving target. Could you explained it was, as of today, what is the criteria for who could and who should be tested in New York City?

COMMISSIONER BARBOT: Absolutely. And I think it's a very sort of important point to note that those criteria have been evolving over time, as the country has been learning how the virus is behaving. Initially, it was limited to people who had traveled to a specific region within China, and then it was expanded. And I think the important thing is that right now, where we are is that, if an individual has traveled to any of the affected countries and are symptomatic, we want to test them. If someone has had contact with someone who is saying with COVID, obviously we want to test them. If someone is not feeling well and has concerns about that they might have come in contact with someone, we are now being that permissive, as well. So the point here is that we are-- we have been pushing the federal government to loosen those restrictions and a thing now we are at a point where individuals who have concerns can call 311, they can call their

doctor, they can go to an H&H facility. They can go to a number of different places around the city to have specimens collected. Those tests currently are done at the Public Health Laboratory. Our hope is that very soon, H&H will be able to do those tests, as well as commercial labs. So the testing capacity across the city will be increasing hopefully very shortly.

CHAIRPERSON LEVINE: So, just to clarify, if someone is not feeling well--

COMMISSIONER BARBOT: Right.

CHAIRPERSON LEVINE: They haven't been out of the country, and they've had no known contact with a confirmed case, first move is, of course, to call your provider before--

COMMISSIONER BARBOT: Exact--

CHAIRPERSON LEVINE: you go into a clinic or and ER so they can tell you where to go and how to react and they can prepare for you if you do need to arrive. Presumably then it is the call of the provider who can say there is no other logical explanation for this person's illness. They can call your provider helpline and access the test in that case, correct?

COMMISSIONER BARBOT: And that's a very important point. We don't want to take the provider's clinical judgment out of this. So, someone may be presenting with fever for a whole host of reasons, but it is up to the provider's clinical judgment to determine whether that person does, indeed, need a test for COVID-19. They would then contact us and we would start that process.

CHAIRPERSON LEVINE: So, given that criteria which has been expanded, I'm somewhat surprised we haven't seen more testing. What is the number of tests we are performing per day? How many halfway done in the last 24 hours, if you know that number?

COMMISSIONER BARBOT: So, we've got 35 people that have been tested. We anticipate that every single day we will see more and more New Yorkers being tested, so that number will increase fairly quickly. I don't have a good sense of what the introductory will look like. The important thing to note is that we are also working with our hospital partners so that, if someone with pneumonia that isn't getting better and doesn't have any other reason for why there pneumonia is not getting better,

independent of travel, we are testing those individuals, as well. And, again, it's an opportunity not to take anything for granted, discount someone symptoms because they haven't traveled. What we now know is that when we have person-to-person spread in the community, we want to have the availability of more testing.

CHAIRPERSON LEVINE: Were you going to say some, Dr. Katz?

DR. KATZ: If I can just add, clinically, it's important that people, both patients and providers, understand the first step in somebody who is sick where there wasn't a nexus, would be the test for other viruses that are circulating around, such as influenza, respiratory-- other respiratory viruses and bacteria viruses. So that the usual sequence would be a person would say they are not feeling well. They would call their doctor and their doctor would test them for things that, at this moment, would be must more likely than that they had coronavirus. And then, if all of those tests came negative and I was the clinician, then I would call my colleagues and the Department of Health and Mental Health, and say, I have someone with suggested

symptoms and I've tested them already and they don't have influenza and I am very concerned, therefore, about them.

COMMISSIONER BARBOT: And that's a really important addition. Thank you, Dr. Katz. Because I want to remind New Yorkers that we are in the middle of a really bad flu season and I don't want that to go unnoticed. I think in any other year, we would be drawing attention to the fact that we're seeing lots and lots of New Yorkers coming into hospitals with the flu and, again, I want to take every opportunity to remind New Yorkers it's not too late to get the flu vaccine. Part of the reason also is I don't want New Yorkers to be in a situation where they may develop fever and a cough and go through the anxiety of wondering whether they have COVID-19 when, in reality, they've got the flu. And so, by vaccinating--

SPEAKER JOHNSON: [interposing] How many people-- How many people get the flu in New York City every single year?

COMMISSIONER BARBOT: Well, let me start with a more dramatic sort of number which is anywhere

from 1000 and 2000 New Yorkers die from the flu on an annual basis. And that's a sobering number.

SPEAKER JOHNSON: Let's just repeat that. 1000 to 2000, on average, New Yorkers--

COMMISSIONER BARBOT: Die.

SPEAKER JOHNSON: die from--

COMMISSIONER BARBOT: every year.

SPEAKER JOHNSON: influenza.

COMMISSIONER BARBOT: from a preventable illness that is a very simple vaccine. And so we need to take that really seriously. There are thousands of people who end up hospitalized unnecessarily. What I always say is the flu vaccine can make the difference between a couple of days on the couch or a couple of days in the hospital. And so that is a very important piece of information that I don't want to get lost.

SPEAKER JOHNSON: How many people, do you know, Dr. Barbot, get the flu every year in New York City? Is it over 100,000 New Yorkers that may get the flu? Do we know what the number is?

COMMISSIONER BARBOT: You know, I usually have that number at the top of my head--

SPEAKER JOHNSON: Okay.

COMMISSIONER BARBOT: but I'm blanking right--

SPEAKER JOHNSON: I understand why. You've been working nonstop. I think the number-- The reason why I am saying that says this is a very, very significant number of people get the flu because, if the mortality rate is pretty low for influenza, and the number is probably a significant number. And I think it is important and we don't want to minimize the anxiety and the fear the public has right now, but we also want to be factual, again, about where things stand compared to what we are already dealing with.

COMMISSIONER BARBOT: Yes.

SPEAKER JOHNSON: Chair.

CHAIRPERSON LEVINE: Absolutely. This is not a hearing on the flu, but it is important to remind New Yorkers that, I think, one third of New Yorkers failed to get their flu shot on an annual basis and that is really unhelpful to public health. So we do want to encourage people to get their shot. I have been handed information that looks like there are-- Well, these are national numbers, but that there are 310,000 hospitalizations from the flu

annually. That doesn't count more mild cases. That is national, but a pretty extensive problem. It is likely that we are going to need to expand the number of tests we offer today from a few dozen to, potentially, many more than that. What is our current capacity for testing out of the New York City Public Health Lab?

COMMISSIONER BARBOT: So, currently, we have the capacity to test 1000 individuals. And beyond that, we anticipate that labs such as the one that Bellevue is a part of and other commercial labs will come online, hopefully, as soon as next week. But I think the important thing is-- and the Mayor has been very vocal on this-- we need the CDC to send more test kits because we anticipate that we're going to burn through the use and we need all the test kits we can get.

CHAIRPERSON LEVINE: So, we have the capacity to do 1000 tests.

COMMISSIONER BARBOT: 1000.

CHAIRPERSON LEVINE: Not per day.

COMMISSIONER BARBOT: No. In total.

CHAIRPERSON LEVINE: We have--

COMMISSIONER BARBOT: In total.

CHAIRPERSON LEVINE: Okay. So we--

COMMISSIONER BARBOT: There's--

CHAIRPERSON LEVINE: could burn through 1000 tests very quickly and in order to expand beyond that, we need, essentially, reagents from the CDC. What is it that we're waiting from them?

COMMISSIONER BARBOT: Yeah. The CDC and FDA to approve tests that have been developed by private health institutions so that they can come online quickly and help provide that surge that is needed of test capacity.

CHAIRPERSON LEVINE: And where the feds delaying? What is the challenge there?

COMMISSIONER BARBOT: You know, I think there's probably a number of reasons, but I think we are in an emergency situation where we need to cut through bureaucracy to help get tests to market in a way that is safe, accurate, reliable, but really meets the demands that we are seeing in community.

CHAIRPERSON LEVINE: So it's pretty urgent that we expand that capacity. What can we do to help expedite that? Can the city Council do anything to help expedite the provision of additional kits?

COMMISSIONER BARBOT: I think certainly calling on the CDC-- adding your voices and calling on the CDC and FDA would be very helpful.

CHAIRPERSON LEVINE: We will absolutely do that.

COMMISSIONER BARBOT: Thank you.

CHAIRPERSON LEVINE: What is the cost to New Yorker of getting a test?

COMMISSIONER BARBOT: Right now, there is no cost to a New Yorker other than what they might get through their healthcare system. But we don't want costs to be a barrier, so we're not charging for the COVID-19 test.

CHAIRPERSON LEVINE: I think it goes without saying that even uninsured New Yorkers and undocumented New Yorkers always have the option of our public hospital system.

DR. KATZ: Absolutely.

CHAIRPERSON LEVINE: We've talked a lot about the potential for measures such as advising people to avoid large public gatherings. We want to be clear that that is not being recommended currently. This falls under the category of social distancing measures. Help us understand why it would

trigger your decision to alter the advice to New Yorkers related to social distancing.

COMMISSIONER BARBOT: You know, let me just first talk a little bit about what it is before talking about what the options might be. So, social distancing is kind of what it sounds like. It means simply putting distance between people to make it less likely that they can transmit the virus from person-to-person. And so, it's a spectrum of potential options that can be easy or all the way through very challenging. And so, the easiest sort of an example of social distancing is when we tell people who were sick, let's say, with the flu, stay home. Don't come to work. Don't send your kid to work. That is a form of social distancing. When we advise businesses to implement their telecommuting, that code also be seen as another form of social distancing. So there are many things that could potentially be deployed before we even get to considering canceling large gatherings. I think many-- let me rephrase that. Our efforts are geared towards really aggressively trying to contain this. Understanding that there may come a point where we will see more person-to-person spread in the

community. But the reason why we are being aggressive now is so we won't need to implement such potentially aggressive measures. We well if we have to, but we would rather not get to that point.

CHAIRPERSON LEVINE: And that point will arrive when you have determined that the number of cases, the severity of cases, our latest understanding on how it's transmitted have passed a threshold. And I understand that is not formulaic. There is--

COMMISSIONER BARBOT: I was just going to say there is no playbook for that, but the measures that we will take in place include the number of people, the spread, as well as the severity.

CHAIRPERSON LEVINE: There are New Yorkers who are not yet sick, but have been mandated to quarantine, may be because of their tribal history, maybe because they have had known contact with someone who has tested positive. There are also some New Yorkers who for whom it is been recommended that they self-isolated or quarantined in many of them are doing that, as well. Do you know the number of people that have been mandated or recommended to be quarantined in New York City?

COMMISSIONER BARBOT: So, recently, the CDC increased its guidance of returning travelers who should do home isolation for 14 days. In those countries include China, Italy, Iran, South Korea, and then, we along with the state, have increased that to include Japan. And so, the challenge is that we haven't, as of yet, received manifest from CDC as to exactly the number of people that are coming in from those countries since that just happened. It's not an insignificant number and so what we do is we--

CHAIRPERSON LEVINE: Would it be in the hundreds?

COMMISSIONER BARBOT: It would be more than the hundreds. I think right now we're looking, roughly, somewhere around 2000 people.

CHAIRPERSON LEVINE: Not necessarily all New Yorkers. Some could be travelers who could be waylaid here.

COMMISSIONER BARBOT: Exactly.

CHAIRPERSON LEVINE: How does someone on home isolation get food? Or prescription medicine?

COMMISSIONER BARBOT: So, someone who is on home isolation-- These are returning passengers who were in the affected countries and are

asymptomatic. And so, home isolation doesn't mean that they can't go out at all. It means that we want them to limit their outdoor activity. And when they arrived, they receive the Health Department's number, they receive the types of symptoms that we want them to look out for and then we advise them to call us, to call their health provider to determine testing options for them. And so, it's okay for them to go out, but to limit their movement.

CHAIRPERSON LEVINE: The flip side of the good news that young children appear to be less vulnerable is the older adults, senior citizens, appear to be the most vulnerable, especially those with medical complications. Could you speak to any preparations that we've made to focus on older New Yorkers and others who are vulnerable? Maybe those with disabilities? I know we have representatives of DFTA here, if appropriate to call on them, but perhaps either or both of you or any of you could speak to how we are addressing what are, clearly, the most vulnerable in the city?

COMMISSIONER BARBOT: So, let me start by saying that, yes, the vast majority of people who do develop COVID-19 are adults, but I don't want to give

the impression that kids don't get it at all.

Children can be infected by COVID-19, but what we see from other countries, they are very mildly affected. You know, there may be situations where a child may have a chronic underlying illness, they may be immuno-compromised, and so they may be at greater risk. But by and large, the vast majority of children may not get affected and, if they are affected, they are mildly affected. What we are seeing across the world is that, currently, the individuals who are more severely affected and have, unfortunately, succumbed to the illness, tend to be elderly individuals with chronic underlying illnesses. So, we have been working very closely with our partners at the Department for the Aging to make sure that we are providing appropriate guidance on a number of different areas in terms of, for example, how to handle large gatherings, how to provide information, most importantly, in many languages about what is COVID-19? How can I protect myself? Which are the very sort of basic preventative measures that we have been given.

CHAIRPERSON LEVINE: Finally, the city has a large workforce, 300,000 plus, many of them

work directly in healthcare or as first responders. Could you speak to measures that we are putting in place to protect our workforce, especially those in the critical areas I mentioned, and also to deal with what will be quite an increased burden of workload on those who are in critical job categories that are going to see increased work obligations considering this mounting crisis?

COMMISSIONER BARBOT: So, today we put into effect a commissioner's order that requires front-line city workers who are returning from affected areas and have symptoms or don't have symptoms to either get tested or be on mandatory home quarantined for 14 days. And the reason for that is we need to maximize our workforce and, if they're coming back from areas where they could have potentially been affected, we don't want then that infection the, potentially-- there's always the small risk-- being spread to others. Beyond that, as first responders, we want to make sure that, if they are symptomatic, but if not accessed care, or of not been tested, that they don't then spread that two other individuals. And so that's a very critical

part of what we're doing with regards to our preparedness and ensuring the safety of New Yorkers.

CHAIRPERSON LEVINE: All right. Thank you, Commissioner. Thank you to the administration. And now I'm going to pass it off to the Chair Rivera.

CHAIRPERSON RIVERA: Thank you so much. So, you mentioned some of the individuals who are most at risk, but what are we doing to protect those high risk groups? And what is the messaging that you have for them?

COMMISSIONER BARBOT: So the most basic message-- And I realize that sometimes it can sound a little bit-- not dramatic. A little bit like, really? That's all you've got for me? Is the frequent hand washing, the covering of the mouth and the nose when coughing or sneezing, doing it in near sleeve as opposed to into your hands, and, if you're feeling symptomatic, to communicate with your doctor. That holds for everybody. With regards to the most vulnerable, you know, we want to make sure that, for example, we've got good communications with our nursing homes in the city. That we've got good communications with our senior centers to ensure that, if-- that they are clear on what the

prevention guidelines are. If they are in need of any particular equipment, that we get it to them. So, for example, we have distributed, I would say, roughly 1 million facemasks to nursing homes, not because facemasks are going to prevent someone from getting COVID-19, but more because nursing homes tend to be places where people spread the flu and putting a mask on someone who is symptomatic helps avoid other people getting sick. And so, those are the very sort of concrete things that we have done to help prepare our sister agencies with regards to preventative messages for their clients, as well as best practices for themselves.

CHAIRPERSON RIVERA: In just to confirm, can someone spread COVID-19 during the incubation period?

COMMISSIONER BARBOT: There's no indication that asymptomatic people are responsible for the explosion of COVID-19. You know, there have been many studies that have been coming out around how this virus is behaving, but there's no indication that, during that asymptomatic period, people are infectious.

CHAIRPERSON RIVERA: And are you conducting outreach in languages other than English?

COMMISSIONER BARBOT: So, we have within our activated infrastructure, a group that is specifically geared towards developing all of our materials in several languages. We've done a lot of outreach initially with the Asian American community, but that has increased all over the city with all of our community based partners to share that information in several languages.

CHAIRPERSON RIVERA: What about those with visual or hearing impairments or those who require American sign language and then I want to ask also about people with disabilities and/or chronic conditions, how are we sticking with the messaging of being prepared and taking care of yourself, but also tailoring it to understand that they are at risk when they might have to approach this a little bit differently?

COMMISSIONER BARBOT: so, with regards to the language access, we have available for our community meetings translation-- excuse me. Interpretation services. We also make available-- First, we try to use staff that are bilingual in

whatever the language we think is going to be most needed at that particular meaning. And then, if we can't, we provide interpreter services. With regards to sign language or that for the visually impaired, I have to say that our website is ADA compliant, but I think that we are probably-- we could do better on the sign language. And then, the last question you had was related to those that have disabilities?

CHAIRPERSON RIVERA: And/or chronic conditions.

COMMISSIONER BARBOT: And/or chronic conditions. So, that's a part of our standard messaging to ensure that those who may have chronic underlying conditions are emphasized that they, above all, should really be reaching out to their providers when they become symptomatic, especially if there has been a travel next. And even without a travel nexus, now that we are moving to what seems to be person-to-person transmission and community, they should have a lower threshold for reaching out to their providers.

CHAIRPERSON RIVERA: And so the mayor mentioned--

COMMISSIONER BARBOT: [interposing] And am sorry. One more thing.

CHAIRPERSON RIVERA: Yeah.

COMMISSIONER BARBOT: To also remind those individuals that, if you've got prescriptions that need to be refilled, then this is the time to do it. Don't delay in refilling prescriptions.

CHAIRPERSON RIVERA: So, the mayor mentioned in a press conference last week that the city had 1200 hospital beds, if necessary, to cope with the potential influx of COVID-19 cases. How many of those are Health and Hospitals?

DR. KATZ: Thank you so much, Chair. Well, I think it makes sense to focus most on the negative pressure rooms because that's where we would want to be managing people who had COVID-19, of which we have 376 negative pressure rooms at our acute 11 hospitals. That being said, typically, a negative pressure room would only house one person because, obviously, the whole purpose is to prevent transmission of disease. In a very difficult scenario where hospital had hundreds of people who had severe COVID-19, first step would likely be putting more than one person with the same COVID-19 illness in the same negative pressure room. Beyond that, we are prepared and every single hospital to

utilize nonpatient spaces if we need the additional room for patients.

CHAIRPERSON RIVERA: And so you are prepared to do this up most of your facilities. Does that include areas like Rikers Island?

DR. KATZ: So, we've spent a lot of time thinking about the correctional health situation because it's known that respiratory viruses can travel quickly in any kind of close corners, which would describe many correctional facilities. They've done a good job of increasing the amount of sanitizing that they are doing, working on making sure that there is a smooth system for immediately identifying anyone with symptoms. So, anyone with respiratory symptoms that Rikers Island will immediately be removed and sent to Bellevue or Elmhurst, if a woman, to be evaluated in There. We wouldn't return asymptomatic person to a correctional facility.

CHAIRPERSON RIVERA: And I wanted to ask because people are getting a lot of conflicting advice whether people should just show up to their doctor, said they call ahead, and how our medical facilities and hospitals making sure that they are

keeping anyone who might have coronavirus, potentially, I guess, separated from someone who had the flu.

DR. KATZ: I'll start. So, for us, I think that it is always good people call ahead. I mean, it's always a good practice. But we've made sure that at all of our Health and Hospital facilities, that ride at registration we can separate people who have respiratory illnesses and, as Dr. Barbot said, most of them are not going to be COVID. Most of them are going to be influenza or other kinds of infectious respiratory viruses. We have actually sent out what we call secret shoppers, people who pose as patients to see how quick does the mask come out. You know, does the person go to a separate room and, when it is not noted, we immediately reeducate people, you know, if somebody comes with respiratory symptoms, here is what to do. And we practice that so that we are very good at that. Obviously, because, as Dr. Barbot has very articulately said, there are issues around testing. In the beginning, we would separate people. We would make sure that we did not put somebody who was suspected of COVID-19 with another patient and, while Health and Hospitals

has not yet had a patient that has turned out to be positive, we practiced extensively because we have taken care of many people so far who are presumed cases. So, as far as anybody knew, they were COVID-19 patients and they were all segregated. The majority of them were taken care of Bellevue, but not exclusively at Bellevue.

CHAIRPERSON RIVERA: So, just a couple more questions because I know we have many people on deck. So, the governor recently announced funding, emergency funding, to assist the city and I'd like to know what the estimated economic impact and do you feel-- and I think some of my colleagues have asked this before-- how the city can better prepare economically in terms of what you need for resources.

COMMISSIONER BARBOT: You know, I think the mayor has been very clear that money is not been, sort of, forefront of our response. That way of gone-- taken a very aggressive stance and putting as many protective measures in place as available to us. That being said, certainly, there is a role for the federal government to reimburse us. You know, I think that the reality is that we have been so

focused on getting the work done that, I think, the tally of the numbers is yet to come.

CHAIRPERSON RIVERA: And in preparing to-- Well, really just protect our workers, right, who are on the front lines who are dealing with patients, we have our airport workers, our school nurses, and our Department of Education system, what are we doing to make sure that they are informed, that they understand what to do, and that we are protecting them? Many of our hospital workers will be working overtime, right? They're not really allowed to go home. They have to come in for a shift.

[Background comments]

CHAIRPERSON RIVERA: So, how are we finding that balance and making sure that everyone is protected?

COMMISSIONER BARBOT: Well, I'll start with the school nurses and then, Mitch, if you want to talk to the health care workers. We have sent out guidance to all of the school nurses so that they are reminded of universal precautions, what to do in the event that a child with symptoms and potential travel is appropriately set aside from the rest of the

school community until they can be transported to medical care or have their caretaker bring them home. Mitch, I don't know if you want to add for the hospitals.

DR. KATZ: Certainly. Hospital and healthcare workers are one of the groups most at risk because they are taking care of people who are actively sick who likely have higher viral shedding. The good part is there also the group that knows the best how to protect themselves and we do have protective equipment. We teach hard on what is the right protective equipment for the right situation. We tried always remember it's not just the doctor and nurse. The environmental service person, the dietary person who is bringing in the trays to the person. It's the technician who is doing the right EKG on the patient. So, where sure that everybody is wearing the correct equipment and protecting themselves. And then, as you said, Chair Rivera, there is a strong tradition among physicians, among nurses, and pharmacists, and other healthcare professionals, this is our duty to care for the sick. And that sometimes means staying late. It sometimes means putting yourself at risk because no piece of equipment is

foolproof, as happened to me a bowl of epidemic. So we work very hard with our staff to make sure that they are getting the equipment they need.

CHANCELLOR CARRANZA: The only piece of information and I would add to what the doctors have mentioned about school nurses, on any given day, there is 98 percent of our schools have nurse coverage. And there are phone number of schools-- And not insignificant because we're such a large system that depend on contract nurses. As Dr. Barbot has said, this mayor has said that finances will not be an issue. So, by next week, every school will have a nurse on their campus and that is part of our safety protocol, as well.

CHAIRPERSON RIVERA: Thank you so much. And, with that, I want to turn it over and said the next Council member and that will be Council member Treyger.

COUNCIL MEMBER TREYGER: Thank you.

CHAIRPERSON LEVINE: Sorry. Just to jump in. I'm happy to hear from you. I just want to clarify that we lose the administration in about 15 minutes because they have to go deal with this crisis, so we're going to have to do something

unusual and have our colleagues on a clock. We apologize. It's just a very pressing situation. So, please, Council member Treyger.

COUNCIL MEMBER TREYGER: Sure. In the interest of time, what I'll do is I'll spell out my questions and the panel can answer. I guess, just, initially, to DOE, to the Chancellor, again, thank you for your office being very responsive to mine. I too appreciate that. You just mentioned about nurses and it's an issue that we have raised and we've talked about. Does that commitment applied to all public and nonpublic schools? Secondly, with regards to guidance to schools, I appreciate your office has sending a lot of guidance. If you could just walk us through as a child in a classroom reports to his or her teacher that they don't feel well, what is the school supposed to do? That is, I think, it's important to get crystal-clear clarity on that. Also, we have heard a lot of, you know, talk about students, but also our school staff. And if they don't feel well, what is guidance to them and how are we making sure that we are be mindful of their safety? And does all this guidance and support apply to UPK, 3K sites that are on non-DOE property? How

are we making sure that they are adequately stocked in supply with resources and guidance which they need? To our health commission and H&H, a lot of the guidance you see on the websites for CDC and other health organizations say contact your healthcare provider. How are we making sure that the primary care doctor in the community is being informed about what to have someone reports in that they are sick, particularly in communities that speak languages other than English? Are they getting all the information which they need? Are they going to get the capacity to conduct testing or is it only being conducted in the hospitals system? Primary care doctors in the communities need to know what the process looks like, as well. So, I'll start. Those are my questions and I'll let the panel answer them. Thank you.

CHANCELLOR CARRANZA: So, we're going to take the survey lightning round, so will go very quickly. So, as it pertains to the nurses, we will get back to you on non-pubs. But I will tell you, generally speaking, our approach at this time is that we are serving the children of New York. So we have not drawn any distinction between our DOE schools,

our nonpublic schools, the charter schools, or our early education centers that are community-based. We are sharing guidance with everybody, and that includes the cleaning supplies. We are taking cleaning supplies to everyone, so I'll, and I know that was one of the questions. So the answer is absolutely yes. Our school staff, so the guidance that we have provided in such: if a teacher notices that a student is sick, the teacher will tell the nurse or the print some form that this student is presenting sick. The nurse or the designee then, if the student is sick and complaining of a fever or calls, or shortness of breath, school staff should ask the student to put on a mask and we have now provided masks to all of our schools. Call a parent for pickup and advise the parent to call a medical provider for instructions on the next steps. The student will wait with an adult in a room with the door away from other students. So we segregate Sudan until the parent is able to come and pick up the student. The adult that waits with the student will also be provided a mask and stay at least three feet away from the child in the room. So we have some distant saying, but they are still in the same room

together. And then the nurse, and this is critically important. The nurse will inform the health director. And that is critically important because those health directors then are reporting to the Department of Health so that we have accurate information. The principle that will contact their superintendent in the borough office and then we all will good additional guidance from the Department of Health from there. So, it's a very clear protocol of what happens. The same thing except we are not waiting for an adult-- apparent pertains to the staff members. So, the staff member comes to school, presidents ill, that person will check with the nurse, but then that person will be sent home with the same instructions. Contact your health provider and then get seen. And I think those were the DOE questions.

COMMISSIONER BARBOT: So, for us, we need to regular email blasts to a network of providers that includes tens of thousands of doctors in the city and specific-- so we mobilize that and then, specifically, we've also done in collaboration with the state Health Department, webinars aware doctors can call in, ask questions, learn-- excuse me.

Learn the most up-to-date information and be able to ask questions of experts. And so, the last-- Sorry. Can somebody-- I need somebody to get this for me. Thank you. The last webinar that we did, over 3000 providers participated in the webinar. And so, we have been providing patient education materials for them.

COUNCIL MEMBER TREYGER: In different languages?

COMMISSIONER BARBOT: Patient education in different languages for them to post in their offices. Yes.

DR. KATZ: A key additional resource for New Yorkers is 311 and 311 well triage the call. If that person has no symptoms and is looking for testing, they will-- the call will be routed to the Department of Health. If the person have been the symptoms, they will be routed to the Hell and Hospitals. And we have live doctors and nurses who will take the call in real time and, because it is 311, there is excellent language capability to speak all of the languages of the city.

SPEAKER JOHNSON: Thank you. So, we have to finish up here. There are four Council members

who he should get-- We're looking at about two minutes on the clock, UH, because the administration has to leave. So, we are going to go Council member Levin and then Council member Eugene, then Council member and Council member Barron.

COUNCIL MEMBER LEVIN: Thank you very much, Speaker. So, I just wanted to ask about the definition of close contact and casual contact. The EU's health agency, the European Union health agency-- this is from Kaiser Health News, offers a descriptive definition, someone living in the same house-- this is close contact definition. Someone living in the same household as the patient, someone who has had face-to-face contact with them or had been in an enclosed environment with patient or healthcare worker directly caring for a patient. It's all so any playing or, by extension, train or bus passengers sitting way then two seats in any direction of Zen in fact person. WHO flags healthcare providers and household members, as well as anyone that-- who has been within three feet of a confirmed case once the infected person had symptoms. So, when we're talking about proximity here, I ride the subway. Being within two seats of somebody is

not-- you know, that said a lot of people. And the CDC's definition is close contact. So I just want to be clear. We're not talking about other end of the train. I'm talking about the person sitting next to me. If I sneeze and I am infected, are Alicka and Keith, you know, in close contact?

DR. KATZ: So, I know Dr. Barbot to take an emergency call, so--

COUNCIL MEMBER LEVIN: Uh-hm.

DR. KATZ: but I've heard her answer and all come buying it with my clinical knowledge. What she said, which is absolutely true is that what so far has been driving the pandemic has been close contact as a sharing the same household. It has not been two seats away. That being said, there is common sense, which you are alluding to. If somebody was two seats away from me on the subway, would I be concerned about them spreading COVID-19 to me? No. If they sneezed on me--

COUNCIL MEMBER LEVIN: Yeah.

DR. KATZ: Yes. And I think that's because-- This has been explained. It's a respiratory droplet.

COUNCIL MEMBER LEVIN: Yes.

DR. KATZ: And so, if someone-- And I think that's-- I think what that two seats sort of gets in common sense is how far droplet is going to go--

COUNCIL MEMBER LEVIN: Yes.

DR. KATZ: and the distinction, again, that Dr. Barbot made, is it is different than diseases like measles where it hangs in the air.

COUNCIL MEMBER LEVIN: Yes.

DR. KATZ: You don't need the sneeze directly on you.

COUNCIL MEMBER LEVIN: Right. But, okay. Just, lastly, you know, the curve of infection outside of China over the last month is an exponential curve. If you look at it, it actually is the shape of an exponential curve. That's a fact. I just-- According to Johns Hopkins. So, are we likely to see in New York City and expedite curve?

DR. KATZ: Obviously, it's a novel virus, so nobody knows, but, in general, our expectation is that cases will increase.

COUNCIL MEMBER LEVIN: Yeah.

DR. KATZ: Right. That we are seeing the beginning. Right. Now, as is true of

exponential curves, as he saw, China is now reporting decreasing.

COUNCIL MEMBER LEVIN: Yes.

DR. KATZ: Right. And what? Why is that? That's because people are gaining immunity. They are being infected, they are either having no symptoms and developing immunity or they are getting sick in developing immunity. And then, once you have immunity, then you're not going to get it again.

COUNCIL MEMBER LEVIN: Right. Okay.

Thanks.

SPEAKER JOHNSON: Thanks. Next up is Council member Eugene.

COUNCIL MEMBER EUGENE: Thank you very much. Doctor, let me say that I truly believe that in New York City we have everything that it takes to address the issue. We've got the best health [inaudible 01:41:11]. We've got great experts, wonderful experts in medicine, but it seems that something is missing. Resources. Because of according to your testimony or the testimony of the Commissioner, you can only test a 1000 people. 1000 cases. And we do know that in the time of an epidemic or a pandemic, it is very important that we

test people. This is the only way we're going to have a better knowledge, and accurate knowledge of the cases and how many people are infected and what to do. My question, my first question-- I'm going to go quick. Is it fair enough to say that we are still learning about the COVID-19? And the second question is that we know that one of the faculties of viruses is that their ability to go through mutation using the cell of the host, the cell of the patient, to change the genetic information. Are you in contact-- Are we in contact-- we in New York City-- with other health authorities outside of the United States to learn about the trend of viruses that affect certain people and see if there is any modification in the United States in order for us stored properly and assign the way to have a good vaccine?

DR. KATZ: Well, thank you, Council member. So on the first issue-- Well, let me to the more complicated and will then go back to the 01. On the resistance, so far-- you're absolutely right. Viruses mutate. Sometimes they mutate to become less serious and sometimes more serious. There is no evidence so far that this particular viruses mutate

in. Usually, when viruses mutate, it's in response to treatment. They evolve usually to escape the treatment and right now there is any treatment, so there is no real evolutionary pressure on the virus. So at least to date that have been an issue, but you are absolutely right to point out, and I think some of what scares people is, when you have a new virus, you don't know its future, right? If you take a virus like measles that's been around and we have understood it, you have a sense of what it does. I think that's part of fuel saved. I think on the testing, you have a very key issue and, as we have spoken, we hope that you will join with us in advocating to the FDA in the CDC the need to speed up the approvals. There is the normal regulatory path and then there is the we're in the middle of the pandemic path. And that is supposed to be a different path. In this particular-- The testing that we are talking about, DNA testing, is not unique. We do this for a large variety of viruses. This is not brand-new. They need to license it and we very much appreciate the city Council's support on that. Thank you.

SPEAKER JOHNSON: Council member Holden.

COUNCIL MEMBER EUGENE: Thank you, Mr. Speaker.

SPEAKER JOHNSON: Thank you, Council member Eugene. Council member Holden.

COUNCIL MEMBER HOLDEN: Thank you, Speaker. I'll try to be quick. How long can the virus, the COVID-19 virus, last on the surface?

DR. KATZ: You know, we--

COUNCIL MEMBER HOLDEN: Live.

DR. KATZ: That's a great question and I understand why people are concerned about it. It's very hard to study. In a laboratory setting, people can show for many viruses way, way longer than the viruses there and yet it doesn't really act that way which likely means that there is a difference between liability as and I came in cultured something off of the surface and its ability to infect people. Just the fact that the transmission is person-to-person says that the virus can't be very hearty on services because, as it was, it would all have a completely different epidemiology. All of the epidemiology is saying this is respiratory secretions going from person-to-person. Certainly have, you know, right away those sneeze lands on the desk, right, and you

are seconds away, bad virus is likely to be viable. But, then again, it's not in the person, right? So it's not just a question of is the virus viable, but how is it getting into the bodies that--

COUNCIL MEMBER HOLDEN: [interposing] But we--

DR. KATZ: happen fast enough.

COUNCIL MEMBER HOLDEN: But we really don't know. So, somebody's sneezes into their hand, let's say, and then holds the pole in the-- you know, in the subway and somebody else touches it and then touches their face, this is how it gets out. So that's why we are scrapping surfaces.

DR. KATZ: Absolutely. Again, I'll just say, the epidemiology is acting like--- but that's not the most common. The most common seems to be two people that are so close that they are actually sharing respiratory secretions.

COUNCIL MEMBER HOLDEN: Right. But it's still--

DR. KATZ: But the other--

COUNCIL MEMBER HOLDEN: It still could happen.

DR. KATZ: Absolutely.

COUNCIL MEMBER HOLDEN: All right. So, what should I like the-- Let's say we're in the subway. What should I do? Should I wear gloves? Should I wear-- I shouldn't wear a mask because we were told that masks don't work.

DR. KATZ: We don't recommend masks. Frequent hand washing and avoiding touching using touching your hand your mouth or your nose or eyes. Right? Because it's not about being on your skin. It's about entering your body through mucous membrane.

COUNCIL MEMBER HOLDEN: Okay. Just one question, Speaker, about the procedure when somebody walks in the hospital. Do you give them a mask? Let's say I have flu symptoms. Do you--

DR. KATZ: Yes.

COUNCIL MEMBER HOLDEN: In the waiting room I get a mask?

DR. KATZ: Correct.

COUNCIL MEMBER HOLDEN: Okay. That's good. Thank you, Speaker.

SPEAKER JOHNSON: Thank you. Council member Barron.

COUNCIL MEMBER BARRON: Thank you, Mr. Speaker. Three very brief questions. What measures are in place to ensure that those persons who are supposed to self-quarantined, in fact, doing that?

DR. KATZ: The Department of Health does both scheduled checks and they do random checks to people's houses to make sure that they actually isolating themselves.

COUNCIL MEMBER BARRON: Thank you. And, Mr. Chancellor, is there one standard protocol for all the schools as to what measures the custodial staff will put in place? Should I see the same thing and every school in one of the funds that are going to be required to make that happen? Is that going to be a strain on the individual school?

CHANCELLOR CARRANZA: So, yes. The protocols are standard and that is the guidance that we have sent schools. We also have our custodial supervisors that are doing walk-throughs. I like the anonymous shopper analogy where we are dropping in and making sure. The supplies, we're ensuring that every school has a 30 day supply of cleaning supplies and that is especially important because we have ramped up a deep cleaning, so that will be twice a

week. We've done a survey and we know who needs to have additional supplies, but that will not come out of schools budgets.

COUNCIL MEMBER BARRON: Thank you. And to Emergency Management, this society, this country has oftentimes not dealt equitably with communities of color. Who is making sure that the trains that are being cleaned are, in fact, been done equitably throughout a particular line or all lines, I should say, so that it's not any one line that is being serviced more than any other line? Who is making sure that that happens? Because we know that Department of Transportation gives certain communities older buses and there are other documented instances of inequities. So, who is making sure that my community is getting their subways cleaned at the same rate as any other community?

ANDREW D'AMORA: Yeah. I know the [inaudible 01:49:06] TA is state run and I know they in process as cleaning as much as they can, but to your questions, you know, we've coordinated with them and, if there's anything that you're noticing that's not happened, we'll take that back to them.

COUNCIL MEMBER BARRON: Can we a record of how often it's done by each line? I'd like to see that.

ANDREW D'AMORA: We will make that request to them. Yes, ma'am.

COUNCIL MEMBER BARRON: Thank you.

SPEAKER JOHNSON: Just so you know--

COUNCIL MEMBER BARRON: Thank you, Mr. Speaker.

SPEAKER JOHNSON: Council member, the announcement-- I don't know if it is actually happened yet, but the announcement was made a couple of days ago that the MTAs said that they are going to clean every subway car and station every 72 hours. They said every subway car and station. So if you don't see that happening, we should let the MTA now.

COUNCIL MEMBER BARRON: I'd like to get a report because I can't be at all of them and I just want someone a document that that is what's happening.

SPEAKER JOHNSON: And the final question--

COUNCIL MEMBER BARRON: Thank you.

SPEAKER JOHNSON: we're going to go to Keith Powers and then we are done with the

administration. Thank you, Dr. Barbot, for coming back. This is the final question.

COUNCIL MEMBER POWERS: Thank you. Thank you for the testimony. For the Chancellor, want to first say thank you to your team for getting back to me with quick information relating to absences and admissions, but I just want to just clarify. Can you just give us on the record what the policy is related to absences for the school year now. The mayor made in the announcement yesterday. Can you just clarify exactly what the new announcement is?

CHANCELLOR CARRANZA: Yes, Council member. So, the absences have to do with the application process as part of the screens in some of the schools. Some of the schools, as part of their application, give a way to absences. So, for the students who are in transition grades this year, transitioning into middle schools that have screens or high schools that have screens, their absence report is last year's absence.

COUNCIL MEMBER POWERS: Uh-hm.

CHANCELLOR CARRANZA: So, they're okay. The question is, God forbid, we have an increase in there is a lot of student absences, it's those

students that next year will be applying to middle schools and high schools. The concerns was well the absences count against us next year. So what we have said as we frozen all absences from the screening processes and the application processes. Student will be held harmless as it pertains to absences as it pertains to application to school.

COUNCIL MEMBER POWERS: So fourth and seventh graders--

CHANCELLOR CARRANZA: Correct.

COUNCIL MEMBER POWERS: absences will not be counted against them, coronavirus or not. Is that fair to say?

CHANCELLOR CARRANZA: That's fair to say.

COUNCIL MEMBER POWERS: And that applies to the school year?

CHANCELLOR CARRANZA: That's correct.

COUNCIL MEMBER POWERS: So, if we're going back to pre-coronavirus, after--

CHANCELLOR CARRANZA: So, whatever of the--

COUNCIL MEMBER POWERS: The total measurement. Yeah.

CHANCELLOR CARRANZA: The total measurement is, that is being frozen.

COUNCIL MEMBER POWERS: And latenesses will--

CHANCELLOR CARRANZA: I beg your pardon?

COUNCIL MEMBER POWERS: Latenesses? Some schools count latenessess. That will still continue to be a factor?

CHANCELLOR CARRANZA: We will get back to you specifically on that.

COUNCIL MEMBER POWERS: Okay. And my final question are is the DOE have the capacity to-- Some schools are looking to combine latenesses and absences. Does like the computer system that used for tracking attendance and absences allow you to be able to do this? Because I think some parents have wondered whether it was really actually plausible based on technology and computer systems used.

CHANCELLOR CARRANZA: Yeah. We have the capability of doing it. You know, so absolutely.

COUNCIL MEMBER POWERS: And schools will know not to use that.

CHANCELLOR CARRANZA: Absolutely.

COUNCIL MEMBER POWERS: Okay.

CHANCELLOR CARRANZA: Yes, sir.

COUNCIL MEMBER POWERS: Thank you.

SPEAKER JOHNSON: Thank you, Council member Powers. And I want to thank you all for being here. I know you're dealing with a lot. So I appreciate you taking time out of your busy schedule. Thank you all and we look forward to continue conversations together. If folks--

[background comments]

SPEAKER JOHNSON: could then that are leaving leave the chambers, because we have additional panels that we are calling up and I believe--

[background comments]

SPEAKER JOHNSON: So, we want to call up-- Is the president of the UFT here? Michael Mulgrew? If you could please have-- Great.

SERGEANT AT ARMS: [inaudible 01:53:09]

SPEAKER JOHNSON: So we'll have him--

UNKNOWN: Huh? You got copies of the testimony?

UNKNOWN: I don't need it.

[background comments]

SPEAKER JOHNSON: Great. President Mulgrew, thank you for being here.

MICHAEL MULGREW: Thank you for having this hearing.

SPEAKER JOHNSON: You may begin and take as much time as you need.

MICHAEL MULGREW: I'm going to be brief because there is been a lot going on over the last couple of weeks and I want to thank the-- you for your leadership on this and I want to thank the Chair. There is a lot of concern, clearly, and throughout our communities, but, specifically, as we all know that the school is the center of every community and, every day we are lucky enough that we get hundreds and sometimes thousands of visitors who are known as our students. And this is something as we move into what we know will be a challenge for this city that we have to make sure that we have clear guidance to all school communities. And I am here today to say that we are very happy that, over the last week and a half, we have worked very closely with the mayor's office, with city Council, and with Chancellor Carranza to make sure that there is clear guidance now that is going out to each and every

school. Guidance for the nurses and firm people in case there are issues of people showing symptoms. Guidance for-- general guidance for all schools in terms of what we should be looking for, as well as things that may have been into the future. Things that we are doing ourselves right now as we are looking at all of the different school communities. We know that, in February, there was a break and many people traveled and we are-- Thankfully, we are so happy that our members and our teachers have reached out to us. They have told us what is going on. They have reached out to the Department of Health in terms of what their concerns were and then followed the proper procedures. Now, moving forward, we have to make sure that we will be surveying all of our chapter leaders tomorrow afternoon. So we know that deep school and the new protocols say that they will now be deep cleaning multiple times a week and each and every school building in New York City. That is great that that decision has been made. Now we have to make sure that those things are happening. In order for those things to happen, we have to make sure that the supplies are in place and a new disinfectant is there. So will be doing a survey of

all of our schools tomorrow afternoon to make sure that that is in place, as well as-- as we have said, times, we event challenges with school bathrooms to make sure that they have soap and paper towels, which becomes a major piece right now. It's not something that should ever be a challenge, but it is a challenge and now we have to make sure that all of those things are in place. And, in terms of the newer types of supplies that are not normal to the school, we need to-- The city has put out the proper guidance that each school now needs to have full-length gowns, medical gowns, facemasks, gloves, which they've always had, and face shields. So these are the things that are going to be needed in case there is the need for isolation. So, all of those things right now we will be surveying all of those schools tomorrow afternoon. And we are-- And anything that we get back, we will be reporting. We do have some concern because there are a number of schools who do not have nurses and I know that that is something that chose came up with your previous questions. It shouldn't take a crisis to get that problem solved. Justin needs to be solved. We have heard different things over the years. I'll just put it in very

simple terms for everyone. There is 70,000 children in New York City each and every day without a healthcare professional in their building. Just make it simple. And giving guidance to school that somebody needs to act as one is not something we feel is appropriate. We really need to get and make sure that we have a nurse inside of each and every school and every child should have access to one. So, as we move forward, we know that information, transparency, testing, and education is the way to deal with this challenge that we now currently have in front of us. So, we look forward to doing this work with you here in city Council as you have always done on behalf of the school communities and, really, just being-- Just transparency in a crisis is always the biggest thing that challenges us and frustrates me personally. Information, we are looking to safeguard people. We want no demonization of anyone. We want every school community that have what they are supposed to have. The protocols in place, the supplies in place, and the support from the Department of Education and the communication to each and every one of the parents whenever an issue does pop up inside of a school. We are not here being

Pollyanna-ish. I'm very proud of the members of the UFT. They sent tell us what we should be doing. What are the proper protocols? If we have what we are supposed to have, we will make sure those things are followed. So, this is how we are approaching this entire challenging scenario. But I do have great faith in New York City and I know I have great faith in our teachers and our US team members and hours school communities because they have faced many things both for. And I now look forward to questions from the city Council and I will say this again. We will get through this by doing this work together with you. So, thank you very much for having us here today.

SPEAKER JOHNSON: Thank you, President Mulgrew. Just one quick question from me and then I am happy to turn it over, first, to our education Chair who may have some questions, but you say in your testimony-- You didn't read your testimony, but in your testimony, it says--

MICHAEL MULGREW: You had enough today. I didn't think you needed that.

SPEAKER JOHNSON: Yeah. You said school closure should be a tool of quote last resort.

MICHAEL MULGREW: Yes.

SPEAKER JOHNSON: And should be considered on a school building by school building case. Again, it is important to have a full understanding of the facts before any significant action is taken. Can you talk a little bit more about that?

MICHAEL MULGREW: Yes. Also, in my role as a national vice president for the teacher's union, we are dealing with across the United States. So, when you have someone who, one, is either traveled through recently until one of the zones or we have confirmed contact with a person who has been confirmed to have coronavirus, then we have to see if any of the symptoms occur. If the symptoms occur, then we must quickly isolate. Use the isolation protocol at the school level. And that could be for a student or staff member. And then we would follow the medical procedures of testing and then waiting to see what happens. So, if you have multiple tests going on, but not saying is being confirmed, there is no reason to close the school. And, remember, this is New York City. If we close the school, students will then have no place to go and might be out and about all over our city.

SPEAKER JOHNSON: And there is a cascading effect because--

MICHAEL MULGREW: Correct.

SPEAKER JOHNSON: there's a significant number of students where one of the meals they get of the day is that school.

MICHAEL MULGREW: Yes.

SPEAKER JOHNSON: Where certain parents can't afford childcare. So there are these other factors that we don't always think about, but that we have to think about before taking this step like that.

MICHAEL MULGREW: Absolutely. That is absolutely right. So we have to look at all of those factors. But we are also not-- and you can see from my testimony-- where very clear saying that there is no reason never to close the school.

SPEAKER JOHNSON: Yes.

MICHAEL MULGREW: Because there will-- there can be, at times, medically, there might be reasons for, for health concerns, that we would close a school.

SPEAKER JOHNSON: Yes. Just one final question. How were the members feeling? How are the

teachers given the environment that we are in? Are they feeling like the Department of Education is being responsive to their concerns? The Chancellor is here and talked about the communication protocols that are in place. Council member Powers just asked about the absence issue--

MICHAEL MULGREW: Uh-hm.

SPEAKER JOHNSON: related to students getting into certain schools and how attendance weighted and the application process. You in your testimony outline the custodial engineers and the cleaning that they are doing. Can you just speak for sort of more generally about every New Yorker is a little anxious right now.

MICHAEL MULGREW: Yeah.

SPEAKER JOHNSON: Are concerned, but it hasn't seemed like anyone is panicking. Everyone is actually going about their daily lives, and taking the precautions that they need, listening to the public health officials, listening to the governor and the mayor on a daily basis with the new facts and the new cases. From a workforce perspective, how are your members feeling right now generally from what you are hearing? You said you are meeting with the

chapter leaders left coming up. What are you hearing so far?

MICHAEL MULGREW: So, we went out of our way to start communicating early with our members about the facts. We've been using the CDC protocols and FAQs. So we have been sending those out. Last Sunday we did a system wide mail contact with all the members of the UFT and the more information we give people, the not calm, but okay, we understand is the thing. So, the key here is for the whole city to understand that just give everyone the facts. Don't sugarcoat it. Just tell them what the facts-- Have faith that people will read. They'll understand it. They call us if they have a question. We give them the answers. You know, if there is an isolation that needs to be done, not-- this is what you need to do. If someone needs a quarantine, fine. We will take care of that. The whole idea is that everyone does that if the situation arises, that there is a proper process in place in the process is there to safeguard you, as well as, UH, the students. The beautiful part in this very tough situation is the teachers who've contacted us with concerns, their first concerns at all times is, my biggest thing is you

tell me what to do. I want to make sure that my students are safe. And they said that over and over. And that is the spirit that I have seen throughout for the last couple of weeks for the UFT members. So I am very thankful that you asked that question, but I would say that we are prepared and ready to go.

SPEAKER JOHNSON: And, you know, the situation could change. We've seen--

MICHAEL MULGREW: Absolutely.

SPEAKER JOHNSON: new infections that have come in and the department of health are working with the state officials. The governor has been having briefings every day. The mayor has been having briefings every day. The State Health Commission or the city Health Commissioner in this evolving process, decisions may have to change some point. Right now--

MICHAEL MULGREW: Yeah.

SPEAKER JOHNSON: in the day that we are in today that hasn't been the case in one of the things-- I'm not sure if you were here when the Chancellors does, five, that that this is a moment in time, out of 1.1 million schoolchildren in New York City, we haven't seen any child present symptoms at

all along this line. So, that's a good thing.

Again, is that changes, we will have to adapt--

MICHAEL MULGREW: Yep.

SPEAKER JOHNSON: and figure out what that means, but I think that is a good thing, at least until this moment. I want to hand it off to the Chair of our education committee, Chair Treyger.

COUNCIL MEMBER TREYGER: Thank you to the Speaker and thank you, Pres. Mulgrew. Still consider myself proud UFT member and I am in touch with UFT colleagues every single day. UFT has been spot on, proactively giving out information. I hear it from the school communities, so I want to thank you for your leadership and for--

MICHAEL MULGREW: Thank you.

COUNCIL MEMBER TREYGER: your team, as well. We heard the Chancellor for addressed some questions raised by my colleagues, myself with regards to nurses.

MICHAEL MULGREW: Yep.

COUNCIL MEMBER TREYGER: we heard testimony, which we still need some clarity on with regards to the DOE will be providing additional nurses. Correct me if I am wrong. It is fair are

going to provide contract nurses and not-- I'm not sure if these are going to be UFT nurses, but as the years are going to be contract nurses, and to contract nurses have access to the children's DOE health records?

MICHAEL MULGREW: That is something you would have to ask the Department of Education. You are talking, basically, the contracting for a dated to, basically-- a day the day while we were considered to be like a substitute, but acting as a nurse.

COUNCIL MEMBER TREYGER: Right.

MICHAEL MULGREW: You would have to ask the Department of Education that because they are not our members.

COUNCIL MEMBER TREYGER: Right. And that is very important because DOE nurses are critically important to our schools. Do we have data, Mr. Mulgrew, how many DOE nurses we have in our schools?

MICHAEL MULGREW: We have 116 buildings that have no nurse or school-based health clinics. That is, basically, 137 schools because some of those--

COUNCIL MEMBER TREYGER: Yeah.

MICHAEL MULGREW: buildings have multiple schools. And it is 70,000 schoolchildren. And

COUNCIL MEMBER TREYGER: So over 70,000 cans do not have a healthcare professional, which leads me to the next issue. Is there a freeze, by the way, on hiring UFT nurses that we know of?

MICHAEL MULGREW: The city tells us there is a complicated ratio process back-and-forth. But let's be clear. This could get salt quite simply. There just needs to be someone that says, we want to clear this up.

COUNCIL MEMBER TREYGER: 100 percent. There is a parity issue that-- but this has to be resolved and I trust the UFT professionals to their work and over 70,000 cans not having a healthcare professional is a very serious issue. The Chancellor mentioned in his testimony that the protocol-- because I have a question. If the child--

MICHAEL MULGREW: Uh-hm.

COUNCIL MEMBER TREYGER: reports not feeling well, what should the school do? He cited that the school should have someone designated to be

with the child. Have you heard about this and who is--

MICHAEL MULGREW: Yeah.

COUNCIL MEMBER TREYGER: this designated person and what is their expertise, if they are not a nurse?

MICHAEL MULGREW: Well, that's the issue. For the majority of our schools, they would have a nurse. And then the nurse would then bring the child into an isolation room and to the procedures and checking certain things and then making the proper call of saying the, we need this child to go home or go to a healthcare professional. That we would leave to them to make that decision. And then, all of the isolation protocols would kick in. I want to be clear. When that type of stuff happens, that does not mean that child has the coronavirus.

COUNCIL MEMBER TREYGER: Right.

MICHAEL MULGREW: Okay? This is just being precautionary. Okay?

COUNCIL MEMBER TREYGER: Right.

MICHAEL MULGREW: So, that is what would happen. When the school doesn't have a health professional, just from this point in time, a sincere

remember this from all the years he worked in the school, the school has to figure it out on their own. And who will be that professional? Well, clearly, they are not a healthcare professional, so that is one of the concerns is phase 116 buildings that do not have that profession or that person in place. Who is going to bring that child? That person would be wearing a gown. They would be wearing the phase card with the gloves. At that point, are they supposed to take the temperature? Mask the child? Call the parent? Bring their child home? If there is a nurse, is pretty simple what to do. They will know. They have the-- They've been trained and they can take care of it. But, at this point, you would have to ask the Department of Education.

COUNCIL MEMBER TREYGER: And I plan to. And the last thing I will say before I turn it back to the speaker, in light of a lot of the anxiety, teachers from across the city of New York still conducted parent-teacher conference the past--

MICHAEL MULGREW: Yes.

COUNCIL MEMBER TREYGER: couple of nights. I want to give a big thank you to the amazing staff of our teachers, educators of our

schools. They still met with parents, still do the job day and night.

MICHAEL MULGREW: Thank you so much for that.

COUNCIL MEMBER TREYGER: So, I want to give a shout out to the UFT for that. Thank you.

[background comments]

MICHAEL MULGREW: Thank you very much.

SPEAKER JOHNSON: And it's my understanding that it was either today or yesterday had a higher school attendance among children from a year ago of the same day. So, even in the midst of all this, attendance is higher than the exact day one year ago, which shows that kids are still coming to school. Schools are functioning in people are going about their lives with listening to the facts, but still going about it.

MICHAEL MULGREW: I think the fact--

SPEAKER JOHNSON: Yeah.

MICHAEL MULGREW: that we were all transparent-- I mean, in our conversations starting a month ago because we were doing a lot of work nationally at that point with the CDC, we were very clear with our members, not ants, it's when. So,

we're going to start getting all the facts and the information out and we started doing that. And we think, at this point, that is why we're at the-- We're in the position we are and where people have that information. Things definitely could go and make a turn for the worst and we will hopefully take the same spirit we have been doing this and do this work, but we will wait and see where that goes.

SPEAKER JOHNSON: Chair Levine.

CHAIRPERSON LEVINE: Thank you, Mr. Speaker. And thank you President Mulgrew.

MICHAEL MULGREW: Okay.

CHAIRPERSON LEVINE: Earlier, Chancellor Carranza spoke about the procedures when there is a sick child in the school may have a fever or cough that may be suspected as being coronavirus--

MICHAEL MULGREW: Okay.

CHAIRPERSON LEVINE: and that child would need to be sent home are sent to a medical provider. But that could take a while. Maybe an hour or two that the child, as you explained, it would need to be isolated.

MICHAEL MULGREW: In an isolation room.

CHAIRPERSON LEVINE: But that there would need to be an adult in the room. We didn't have time to question more about who that adult would be. Perhaps it could be a nurse, but there is not a nurse in every school and-- I'm getting to know from the nurses. So--

[background comments]

CHAIRPERSON LEVINE: It might fall on one a year members. At my fall on a principal. Have you gotten any clarity on just how bad critical period--

MICHAEL MULGREW: We have asked for them for more clarity on that particular situation.

CHAIRPERSON LEVINE: Rate. To state the obvious, there would need to be an appropriate protective gear for such--

MICHAEL MULGREW: Abs--

CHAIRPERSON LEVINE: adults. Much more than the standard surgical masks. The kinds of things that--

MICHAEL MULGREW: It would not be a surgical mask.

CHAIRPERSON LEVINE: Correct. It would have to be that kind of personal protective equipment

by the medical profession would have, I presume, in a hospital setting just to be certain as possible that the adult is not at risk.

MICHAEL MULGREW: The adult should be in a full medical gown, face shield, and gloves.

CHAIRPERSON LEVINE: Okay. Well, we are going to work with you, if need be, to help clarify this and make sure that no adults are put at risk due to this critical function.

MICHAEL MULGREW: Thank you.

CHAIR LEVINE: Thank you, Mr. President.

SPEAKER JOHNSON: Any other questions from members? We're good. Thank you.

MICHAEL MULGREW: Thank you so much and we all just have to remember to stay diligent as we move to tackle this very difficult challenge. Thank you all.

SPEAKER JOHNSON: Thank you, President Mulgrew. We have some more great union folks that are going to testify. We have from SEIU 1199, Nadine Williamson. Is Nadine still here?

[background comments]

SPEAKER JOHNSON: Great. Hey, Lilly. How are you?

[background comments]

SPEAKER JOHNSON: Great. Good to see you. We have Annette-- I apologize if I miss pronounce your name. Annette Seyhe [sp?]? Yes? Come on up Annette to testify. We have Carol Wills. Yes. Come on up, Ms. Wills. We have Kim Thompson. Yes. These are all representatives from 1189. And then from 32 BJ, we have Geordani Bueno. Yes. Come on up, sir, to testify. So you all are welcome. We're going to get to another panel next. Lilly is on her way. Yes. Come on up. So, first of all, I want to thank you all because your unions play a key role in New York City or the health care workers. So you are the folks that are on the front lines. In hospitals and other settings across New York City taking care of people and that is key. It's, you know, 24 hours a day, seven days a week, 365 days a year, but especially in the midst of us being focused on something like that is. So, number one, from all of the folks representing the 1199, thank you and think you know all the members, as well, who plays such a key and crucial role. From 32 BJ, from the folks

that you are presenting here today, Mr. Bueno, you all-- the union does a lot of things, but you also have school cleaners that are actually cleaning the schools and you have folks that are handymen that are working inside the schools and in other facilities. So both of your unions are very, very key every single day, but especially as we talk about this issue. So let's start right here and then we can work our way down the panel.

ANNETTE SEYHE: Good afternoon. My name is Annette Seyhe and I work as a certified nursing assistant at Terence Cardinal Cooke--

SPEAKER JOHNSON: Okay. Hold on.

ANNETTE SEYHE: which is also known as TCC and I am a member of 1189 SEIU. I work strictly with HIV patients. My patients are both young and old and are very frail. To keep them as healthy as possible, we take precautions. We do wear gloves and masks and, is needed, we also wear gowns. Masks and hand sanitizer dispensers are available at the visitor desk, by the elevators, on all the floors, and in the patient's room. TCC is run by Arch Care. There are two things that are very important. One is that management makes sure that every worker gets

training on how to maintain a safe work environment, one where both the patients and the staff are safe and they teaches that it is every staff member's responsibility to keep everyone safe. The other is that we have good benefits. If I am sick, I can call the doctor and I can get a doctor's note if I'm contagious and cannot go to work so as not to risk anybody else from getting sick and also my patients. I gave a doctor's note and I can stay home until I get better. As healthcare workers, we know it is easy to spread colds, the flu, or a virus like the coronavirus. For the sake of every New Yorker's health, more needs to be done for people who do not have insurance and do not see a doctor in time to prevent spreading the virus. And for those who won't stay home because they are sick and afraid of losing their job. Thank you for this opportunity.

CHAIRPERSON LEVINE: Thank you very much.

ANNETTE SEYHE: You're welcome.

CHAIRPERSON LEVINE: Please.

CAROL WILLS: Okay. Good afternoon, Mr. Speaker, Chairperson, and all the members of the Council. My name is Carol Wills. I'm a certified

nursing assistance at the Terence Cardinal Cooke Healthcare Center known as TCC. I am also a member of 1199 SEIU. As a CNA, I work with HIV patients who are prone to infections, whether it's the flu or any other virus. An important part of my job is to educate patients and their visitors about good hygiene such as washing their hands when coming in from outside to avoid getting my patients sick. At TCC, to provide the best of care, we are careful to take precautions to keep patients safe. We wear latex gloves, gowns, and masks when needed. TCC is run by Arch Care. We are fortunate to have the support and cooperation of management who work with staff and provide the training needed to deal with potential epidemics. We have also started to get training on the coronavirus. Based on my interaction with patients and their visitors, I feel there needs to be more public awareness so that people understand the seriousness of the virus and what they need to do to prevent the spreading of it to others and to my patients. We need cohesive teamwork so that information can be disseminated in a timely manner as needed. Together, we can do this. Thank you.

CHAIRPERSON LEVINE: Thank you very much.

GEORDANI BUENO: My name is Geordani Bueno. I live in upper Manhattan and I have worked as a wheelchair agent at La Guardia Airport for eight years. I'm here to thank you for standing with airport workers and our fight for New York state Healthy Terminals Act to ensure that airport workers can access insurance during this public health crisis. My colleagues and I serve, monitor, and protect New York's critical infrastructure, its airports. The port authority tells us that, to protect them from security threats, airports need a stable and experienced workforce. Workers like myself and my colleagues who know the ins and outs of JFK and La Guardia, this is the reason we go through such rigorous background checks before getting hired. It's the reason the port authority raised our minimum wage in 2019 to reduce turnover and retain experienced workers like me. Getting that raise made a huge difference in my life, but it left out something important. Health insurance. I do not qualify for Medicaid, but I cannot afford the insurance offered by my employer.

So, today, I am uninsured. Because of this, I know that any illness or injury could wipe out the economic gains I have. I know this from personal experience as someone who suffers from epilepsy. In a year, I pay from my pocket over 1000 dollars for visits and medications, which I need to prevent another seizure. The last time I had a seizure, my ambulance and hospital bills for big financial shock to me. As a wheelchair agent, I am always in direct contact with people who are sneezing, coughing, sometimes I have to clean up bodily fluids from the wheelchair. I love my job, but this scares me. I know that airports are the main entry point for diseases like COVID-19. In 2014, there were the main entry point for Ebola. It's even more likely that I could get the flu which could send me home for weeks or even to the hospital. People like me without health insurance are less likely to get the flu vaccine. I care about my job. I care about making sure older passengers can get to their destinations and their families. I care that families know they are in good hands with me, but my job needs to take care about me, too. What this means is, if I'm afraid to visit a doctor because of the bill, what does this

mean for my passengers health if I can't get medical tests and exams during health crisis like COVID-19. COVID-19 is putting the spotlight on something that airport workers known for decades. Airport workers need health insurance. The current situation is unjust and unsafe. The Healthy Terminals would provide access to insurance for thousands of airport workers without costing anything to the state. We need the state legislators to pass it now. I am grateful for the city Council for holding this hearing today and taking leadership to protect New Yorkers from current public health threats. We ask that you continue to stand with airport workers in our fight for the Healthy Terminals Act. Thank you.

CHAIRPERSON LEVINE: Thank you very much. Please.

KIM THOMPSON: Good evening. My name is Kim Thompson and I am a home health aide and a member of 1199. I am fortunate to have healthcare benefits and paid time off. My most recent client is an Alzheimer's patient who resides in lower Manhattan. If I were to become ill either from the flu or the coronavirus, it would be better for my client if I did not go to work. However, this is not

an easy choice for everyone to make. Many workers do not get paid time off or have health benefits, so if they do not go to work, they do not get paid. They will sacrifice their health in order to pay rent and feed their families, meaning they will go to work anyway knowing that they are sick and jeopardize the lives of others. In case of an outbreak, they would be spreading the virus to everyone that they come in contact with. There must be a system available to all workers who might encounter this situation. If we are sick, we should not have to worry about paying our rent and providing for our families financially or medically. Or losing everything that we have worked so hard for. You may only be quarantined for three weeks, but three weeks can become longer. People should not be punished for becoming ill.

CHAIRPERSON LEVINE: And--

KIM THOMPSON: Thank you. Thank you.

Thank you.

CHAIRPERSON LEVINE: Thank you very much. I just want to emphasize to all of you. These are incredibly powerful statements from people who are on the front lines who are protecting the vulnerable and to you yourselves and your colleagues

are vulnerable. I do want to point out for those who are not insured, thank goodness we have our public hospitals which will treat everybody, regardless of ability to pay, regardless of documentation status. So, and people who are unsure where to turn for free or affordable healthcare now can always call 311. They are set up to deal with coronavirus cases and others. But I do want to thank all of you for your service on the front lines. And, sorry, literally. I will pass it off to you.

LILLY: It's okay. Thank you. Good evening and thank you for this opportunity to testify. I will be reading these statement of Nadine Williamson who is the Executive Vice President of our registered nurse division. We represent nurses and members in hospitals, nursing homes, and rehabilitation facilities where residents are already suffering from underlying conditions and are susceptible to viruses such as the flu and the coronavirus. As with the Ebola crisis and the H1N1 flu pandemic before that, we are working very closely with management to ensure that risks to workers are minimized and quality care to patients is not negatively impacted. This is best accomplished by

ensuring that workers receive proper training and have access to the necessary gear, such as gloves, masks, gowns, and to protect them and patients, as well as their respective families. As with any epidemic, the goal is to stop it from spreading. Currently, 21 members from a Westchester Hospital who are members of 1199 are under home quarantine. Management is paying their salaries and continuing their health benefits. In contrast, a homecare member is under home quarantine without pay which would normally signal loss of health benefits. Fortunately, our home care benefit fund trustees jumped into action and they are taking the necessary steps to extend health care benefits for any member required to be homebound or quarantined because of a virus, including coronavirus. In an epidemic resulting in a quarantine, particularly when such advice is documented by medical professionals, workers must be protected from job loss and economic hardship. We must recognize and address the reality about loss of income can prove catastrophic for many workers. Anything less will deter persons with symptoms from seeking medical care. At least in a timely manner. Another deterrent we must be aware of

occurred at Maimonides Hospital in Brooklyn where Emma Grant enforcement officers interfered with treatment and care of the patient. The presence of immigration enforcement officers in healthcare facilities will prevent people from seeking care when needed. Steps must be taken to ensure that New Yorkers feels safe from persecution when they visit a healthcare facility. 1199 and our employers will continue to work together to ensure that workers and patients are kept as healthy as they can be. We are at the ready to confront this and any other medical crisis that might arise. Thank you.

CHAIRPERSON LEVINE: Thank you. And I believe Council member Treyger has a question.

COUNCIL MEMBER TREYGER: Just a brief comment and just a brief question to the panel. First of all, I want to thank everyone who is testifying here today and your membership, for your extraordinary work, such as during crisis times, but every day. Every day you are confronted with work to do, crisis big or small. With the respect to 32 BJ and the membership there, we thank you for your work and you heard the Chancellor before mention school cleaners and school staff are supposed to be supplied

with all the resources they need in terms to properly maintain school buildings. I just encourage folks to report to me and to our office and to the Council is that is not the case. And we are continuing to collect to that information. And also to provide over time to cleaners to come in before and after words because you need to be compensated for the extraordinary work that you do. I just want to say that on behalf of the children, staff of the school system, thank you for the incredible work that you do. And to our nurses, I just wanted to share with you that when we had a crisis in South Brooklyn with hurricane Sandy and our ER was destroyed by the storm, we didn't lose one life in Coney Island Hospital thanks to the outstanding members of 1199 and the staff and the work there. We are eternally grateful for your work and sacrifice. Again, you deal with crisis big and small every day. To a homecare nurses and aides and folks, the most vulnerable population we hear, seniors and those with underlying health conditions, while is serving them every single day? Your members. You. I just want to say thank you and just continue to let us know how

we could be helpful to help you any way we can.

Thank you so much.

CAROL WILLIS: Thank you.

CHAIRPERSON LEVINE: All right. Yeah.

CHAIRPERSON RIVERA: I just wanted ask you very quickly, whether in your individual capacities at hospitals or in the airport that you feel that you've been given all the information you need, that you have the supplies that you need and you understand how to protect yourself and the people that you serve.

ANNETTE SEYHE: Actually, at Terence Cardinal Cooke, we have in service almost every week. During the process of during the day, maybe every three or four days there is always a supervisor coming by preparing us with information, making sure we are up to date on everything that comes. So, we are really prepared.

CHAIRPERSON LEVINE: All right.
Thinking of this panel. Oh, sorry.

CHAIRPERSON RIVERA: I don't want to put pressure on you, Mr. Bueno, but they did very well. So, and I know you are all united.

GEORDANI BUENO: In the airports, people are washing their hands frequently. They put the hand sanitizer around. And we recently took a training for COVID-19, but with our union and an organization called NYCOSH [sp?].

CHAIRPERSON RIVERA: Uh-huh.

GEORDANI BUENO: But not everybody was able to go.

CHAIRPERSON RIVERA: I'm sure they will be ongoing. I just want to thank you all also for serving such a diverse population of people into and so with 100 percent commitment and love. Thank you.

PANEL: Thank you.

CHAIRPERSON LEVINE: Thank you to this excellent panel. The next step we have someone who I know is in a hurry, which is Jenna Mandel-Ricci from Greater New York Hospital Association. And we have a number of important labor leaders including Jeff Oshins, president of Local 3005, Michael Greco, vice president of Local 2507, and nurse Judith Arroyo, president of Local 436. And if you want to kick us off, since we know you have to leave. Is your microphone on? There is a red but in the air.

JENNA MANDEL-RICCI: Now it is. Now you can hear me. Good evening, Chair Rivera, Chair Levine, and members of the Committee on Hospitals and the Committee on Health. My name is Jenna Mandel-Ricci, vice president, regulatory and professional affairs at the Greater New York Hospital Association. Thank you for the opportunity to testify to today. GNYHA proudly represents all hospitals in New York City, as well as hospitals throughout New York State, New Jersey, Connecticut, and Rhode Island. We augment our members emergency preparedness and response efforts and serve as a conduit between the city, state and federal governments and New York City's 55 911 receiving hospitals and additional specialty hospitals. Today, I will detail how hospitals have been preparing for COVID-19. New York City hospitals, as you heard from Dr. Katz, have strong systems in place to quickly identify and isolate patients who meet risk factors or any emerging infectious disease. These processes are rely on clinical guidance provided by said the, state, and federal health authorities that define a patient under investigation based on epidemiologic criteria. As guidance has changed over the last

several weeks, hospitals and health systems have continuously updated triage, isolation, and testing, procedures and protocols, and insured staff are appropriately trained, including the proper use of PPE. Given the importance placed on healthcare workers safety, the tightening of the healthcare supply chain has been troubling. Hospitals and health systems have been and continue to conserve supplies using a combination of strategies. When necessary, hospitals have also been drawing down from city and state emergencies stockpiles. It is imperative that critical PPE supplies such as N95 respirators they prioritized for the healthcare workforce. Healthcare workers must be protected and feel protected in order to do their jobs effectively. Hospital leaders are also focused on staff availability. Under certain circumstances, as we heard earlier, as staff are exposed to an individual with confirmed COVID-19, either at work or outside of work, that staff person must be excluded for 14 days. Staff availability may also be compromised by ill family members, school closures, or an unwillingness to come to work due to fear. Many hospitals are actively working for staff contingency plans. Given

work for safety and staff availability concerns, hospital leaders are prioritizing communication with hospital staff using a variety of modalities to share critical information. To support these efforts, GNYHA is also collaborating closely with 1199 SEIU, which represents healthcare workers and hospital workers, long-term care facilities, and home care. Last week when reports began to emerge of community transmission, New York City hospitals immediately and appropriately shifted towards the pandemic planning that you heard Dr. Katz to describe earlier. This involves developing pace and surge plans. The two areas of greatest concern are the emergency department and the availability of critical care beds. Government and hospitals must prevent ED's or emergency departments, from becoming the front lines of this response. It is an imperative that individuals with mild illness stay home and those with moderate illness seek care at their doctor's office or primary care clinic or an urgent care center, but as we have heard, they should call ahead. Only severely ill individuals should seek testing in care at hospitals. GNYHA and were member institutions are working with our partners and the city and state

to consistently deliver this message to the public. Hospitals are developing alternative triage and screening strategies and spaces to meet anticipated increases in the ED volume and, additionally, significant surge planning efforts are being devoted to increase the capacity of critical care units. It is been reported in the news that there are 1200 beds in New York City to care for COVID-19 patients. This number refers to the estimated number of inpatient isolation rooms across New York City hospitals. Today, many of these rooms are occupied by patients in critical condition may require isolation for a variety of reasons, including the seasonal flu. However, hospital leaders are working through plans to surge these spaces and a number of ways or create new isolation spaces. Thank you for the opportunity to testify today. I am happy to answer any questions after my calling. Thank you.

CHAIRPERSON LEVINE: Thank you very much. Nurse Judith?

JUDITH ARROYO: Good evening, Council member Levine, Rivera, and the rest of the committee. I am Judith Arroyo. I am the president of the Local 436. This Local represents public health nurses and

the public health epidemiologist. The public health epidemiologist are the medical detectives that you keep referring to who are looking for that nexus. And they are working very hard at it. In fact, a lot of them are working overtime to try to find it. The public health nurses have responded by going to the different providers centers, answering questions for doctors and other healthcare professionals that may have issues. We have been doing that since the beginning of February. Now, I have to apologize, Council member Levine, for my outburst before. 100 of those public health nurses that are now addressing this health emergency work in the New York City public school system or, rather, in the school system in general. In answer to Council member Treyger's questions, there are nurses in [inaudible 02:36:03] public schools. Close to 196 of them. They are all public health nurse is because only the Department of Health provides nurses to the nonpublic schools and to most of the charter schools. I don't have the numbers off the top of my head about the charter schools, but we are in the nonpublic's and we are in the charter schools. 800 of our people are in the public school system and they have received all the

information they need to do what they have to do for the school system. However, I do echo President Mulgrew's issue about the nursing shortage in the school system. He cited 139 schools, but some of those schools that he thinks or knows have nurses, are actually contract nurses and we do have issues with contract nurses. For one thing, in answer to a question that you asked, no, they do not have access to the student's health records. Neither the ones from the DOE or neither the ones from the Department of Health and Mental Hygiene. The Office of School Health, the entire medical records for students in the public schools, are on what we call ASHR, Automatic School Health Record. They do not have access to ASHR. It is in ASHR where either the DOE nurse or the Department of Health nurse puts in all the medical issues, including when the child walks in sick and what they did about it. All right? So the issue of contract nurses is, no. They don't have access to the medical records and they cannot input into the computer, into ASHR, anything that they do. The other issue-- And the nursing shortage does have to be addressed. Local 436 statistics are that there are more than 139 schools. We're talking about maybe

200 or something. A lot of this happens to do with the parity issue that Council member Treyger brought up. That has to be addressed and we hope to address it as we go into the future. My members have been calling in and saying they have had the information, even those that work in the call center and everything else. The public health nurses in the schools have their information. They are saying they need more information out there to the public. To quote one of my members, she said-- She went through the HIV crisis when it first hit, the AIDS epidemic, and it reminds her of people coming in and asking about toilet seats. During the AIDS epidemic, people were saying, can you catch AIDS from sitting on the toilet seat? She says there are too much myth. There's too much misinformation. And while I'm glad to hear that the Department of Health is going to put out a lot of digital media, subway and bus media, my members feel that we would be more effective with a person-to-person. Sending out folks to PTA meetings, to the senior care centers. A health professional does speak to groups of people where the community can ask questions. In fact, you could probably, in your own districts, arrange for a healthcare

professional either from the Department of Health or Health and Hospitals, to come to any of your events that you hold in your district to speak and to answer questions. Usually, when people can confront or speak face-to-face with a healthcare professional, they feel better. And, yes. We are telling them to go to their primary care physicians, but folks want a second opinion or they want to hear from somebody such as the public health nurses and the nurse practitioner, the doctors. The ones that are actually dealing with the issue. They want to hear from them and feel that, okay, this sounds good. We're fine. Yes. And, of course, we do need more dollars for this. The over time is quite large. My members are working two shifts. They are either working in the regular clinics, the schools, doing their home visits, and then they leave and go work in the call centers answering questions from the providers trying to make sure that only those that need to be tested will be tested. And it's a double shift. And the shifts around until 1 o'clock in the morning. And the Department of Health to assure the safety of our members has said that they can take a car service home and they will be reimbursed, but

these are all expenses that have to be taken care of-- into. So, as our civic leaders, I know, in the past, you have done this way are you up for two with our congressional delegations, with our state senators and assembly people and I am hoping that as you have done in the past, you will help in trying to get more money for addressing this crisis. And I thank you for listening to my testimony. Again, I apologize. The outburst is because a lot of people do want the nurse in the school to be the designated person, but that doesn't work. There are other children in the school. She's got diabetics and everybody else. So that's the reason why.

CHAIRPERSON LEVINE: No. Thank you for explaining and clarifying that. It was a justifiable outburst. And we're happy to have you elaborate here in the testimony. Thank you. Please.

JEFF OSHINS: Thank you. Just for the record, my name is Jeff Oshins. It's not Oshins and I just wanted to say good evening, Councilmembers. Thank you for giving me the opportunity to testify the night. My voice is not the best, so I will certainly try to do my best, as well, and testify. I do represent the members of the Local 30 05 or 3005.

We are the technical and professional employees of the New York City Health Department and OCME. It is my members that are actually working at the Public Health Labs that are conducting these tests. I was quite astonished to hear that we are only having 1000 tests that can be done and, when I heard, not per day, but in total, about was like-- excuse my language-- freaking crazy. Because I don't understand how we can go ahead and have countries in Asia and in parts of the Middle East where they can go ahead and do 10,000 tests a day and we are still very limited. Now, we now know that, as this-- And for the first time, I heard Dr. Katz mention the word pandemic, I don't think anyone has yet really classified it yet as a pandemic until I heard it tonight. The federal government hasn't done it yet and we have our president who is in his own little crazy world about half the time. So, right now I just want to let you know that, as we can expect the number of cases to come up and we need to get people tested, we are certainly going to need to know that we are going to have people working. As a labor leader and an advocate in the labor movement for over 20 years, I am definitely against outsourcing and

contracting out jobs. Our people that are working in the labs that are actually also working in the call center, they are going to be asked-- and I am now getting emails-- how are we going to be being paid for doing any overtime? They are being activated and they are then being considered. Involuntary versus voluntary. This is creating a little bit of confusion at this time, so we certainly could support-- Oh, and we do need the support of the city Council leadership to help us find monies so that we don't have to continue on figuring out how are these people going to be continue on being paid when they are working these overtime hours? Thank you.

CHAIRPERSON LEVINE: Thank you very much. Please.

MICHAEL GRECO: Good evening, Council members. At 6:30 at night and I've done a bunch of these, so I do appreciate all of you staying late, as well. To go back to the beginning of all this-- First off, I'm Michael Greco. I'm the vice president of Local 2507. We represent the FDNY, EMT's, paramedics, and fire inspectors. So, I came here just to kind of hear the preparations that they were putting in place and to figure out whether or not I

would speak over the preparations of my EMTs and paramedics. We've been up there a bunch of times explaining the overworked, the conditions of FDNY EMS. I heard the word pandemic today, as well and I do appreciate the Council members and the Commissioner really trying to bring Ms. back into reality by giving some facts of how bad the is currently is or how bad it can get. What I would caution news, thankfully, it's not as bad. It's a little worse than the flu right now, so standard washing your hands, making sure ambulances-- everything is clean. That is helpful. But what is very alarming is, as this was Wuhan China and if we did have 80,000 cases, I'm not sure if we are prepared enough, at least on the front lines first responder ambulance area where we are already doing 5000 calls a day. We are doing 1.5 million calls a day. So, if you were to add another half a million calls in a year for a pandemic like that, you would overwhelm the system to the point of crippling nature. Our members do not have unlimited sick. As a first responder and a pandemic, to know that, if you do respond to a suspected case, right now they are allowing or ordering two weeks of self-

quarantine. We have four members who came back from one of the affected countries and they are currently on a two week quarantine. We appreciate--

CHAIRPERSON LEVINE: And are they burning through sick days for that?

MICHAEL GRECO: That's what I was going to say.

CHAIRPERSON LEVINE: Right.

MICHAEL GRECO: We appreciate that those members are being paid as a nonchargeable leave. Right now, there is nothing set up that, if we respond to a job and we catch this virus or we have to be quarantined. There is nothing set up that says we are going to be covered or use our own sick time. We get 12 sick days a year. So that's one thing I want to address. I want to make sure. Now, we've had two calls in the past 24 hours where members stayed on scene for an hour and a half and two and a half hours dealing with the telemetry doctors, the CDC, the Department of Health, over whether or not to transport a patient. Now, we're in our isolation precautions. We have the N95's, but anybody knows that the N95 is only good for 20 to 40 minutes, depending on how long and what your interaction is.

We carry for an ambulance. Right now, we are rationing our N95's because we have 400 ambulances out there. So, if you do the math, that is 1600 N95's you need at any given time in the world, right now, is begging for N95's. So, we want to make sure of a couple of things. One, that we are covered and if we happen to catch or suspected of transporting. We want to be quarantined, if possible, and make sure we get paid. So, that is our number one priority. The second priority is, right now, stats in the first responder world are very important. How long does it take you to respond to a job? How long are you on scene of a job? How long are you at the hospital? And now out of service times. Ops guide procedure was written that standard decon procedures apply, which means you wipe down the ambulance with bleach wipes and there should be air dried for 10 minutes. That's going to increase our out of service times, which is shed because you should be going every call with a clean, freshly stocked-- if we are worrying about spreading a possible pandemic. So, we want the procedures put into place that time should be given and not have our members being feared of rushing or doing the sort of stuff. But there is a cause and

effect. If we're already running behind on numbers and now you are taking units out of service, it goes back to what I have been up here before talking about. We are understaffed. We are underpaid. It's another situation where FDNY EMTs and paramedics are first responders, uniformed members, who are now being shortchanged when it comes to being taken care of. So, I just want to make sure that, once again, if money is going to be allocated, I hear the government, federal government, is releasing 8.6 billion dollars. Public education on 911 usage should be one of the main focuses. If you have a sniffle, seek of primary care physician, seek your normal course of getting treatment. Stay at home. What happens is, in the underserved communities, the primary care physician is the ERs. And we have to find a way to limit that call volume because, as they stated, 80 percent are non-symptomatic. So, people are going to call with a random symptom and we are not going unknown. So people are going to get sick. I think a lot of that money should be spent on public education to know when to call 911. During this pandemic and during every other time because we do get calls for stubbed toes. We get calls for 25-

year-olds with the sniffles and they go to the hospitals. If we have 1200 beds, they get a bed for a little while. It takes up that point. So we thank you for your time. I'm available for any questions you may have.

CHAIRPERSON LEVINE: Excellent. Thank you. Council-- Okay. Yep. All right.

CHAIRPERSON RIVERA: I just wanted to say this is exactly why we brought the administration, these agencies together, because of things that your first responders are going through, everyone in our hospital system. And knowing that-- I know it's-- They mention the word pandemic, but we are at a point where, just to be clear, we're not there yet, but we are at a point where we have to prepare for the worst case scenario and mentioning the kids, I think that is something that other countries are producing far more in less time, so I know that the capability is there. We just have to be organized around it. So I just want to thank you for taking--

MICHAEL GRECO: Okay.

CHAIRPERSON RIVERA: the time and
testifying. Thank you so much for your patience,
too.

MICHAEL GRECO: No problem. Thank you
for having a. And I take the subway every day and
I'm still taking the subway. So, as a medical
professional--

CHAIRPERSON RIVERA: As you should.

MICHAEL GRECO: washer hands, keep
showing up, and I'll tell that to anybody I speak to.
Do everything you normally do.

CHAIRPERSON RIVERA: As you should.

MICHAEL GRECO: All right.

CHAIRPERSON LEVINE: Hopefully, you'll
tweet that out so New Yorkers can be inspired.

MICHAEL GRECO: And I hope they listen.

CHAIRPERSON LEVINE: I want to thank
everyone on this panel and let you know that we are
really committed, certainly Chair Rivera and I, are
extremely committed to making sure that the people on
the front lines have the support, the resources, and
the protection that they need and it is not too soon
to start planning for a much more serious pandemic
and we are currently facing. And you know that

hospitals are at the center of this crisis under any scenario and we want to make sure that you have the support of the city to meet the needs of New Yorkers in this medical crisis. So, thank you all for testifying. Thank you.

CHAIRPERSON RIVERA: And with that I'm going to call the next panel. Gabe Oberfield, Nancy Rankin. Oh, Nancy. Sorry. Sorry, Nancy. Sorry about that. Kelly Sabatino. Reed Vreeland. Oh, Susan Duha. There we go. Okay. I tried to find out is he-- Is he coming back?

GABRIEL OBERFIELD: Thank you very much and good evening. I appreciate the time both Chair Rivera and Chair Levine and members of the Council. We are delighted to be here. I am Gabriel Oberfield, senior vice president of policy and operations for the Continuing Care Leadership Coalition and I very much appreciate this opportunity to testify. For those unfamiliar, CCLC is a trade association that represents not-for-profit and public long-term care providers throughout New York City and in the broader Metro region and our members the full continuum of long-term care services, excuse me, including skilled nursing care, home health care, adult day health

care, and, notably, care for special populations, such as those delivered at TCC. Arch Care is one of our members. CCLC deeply values its close working relationship with the Greater New York Hospital Association, as well. And this testimony will address three key points. CCLC members and the broader New York City long-term care community have worked to deepen their preparedness capacities over time. In these efforts put New York City on improved footing to fight COVID-19. Second, CCLC furnishes its membership and related stakeholders with critical information from relevant agencies and healthcare leadership, positioning them to keep their patients and residents safe and to contribute to response efforts. And then, third, because of COVID-19's specific risks for older adults and those with underlying vulnerabilities, we must keep New York City's long-term care community well supplied and resourced while also recognizing the groups clinical strength, those allowing hospitals and health systems, as my colleague, Jenna Mandel-Ricci, mentioned to focus on the most critically ill. So, it's important to know that, for a generation, CCLC has held key operational and liaison relationships

with governmental partners, including both New York City and New York State Department of Health and those jurisdictions Offices of Emergency Management. And CCLC has worked closely, as well, with DOHMH to implement a multipronged and applying curriculum to boost the broader long-term care sectors emergency preparedness knowledge and capacities, which has integrated the sector more deeply into the cities preparedness and response fabric. As examples, CCLC led emergency preparedness conferences and tabletop exercises have involved all of New York City is approximately 170 nursing homes for five years running and's activities have tested abilities to tolerate coastal storm surge, cyber security threats, supply chain limitations, among other challenges. We believe this work has strengthened long-term care providers for moments like the very one we are facing. And CCLC members, it's important to note, are receiving regular updates from CCLC as the situation unfolds. Typically through timely email, often including content that the Department of Health and Mental Hygiene recommends that we highlight them. Indeed, at CCLC's meeting of its Board of Directors on Tuesday morning, a CDC officer assigned to DOHMH's

senior leadership, presented on COVID-19 considerations to CCLC's board. And, throughout, CCLC has been directing members requests for additional PPE by communicating closely and regularly with NYSEM and other partners. Let me just close with these following thoughts. We are very heartened that many public health and elected officials recognize the critical role and important competencies of long-term care providers and we ask for the Council's continuing support to ensure long-term care settings are acknowledged as key and capable components of our citywide response. We are confident that the sector has prioritize preparations, is working to conserve resources and, critically, is focused on ensuring the safety of their residents and the directed healthcare workers, many of whom were just here both for me who care for them. The group is equipped to navigate moments like this third the experience with influenza and other complex illness, but your help is appreciated because they are doing so with tight budgets that they must stretch the daily. On behalf of CCLC, thank you very much for this time and I'm happy to take in question.

NANCY RANKIN: Good evening. I want to thank the Speaker Corey Johnson and Committee Chairs Levine and Committee Chair Rivera for holding this important hearing this evening on the city's preparation for the coronavirus. My name is Nancy Rankin. I am vice president for policy research and advocacy at Community Service Society of New York. As we prepare for coronavirus, ensuring people have health coverage is, obviously, very important, but having a Medicaid or insurance card in your hand is not enough. Workers also need to be able to take paid sick leave that we heard earlier. One of the main recommendations from the CDC for preventing the spread of coronavirus is and of seasonal flu, for that matter, is to stay home from work when you have to keep your sick child home from school. Then you certainly heard this advice from the health commission earlier. Fortunately, most employees in New York City have the right to paid sick days, thanks to the law passed by the city Council in 2013 and expanded twice since then. Our law is very strong. It explicitly allows paid sick time to be used if a person's place of business, your child's school or daycare is closed due to public health

emergency. So that is the good news. The bad news is that too many low income workers are unaware of their rights. Community Service Society's 29 survey of New York City residents that was conducted with a professional polling firm, Lake Research, found that 60 percent of low income workers covered by our law had heard little about it, including 42 percent who had heard nothing at all about it. And lack of awareness hinders enforcement, since it is largely driven by her complaints. We think Council member Levine for insuring to the same Intro in 1797, a bill that would create an ongoing informational campaign to raise awareness of workers' rights under New York City's Earned Safe and Sick Time Act. And I think Council member Rivera for being cosponsored. The city would distribute posters for voluntary display at pharmacies, hospitals, and other healthcare locations throughout the city, reminding people back, and New York City, employees to have the right to paid sick leave. This is a very simple, very low cost, effective, and timely way to raise awareness of the right to paid sick leave. And widespread posters would all raise awareness among employers and the general public, making it harder for the most

vulnerable workers to be denied their rights. And in all the discussion that we have been having today, and a lot of the awareness-- the information being put out, it would be great to see the Council and the mayor reminding people that, when they are telling them to stay home when they are sick and keep sick kids home from school, that, in New York City, we do have a right to paid sick days. Thank you very much.

UNIDENTIFIED: Thank you very much to Council member Rivera and Councilmember Levine and Speaker Johnson for the opportunity to appear here today. I'm from the Center for Independence of the Disabled in New York, CIDNY. In the last year, we reached more than 50,000 New Yorkers. We are the leading advocate for people with disabilities and have been for more than 40 years. We work with individuals to educate them, to help them meet their goals and live, and we educate the public to develop a deeper understanding of disability. We also speak with policymakers about the barriers that impede progress with people with disabilities. Currently, in New York City, there are more than 800,000 people with disabilities living in their own housing, living in an apartment just like you, next door to you.

Just like everyone else. Not congregant settings which were spoken of by the Department of Health. These are people who do not necessarily go to the senior centers or adult day programs. Some of them work and, in fact, work for us, as the majority of people on our board and our staff are people with disabilities, including people with chronic health conditions. On our board and on our staff, we have people with disabilities who are immune suppressed and who have the conditions, the secondary conditions, that occur at a higher rate for people with disabilities than they do for the nondisabled public. They are health disparities population. So, for example, some of the conditions discussed at putting people at higher risk for COVID-19 are also more prevalent among people with disabilities like diabetes, cardiovascular disease, hypertension, immunosuppression. Our workers work with people who are in homeless shelters to help them find housing. We work with people who are in nursing homes as they are long term care [inaudible 03:03:48] program in order to ensure their safety from abuse, neglect, and the quality of care that they receive. We are concerned about the lack of guidance for people with

disabilities who are dwelling in the community and who are at higher risk. In Washington state, they have issued guidance now that is telling people who are at higher risk for serious illnesses to go home and stay away from people. We are open to guidance short of that. We would imagine advice for those working-- 30 percent of people with disabilities are working-- to telecommute, to do meetings by phone, by email, other technological solutions. To stop in person appointments in people's homes, or in other locations where they may encounter more people who are at higher risk. We are, of course, advising them about all the precautions that are told to the general public to engage in, but we would rather exercise in abundance of caution. We feel we have an obligation to our staff and the people we serve who have chronic conditions, to ensure that they have advice that gives them the maximum protection for their health. We also would like to talk about the city's response in terms of accessibility of information. We have not been able to find materials and alternate formats for people who are blind or low vision and ASL interpreters are not being used in educational opportunities, nor is the technology

card. These would be very helpful. Also, captions running under, UH, the Commissioner when she is speaking would be very helpful. Relying on YouTube captions is very unreliable. They are very inaccurate. We want to make sure that, if the incidence of COVID-19 worsens and we find ourselves in an epidemic, and a pandemic, that we tried to avoid having people with disabilities segregated in institutional settings or segregated in community residences that may crop up when hospitals are overloaded, etc. We want people with disabilities to be treated in a way that comports with their civil rights under federal state and city laws. Thank you very much for listening.

REED VREELAND: Thank you, Chair Rivera and Committee counsel who is hearing me today. UH, my name is Reed from Housing Works. I have actually going to testify very briefly on something I did not expect to testify at all about today, but was inspired by some of the earlier testimony. So, I am a person living with HIV for 34 years and actually grew up living with HIV in New York City. And I have also been cured of Hep C and lived through-- got swine flu a few years ago and-- So, multiple

epidemics. But I wanted to bring your attention know one thing that I didn't hear a lot of about today, which is how young people whom I get COVID-19 may be treated and stigma relating to that and making sure DOE has some kind of policy and guidance around stigma, making sure that teachers are prepared on, you know, how to deal with prejudice and racism related to COVID-19. These are things that often teachers just aren't necessarily conversations that they are prepared to have. So, as someone, when I was young, dealt with, you know, classmate teasing or, you know, literally, had to leave a camp I was at. So, you know, this will happen if it gets much worse and we really should the materials in place to educate DOE and teachers, etc. I came here today actually to bring the City Council's attention to what Governor Cuomo is going on the state level on health budget. So, I'll speak very briefly that. Governor Cuomo last year cut 65 million from the New York City matching health fund through article six. So that is 65 million dollars less that New York City has for our health system. He's also trying to pass 1.1 billion dollars in Medicaid costs and shift that to New York City, which will very much devastate our

health budget. We really need the city to fight back against the state cuts to our city's health system. And, in addition, there's-- what's happening right now is the governor appointed a Medicaid redesign team which does not include any member of H&H, any member of DOHMH. It doesn't include very many advocates covered by Medicaid or people with disabilities. The city estimates that 140,000 people with disabilities in New York City alone will be affected by potential cuts through pass through MRT, which is not a democratic process. So, we really-- A lot of advocates have been drawing attention to what the governor is trying to do with these Medicaid cuts, but we need some muscle from the Council to put pressure on your counterparts in the assembly and Senate to fight back. Thank you.

CHAIRPERSON RIVERA: Thank you so much. And I feel like, we're-- you know, we went through this last year with article six cuts, as well. So, I will be right back on the steps or wherever I have to be to make sure that we stop the cuts to Medicaid. And in terms of the DOE policy around stigma and bullying, I'm not sure if anyone is left here from the administration, but we will be sure-- I know

that they wanted to cover this. We just didn't have enough time, but that and also, one of the first questions I asked H&H was around individuals with chronic illnesses and people with disabilities. And I kind of feel like the answer was we're working on it, but I didn't really hear anything and so, I thank you for bringing it up again.

UNIDENTIFIED: I'm so sorry. I was so gratified to hear your questions, but I felt you did not get answers quite honestly. They referred back to people who were in nursing facilities or in other congregate settings ignoring the fact that 800,000 of us are living in the community with immunosuppression, diabetes, and other conditions. And we really desperately need that information. We need it right now.

CHAIRPERSON RIVERA: Thank you. And thank you for the reminder of the paid sick leave. I think that's so important and for all your policy work. Thank you to the panel. Thank you very much. And, with that, extra credit for the last panel. Carlin. Carlin [inaudible 03:11:58] from Chinese-American Planning Council. Mira--

[background comments]

CHAIRPERSON RIVERA: Vena-- Oh, yes. Yes. Mira. Hello. From our friends at the Asian-American Federation. And, again, please feel free to correct me. Seongeun Chun. Joel Cufferman. Dusty Burke. Okay.

UNIDENTIFIED: I'm going to very rude and leave right after this being I am very late to a meeting.

CHAIRPERSON RIVERA: Don't worry about it. I just appreciate you waiting this long and that you are testifying.

UNIDENTIFIED: Thank you so much for taking the time and holding this hearing today. Thank you especially for staying through to the bitter end. I'd like to begin that noting that I am concerned that no one from the administration is here at this point when the community-based organizations in particular the Asian-American panel to testify are the ones that are left on the last panel in the administration is not here to hear our testimony. CPC, the Chinese-American Planning Council, serves Asian-American immigrant and low income community members throughout New York City and we are glad to hear that the city is being proactive in that the

Counsel is being proactive and preparing for this public health epidemic. I won't speak to that because everybody has already discussed, but I do want to highlight a few things. First, in order to make sure that our community-based organizations are prepared to deal with this, we have seen differing guidance from city agencies. So, making sure that guidance is clear to community-based organizations there is a clear contact to follow up on procedure and the and also that any guidance or mandates is funded for those contracted social services agencies is critical. I have these recommendations in my testimony, but then, secondly, we are seeing a lot of anti-Asian-American bias and raises some that I have not heard discussed a lot today. I'd like to share a couple of observations that we have already seen from our community members. We have had small businesses that have reported a decline in business of over 50 percent. Have had to lay off workers and has said that, if this continues for the next couple weeks, they will be shutting down. We had a fire recently at 70 Mulberry and we have had to move our seniors over to our administrative center. Our neighbors have complained that those seniors are now

congregating around in public areas because they are concerned about the spread of coronavirus. We have already heard of incidents of bullying in school of young children of community members being bullied on the subways and in public places. This is a very real consequence of any kind of fear-based Xenophobia and racism that we are already seeing and consequences of and so we want to really encourage the city and the Council to take that seriously, to be proactive about it, and to keep that in mind as we make preparations. Thank you.

CHAIRPERSON RIVERA: Thank you so much for mentioning what are Asian-American Asian community is going through, especially with the attacks, the racism, the abandonment of the businesses. And we are trying our best at the Council to work on that. So, thank you. I know you have to go. I just wanted to thank you--

UNIDENTIFIED: I'm very sorry.

CHAIRPERSON RIVERA: for your-- No. Don't apologize. That's okay.

SEONGEUN CHUN: Hi. My name is Seongeun Chun and I am the senior manager of health policy at the New York Immigration Coalition. Thank you to

Committee Chairs Mark Levine and Carlina Rivera and all members of the Committee on Health and Hospitals for the up for opportunity to submit this testimony. I want to say a special thanks to Carlina Rivera for your statement in [inaudible 03:16:23] encouraging New Yorkers to fight back against coronavirus and prejudice. We at the NYIC are thankful to the New York City and New York state officials urging New York is to stay calm man address coronavirus as a public health issue that it is. This is in stark contrast to the Trump administration, which is calling for closure of the southern US border and relying on antiquated lies about immigrants. The implementation of public charge calms at the worst possible time as fear and confusion unnecessarily drives families away from needed health services to serve Trump's racist and classist agenda. This is a time when our immigrant communities need to be encouraged to get the health services they need regardless of immigration status. In New York City, fear and misinformation have led to real consequences for our immigrant communities, including physical attacks, plummeting business that Chinese restaurants, and raises bullying against Asian

students. Even the media is perpetuating stereotypes and anti-immigrant sentiment. Fear of contracting coronavirus has an ugly cousin: xenophobia. Which I have been a recipient of as a passenger on the subway, as a parent, and as a caretaker to my elderly and my grandparents. Riding the subway has been a hostile experience. Just two days ago, and during my morning commute, I had a white woman glaring at me when I sneezed. She muttered a racial slur, telling me to go back to where I came from. This incident reminded me, yet again, on the devastating impact that anti-Asian racism is on immigrant communities living in fear of what the onset of public charge, ICE's questionable activity and up Brooklyn hospital that is preventing them from seeking the care they need because of their immigration status. We urge Council offices and administration to be proactive as voices of calm and reason on the public health front and on speaking out against xenophobia. We ask the Council to urge the DOE to ensure that schools are prepared to rapidly share urgent information with emigrant families in the event of school closure. We also urge the city to ensure that DOHMH absolutely includes their anti-stigma message and all their fact

sheets, campaigns, emails, and posters to the counter misinformation. Council members are the trusted sources and have a huge role to play in combing the public. We ask that you help to stop the spread of coronavirus by encouraging New Yorkers to take public health precautions, not perpetuate racist stereotypes. Thank you for the opportunity to share this testimony.

CHAIRPERSON RIVERA: Thinking so much and I'm sorry for your experience.

SEOGEUN CHUN: Thank you.

CHAIRPERSON RIVERA: But I think you for sharing it so--

SEOGEUN CHUN: Thank you.

CHAIRPERSON RIVERA: we can see where the average person is going through today. Thank you so much.

MEERA VENUGOPAL: Thank you for having us. I would like to thank Chair Rivera and--

CHAIRPERSON RIVERA: Oh, just please press--

MEERA VENUGOPAL: Oh. Sorry. I would like to thank Chair Rivera and Chair Levine and for you, especially, for staying to the bitter end. I

represent-- I am the communications and development manager for the Asian American Federation. And we-- I am here today to speak on behalf of hours 70 member agencies serve, you know, in many ways over 1.3 million Asian New Yorkers. So, I would like to say that we are deeply concerned about the impact that we are seeing on our communities and it has virtually had reached into our agency in the sense one of our interns was, you know, somebody was walking by and sees sneezed and they told her to go back to her country a and said all kinds of things to her. And so we are seeing is that every day, but I would like to especially talk to what we are seeing in the economic impacts with our-- we have an economic development program in Flushing and our merchants have-- don't know what to do with the devastating economic impacts they are seeing. Business is being lost by about 50 percent. There is a cascade of fact because and now restaurants are telling workers to stay home. They have to cut their hours. So then, they are going back-- they don't have money to feed their families, so were seen economic impacts across the board. And, you know, this is interesting because and our own report from 2012, we found that

about half of net new economic activity and half of net new employment was driven by Asian small businesses in the city. So, with this xenophobia and racism and shutting down of Asian businesses, what we are seeing is that this is going to fact the economic engine of New York City itself. And we, as a community, are not prepared for this kind of devastating effects because one in four Asian Americans lives in poverty. We have 50 percent, you know, of low English proficiency and about-- what we are seeing is that we need to somehow deal with this and talk to Asian Americans and languages that they understand because of low English proficiency. And of fear and confusion around it is also interfering with the services that nonprofits are providing to these-- to the people that we serve. So, for instance, we wanted to have a meeting around the electric bike delivery workers because that's the advocacy that we need to and nobody wanted to calm because people are scared to come into areas because they don't understand what exactly the COVID-19 is doing. And so, we would like the Council to establish some kind of system of delivering free client multilingual communications and resources to

emigrants and emigrants surveying organizations, one. We would also like elected officials and staff to participate in mandatory training on racial sensitivity and cultural humility because we are seeing the sum on the xenophobic statements are not only coming from the media-- you know, they always show a picture of like an Asian person, even though, you know, the persons who have been affected by coronavirus is not actually Asian in New York City. But and we would like to say they encourage elected leaders and community members to speak about this issue in calm, clear, and compassionate terms and to promptly to announce instances of anti-Asian rhetoric and violence. And we would like that there is some kind of additional funding for Asian serving community organizations to cover the following emergency needs. Conducting health screenings, hold informational sessions, and increase rapid response capacity because we are the trusted frontline. We are the trusted community organizations that people come to. You know, they don't actually go to government agencies. They come to us and ask for answers. And so, we're the ones on the front line. And then, you know, cleaning equipment and services.

Like we have seen that there are community organizations that are anyway under resourced, have been actually buying medical supplies for themselves and their staff because they're dealing with seniors. They're meeting members of the public and they don't want anything to happen in where either they are transmitting something or they are, you know, getting some kind of-- maybe the virus or whatever. They're just trying to be very careful about that and they are spending their own money. So, there is a loss of revenue due to fear in quarantine and we would like some amount of appropriations for cleaning equipment, for being able to, God forbid, the virus actually starts affecting people. So that we can continue our work from home. So have, you know, some laptops or whatever that is required. So, we would also like that the rules on city contract deliverables be relaxed because people are not going to be able to meet the deliverables because their clients are not coming to the centers. And one last thing. We are one week away from the senses and there are-- I mean, we are a census information agency. We are on the core committee of the senses and we are-- this is the worst time to deal with a health crisis and we

are on the eve of the most critical civic participation and event in a decade and we are trying to encourage community interaction and engagement and [inaudible 03:25:16] is a running various scenarios on what to do and how to best work under these circumstances. In non-profitable communities on the front line and we need help to protect our community, but also to protect ourselves and in order to continue to do what we need to pass, which is serve our communities. Thank you so much for listening and thank you for saying.

JOEL CUFFERMAN: I'm Joel Cufferman from the Environmental Justice Initiative, the National Lawyers Guild Environmental Justice Committee. And I think it's not ironic, but I sat here 20 years ago after 9/11 in front of the health committee trying to tell them of what we found in the samples that we grabbed and the health community basically did this for a long time. And we brought more and more evidence and, but the word kept on coming up is that they didn't want to alarm anybody. I think it's important to decide what is alarming and what is fact. The city Health Department now, I think, gave you a very bad understatement of the risk assessment

that is happening. We are way behind what Washington state is doing and what California is doing. There is children in Liverpool that have been diagnosed with a virus. So, just telling us that no children have been affected to use misleading and false. We were the attorneys for the firefighters union after 9/11. The city gave very, very bad risk bonds protecting those firefighters. You heard from the ambulance drivers today. You know that New York City, we still have ambulances where there is diesel exhaust coming back into the cab affecting those drivers? We have an antiquated health delivery system that the city is not been following through. What they're telling us is just to say no to the virus and we're ignoring the curve that is happening all over the place. It's an overemphasis on preventing alarm and I think it's time that we totally open up the truth that is out there. And also, in terms of hospitals, has been legionnaires court [inaudible 03:27:31] diagnosed in Columbia-Presbyterian and other hospitals. A lot of hospitals that we have here are facing violations. They're not up to snuff. So I think that's one of the most important things that we have to do. And also high-

level doctors and quite a few institutions and told us that not all the workers in those hospitals are trained. We are really concerned about the food preparation workers. It just takes one to two people to, basically, get sick. And also, part of the problem with the worker protection is there is no discussion so far about penalties for employers that don't allow these policies to take place. And also, I just want to say, I represent to tenant associations that NYCHA residence. When there is legionnaire's outbreak in St. Nick's and Harlem, the city health department came along and to said it's only in three different buildings. It doesn't follow the criteria, so are not going to do any follow-up. Were concerned that-- And also, for the last five or six years, when many NYCHA residents have called the city health department, they are told that 311 system does not cover them. I'm really concerned and people are concerned that all of those-- one in 14 city residents are NYCHA residents, that they are basically going to be ignored and now we're relying on a NYCHA that is-- it's totally ignoring their health service. And also in terms of the health department and hospital's incorporation, we were

heavily involved with hurricane Sandy recovery. When they close the hospital in Far Rockaway, it was, basically, left with one licensed nurse to take care of all those people on-- down in the rockaways. People were facing insulin shock because there was no delivery of insulin. At the same time, there was hundreds of nurses that were being paid in Bellevue because Bellevue had lost their electric due to the storm. So, I think it's very important for city Council to look at the mismanagement that Health and Hospitals in the Health Department has done all these years. And just one more thing. I'm really appreciate-- after 9/11, the city Health Department was a violator of-- there's something called the New York State Occupational Lung [inaudible 03:29:54] registry. Anyone that was affected by that 9/11 does should have been reported to that state registry and the Health Department did not do that. When we got hit with the West Nile virus spraying, we had people call up the city Health Department to complain of the adverse effects. The city Health Department told those people you can't get hurt by the spray that took place. So, we think it's incumbent upon you to listen to other people other than the city Health

Commissioner and Health and Hospitals that say that everything is rosy. And I really suggest the size of the budget that is out there that city Council hire your own assessors, your own health assessment people to give you more materials to fight back when we're just hearing it from one side.

CHAIRPERSON RIVERA: Thank you. And I just want to clarify I know that they said that children were not a part of the higher risk populations. I think what happened is the Chancellor said that the virus doesn't like children and I think he-- I think that kind of--

JOEL CUFFERMAN: Well, that's what they said about the World Trade Center dust when they were trying to tell us the asbestos was below the one percent. Even when people were getting hit. This is the city Health Department--

CHAIRPERSON RIVERA: No. No. I understand.

JOEL CUFFERMAN: that you-- [inaudible 03:31:08] say anything about children.

CHAIRPERSON RIVERA: Uh-hm.

JOEL CUFFERMAN: The city Health Department, up until last year, used Roundup and

playgrounds. This is the city Health Department though we are all trusting to tell us that when children are vulnerable and not vulnerable to. So I agree that children might not be--

CHAIRPERSON RIVERA: No. No. I--

JOEL CUFFERMAN: must vulnerable--

CHAIRPERSON RIVERA: And I understand.

Hold on. I just want to finish what I'm saying.

JOEL CUFFERMAN: Okay.

CHAIRPERSON RIVERA: Is that I want to make sure that we are--- you know, we are trying to highlight the facts in this hearing. I am on a bill to ban the use of Roundup. I understand also 311 in the CCC in responding to NYCHA is not a system that is currently working and, in fact, today I was a little disappointed that we did not get to cover our NYCHA families and that is a very large public system that deserves a lot of care. And so I think, you know, as is mentioned in testimony here, that disasters are always inclusive, but response and recovery are not unless we plan for it. So, with that, I just want to make sure that we get to our last panelist.

DUSTY BURKE: Thanks. Hi. My name is Dusty Burke and I'm with Westview news, which you probably know. George Capps is our publisher. We are looking at putting out a midmonth special edition really just on coronavirus and offers solutions and really do a positive thing. I trained with FEMA to be a continuity manager for mass casualty and pandemic preparedness and I was training with the top people during the Ebola outbreak. And so I understand all that. One of the things I wanted to point out is a document from the Defense Threat Reduction Agency that I found. You can see it is pretty well researched. And in this, they looked at the 1918 flu pandemic to see what are some of the nonpharmaceutical interventions that we can use? And they looked at these different communities provisional escape communities. On the one thing they did, which I found which is really cute is this is, in Yerba Buena Island, not one person got sick or passed away while everyone in San Francisco was dying. Well, what the military did was they quarantined the island and they sprayed the men's throats with a colloidal silver. And if you wanted to get on the island, they sprayed your throat four

times a day and quarantined for four days and then they put you in with the general population. And they did this and all of these military bases that are listed in the study and it is something-- it's an over-the-counter. You can go to the health food store. If you think you've got a cold, a scratchy throat, they're telling people-- it's misleading. They are saying there is nothing you to do besides mess quarantined and social distancing. There is high-dose vitamin C. You can work on your nutrition. There's something called MMS that they used for 100 years to purify water and if you google the-- Africa and the Red Cross with malaria, you'll see that they cured malaria overnight and over 140 people by drinking this. It is something that kills virus and bacteria like the colloidal silver. So, there are interventions that people can be using and I think that the city should really look at some of those because, to tell someone to go home and quarantined for two weeks is scary. To tell someone you can spray your throat with colloidal silver and stay at home, that's different. I also wanted to say the idea of quarantine is scary, but it might happen and there's a really positive approach to it. Instead of

bringing people out, you could say, if you have the opportunity to stay home with your family and friends for two weeks, what would you do? Would you paint? Would you draw? Where you work on a novel? So there's positive ways to work on people's mindset, which is what we would like to do in the special edition. And if the city has any information that they would like to put out, we are very well read and we would be interested in carrying your public service announcements.

CHAIRPERSON RIVERA: Well, thank you. I think, you know, why I wanted to be sure to stay to the end was to hear from other individuals who aren't associated with the city or government, quite frankly, because I know that sometimes the best ideas come from advocates and attorneys who have been doing this work for a long time. So I just want to thank you all for your testimony. I am very disturbed by the xenophobic rhetoric that is out there and I'm very sorry that any New Yorker or person has to go through that experience when we should be focusing on how to properly prepare, right? How to make sure that we are taking public health precautions and the point of our hearing today was to hear from the

administration so you could officially know what they are doing to prepare. But also just to send a very sober message that we have to prepare for the worst case scenario and to make sure that we are doing our best, compared to other cities who are going through similar experiences. So I hope that some of the information the day brought some clarity and some support and I just want to make sure that you all feel supported and that you feel resourced. And you've clearly said you could certainly use some more help and I'll be sure to advocate and champion that a make sure that we do get this together.

JOEL CUFFERMAN: Can I just say one short--

CHAIRPERSON RIVERA: Sure. Of course. And then you, Meera.

JOEL CUFFERMAN: Most of my information comes after 5 o'clock. I get calls from middle level staff people on every agency that works. People work for the city, the state, and the feds. Most of the time, when there is a problem, the hearings, you hear from all the commissioners that are top level. I think you should-- one of the things you should do, that the city Council should do, is improve the

whistleblower law. Okay? There's a lot of people that are willing to come forward and you should a phone, a special number, that you can have people call out. That's very important. There's people that want to speak out and that would give you the information, you know, that's within those departments. And also there is a lot, I think, you can get from the fence. There's different agencies, also, that could definitely help. In just one more thing on the Roundup. The city carved out an exception for golf courses. We're placing all those golf course workers in harm's way by letting-- allow to be exposed to that thing without the protection that's necessary. And I think that is emblematic of how the city Health Department is not protecting those people or the workers out there.

CHAIRPERSON RIVERA: Understood. I just want to make sure today we were focusing on facts and what's best to do, which is practice good habits as in flu season. And, again, to make sure that we stick with how to take care of each other. And, I guess, Meera, you wanted to add something?

MEERA VENUGOPAL: Yeah. I think the Council members have been making some-- Sorry. I

always forget this. Been making some very good efforts to sort of visit the Chinatown's, visit Flushing, say dine in Chinatown. Those kinds of efforts, but I don't think they are enough. And I would very much like the city to think about the economic impacts and what these families and small business workers are going through in Flushing and in all the various other Chinatown's. We have heard from Sunset Park. You know, we've heard from Canal Street. All these different places. And it's actually spreading now to be on these Chinatown streets. Even just like restaurants. Even down in Wall Street where people are avoiding restaurants that are vaguely Asian. Like, you know, Japanese people or Korean people. So, I would very much like that the city Council think about ways to somehow bring business back and help these people. Maybe, you know, say that there is some money you can give them some money it is sort of like a zero percent insurance to tide them over at this time. Something like that.

CHAIRPERSON RIVERA: Well, we will certainly discuss every option and make sure that families and small businesses feel supported. You

know, again, today was to highlight facts, to make sure that the information that we were providing was rooted in facts and science. And thank you so much for all of your testimony. I really do appreciate it. And thank you. Thank you for staying with us to the end.

MEERA VENUGOPAL: All right. Thank you so much.

CHAIRPERSON RIVERA: And seeing no other members of the public that wish to testify, we will adjourn this hearing.

[gavel]

[background comments]

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 _____ March 15, 2020 _____