CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH JOINTLY WITH
COMMITTEE ON HOSPITALS

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HELD AT: Remote Hearing

B E F O R E: Mark Levine
CHAIRPERSON

Carlina Rivera
CHAIRPERSON

COUNCIL MEMBERS:
Alika Ampry-Samuel
Inez Barron
Andrew Cohen
Mathieu Eugene
Robert Holden
Keith Powers
Diana Ayala
Alan Maisel
Francisco Moya
Antonio Reynoso

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

Dr. Dave Chokshi, Commissioner
Department of Health and Mental Hygiene

Dr. Jane Zucker, Assistant Commissioner
Bureau of Immunizations

Dr. Andrew Wallick, Ambulatory Care Chief Medical Officer
Health and Hospitals

Dr. Lee Fiebert, Senior Assistant Vice President of Business Operations
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Tanya Alcorn, Supply Chain Leader
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Faith Walters, Vaccine US Medical Affairs Team and Field Medical Lead for Vaccines
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Umar Kahn, Senior Advisor and Special Counsel
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Peter Taback, Chief Engagement and External Affairs Officer
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Margaret Puddington, NYC Resident

Jessica Orozco Guttlein, Chief of Staff
Hispanic Federation

Rebecca Telzak, Director of Health Programs
Make the Road New York

Allie Bohm
NYCLU

Mon Yuck Yu, Executive Vice President
Academy of medical and Public Health Services

Marie Mongeon, Director of Policy
Community Health Care Association of NYS (CHCANYS)

Kelly Sabatino, Public Policy Manager
Community Healthcare Network

Jesse Soll, NYC resident

SERGEANT-AT-ARMS: Recording to the cloud is all set.

SERGEANT-AT-ARMS: Sergeant Lugo, just give me a thumbs up. Thank you.

SERGEANT-AT-ARMS: Good morning. Would all sergeants please start their recording at this time.

SERGEANT-AT-ARMS: Good morning and welcome to today's joint New York City Council hearing on the Committees on Health and the Committee on Hospitals. At this time, would all panelists please turn on their video for verification? Once again, would all panelists please turn on their videos for verification? To minimize disruptions, please place all electronic devices are on vibrate or silent mode. If you wish to submit testimony, you may do so at testimony@Council.NYC.gov. Again, that is testimony@council.nyc.gov. Thank you so much for your cooperation. Chairs, we are ready to begin.

CHAIRPERSON LEVIN: Thank you, Sergeant, and good morning, everyone. I am Mark Levine, Chair of the city councils Health Committee and I am thrilled to be cochairing this hearing with my colleague, Council member Carlina Rivera who chairs the Hospital Committee. And I want to welcome

fellow Council members Ampry-Samuel, Barron, Cohen, Holden, Levin, Powers, and Rosenthal. It is sometimes said that a vaccine doesn't stop the pandemic. It is vaccinations which does. So, today we are holding an oversight hearing on New York City's plan to administer the Covid-19 vaccine in the city of over 8 million people. This hearing is taking place at a perilous moment: as the second Covid wave is crashing down hard on the city. Cases, positivity, hospitalizations are all rising fast. Each of us has much, much more work to do to flatten this new curve in the months ahead and the exciting developments we are discussing today do not change that. But they are truly exciting developments. Science has done something mind-boggling: gone from the first gene sequence of this virus to delivery of a vaccine and just over 11 months. To everyone in the scientific community who worked around-the-clock to make this possible, thank you. New York State expects the first delivery of 117-- excuse me. 170,000 doses of the Pfizer vaccine on December 15th, in just 11 days. Later this month, New York expects to receive additional allocations of both the Pfizer vaccine and the modernity vaccine. There really is

hope on the horizon. But vaccination will be, by far, the most complicated undertaking of this pandemic, dwarfing the challenges we have faced so far, for example, in testing. And they are not just logistical and scientific questions to tackle, but moral questions, as well. Key among them is how we will prioritize distribution of this vaccine. There is broad agreement that will start with healthcare workers, then those who live and work and congregate settings, and then essential workers more broadly. But how we define each category has huge implications. Healthcare workers, for example, should include not just physicians and nurses, but every Covid facing staff person. Including those who clean the rooms of Covid patients or serve as translators for Covid patients. Congregate settings should include not just nursing home, but jails and homeless shelters where we know the risk of spread is extremely high. Essential workers should include not just first responders and those who work on infrastructure, but also New Yorkers who deliver food or work in supermarkets, laundromats, or restaurants. A successful vaccination program must also require that we focus intently on building confidence in the

public about the vaccine, in part, by maintaining complete transparency throughout the process. This will be doubly challenging and African-American and other communities of color where justifiable mistrust has built up over generations of racism and neglect in the medical system. In a pandemic, which has been defined by inequality, let's do this right. Let's ensure our vaccination program actually advances equity and leaves no New Yorker behind. Lives depend on it. I want to thank the administration, including the Department of Health and Mental Hygiene and Health and Hospitals, for all of their work throughout this pandemic and for joining us today. I also want to Pfizer for being here today and we are excited to hear your testimony. And I want to thank the incredible staff of the Health and Hospitals committees, counsels Harbani Ahuja and Sara Liss, policy analyst Emily Balkan, finance analyst Laurent Hunt and John Chang, data team Rachel Alexandros and Julia Freedenberg, and my own legislative director Amy Slatery. Thanks again to all of you for joining us today. I look forward to this discussion. And now I'd like to turn it to Chair Rivera for her opening.

CHAIRPERSON RIVERA: Thank you so much. Good morning, everyone. I am Council member Carlina Rivera, Chair of the city Council Committee on Hospitals. I'd like to start off by thanking my co-Chair, Council member Mark Levine, for holding this important hearing today. This morning, we are holding an oversight hearing on the Covid-19 vaccine. As we all know, by April of this year, New York City and its communities was the epicenter of the epicenter of the Covid-19 pandemic with more cases than many countries. This ongoing pandemic has, unfortunately, been the deadliest disaster in the history of New York City as we have lost more than 19,600 New Yorkers to this virus. And as now enter the 10th month of the Covid-19 pandemic in New York City, with winter looming, we are now, once again, seeing an increase in cases across our city. It is important that we, as a city, continue to follow the direction of our public health experts and continue to wear masks, practice social distancing, and avoid indoor gatherings when possible. I know folks have pandemic fatigue, but we have gotten through the worst of this crisis together as a city and we can save lives by continuing to follow public health

guidelines. On a positive note, we can see the light at the end of the tunnel. Multiple vaccines have been developed and two, the Pfizer and Moderna vaccines, are on track to soon be approved by the FDA. But before we can envision returning to some semblance of normalcy in our city, perhaps in the next year, we must ensure that the city and state are well-equipped to handle the distribution of vaccines for our residents. Providing over 16 million vaccination doses to New Yorkers will be an extremely complex and unprecedented logistical challenge. This includes prioritizing vaccine distribution, procuring necessary supplies and equipment, coordinating vaccine distribution and delivery, preparing for administration of the vaccine through various vaccination sites, supporting and expanding data and information technology infrastructure, engaging in public education and community engagement regarding the vaccination program, and post-vaccination monitoring. This will be an incredible lift for our government, our health department, our hospitals, and other vaccine providers. The state and the city have already issued plans for their Covid-19 vaccination programs and we look forward to hearing more about

those plans today, including updates on what is already underway. We also look forward to hearing more about how equity will be a focus of the plans for distribution and what challenges the city faces in distribution and administration of the vaccine. I want to take a moment to commend DOHMH and H&H, who are present today, for their incredible work throughout this pandemic to keep New Yorkers safe and healthy. It is through the efforts of their staff that we were able to significantly decrease the infection rate in our city and we look forward to hearing how they will be coordinating to distribute and administer the Covid 19 vaccines to New Yorkers. Thanks to the administration and for being here today. I want to thank the staff of the hospitals and health committee counsels, Harbani Ahuja and Sara Liss, policy analyst Emily Balkan, finance analyst Lauren Hunt and John Chang, and data team Rachel Alexandros and Julia Freedenberg for all their work in preparing for this hearing. And, of course, my own legislative director, that Jeremy Younger. I look forward to today's important discussion and I thank you and everyone for being here and for their

testimony in advance. And now I will pass it back to Chair Levine.

CHAIRPERSON LEVINE: Thank you so much, Chair Rivera. I'd like to welcome two additional colleagues. We have Council member Alan Maisel and, very excited, we have Council member Dharma Diaz. This may be her first hearing. I'm not sure, but we are thrilled to have you here with us, as well. And I'm going to now turn it over to our moderator, senior policy analyst, Emily Balkan, who will review some procedural items related to today's hearing I will call on our first panel of witnesses.

MODERATOR: Thank you, Chair Levine, and Chair Rivera. I am Emily Balkan, the senior policy analyst to the Committee on Health in the Committee on Hospitals of the New York City Council and I will be moderating today's hearing. Before we begin, I want to go over a few procedural matters. I will call on panelists to testify. I want to remind everyone that you will be on mute until I call on you to testify and then you will be on muted by a host. Please listen for your name to be called. For everyone testifying today, please note that there may be a few seconds of delay before you are unmuted and

we thank you in advance for your patience. I will be periodically announcing the next panelists. At today's hearing, the first panel will be the administration, followed by Council member questions, and then the public will testify. During the hearing, if Council members would like to ask a question, please use the zoom raise hand function and I will call on you in order. I will now call on members of the administration to testify. Here to testify is Dr. Dave Chokshi, the Commissioner of the New York City Department of Health and Mental Hygiene. And here for Q and A from the administration on our Dr. Jane Zucker, the assistant commissioner of the Bureau of Immunization, Dr. Andrew Wallick, ambulatory care chief medical officer at H&H as well as the chief medical officer of the New York City Test and Trace Corps, and Dr. Lee Fiebert, the senior assistant vice president of business operations at New York City H&H. I will now I minister the oath to the administration. Commissioner Chokshi, do you affirm to tell the truth, the whole truth, and nothing but the truth before the committee is and to respond honestly to Council member questions?

COMMISSIONER CHOKSHI: Yes. I do.

MODERATOR: Thank you. Dr. Zucker, do you affirm to tell the truth, the whole truth, and nothing but the truth before the committees and to respond honestly to Council member questions?

DR. JANE ZUCKER: Yes. I do.

MODERATOR: Thank you. Dr. Wallick, do you affirm to tell the truth, the whole truth, and nothing but the truth before the committees and to respond honestly to Council member questions?

DR. ANDREW WALLICK: I do.

MODERATOR: Thank you. And, Dr. Fiebert, do you affirm to tell the truth, the whole truth, and nothing but the truth before the committees and to respond honestly to Council member questions?

DR. LEE FIEBERT: I do.

MODERATOR: Thank you. We are now ready to begin. So, Commissioner Chokshi, feel free to start whatever you're ready. Thank you.

COMMISSIONER CHOKSHI: Thank you so much. Good morning, Chairs Levine and Rivera and members of the committees. I am Dr. Dave Chokshi, Commissioner of the New York City Department of Health and Mental Hygiene. Thank you for the opportunity to testify

today and provide an update on the city's plan for distribution of Covid 19 vaccine to New Yorkers. As you heard, I am joined today by my health department colleague, Dr. Jane Zucker who serves as assistant commissioner for the Bureau of Immunization, Dr. Andrew Wallick, ambulatory care chief medical officer at New York City Health and Hospitals, and chief medical officer of the NYC Test and Trace Corps, and Dr. Lee Fiebert, senior assistant vice president for business operations at New York City Health and Hospitals. Local health departments play a critical role in vaccinating the public against communicable diseases and the New York City health Department has long-held expertise in vaccination efforts. In 1947, we held the first citywide vaccination campaign, the effort to eradicate smallpox and established the foundational infrastructure needed for mass vaccination that still exists today. Over the years, our agency has adapted our vaccination efforts for everything from seasonal influenza to the routine immunization of children and adults against diseases such as hepatitis A and B, measles, mumps, rubella, HPV, and chickenpox to emerging threats like H1N1 and now Covid 19. The departments expert immunization

team works year around to increase New Yorkers access to vaccination services with a focus on equity and reducing disparities. It is an everyday miracle that New Yorkers regularly receive vaccinations and are protected against disease and public health threats that some time ago were simply not preventable. It is a with this foundational expertise that the health department has approached the unprecedented vaccination planning effort for both seasonal influenza and Covid 19 this year. We began planning for about this spring. Knowing that the Covid 19 virus would still be spreading during influenza season, it was more critical than ever to increase our seasonal influenza vaccination numbers. To achieve these historic vaccination rates, the health department launched a citywide campaign to encourage New Yorkers to get their flu shot and has worked with partners to expand vaccine activities throughout the city. As our media campaign says, this year's flu vaccine could be the most important one you ever get. And New Yorkers have answered the call. To date, we have seen a remarkable increase in flu vaccination coverage among New Yorkers. From July through the end of November, there was a 35 percent increase in

the number of adults who received the vaccine compared to the same period last year and a seven percent increase for children. We are working with New York City Health and Hospitals, community health centers, community-based organizations, urgent care centers, and are offering flu vaccines at several Covid 19 testing sites, as well. The health department also launched a new program this year to deploy teams of community vaccinated throughout the city to meet New Yorkers where they are, including at pop up vaccination events, pharmacies, and houses of worship. This work will continue throughout the coming months as we reach peak influenza season. It's never too late to get your flu shot. Simultaneously, the health department has been hyper focused on preparing for a Covid 19 vaccine. We've been working with our state and federal partners to prepare for a phased-in equitable distribution. Once available widely, vaccines can be one of our most critical tools in preventing the spread of Covid 19. Preliminary information from the vaccine manufacturers suggest that at least two vaccines will likely be available in the United States soon. Both will require two doses and preliminary studies have

indicated that they are safe. I will be up front. These are new vaccines for a new disease and there is still a lot that we do not know, such as when there will be authorization by the Food and Drug Administration, how long protection lasts, and how often people will need to get vaccinated. But we remain optimistic that a vaccine may be authorized and become available as soon as mid-December. After a vaccine is authorized, it will be distributed in phases to groups of people based on their risk of Covid 19 exposure and severity of illness if exposed. While these phased designations are still being determined by federal and state governments, the first category of people to see the vaccine will likely be high risk healthcare workers, as well as staff and residents of long-term care facilities such as nursing homes. High risk healthcare workers include those who are taking care of Covid 19 patients such as emergency department and intensive care unit clinicians or nonclinical staff working in areas of the facility where there are Covid 19 patients. Distributing to these individuals first well help reduce the burden of transmission and mortality and will ensure the protection of our

critical healthcare workforce as they continue to treat patients infected with the virus. We expect initial allocation of vaccine to be made available as early as December 15th and to be distributed initially to hospitals throughout the city who have capacity for ultracold storage, which is required for the Pfizer vaccine. High risk hospital staff will receive vaccines from this initial distribution. The health department is prepared to stand up and operate temporary sites exclusively for vaccination of emergency medical services or EMS personnel who will also be included in the first few weeks of vaccination. Additionally, the Centers for Disease Control is operating a program in partnership with pharmacy is to bring vaccinations to long-term care facilities throughout the country. Through this program, providers from CVS and Walgreens will bring the vaccine and needed supplies to long-term care facilities in order to vaccinate both residents and staff. We are working with New York State to align on a start date for this program which also depends on the vaccine allegation for New York City. The vaccine will likely next be available to essential workers who interact with the public and are not able

to physically distance. Followed by people at high risk of complications from Covid 19 because of their age or underlying medical conditions. Once there are enough vaccine doses available for widespread distribution, doses will be made available to all New Yorkers, though this will likely not be until mid-2021, depending on supply and availability. The health department has been working closely with healthcare providers in New York City to prepare for a forthcoming vaccine distribution. This is including sharing information on what we know about vaccine trials, timelines, and anticipated logistics for a campaign. We are also enrolling healthcare providers in the citywide immunization registry which allows the health department to track doses and vaccinations across healthcare providers within the city. We are additionally prepared to launch sites across the city in coordination with our emergency response partner agencies to offer vaccinations, ensuring access and availability citywide. The Covid 19 vaccination effort will be the largest in the city's history. As we receive more information from the federal government, the health department continues to plan for vaccine distribution, building

on the department's existing infrastructure and incorporating lessons learned from H1N1, last year's measles outbreak, and annual flu vaccination programs. The staff working on this effort bring a range of expertise to the team, including vaccine distribution, allocation, and accountability, community partner engagement, congregate settings support, health care system support, and field operations. We are also coordinating across the entire administration, working closely with our sister agencies and the Mayor's Office to leverage all of the city's resources. As is the case across our work, our Covid 19 vaccination planning is rooted in evidence in equity and informed by individuals and advocates from the many communities we serve. Behind the scenes, we have been working steadily over the past several months to enhance, innovate, and reinforce the robust infrastructure for vaccine distribution in New York City. In order to ensure that it is ready to safely serve all New Yorkers. This includes working with healthcare providers and pharmacies to enroll them in the citywide immunization registry, making sure they have completed the federally required CDC provider

agreement and providing technical assistance for storage and handling capacity across hospitals. We will deploy the vaccine through these channels, so it is vital that providers and other partners have both the resources and information they need and have a trusted relationship with the health department. In addition to gathering vital information needed to prepare logistics distribution, we recently conducted a successful end to end delivery test in partnership with the CDC and Bronx Care. We are also actively assessing New Yorkers willingness to receive a Covid 19 vaccine, reasons for wanting or not wanting to be vaccinated, and preferred places for vaccination. These insights inform our distribution planning with providers and facilities and will help shape our outreach and messaging related to the vaccine. It is more important now than ever that government be transparent, equitable, and ensure reach of information and resources to all communities. We have learned this lesson through decades of public health experience, but the past 10 months has further transformed how government must communicate with the public. To put it plainly, we need New Yorkers to trust us. Trust is an essential ingredient of

turning a vaccine into a vaccination, but this begins with ensuring that we are worthy of the public's trust. In some communities, specifically the black community, this trust will be hard-won due to decades of systemic racism. It will be challenging and we will need the support of community partners in order to be successful. Listening to community input and welcoming collaboration will be central to our understanding of where New Yorkers believe vaccination should occur, whom New Yorkers trust to share vaccine information, and how vaccine should be distributed. We plan to leverage our existing mechanisms for community collaboration such as our health opinion polls, our community advisory boards, and the New York Academy of medicine public deliberation, and are establishing additional partnerships with community-based leaders and organizations in neighborhoods that experience greater barriers to vaccinations. Within our agency, we have developed a vaccine equity plan, focused on addressing equitable access, optic, and outcomes to guide our work in the coming months. Furthermore, the health department is committed to reaching New Yorkers in multiple languages and in ways that will

most effectively deliver a trustworthy and relevant message about the safety and value of this vaccine. We recently launched our Covid 19 vaccine webpage which we will keep updated with the latest information about vaccine approvals and distribution. This will include transparent and credible communication about the phased distribution of vaccines, where and when vaccinations will be available for New Yorkers, and which New Yorkers will be eligible to receive vaccinations during each phase. And in the coming weeks and months, we will launch citywide media campaigns across multiple platforms to deliver these messages. We will adjust our communication strategies based on feedback from our partners in the public and as new information becomes available. New Yorkers have become more familiar with key public health terms this year, percent positivity, epidemiological curves, incident rates, so I will take this moment to explain yet another core public health concept: the difference between individual and population impact with regard to vaccine. When vaccination begins for these priority groups of people, it will have an individual benefit, meaning the vaccine will reduce the risk of

those individuals becoming infected if exposed. Only in later months a broader distribution, if sufficient numbers of people get vaccinated, will we likely begin to see the population level benefits of the vaccine such as significant reductions in community transmission and protection of those who cannot get vaccinated due to a medical condition. While the vaccine is a light at the end of the tunnel, it will be important for New Yorkers to continue to follow prevention strategies to stop the spread of Covid 19 even once a vaccine becomes available and even after they themselves have been vaccinated. I implore all New Yorkers to remain vigilant and continue using the prevention tools that we all have on hand. Staying home with sick or exposed to someone with Covid 19, practicing hand hygiene, wearing a face covering, and keeping physical distance from others, these simple strategies, in combination with testing and contact tracing, enable us to control transmission of Covid 19 in our communities, flatten the curve, and protect ourselves and our loved ones. I want to sincerely thank chairs are Rivera and Levine for holding this hearing today and for being truly committed partners

in the effort to stop the spread of Covid 19. I'm happy to answer any questions.

CHAIRPERSON LEVINE: Thank you so much, Commissioner, and thank you to the women and men of the New York City Department of Health and Mental Hygiene who have proven again that you are the best big city health department in the world and we're just grateful for your efforts over the last 10 months. And it is particularly exciting to have Dr. Zucker here who, I think, can be considered one of the national experts on vaccination and we thank her for taking the time to come speak to us today. I understand that-- Well, excuse me. Let me pause and recognize some additional council members who have joined us. We certainly don't want to neglect that. So, we have Council members Moya and Reynoso are also with us. I understand that much about the timeline ahead is still uncertain, but to the extent that you could even give us general estimates, we are expecting a mid-December shipment of the first batch. I presume that that will focus primarily and, maybe, exclusively, on Covid facing healthcare workers. Is that right, or even a mid-December, will nursing home residents and staff be included?

COMMISSIONER CHOKSHI: Thank you for that question, Council member Levine. So, yes. You are right about the contours of the timeline. We expect the first ship met to be received in New York City sometime the week of December 14th. That will likely be the Pfizer vaccine at that point in time. In the first part of-- the first phase that will be prioritized, which is known as phase 1A is for high risk healthcare workers and residents and staff of long-term care facilities. The precise ordering within that phase is something that the state will provide additional guidance on in the coming days. And there is one other piece of this that is important to understand with respect to the timing which is that, for long-term care facility residents and staff, that is done in coordination with the federal centers for disease control, which is standing up the program to vaccinate those residents and staff. And so it is a contingent based on when that program will be able to roll out, as well.

CHAIRPERSON LEVINE: Will city receive shipments directly or will they all go through the state?

COMMISSIONER CHOKSHI: We are partnering with the CDC with respect to ordering and making sure that the shipments go to city healthcare providers and other places where vaccines will be distributed. So, the citywide immunization registry is where those orders are catalogued. They are then brought to the CDC, placed into the CDC system, and the CDC determines how a vaccine is then distributed to the various points of access within New York City. We are doing this all incomplete and close partnership with New York State because that partnership is vital, particularly with respect to ensuring that we follow their prioritization guidance, but also so that we coordinate with them on their own plans with respect to how the vaccine rollout will go across the rest of New York State.

CHAIRPERSON LEVINE: While the staff that is prioritized in healthcare facilities and nursing homes in phase 1A include not just medical personnel, but also people who work in housekeeping, translation, security, cafeterias, and all those who are clearly in contact with Covid patients and are doing a great service that are at risk?

COMMISSIONER CHOKSHI: Yes. Well, first, thank you for asking this very important question. You know, someone who is taken care of patients and clinics and hospitals and, as a doctor, will be the first person to tell you that there is no way that patients would get good care were it not for the support of all of that nonclinical staff, including, you know, the specific roles that you had mentioned. And so many of them have been helping with that care of Covid 19 patients over the last few months. So, we are working with New York State with respect to the prioritization of high risk healthcare workers and exactly what that will encompass. I'll give you a few, you know, sort of principles with respect to who will be prioritized. First, staff who do work directly with Covid 19 patients, as we have discussed, particularly in higher risk settings like emergency departments in intensive care units, but also people who are providing direct services in areas where there are Covid 19 patients. The cleaning staff, people who may be handling deceased bodies, transport services, those are part of the draft guidance, as well. Also staff who performed procedures where there is higher risk of what is

known as error civilization which is, you know, particularly in increasing of the transmission. So, for example, anesthesiologists who place a breathing tube into a patient who needs assistance to breathe. Also, staff who have exposure to patients or the public in a way that may increase the risk of transmission, including staff who were in close contact with patients who are at greater risk of morbidity or mortality if they are exposed. So, those are some of the ways in which we are thinking about high risk healthcare workers that goes beyond direct clinical staff.

CHAIRPERSON LEVINE: I believe that what you are referring to in phase 1B is the broader universe of essential workers. Is that correct and when do you expect those individuals to start to receive the vaccines?

COMMISSIONER CHOKSHI: Yes. And if you will allow me to just take one step back with respect to describing the phases, there are three phases as determined by the federal government. These three phases are determined based on their relationship between supply and demand to have the vaccine. So, in the first phase, this is when we know there will

be quite limited supply and demand will exceed that supply. The second phase is when supplies starts to catch up to demand and we will see an evening out and an ability to broaden out the number of people who are able to get vaccinated. And then the third phase is when we have sufficient supply and we will be able to vaccinate the general public. So, then, add to your question, Chair Levine, with respect to that first phase, that is then further broken down into categories. The first is phase 1A which we have already talked about. High risk healthcare workers and residents and staff of long-term care facilities. The next categories of that first phase are still being finalized both at the federal level and then that will have to involve discussion at the state level, as well. But the contours that have been discussed thus far would involve essential workers in phase 1B. So that is the second part of the first phase and then people who are at greater risk of Covid 19 and particularly greater risk of severe outcomes from Covid 19 in the part known as phase 1C. So that includes our seniors, as well as other New Yorkers who have underlying medical conditions.

CHAIRPERSON LEVINE: And you can't speculate on the timing of phases 1B and C at this point? Commissioner?

COMMISSIONER CHOKSHI: Forgive me. I muted myself.

CHAIRPERSON LEVINE: No problem.

COMMISSIONER CHOKSHI: It is difficult to know precisely what the timing of those phases will be because it is so contingent on supply. We expect phase 1A will last at least for a few weeks and we hope to move into the other parts of phase 1 by sometime in January or February.

CHAIRPERSON LEVINE: Similarly, I think it is important that we correctly define the world of essential workers to include not just first responders and people who work on infrastructure-- obviously extremely important-- but all those who been out there serving and putting themselves at risk throughout this crisis. People who work in supermarkets, doing food delivery, who work in laundromats, restaurants. Has the city confirmed that those important occupations will also be included in phase 1B?

COMMISSIONER CHOKSHI: This is another important point, you know, with respect to how we think about essential workers. In the short answer is that, yes. We are thinking both about people who have kept our essential services, you know, running over these last few months, but also incorporating both the lens of risk, meaning, you know, who is at greatest risk through their occupation, particularly if they are not able to physically distance. And also taking into account an equity lens because we know that risk of exposure has not been borne equally in certain places or among certain race and ethnicity groups.

CHAIRPERSON LEVINE: so, along those lines, we know that congregate settings are extremely dangerous and that is why we are prioritizing nursing homes, but we know there is a great risk of spread in jails, and homeless shelters. And, in fact, there's been an alarmingly high number of cases and one jail facility, a federal facility in Brooklyn, the Metropolitan House of Detention. I think just in the last three days, there is been 55 positive cases. Just quite worrisome. Will those facilities also be prioritized along with nursing homes?

COMMISSIONER CHOKSHI: Yeah. So, congregate settings beyond long-term care facilities have also been discussed at the federal level in terms of the prioritization framework for phase 1 and, certainly, you know, the areas where there is greater risk. That includes prisons and jails, it includes homeless shelters and certain other congregate settings, as well, will be part of the prioritization for phase 1.

CHAIRPERSON LEVINE: Can you say anything about the plan for vaccination of young people with children and whether you expect there to be a vaccination requirement at some point for children to return to school?

COMMISSIONER CHOKSHI: Yes. Well, let me start by making sure that we convey, with respect to the two vaccines, the Pfizer and Moderna vaccine, neither has been sufficiently tested in children as yet. So, both vaccines do include children between the ages of 12 and 18. They are starting to enroll in the trials for those vaccines, but we have not yet seen the outcome data with respect to efficacy and safety for people under the age of 18. So we have to follow the science there and wait for it to emerge,

you know, with respect to the data. We will certainly be following that closely and I do hope that, at some point, in 2021, we will have at least one safe and effective vaccine for children, as well, but I think it is premature to talk about, you know, anything like a vaccination requirement until we have that safe and effective vaccine.

CHAIRPERSON LEVINE: Similarly, individuals with intellectual or developmental disabilities, do we know yet whether the vaccines are considered safe and effective for this group and many of them also live in congregate settings and so I am wondering if there is a plan to deploy the vaccine as a high priority in those locations.

COMMISSIONER CHOKSHI: Yes. And, you know, again, I hope that we do have a safe and effective vaccine across all of those different groups. We have to wait and see the details with respect to the trial participants. You know, the people who are in the studies for the Pfizer and the Moderna vaccines which will be publicly posted in coming days. There were 44,000 participants in the Pfizer study at about 30,000 participants in the Moderna study. Once we have those more detailed

results, we will be able to speak more to the questions that you were posing. But congregate settings of all types, you know, will be a part of the prioritization.

CHAIRPERSON LEVINE: A question that were often asked is do you think that people who have the antibodies should or will get the vaccine? Is that even a factor that should be considered?

COMMISSIONER CHOKSHI: Yes. It is another important question. The current guidance from the CDCs that, whether or not you have a certain antibody status is immaterial to getting the vaccine or not and specifically there is no recommendation to get an antibody test before you get the vaccine.

CHAIRPERSON LEVINE: Understood. Will people be able to choose which vaccine they get? We have to would probably more options that will be publicly available.

COMMISSIONER CHOKSHI: Yes. This may be the case as supply increases. You know, we have to see exactly how much supply of the different vaccine there is and how precisely it will be able to be rolled out, you know, though, certainly, our city program in collaboration with hospitals and

healthcare providers, but also through that CDC pharmacy partnership program, as well. And so, my hope is that, in 2021, we will have both multiple vaccines, but also a sufficient supply to be able to enable some of that decision-making.

CHAIRPERSON LEVINE: Thank you. And, finally, before I pass it off to my cochair, you mentioned in your opening statement that you are doing some assessment love vaccine confidence, which might be a survey, and you also mentioned you are developing an equity plan. We are happy to hear about both of those. At what point might this be publicly available?

COMMISSIONER CHOKSHI: Thank you for asking about both. I will start briefly and then I will ask Dr. Zucker to say a bit more about both of them. The first is, you know, with respect to understanding vaccine hesitancy, you know, vaccine skepticism, these are fundamentally important, you know, to inform our public communications and community engagement efforts. We do it through, what I refer to, as the Health Opinion Poll. This is a survey of New Yorkers that, you know, helps us understand attitudes towards vaccination, but we also

use many other channels, including our Community Advisory Boards to gather that input. And then, the second, the vaccine equity plan that was mentioned, is something that we want to be able to take a holistic approach around access, uptake, and outcomes around equity and that is something that we have been developing over the last few weeks and months and we will have more details to share about that in the coming days, including publicly. But let me invite Dr. Zucker to say a little bit more.

DR. JANE ZUCKER: Thank you, Commissioner. So, with the Health Opinion Poll, our preliminary results from October word that 53 percent of New Yorkers said that they would be willing to receive the vaccine. 20 percent said that they would not and 27-- 20 percent said that they would not and 27 percent said they were unsure. What is really exciting is that we will actually be repeating this poll next week to see whether or not, as more information has become available about the vaccine, that these numbers have changed. And what is of concern in the initial responses is also that we need to see the potential for inequities where, for example, a white New Yorker responded that they would

be more likely to get the vaccine then black New Yorkers. And so, that is why it is critical, as we implement our equity plan, that we are really addressing the racial disparities, we address mistrust, that we ensure that we have vaccine available really broadly, geographically, and in priority neighborhoods and through sort of trusted facilities that are in those neighborhoods.

CHAIRPERSON LEVINE: Thank you. It has that data been shared publicly and should it be particularly with breakdowns by race?

DR. JANE ZUCKER: So, we had presented it at community meetings. And so, you know, I will just take that back that, you know, in terms of how we can release that, but we do have those summary power points.

CHAIRPERSON LEVINE: Thank you. And forgive me. Just one final question. The Times reported yesterday that there have been cyber-attacks on companies and government agencies who are working on vaccine distribution. Do we know of any targeting of entities in New York City by cyber-attacks and how confident are you in the security of our system?

COMMISSIONER CHOKSHI: Thank you for this question. It is something that we have been monitoring, as well, with respect to cybersecurity. We have some dedicated cybersecurity efforts at the health department, including taking, you know, a hard look at the citywide immunization registry around that. In general, it is a very robust system with respect to security and safety and I will say also privacy and confidentiality. But it is something that we are actively monitoring. And we, at least, have not heard from other healthcare partners or hospitals about cyber-attacks in New York City.

CHAIRPERSON LEVINE: Great. Thank you, Dr. Chokshi and Dr. Zucker. I will pass it off to my cochair, Chair Rivera.

CHAIRPERSON RIVERA: Thank you so much for your testimony. I will certainly be asking a few follow-up questions to what Chair Levine has asked, but I just want to start with how does the average-- can you describe how the average New Yorker is most likely to get their vaccine and let's say it is the spring. It's the summer. We really reached some of our priority populations, our essential workers, most vulnerable individuals. Are they going to get it at

a hospital? At a CVS? Will they need an appointment? Will it be some sort of walk-up service? Will insurance cards need to be provided?

COMMISSIONER CHOKSHI: Thank you for this important question and also for couching it in the timeline. You know, we do think that it will take several months for the vaccine to be broadly available to the general public, but at that point in time, to your question, we wanted to be available through as many channels of access is possible, but, perhaps even more importantly, through the channels that New Yorkers already trust in use, whether it is their local pharmacy, whether it is their primary care doctor whom they had been seen for many years, whether it is a hospital, you know, where they have been cared for and very much trust. We will, particularly when we have sufficient supply, look to stand up additional points of access if it appears that that is necessary to be able to get as much of a safe and effective vaccine to New Yorkers as possible. And then, finally, with respect to your question about insurance, vaccines will be available to all New Yorkers regardless of insurance status, regardless of ability to pay, regardless of

immigration status. We will be working with partners across the city to operationalize that and, in particular, with our colleagues at New York City Health and Hospitals.

CHAIRPERSON RIVERA: I will ask you about Health and Hospitals in a minute. You mentioned in your testimony that you will launch sites across the city to be able to administer the vaccine. Do you know how many and where? I know you are enrolling a massive amount of people in the citywide immunization registry, but do you have an idea of how many and where?

COMMISSIONER CHOKSHI: In short, we are planning for different scenarios because so much of it is dependent on the supply of vaccines from, you know, an initial phase where we stand up dozens of those types of access points to potentially standing up even more, if that is required, as supply increases. You know, and that planning effort, we are also looking to complement areas where vaccines will already be accessible and, particularly, looking at our priority neighborhoods where we know from influenza vaccination and our other vaccine efforts, that there are sometimes not enough points of access

and so it is shoring that up through the selection of sites.

CHAIRPERSON RIVERA: And I will get to equity in a second, but let's go to the healthcare workers. How are you planning for any healthcare workers who might miss a day or two of work because of symptoms of the vaccine such as low grade fevers?

COMMISSIONER CHOKSHI: Yes. Thank you for asking. This is an important question as we rely on our healthcare workers, as we see more cases and hospitals at this moment. You know, we do anticipate that there will be some mild to moderate side effects from vaccinations and that may require some people who are getting the vaccine to stay home from work. We have been in dialogue with our healthcare partners, including our hospital partners, to ensure that they are aware of this and are baking it into their planning with respect to the making sure that, you know, the staff who are vaccinated are phased and sequenced in a way that enables them to have continuity of operations.

CHAIRPERSON RIVERA: Will essential workers that public agencies be required to be

vaccinated to return to work and do you think should all New Yorkers be required to be vaccinated?

COMMISSIONER CHOKSHI: The short answer to the question is no. At this point in time, I believe it is premature to talk about any requirements for vaccinations. We still have to follow the science with respect to, you know, understanding what the FDA will authorize with respect to this specific vaccine and then our immediate-- medium-term priority will be to get that safe and effective vaccine to as many New Yorkers who want it.

CHAIRPERSON RIVERA: And in terms of flexibility, I know that you mentioned making sure that we are getting the vaccine to congregate settings, but-- and you mentioned that the federal government is discussing other kinds of high risk congregate care settings. What flexibility does New York City have to include places like Rikers or places that have supportive housing or that are housing those with developmental disabilities in phase 1B itself?

COMMISSIONER CHOKSHI: well, this is very much on our mind, you know, with respect to ensuring that places where, unfortunately, we have seen higher

risk of infection and exposure are part of the prioritization discussion encompassing, you know, that many of the places that both you and Chair Levine have pointed out. We have brought that to the dialogue where we are invited both at the federal level and are in very close communication with our state counterparts as they elaborate the prioritization framework. So, we do have opportunities to provide that input and, thanks to the feedback that we have gotten from the public and from our community partners, that has been, you know, a significant part of the input that we have provided.

CHAIRPERSON RIVERA: So, how was the Department of Health and Mental Hygiene coordinating with Health and Hospitals and other New York City hospital systems in determining who receives the first round of vaccines?

COMMISSIONER CHOKSHI: Well, thank you for the opportunity to speak a little bit about the very deep and tight collaboration that we have with New York City Health and Hospitals. This has been, as both you and Levine have pointed out, the crux of our Covid 19 response, to date. Whether it has to do

with taking care of patients, to the expanding access to testing, and I am so grateful to Helping Hospitals for all of their efforts shoulder to shoulder with the health department in bringing to bear all of the resources that we possibly can for New Yorkers. Looking ahead-- and I will invite Dr. Wallick to comment on this, as well-- looking ahead, we want to make sure that Health and Hospitals is a fundamental part of how we think about reaching New Yorkers. Both the patients who already rely upon H&H-- as you may know, I am a primary care doctor at Bellevue myself. So, people who have had trusted relationships with Health and Hospitals for many years, but also thinking about the access points that Health and Hospitals both hospitals and clinics and many of the other, you know, test and trace corps sites, is critical parts of our infrastructure for expanding access to the Covid 19 vaccine. And if you will allow me, perhaps Dr. Wallick can comment, as well.

CHAIRPERSON RIVERA: And if I could just add just something to that. Will DOH MH provide guidance on identifying which personnel and healthcare settings will receive the first rounds of

vaccines or will hospitals make their own individualized determinations about prioritizations amongst their own staff?

COMMISSIONER CHOKSHI: This is a dialogue. It is a dialogue at two levels. One is between New York City and New York State to make sure that we have unified guidance for hospitals and other healthcare facilities with respect to how all prioritization should occur in the initial phases. And then the second level is between us, the city, and specific healthcare facilities themselves. We always want to provide guidance that is rooted in science and equity, but we also want to allow those healthcare facilities to have some degree of flexibility to meet the needs of their own staff and their patients that they are serving. So that is how I would characterize it.

CHAIRPERSON RIVERA: Okay. I wasn't sure if anyone wanted to add anything. So, let's move on to equity because you also mentioned in your testimony, trust by communities of color. And, Dr. Zucker, you briefly mentioned, I believe, the poll that was done by the Kaiser family foundation. And so, that was a poll that found that two thirds of

white people said that they would definitely or probably get vaccinated compared to 60 percent of Hispanic adults and only 50 percent of black Americans. And so, this leads back, of course, to the trust. I would say the mistrust that exists in this community for many, many reasons. Sterilizations, you know, tests that just were really destroying our communities and whether it was Puerto Rican women or black Americans, there is a lot of history there that really speaks to why these statistics are what they are. In terms of equitable access, you know, what is kind of the rubric that you are using? What is the metric for success? You mentioned that you are using community-based organizations or community leaders to make sure that you are getting out some of this messaging, that language access is very important to you. Can we get a list of the community-based organizations you are working with to address messaging? We certainly want to be helpful and we certainly have enrolled with a lot of these organizations. And to just add to that, I wanted to-- how are you going to ensure that communities with historically less access to healthcare did not miss being vaccinated?

COMMISSIONER CHOKSHI: Yes. Well, thank you for, you know, the thoughtful comment. In your way of framing it really reflects the complexity of this. You know, we have to be very clear eyed about the unfortunate historical legacy that affects trust in communities of color and, you know, around the rest of the country, as well. And we have to acknowledge that, but also think about everything that we can do to address it. And that is what our vaccine equity plan is centered around. You know, the way that I would start by characterizing it is our starting point is one of humility and recognizing that there are institutions, there are faith leaders, there are community-based organizations who have been building up trust within communities for years and, in some cases, generations. In our commitment is the health department is not just to get the right messages out and to work on our plans, but to really partner and have the reflex to say that it is about engagement of those institutions and community leaders for our equity efforts. We have, you know, a specific equity pillar in all of our planning efforts. As you may know, Dr. Taurean Easterling was-- I recently pointed as I were first Deputy

Commissioner and our inaugural chief equity officer and he will be critically important to operationalizing that pillar, as well.

CHAIRPERSON RIVERA: How will you monitor or use data collection to cross correct or to improve, evolve, build on some of this work and making sure that we are reaching these communities?

COMMISSIONER CHOKSHI: Thank you. This is another critically important point in our approach through the entire Covid 19 response has been to say that data is the lifeblood of our response. Everything else, whether it is a policy decision or how we think about our operations, should be rooted in data and that very same approach should be brought to our vaccination efforts. We had the backbone through the citywide immunization registry to be able to monitor distribution and uptick of the vaccine and close to real time. And, based on that, we will be able to adjust and calibrate our efforts and make sure that it is matched up to our equity imperative.

CHAIRPERSON RIVERA: So, my last just question about this-- and I want to get back to H&H, which is Chair Levine mentioned that the New York Times story and there was a series of cyber-attacks,

right, aimed at some of the government organizations [inaudible 1:1:13] vaccines. And so, this has a lot to do with trust in the way that health information is the number one type of information that is hacked. And I did a hearing along with Council member Bob Holden who has joined us today on this very topic. And are you working with the Department of Homeland Security? Have they been in touch with you? I know that you say that there is a plan and you have things in place to secure information. Is there going to be federal oversight on this? I know that there is federal, state, and local level implications in terms of coordination and collaboration. Has that already started? Is it underway?

COMMISSIONER CHOKSHI: Thank you for the question. Yes. We are taking this very seriously. I will have to follow up with you with respect to, you know, any specific conversations with the Department of Homeland security or other federal and state partners. We do have both our baseline cybersecurity efforts which are constantly monitoring for threats for our information systems as well as a dedicated effort specifically around the citywide

immunization registry and our vaccination efforts, as well.

CHAIRPERSON RIVERA: So, inside of our Health and Hospitals, will hospital workers need appointments and insurance? I just want to make sure that people understand where in hospitals will vaccines be administered and what will vaccine distribution look like on the ground inside of our Helping Hospital facilities? Is it going to look like the testing operational system we have in place now? Is it going to be different? And what is the plan for administering the vaccine specifically to residents and staff at H&H skilled nursing facilities?

COMMISSIONER CHOKSHI: I would like to invite Dr. Andrew Wallick to come and join that.

DR. ANDREW WALLICK: Great. Thank you, Dr. Chokshi, and thank you, Chair Rivera, for the question. Indeed, New York City Health and Hospitals has been preparing for quite some time over the past several months in anticipation of receipt of the vaccine of which we are incredibly excited. We have outfitted each of our 11 acute facilities with ultracold storage. Each of these freezers has the

ability to store up to 140,000 doses of the vaccine, so we are prepared to receive. For our first phase, as Dr. Chokshi noted early in his testimony, we will be focusing on our staff that are at risk dealing with patients who are Covid 19 positive. We plan to follow our flu vaccine model where we will have a centralized help, if you will, at each of our 11 acute facilities. We will be scheduling appointments for our staff to, and get their Covid 19 vaccine and, again, one of the reasons why we are doing this, that again to the point that Dr. Chokshi made earlier, is that should folks have side effects, we want to make sure that our entire respiratory therapy department doesn't, on the same day and, therefore, have folks out of work the following day. So, it will be by scheduled appointment. We are being very cognizant of staggering different departments on different days throughout the week and, to the extent possible, we are asking our staff to get their vaccine on the last day that they will be working during the week should they have any side effects and need to take some time off.

CHAIRPERSON RIVERA: Thank you. Thank you so much. And this will be my last question as I

see we have quite a few Council members with their hands up and I certainly appreciate that. So, I realize there is still a lot that we do not know when I want to thank you for being candid about that. We don't know when the vaccine will be authorized. We don't know how long it will last. We don't know how often it needs to be taken and I appreciate you trying to answer all of these questions to the best of your ability. And it sounds to me like there is still a lot still left to be discussed. And, as a counsel, we certainly appreciate seeing these plans and procedures in writing. Will the city be releasing their own plans in writing again or is the state releasing a follow-up to their 96 page plan? And how are you all coordinating on a plan of that magnitude and, again, will it be available in writing to the public?

COMMISSIONER CHOKSHI: Thank you. And I will start just by saying that we are very committed to working both with the Council, as well as, you know, so many other partners across the city and the state on what you pointed out: transparency. I know how important it is to earn and be worthy of public trust at this moment. So, even as we are following

the science and following the recommendations from the federal government, and, you know, waiting for some of those things to unfold, our commitment is to communicate about them as soon as we understand advancements. With respect to the plan itself, yes. We have shared our plan on our website. You know, the one that was originally developed and in collaboration with the CDC. The state has its plan, as well and our intent is to share information in a much more frequent basis as this continues to rollout. That will include both written documents and we have some of that up on the website that I mentioned already, as well as, you know, briefings and hearings like this one and just quite a bit of saturation in different forms.

CHAIRPERSON RIVERA: I appreciate that. And I'm sorry. Just one final question. This week, the governor, Governor Cuomo, and a broad range of the advocacy organizations, issued a letter to the US Department of Health and Human Services and Secretary Alex Cesar expressing concerns about the fact that the execution of data sharing agreements with states as a condition of participating in the vaccination program requiring identification of each vaccinated

individual and permitting the sharing of identification data with other federal agencies such as the Department of Homeland Security and immigration and customs enforcement it would have on the willingness of undocumented immigrants to participate. So, what is the city's assessment of the concerns expressed in the letter and what is the city's assessment of the remedies proposed in the letter? For example, for New York State to provide a system for tracking vaccinated individuals that does not identify to the federal government the Social Security number, the passport number, or driver's license of an individual?

COMMISSIONER CHOKSHI: Yes. Thank you. This is certainly important, you know, particularly from the perspective of undocumented New Yorkers, you know, given that the ways in which health care for undocumented immigrants has been challenged in recent months and years. It is something that we take very seriously with respect to protecting the identity and the confidentiality of anyone who is in the information systems, you know, that we are responsible for. Specifically with respect to the latter, those are things that we are reviewing right

now with respect to what would occur as we move further through our vaccination rollout and we will, first and foremost among that, seek to protect identities, protect confidentiality, and ensure that, you know, whether it is undocumented New Yorkers or others that we address concerns about information sharing that could have untoward effects on their health and well-being.

CHAIRPERSON RIVERA: Well, thank you. I appreciate hearing back from you on a number of these issues and some of those plans in writing, as well as the community-based organizations so we can make sure we are doing public engagement in the most inclusive and comprehensive way. Thank you for your answers and I appreciate your testimony and for being here today and I will turn it back over to Chair Levine.

CHAIRPERSON LEVINE: Thank you, Chair Rivera, for that excellent line of questioning. And now we are going to hear from some of our colleagues and I will ask a moderator to please start us off with that.

MODERATOR: Thank you. Thank you, Chairs. I will now call on Council members in the order they have used to the zoom raise hand function.

If you would like to ask a question and you have not yet used the zoom raise hand function, please do so now. Council members, please keep your questions to five minutes and this will include answers, as well. The sergeant-at-arms will keep a timer and you should begin once I have called on you and the sergeant has announced that you may begin. We will now hear questions from Council member Powers followed by Council member Barron and then Council member Cohen. Council member Powers, you may begin.

COUNCIL MEMBER POWERS: Thank you.

SERGEANT-AT-ARMS: Time starts now.

COUNCIL MEMBER POWERS: Okay. Thanks, everyone. Thanks for the Chairs and thank you for all the staff here and, Commissioner, for your testimony. Just a few follow-up questions that I had from previous lines of questions and if you could just keep periods are short the only have five minutes. I just am still confused. Who makes the decision on the phasing? Is it the city DOH? Is it the state? Or is it the CDC? So, when you do the 1A, 1B, 1C and then the further phasing, who was ultimately making those decisions about the prioritization of the vaccine?

COMMISSIONER CHOKSHI: It is a collaboration across federal, state, and local government. The federal government and the CDC makes recommendations and that it is the state governments that elaborate the final prioritization frameworks, but they do that in consultation with local health departments and we been intimately involved in that with New York State.

COUNCIL MEMBER POWERS: Okay. But the state has the final say? Is that fair to say?

COMMISSIONER CHOKSHI: For the prioritization guidance, yes. That is correct.

COUNCIL MEMBER POWERS: Okay. Great. And then, we have two vaccines that are currently available or will be, we hope, will be available and it may be more. So, as new vaccines are approved-- I've already heard from folks about which one of my getting and is one going to be better than the other? So, how are you handling concerns from people about which vaccine they will be getting and how will they know if they desire to know which one they will be getting?

COMMISSIONER CHOKSHI: Yes. This is something that we are tracking very closely. The

Pfizer and Moderna vaccines are most likely to be authorized by the FDA soon and then there are some others that are on the horizon. We have to look at the details of the data around their safety and efficacy because there may be signals in that data that indicate that some vaccines are better for specific subpopulations than others. And so, that is the way in which we will be following at and issuing guidance both at the public health level, as well as at the clinical level.

COUNCIL MEMBER POWERS: Okay. Got it. So, we are going to sort of track the vaccines as they are being made available, it sounds like. And, Council member Rivera asked this, but just, you know, to reiterate, you know, where is the average person going to be getting their vaccine when it is available? Where am I going? Am I going to H&H? am I going to my pharmacy? Doctor? Like where is the average person expected to receive the vaccine?

COMMISSIONER CHOKSHI: Yes. Thanks for the question. Our values around lives are around access, but also trust. So, we want to make sure that when there is that broader phase of availability which, again, will not be for several months for the

general public, that it is made broadly accessible, you know, in ways that are convenient for people in their communities and neighborhoods, but also want to rely upon the channels that people already trust. If they have a relationship with a doctor or with a hospital or clinic they really trust.

COUNCIL MEMBER POWERS: So, just a follow-up question here. I can walk to Bellevue and maybe 5 to 10 minutes. I will Walgreens on my corner and I have a doctor that is about 15 blocks away. Am I expected to be able to go to any one of those two get the vaccine? Am I expected to go to H&H first or Beth Israel right across the street from my house, as well. Which of those avenues are we expecting? And if mid-2021 is the target date or the hopeful date for vaccination for more widespread, where we expecting I'm walking to those options?

COMMISSIONER CHOKSHI: I think it is fair to say that, when we do have that brought availability several months into 2021, that we want New Yorkers to have as many options as possible with respect to where they can get the vaccine.

COUNCIL MEMBER POWERS: Okay. Just a few more questions in my timeframe [inaudible 01:15:02].

When we do-- H&H staff works inside the city jails-- I am the Chair of the Criminal Justice Committee which is why I am asking this question, amongst other reasons-- they are in the facilities. Are they going to be able to be-- which category are they going to be and, I guess, is my question. H&H doctors that work inside the city jails.

COMMISSIONER CHOKSHI: I'm going to invite Dr. Wallick to comment on this.

DR. ANDREW WALLICK: Great. Thank you, Dr. Chokshi. So, we do consider that healthcare providers on Rikers to be part of our workforce and they will be included as high risk healthcare workers and, in fact, we have moved forward with outfitting Rikers within ultracold freezer, as well, as part of our facility.

COUNCIL MEMBER POWERS: Okay. That's great to hear. I'm just going to-- I have two more questions. I'll just throw met you and that my time is up. The first one is, if I am part of-- if I believe I'm part of a priority group who are a-- about high risk health worker or I admit essential worker, do I need to go and register for this vaccine and get myself as a name on a list? If I don't know

which category you fall in, how do I determine it? And also, I just, again, where am I going to get, if I'm one of those workers, like a high risk health worker, and my getting it at my place of employment or am I going somewhere else? That is sort of question want and then question two I have is-- this actually came to me from a constituent which is that, you know, individuals with intellectual and developmental disabilities are and, I think, risk category when it comes to Covid. Are they being prioritized at all for vaccine distribution or where would they fall into this list, as well?

COMMISSIONER CHOKSHI: Thank you for those important questions. We will have, you know, more detailed information about the prioritization guidance from both the federal and the state government in the coming days and weeks and I think that will clarify, you know, a lot of what you are asking about. You know, what I say at this point is that it will be, you know, more limited points of access because of the limited supply additionally and so, you know, we will look to match up the people who are being prioritized with the locations that make sense for them whether it is having, you know, the

CDC pharmacy program and long term care facility use or, as we are doing with, you know, hospitals, to have them vaccinate their own high risk healthcare workers.

COUNCIL MEMBER POWERS: So, I guess, really my kind of last tagging question on that is, you know, of all the high risk that are healthcare workers are out there, how do we get that-- where does the 175,000 go to? Like how do we determine which high risk healthcare workers in a larger category that exists, how do we narrow that down to 170? Is it by registration? Is it by place of employment? Do we have an answer to that yet?

COMMISSIONER CHOKSHI: Yes. There will be forthcoming guidance that will be issued by the state that we have been invited to provide input on and that will help to elucidate exactly the prioritization within phase 1A and, based on that, will be able to help people understand where it is that they should seek a vaccination.

COUNCIL MEMBER POWERS: Okay. Just saying that we are 10 days away from, sounds like, you guys [inaudible 01:18:36] , so I'm just concerned that we won't have an answer to that. But, anyway, thank

you. I don't want to take up any more time. Thank you. I just want to say thank you to Dr. Wallick, as well. He has been very helpful with me with Bellevue and some questions that I had around it. So, I just want to say thank you to him and all the staff at DOH and H&H.

COMMISSIONER CHOKSHI: Thank you.

COUNCIL MEMBER POWERS: Thank you.

MODERATOR: Thank you. We will now turn the Council member Barron.

SERGEANT-AT-ARMS: Time starts now.

COUNCIL MEMBER BARRON: Thank you very much. Thank you to the cochairs for having this hearing and thank you to the panel for coming and sharing this information with us. Going to be pointed so that I can get all of my thoughts and comments on to the record. So, have in fact these two vaccines been already authorized?

COMMISSIONER CHOKSHI: No. They have not yet.

COUNCIL MEMBER BARRON: Do we know-- So, we are shipping them now or we expect to receive them-- they will not-- will they be provided before the authorization or do we wait for the final

authorization before they are received by the localities?

COMMISSIONER CHOKSHI: The latter is true. We will have to wait upon authorization, however, we do know that everyone is making preparations to ship and distribute them so that there is minimal delight between the authorization and when they are shipped.

COUNCIL MEMBER BARRON: Now, the efficacy and safety of these trials, what is the standard or the threshold [inaudible 01:20:05] for them to be authorized is safe?

COMMISSIONER CHOKSHI: This is a good and very--

COUNCIL MEMBER BARRON: Is there percentage or is there a number that has to be met? Yes?

COMMISSIONER CHOKSHI: Yes. So, there are, you know, specific both safety and efficacy thresholds that the FDA reviews. It's not exactly a simple number, you know, with respect to a threshold, but it has to meet the standards that the FDA has set for issuing an emergency use authorization and it then has to go through another layer of independent review which, essentially, checks the FDA's work.

COUNCIL MEMBER BARRON: Great. Thank you. So, you say you have been working-- you have had input in setting these categories and what group of people will be in each of these categories. Once those categories are set, if New York City feels that, well, population that is really now in phase 1C should really be and really 1B, are you bound to go by the categories that will be determined?

COMMISSIONER CHOKSHI: Um--

COUNCIL MEMBER BARRON: And are there consequences for that?

COMMISSIONER CHOKSHI: Yes. A good and important question, as well. Yes. We are, you know, somewhat bound to particularly the state guidance around prioritization. Certainly if it seems that there are things that need to be adjusted or addressed within that prioritization guidance, we would raise it with our colleagues note that the state and the federal level and that is something that we will rely upon you and other community partners to help us with.

COUNCIL MEMBER BARRON: Good. So, now I heard you say that the Health and Hospital doctors at detention centers in jails are going to have access

to the vaccine. It will be stored in the appropriate conditions. Will those who are being detained have access to this vaccine at the same time as the doctors have access?

COMMISSIONER CHOKSHI: I will invite Dr. Wallick to comment on that.

DR. ANDREW WALLICK: Thank you for that question. So, indeed, you are correct. The providers will definitely have access and we are working very closely with the Department of Health and other regulatory agencies in that prioritization, as well. As you will recall, a significant number of the folks who are on Rikers are there for short periods of time and so I think there are ongoing discussions about who would qualify or should be targeted for vaccination based on their length of stay.

COUNCIL MEMBER BARRON: Thank you. My time is going quickly away. I think it was Chair Rivera who said that the data shows that the black population is only a 50 percent response that they might take this vaccine and, just for the record, we want to make sure that this is not a lack of information, but based on, I would say, more than

unfortunate historical legacy, but a criminal historical legacy of sterilization, of hysterectomies, and of withholding treatment as in the Tuskegee Institute. Withholding medical treatment that would have addressed the conditions of those men and not allowing them to get those treatments. Literally watching them die. So, that is historical and people know that that has happened and it has built upon the legacy of what this country has. More recently, when this Covid struck in black communities and Latino communities were demonstrating higher levels, that was based on the fact that there has been a history--

SERGEANT-AT-ARMS: [inaudible 01:24:06]

COUNCIL MEMBER BARRON: of not-- Thank you. Of not bringing needed medical resources to our community. What are we going to do? How are we going to get to the layers, the underlying layers, that exist and also, it on a tangent to that, what about those persons who don't want this vaccine? I hear you saying that now there are no requirements for that, but we know that children are required to take vaccines and bring those medical records if they want to attend public schools. So, forward thinking,

what are we going to do? Two-part question. What are we doing about the underlying conditions that made the black and Latino population higher mortality rates from this Covid 19 what are we going to do about those underlying conditions? This is sort of an overlay on a very systemic and rooted injustice in our help in criminal justice system, as well. What are we going to do about those underlying conditions and how are we going to make sure that those persons who object to their personal, medical, or historical reasons? Because, remember, when this Covid hit, the governor sent a ship to the white community, although they did not have the data showing that they had a great need and those field hospitals were established in the white community so that they would provide-- so, it's not just historical. It's not just decades and centuries ago. It is still the day present. What are we going to do to address that? Thank you.

COMMISSIONER CHOKSHI: Well, thank you. You made, you know, such important points about how it is not just the history, but how that echoes into the present and so I really appreciate that and I will say that it resonates with me, including thinking about the patient's that I've taken care of

and how that affects their willingness and their interest in their attitudes, you know, towards healthcare treatment. And also your point about the history of it being around withholding treatment, as well. We have tried to ensure that that is foundational in our thinking about equity in our vaccine plan and that is why the core pieces of it are around ensuring access, monitoring uptake, in encouraging uptake in ways that are culturally competent and rooted in that history. But then, ultimately, it is about outcomes, to your point, and making sure that we leverage this as an opportunity to address some of what is happened in the past.

COUNCIL MEMBER BARRON: But the second part was what are we going to do systemically to address those issues and what about people, as we talk about collaborations with other agencies? What if the Department of Education says, moving forward, you have to have this or you won't be admitted? I understand you say the vaccine is, basically, for 18 and older, but thinking forward, what are we going to do about that?

COMMISSIONER CHOKSHI: Yes. We are thinking ahead about that. We will have to see the

characteristics of the vaccine with respect to safety and efficacy and whether it is something that would warrant, you know, discussion like that as we do for certain other vaccines in the school setting. But we're committed to following the science and not getting ahead of it and so we have to take that as that emerges.

COUNCIL MEMBER BARRON: Thank you very much. Thank you to the Chairs for the little extended time.

COMMISSIONER CHOKSHI: Thank you.

MODERATOR: Thank you. We will now turn to other Council members, but before I do that, I would like to acknowledge that we have been joined by other Council members. We have been joined by Council members Ayala and Eugene. I will now turn to Council member Cohen, when followed by Council member Holden, Council member Rosenthal, and Council member Levin. And, as a reminder, if you would like to ask a question, and I have not called your name, please use the zoom raise hand function. Council member Cohen, you may begin.

COUNCIL MEMBER COHEN: Thank you very much. Thank you. Chairs, this is an incredibly

important hearing. Dr. Chokshi, thank you for all of your work. I think that, you know, as we know, the circumstances have been incredibly difficult and I am very grateful and I did the people I represent are grateful for the work that you have been doing. You know, I just want to follow up on something that Council member Barron had mentioned about disparities. Like I won't be here in three months, but in three months, are we going to have a hearing and find out that there are great disparities in the rate of vaccination once that becomes more widely available? Some populations, for socioeconomic reasons, are going to be easier to vaccinate than others. How are we going to-- it would be bad for everybody, particularly the people not getting vaccinated, if we come back here and the numbers show, you know, why disparities.

COMMISSIONER CHOKSHI: Thank you. And I agree with you and it is something that is a real concern and one that, you know, we have to plan for, but make sure that were doing it as close to real time away as possible. And that is our intent and our plan is to be able to monitor this in a way that

we can bring to bear resources to keep disparities from widening.

COUNCIL MEMBER COHEN: Doctor, but you need to be-- But you know about the populations that are hard to serve. Like you should be telling us what the plans are now for NYCHA residents, for people that are just generally hard to reach to, you know, have trouble accessing these kinds of services.

COMMISSIONER CHOKSHI: Yes. You are absolutely right about, you know, making sure that we learn from what is happened over the last few months and really the last few years with respect to those disparities. We are actively planning for many different groups. You know, we mentioned the priority neighborhoods, NYCHA residents, as well, people who are in the congregate settings that we have talked through. You know, each of those has been a collaboration that, in many cases, has been going on for weeks and months, so I want to assure you that that is a part of our planning.

COUNCIL MEMBER COHEN: Can I ask also, just as someone who has, you know, is going ultimately be on the front lines explaining to people and I don't doubt, actually, the need based on the

congregate settings, I guess, but I am concerned about telling, you know, the 75-year-old constituent who hasn't been able to go to their senior center for, you know, many, many months, why is someone in Rikers is a higher priority than they are. Can you just explain the medical science why that might make sense or why that does make sense?

COMMISSIONER CHOKSHI: Yes. Well, we will have to look at the specifics of the different situations. What I can tell you is that-- about prioritization are not easy ones. You know, my greatest wish would be that we had sufficient supply to get it to as many New Yorkers as possible as quickly as possible. In the since of that, we still do want to get it to as many people it is fair away as possible and to shorten the time frame of the rollout.

COUNCIL MEMBER COHEN: I don't envy you and the people doing this work in trying to prioritize. Just quickly, could you talk about people who can't get vaccinated? Why can't someone get vaccinated?

COMMISSIONER CHOKSHI: Sure. And I will ask Dr. Zucker to chime in, as well. There are, you

know, certain medical conditions that would preclude someone from getting a vaccine. I can't tell you specifically what those are at the moment because we still have to understand them in the context of the two vaccines that are awaiting authorization, but, you know, generally, that is the reason. Dr. Zucker, do you want to add anything?

DR. JANE ZUCKER: So, I will just say, as we get the information about the package insert in, for example, allergies. So, there are people who, with the flu vaccine-- we screen people. If someone has had a prior severe allergic reaction, we wouldn't vaccinate them again. That is one example. You know, there are people with other vaccines may be immunocompromised where the vaccine hasn't been tested and so that may be a group that vaccine may not be recommended for because there is not data and so we are awaiting additional information from FDA and from the ACIP guidance.

COUNCIL MEMBER COHEN: It sounds like it is a small universe, though.

COMMISSIONER CHOKSHI: I believe it will be. Yes.

COUNCIL MEMBER COHEN: And just this lastly. Do you think that the 1A phase, like do you have enough or do you anticipate having enough vaccines to fit the 1A status?

COMMISSIONER CHOKSHI: In short, yes. Within the first few weeks.

COUNCIL MEMBER COHEN: Thank you very, very much, Chairs.

MODERATOR: Thank you. So we will now turn to Council member Holden and then Council member Rosenthal and Council member Levin. Council member Rosenthal, I see that you are now last in the queue to answer questions, but this may have been because you had to drop off the zoom or some other technical issue, so I'm going to keep with the original order which is Council member Holden, then Council member Rosenthal, and the Council member Levin. So, Council member Holden, you may begin.

SERGEANT-AT-ARMS: Time starts now.

COUNCIL MEMBER HOLDEN: Thank you, Chairs, for this great, great hearing. I can't believe we're here, finally. We're talking about a vaccine. And thank you, Dr. Chokshi, for your testimony, but in your testimony, you mentioned recently conducted and

to end delivery tests in partnership with the CDC and Bronx Care. Can you speak to that and what did the tests look like and what are some of the metrics you saw and how would why do you consider it successful?

COMMISSIONER CHOKSHI: Thank you for asking that question. This is a test that we did in collaboration with the CDC for, essentially, a test of the ordering and shipping logistics. How does in order to get from New York City to the CDC to the vaccine manufacturer and that actually have the shipping container get to the place where it needed to, which was Bronx Care.

COUNCIL MEMBER HOLDEN: So, you were satisfied that everything worked like clockwork or were there some bumps in the road?

COMMISSIONER CHOKSHI: Yes. As far as we were able to ascertain at this moment, it worked well.

COUNCIL MEMBER HOLDEN: Okay. You know, and you touched upon this, I think, with Council member Barron's question, but I think we have to think about this part. My mom is in a nursing home and none of the residents have the Covid, but there were eight-- obviously, there were eight workers

that came down with it. And this was just recently. And so it is almost like, you know, we have to probably vaccinate everyone in that facility because, you know, obviously, Covid could be hiding. There's a few days that you don't have the symptoms and so forth. But there is another question here. What is some of-- if somebody in a nursing home says, I don't want to get vaccinated and/or somebody-- you know, you mentioned it before about the school. I think we have to kind of figure that out before even vaccination start because it is so important. What if somebody says, I'm not going to-- I want to go to school, but I don't want to be vaccinated. And, yet, they could spread it within the school or they can spread it within that community, obviously. So, who decides that? Is that the state? Do you have any-- do you have some answers for that yet? Maybe it's premature, but I think it is important.

COMMISSIONER CHOKSHI: Yes. Well, I agree with you that it is a very important discussion at one that is not just about the science and medicine, but brings it in, you know, the values and morals, as well. It is, you know, the way that we are thinking about at this point is we want to give the vaccine to

many people who wanted as quickly as possible. And that is, you know, what we are committed to doing to ensure what I described as the individual level benefit of the vaccine. The other important point to make here is that the most protected methods that we have right now, even as the vaccine rolls out in the first few weeks and months are the things that we have been talking about, you know, that stop the spread of Covid 19. The so-called core four, as well has getting tested.

COUNCIL MEMBER HOLDEN: But, again, we have to-- I'm not sure I understood some of it because-- your answer because I think, let's say a healthcare professional said, I don't want to be vaccinated. They are jeopardizing people within that healthcare facility. And the same thing on a nursing home or anything else. So, I think we have to figure this out and I think we immediately and definitely-- you know, we might have to talk, you know, look at the governor, you know, with some laws or look to the state legislature or that Council, but this is going to have to be answered because other people are affected by your decisions.

COMMISSIONER CHOKSHI: I understand your point. I think the only thing that I would say is that we do have to ensure protection, particularly, when you are a professional who is serving others. But, you know, part of that is making sure that people are wearing the right personal protective equipment and taking the infection control precautions in settings like that.

COUNCIL MEMBER HOLDEN: Right. Just some logistics. Let's say the vaccine is administered by a doctor's office or pharmacy. Will they have to have the freezers or can the vaccine be left for like, let's say, 72 hours like some vaccines in a normal refrigerator or freezer?

COMMISSIONER CHOKSHI: Yes. Good question. The answer is slightly different for the two different vaccines. For the Pfizer vaccine, it requires the ultracold storage, but it can be kept in a normal refrigerator for a few days. So it can be kept in that refrigerator, you know, before administration. So, as long as there is a chain that allows for the appropriate refrigeration along different points in the timeline, then that is a

possibility. For the Moderna vaccine, it is a regular freezer.

COUNCIL MEMBER HOLDEN: Okay. Okay. Thank you, doctor. Thank you so much. Thank you, Chairs.

COMMISSIONER CHOKSHI: Thank you.

MODERATOR: Thank you. So, we will now turn to Council member Rosenthal and then Council member Levin. So, Council member Rosenthal, you may begin.

SERGEANT-AT-ARMS: Time starts now.

COUNCIL MEMBER ROSENTHAL: Great. Thank you so much. I really appreciate this hearing. Thank you, Chairs, for having this and, of course, thank you to the health department, H&H, for your expertise. You know, I am a total layperson and really don't understand science. The other day I heard a fresh air podcast from November 24th where an epidemiologist explained why people should have no hesitation to getting vaccinated and he explained it in such a way so as to completely eliminate any reason why anyone should be concerned. He cut through it-- I wish I remembered the one sentence, but he cut through that noise like know what I have ever heard, explaining that, you know, and I'm going

to get this wrong. But it was not like the flu vaccine because you don't get a little bit of the disease that, instead, it is something that adjusts your RNA that that doesn't allow the Covid to attack your body and, apparently, it is part of or it is an extension of our part of the reason why people were-- the phenomenal quickness, you know, of getting the vaccine because there are scientists studying all SARS diseases. Okay. I'm going to stop because you nodding your head. And could you just explain for the public why they should have no hesitation to taking this vaccine?

COMMISSIONER CHOKSHI: Well, thank you so much for the opportunity. I will start by saying I am going to go listen to that fresh air podcast so that I can explain it in a way that you found so compelling. But since I haven't done that yet, let me give it my best shot which is, you know, the way that the scientist was describing it is a really this amazing miracle of modern science that represents the technology behind these vaccines. It is a piece of genetic material known as mRNA that encodes a specific protein that we know comprise as part of the Covid 19 virus and, because it encodes that protein,

it allows the body to, essentially, develop cells that can identify an attack that protein and neutralize the entire virus by doing it without having to introduce the whole virus into the body.

COUNCIL MEMBER ROSENTHAL: Very close. Does anyone else want to take a stab at it? Because it really is the case that people hear things differently. I mean, that was perfect, but does anyone else want to describe it in their own words?

COMMISSIONER CHOKSHI: Perhaps Dr. Zucker.

DR. JANE ZUCKER: Actually, I thought you did, you know, great explanation, as well. I'm just going to reinforce that it is amazing that we even have a vaccine, you know, at this point. I'm going to say that I will also go listen to that fresh air podcast for some additional pointers.

COUNCIL MEMBER ROSENTHAL: Yeah. I can't recommend it more highly and I think it is important to get that message out, in particular, to communities, you know, in response to the absolute accuracy of how Council member Barron, Council member Rivera talk about the resistance to a vaccine. I think it is critical to get that nuance out there and also to explain why there is no reason for anyone to

wait until the second batch. You know, this is another common thought out there. Well, let's see how the first batch goes on and see what happens and then all be in the second round. And how that doesn't make sense. Can you just nail at home for me?

COMMISSIONER CHOKSHI: Yes. Well, I will take the opportunity to just remind us and you will have to forgive me for being, you know, the cautious doctor here, but we do have to wait for the site and still be totally nailed down and so, as far as we know at this point, you know, we will have a safe and effective vaccine as soon as in a few weeks, but we need the layers of rigorous scientific review that we will hear more about in the coming days. If we have that and, indeed it is what we hoped with respect to being a completely safe and effective vaccine, you will hear me and see me shouting it from the rooftops all across New York City. If you think you have seen a lot of me in the last few months, you know, you're going to see even more in the coming months. So--

COUNCIL MEMBER ROSENTHAL: Chairs, with your indulgence, I just really want to seal this deal. So, if the FDA who is doing that rigorous

science now-- two questions. Is there any way that it could be influenced by political leaders who don't believe in science and, secondly, could they possibly say, stop. We're not going forward. This is not the miracle vaccine we thought it was? At which point, everything would stop.

COMMISSIONER CHOKSHI: So, the answers to your questions are, in my view, no and yes. So, I believe the FDA has a commitment to the career scientists who will be doing that rigorous review who will be independent of political influence and I've been following this very closely and I believe that they will be free and they will not be influenced with respect to their review. And that is important for your second question which is, you know, they'll be looking through the reams of data for their very important jobs which is to really ensure that it meets this threshold of both safety and efficacy. And so there is a possibility that they would not authorize the vaccine. But I want to be very clear. That is not what we expect. Based on everything that we know at this moment in time, we expect that both the Pfizer and Moderna vaccines will be authorized, but we have to wait for that formal review.

COUNCIL MEMBER ROSENTHAL: Well, mazel tov. Thank you all for your really hard work. We appreciate it.

COMMISSIONER CHOKSHI: Thank you.

MODERATOR: Thank you. We will now turn to Council member Levin. And just one final reminder-- Thank you. We will now turn to Council member Levin. And just one final reminder that if you would like to ask questions and have not yet already done so, please use the zoom raise hand function. Council member Levin, you may begin.

SERGEANT-AT-ARMS: Time starts now.

COUNCIL MEMBER LEVIN: Tank you very much, Chairs. To deliver vaccinations to homebound seniors? Or anybody that is homebound?

COMMISSIONER CHOKSHI: Yes. Thanks for this really important question. It is one that I have been thinking about. Again, thinking about the patient's that I've taken care of who are homebound, as well. So, two parts to the answer. The first is we have to make sure that the workforce, you know, the healthcare workforce that often delivers, you know, home-based care is part of the group that will be vaccinated among healthcare workers. So, that is

number one and they will be a part of phase 1 of the vaccination efforts. And then the second part is, you know, much more about the logistics of the operations of it. Working with partners like, you know, visiting nurses, other home care agencies. There are home-based primary care programs and ensuring that those already part of how we will actually get the vaccine to people who may not be able to make it to a clinic, pharmacy, or hospital.

COUNCIL MEMBER LEVIN: Sorry. I mean, there are thousands and thousands of home care workers in New York City, so it is really important that we are working with all of those not for profits that they work with and for profits that they work with to make sure that they are part of that first round. So all of those home care workers. It's probably-- they have got to be tens of thousands, if not more-- hundreds of thousands of home care workers in New York City. So, that is very important.

COMMISSIONER CHOKSHI: [inaudible 01:49:23] it is about 60,000. So, yes.

COUNCIL MEMBER LEVIN: 60,000. Okay. And let's see. Do we have a commitment, and I hope we

do, that we are not going to be moving single adults who were in the shelter system that have been moved into non-congregate settings, so into the hotel settings, do we have a commitment that they will not be moving back into congregate settings until the public health emergency is over?

COMMISSIONER CHOKSHI: Well, I can tell you what my understanding of this is which is that, unfortunately, you know, because we are seeing the resurgence in case is, that there are no, you know, near-term plans for [inaudible 1:50:13] that you are saying. But, beyond that--

COUNCIL MEMBER LEVIN: Okay.

COMMISSIONER CHOKSHI: you know, I know that it's a broader decision than just, you know, my recommendation.

COUNCIL MEMBER LEVIN: Okay. But I do appreciate your recommendation and your input in the matter. I chair the General Welfare Committee and it has been a large effort to get people out of the congregate settings. I believe it has been very impactful, but I just want to make sure that we are not jumping the gun as long as, you know, the costs to reimburse 70 or 75 percent from FEMA. So-- Oh.

Sorry. And then, individuals with sickle cell disease, what would be the plan for individuals with sickle cell disease?

COMMISSIONER CHOKSHI: Do you mean whether they can be vaccinated or with what priority?

COUNCIL MEMBER LEVIN: Both. Both. Both. Excuse me. Both.

COMMISSIONER CHOKSHI: Yes. So, again, we do have to see the details, you know, of the data with respect to both vaccines and understand, you know, how much it was or was not studies among individuals with sickle cell disease. I have not heard anything that would indicate that having sickle cell disease would be a contraindication to vaccination, but, you know, we have to follow the science on that point, as well. And then, you know, as maybe--

COUNCIL MEMBER LEVIN: Because it--

COMMISSIONER CHOKSHI: different, people with sickle cell disease are considered higher risk for Covid 19 and so would be prioritized accordingly.

COUNCIL MEMBER LEVIN: And I think sickle cell disease is on the stay at home advisory, so I

suppose also the question of how the vaccine would be delivered to individuals with sickle cell disease?

COMMISSIONER CHOKSHI: Well, it gives me a chance to clarify. The stay at home advisory only applies to nonessential services. So--

COUNCIL MEMBER LEVIN: Okay.

COMMISSIONER CHOKSHI: getting medical care is an essential service and, in fact, I want to strongly encourage that you went, you know, all of the networks that you are a part of clarify that getting your medical care, whether it is routine or emergent, is essential even as we are seeing this resurgence.

COUNCIL MEMBER LEVIN: Thank you. And one final question, Chairs, if I may. I am a little bit-- I'm interested to know in more detail the system by which you track-- how you will be tracking who has been and who hasn't been vaccinated. So, I mean, is there, essentially, a New York State Department of Health-- the New York City Department of Health database that have, you know, the medical records of every person that has been to the doctor or hospital in the city? And, you know, there will be some indication as to whether they have been

vaccinated or not? Or how-- Speak a little bit about kind of the sys-- the tracking system that you are going to have.

COMMISSIONER CHOKSHI: Sure. Is the electronic health record, you know, associated where you can get the vaccine whether it is a hospital or a clinic or pharmacy. And so, there will be, you know, one layer of tracking or monitoring based on that. And then, the second is what you pointed out which is the citywide immunization registry which will be, you know, the backbone across all of the different PHR's, you know, and other settings where people may get their vaccine. So, we will be able to keep track of who is got in their first dose, which vaccine they got there first dose of, and put it into place, the protocols that we need to remind people about the second dose.

COUNCIL MEMBER LEVIN: Sorry. So, just to be clear, so the vaccination registry can track who has gotten a dose, and a it does, but is it able to track who has not?

COMMISSIONER CHOKSHI: No. No. It would not be able to [inaudible 01:54:34].

COUNCIL MEMBER LEVIN: Okay. But we will be able to kind of see it in broad strokes, you know, a percentage and whatever geographical area that we are breaking it down to, whether that is ZIP Code or census track or so on and so forth? And so, we will be kind of gauging our progress and geographical areas that way?

COMMISSIONER CHOKSHI: Yeah. Precisely right.

COUNCIL MEMBER LEVIN: All right. Thank you very much. Thank you, Commissioner. Thank you, Chairs.

MODERATOR: Thank you. Seeing no other Council member questions, I will now turn it back to her chair, Chair Levine.

CHAIRPERSON LEVINE: Thank you. Just very briefly, because I am sensitive to the time constraints that folks that the administration have, but I do want to follow up on Council member Rosenthal's important line of questioning with just the clarification because there are some Internet rumors out there about how mRNA vaccines work and they do not-- or I'll put it in the form of a question. Can you confirm that they do not

temporarily or permanently alter the DNA of the recipient?

COMMISSIONER CHOKSHI: That is correct.

CHAIRPERSON LEVINE: And they do not even enter the nucleus. Is that right?

COMMISSIONER CHOKSHI: Yes. That is also correct.

CHAIRPERSON LEVINE: Thank you. Because we are seeing already you some science-based-- besides denying chatter on this front. I wanted to clarify that. And last thing, very quickly-- Thank you. So, FQHCs will be part of your deployment plan, correct?

COMMISSIONER CHOKSHI: Absolutely. FQHCs, also known as community health centers, as you know, will be a critically important part of our distribution and access plan because we know how important they are in terms of access for New Yorkers, particularly in communities of color that we had talked about, as well as low income New Yorkers and immigrant New Yorkers.

CHAIRPERSON LEVINE: Bed what about article 28 clinics?

COMMISSIONER CHOKSHI: Yes. Article 28 clinics are also a part of our plan. I will invite Dr. Zucker. If there is anything more specific on that point?

DR. JANE ZUCKER: No. I think article 28 clinics are included and, for example, the Gotham clinics are article 28. The hospitals are article 28 and so they are included in our plan.

CHAIRPERSON LEVINE: Great. Obviously serving an extremely high needs population, so it is important that the be included.

COMMISSIONER CHOKSHI: Yes.

CHAIRPERSON LEVINE: Okay. Again, thank you. Thank you to the administration, to everyone at the health department and at H&H for this very good presentation. I certainly learned a lot and I think it is valuable that the public was able to receive this information. And I am going to pass it to Chair Rivera who has some follow-ups, as well.

CHAIRPERSON RIVERA: Thank you. Thank you so much. And I just want to thank you for what you said about doing this from a-- starting from a point of humility. I think, you know, we have hundreds of years of race-based harmful medicine that

has been inflicted on individuals and, you know, I think about that in my own work when I am fighting for reproductive Justice and access to healthcare and I have to grapple with in constantly be reminded of that troubling history of forced sterilization on Puerto Rican women, people in my own family. In the Covid data shows that the most impacted communities are black and brown communities. It is because of race. It is because of the social determinants of health. And I just want to be sure that, you know, there is going to be a saturation of vaccine sites in our neighborhoods hardest hit. It has to be-- I mean, really, I understand there is an educational component, but that really, really concerns me and making sure that people just have the access. They should be able to walk somewhere and be able to get the medicine that they need in the access that they need. I realize that is a larger systemic issue that we have to tackle. And please know that I am always an ally and supporter in that fight. My question is how you plan to do outreach to individuals with comorbidities or underlying health conditions. How will people with those conditions know if they qualify for prioritization? How will they certify

proof of those conditions? And, particularly, for those who may not receive care frequently, specifically homeless New Yorkers with chronic conditions?

COMMISSIONER CHOKSHI: Yeah. Well, first, thank you so much for your powerful comments about equity and its very tangible implications for vaccinations. They are at the front of our minds, as well, and we will have to stay in communication, you know, to make sure that we are doing everything that we can to address that [inaudible 1:59:59]. With respect to your question, you know, again, I will just put on my clinical had to say that this is something that can be challenging with respect to, you know, conducting outreach and actually making sure that certain groups of patients who are often most in need of the services that we have to offer, you know, actually reach those services. And so, I have a realistic perspective on it that it is sometimes easier said than done, but what I can say is that there is a commitment to ensuring that our messages, you know, reach those populations. We can't do it all ourselves and what I really appreciated about the opportunity today is to, you

know, ask all of you to join us because this is, you know, such a citywide, you know, initiative that we'll have to take on. But, specifically, for the groups that you have mentioned, you know, people that have underlying health conditions and homeless New Yorkers with chronic conditions, there are, you know, specific ways one is relying on the people whom they already trust, whether it is the clinicians at places like Health and Hospitals or the homeless service providers who, you know, provide vital services to them or our Department of Homeless Services, you know, who also have deep relationships with many of those organizations and the individuals themselves. And so, we will work across those institutions and partners.

CHAIRPERSON RIVERA: Thank you. And we will certainly be helpful. So, I am looking forward to working with those community-based organizations or even suggesting others that might not be included in that initial list that we will receive. Thank you so much for all of your answers today and for being here.

COMMISSIONER CHOKSHI: Thank you for the opportunity.

CHAIRPERSON LEVIN: We're going to go to our next panel in a moment and all cue the moderator. I do want to thank everyone from DOHMH, especially you, Commissioner, for that excellent presentation and H&H, as well. You know, while we were speaking over the last couple of hours, today's Covid numbers in New York City posted-- and I will review them in detail, but suffice to say that we continue to face very difficult circumstances in the short term and our discussion today about the incredible hope on the horizon with vaccines can't distract us from the immediate fight that we have in the weeks and really months ahead. And I know you emphasized that, Commissioner, but I do think it is important that we move forward on both fronts, slowing the spread immediately today while preparing for the incredible deployment of vaccines in the months ahead. So, thank you, again, the administration. I will ask the moderator to move on to our next panel.

COMMISSIONER CHOKSHI: Thank you so much.

MODERATOR: Thank you. So, again, thanks to the members of the administration. We will now move to public testimony. All public testimony will

be limited to three minutes. After I call your name, please wait a brief moment for the sergeant-at-arms to announce that you may begin before starting your testimony. Council members who have questions can use the zoom raise hand function. You will be called on after the panel has completed its testimony in the order in which you have raise your hand. The first public panel, in order of speaking, will be Tonya Alcorn and Faith Walters, both representatives from Pfizer. So, Tanya Alcorn, you may begin when ready.

SERGEANT-AT-ARMS: Time starts now.

TANYA ALCORN: Great. Thank you so much. Hopefully, you can hear me okay. Thank you, Chair Levine and Chair Rivera and the committee for having us here. I'm going to let-- So, let me just introduce myself. I am Tanya Alcorn and I lead Pfizer's supply chain and am responsible for the global distribution strategy for the Covid vaccine and I have been working very closely with the US government, CDC, on the distribution strategy within the US. I'm going to let faith kick off some opening comments around our vaccine development program and then I will handle some opening comments on

distribution. We will do our best to keep to the restricted time. Thanks.

FAITH WALTERS: Thank you, Tanya. And thank you, Chairs, and committee members for having us here today. I appreciate the opportunity to speak to you on behalf of Pfizer and the Pfizer vaccine team. Everyone has been working hard, I think, across the city, across Pfizer, and we are thankful to have the opportunity to bring some good news here today. I am Faith Walters. I am part of the vaccines US medical affairs team and the field medical lead for vaccines. Today, I would like to briefly touch on a few things. Vaccine development, effectiveness, and duration of immunity which I know have all been hot topics here today and I have enjoyed the discussion, as well. As you all are very aware, Pfizer has worked in collaboration with our partner, bio Intech to bring a vaccine candidate forward in this fight against Covid 19 that we are all facing and working hard to fight every day. We started with that SARS CoV-2 genetic sequence in January. We worked extremely closely side-by-side with the FDA and every part of the study and we were able to begin our phase 1 two trial in late April and

then moved to the phase 2 B3 trial. In late July. On November 18, we announced that our Covid 19 vaccine candidate that all primary efficacy endpoints in that phase 3 study. The analysis of the data indicated a vaccine efficacy rate of 95 percent in participants without prior SARS CoV-2 infection and also in participants with and without SARS CoV-2. It was a priority for us in our trial to recruit a diverse population, focusing on those that were disproportionately affected by this virus. Our phase 3 results show the efficacy was consistent across age, gender, race, and ethnicity demographics. Regarding tolerability, the data demonstrated that the vaccine was well tolerated across all populations. On November 20th, Pfizer did submit our emergency use authorization request to the FDA for our Covid 19 vaccine and a VER PAC meeting has been scheduled for December the 10th. That will be that time that are phase 3 data, in its completeness, is presented in the public domain. Regarding duration of immunity, duration of immunity is unknown at this time with our vaccine. We will be following all of our study participants for 24 months and that is posted dose. Post a dose in assessing immune

response over this time. So, thank you and, Tanya, I will turn it back to you.

TANYA ALCORN: Okay. Great. I know we are coming up on time, so I just want to complement my colleagues, it and, again, it has been a privilege, as we say, within Pfizer to be working on such an important vaccine for society. From a manufacturing perspective, we have activated an extensive US manufacturing network and we are on track, based on our current manufacturing projections, to produce globally up to 50 million vaccine doses in 2020 and up to 1.3 billion doses in 2021. We have a very strong proven track record, obviously a company well established. We have hundreds of products on the market, you know, over 100 countries. And so, our expertise gives us a large base and foundation for success. We developed a very detailed logistical plans to ensure effective vaccine transport, storage, and continuous monitoring programs. As you may have seen in Governor Cuomo's press conference yesterday, we have also have developed an innovative shipper that is been specifically designed for this product to maintain the recommended temperature conditions during

transportation for up to 10 days, which we feel was important ample transportation time to all points of use, including cities, rural areas, farther destinations, etc. And we will be shipping for the US in a model that is direct. So direct from our sites to those points of vaccinations, those points of use. Again, using our Kalamazoo, Michigan manufacturing facility and our pleasant ferry, Wisconsin distribution center to support our Kalamazoo facility. So, it is a direct shipment model with these innovative shippers. There is a device within the shippers that will have GPS enabled thermal sensors, so every shipper will be monitored by a dedicated Pfizer control tower that will track the location, the real-time temperature of each vaccine until they get to their predetermined location in and across their predetermined routes. And we will be able to monitor real-time and proactively act and prevent any unwanted deviations before they happen to make sure they get to their points of use on time, at the right temperature, at the right quality. Once it does get to those points of use, as the previous testimony and the doctors on the committee here mentioned, there is really three

options. They can go into ultralow temperature freezers which then allows for shelf life of up to six months. Our thermal shippers can actually be used as a temporary storage location-- option with just the need to refill with dry ice every five days in accordance with our handling instructions. And, again, we thought that was an important option to have for those facilities that may not have an ultralow temperature freezer. And, lastly, the vaccine cannot be stored in a refrigerated condition for up to five days and we know refrigeration units are very commonly available. So, with that, I know we are over time. I will just say that we feel we have built, over the last few months, a very robust distribution model and we feel very confident in our ability to supply. Thank you.

CHAIRPERSON LEVINE: Well, thank you so much, Ms. Alcorn and Dr. Walters. We are grateful that you are here today. It has been reported that New York State is expecting 170,000 doses the week of December 14th. Can you confirm that that is an accurate assessment?

TANYA ALCORN: So, two points. One, we don’t have authorization to ship and we don’t know

when we will receive authorization. So, we can't confirm any date because none of us, you know, and, as was stated earlier, we are not allowed to ship until we have that authorization. And then, we are not responsible for the allocation across the states, so were working with the US government on a complete allocation for the US and then that allocation per country-- I'm sorry. Per state. Per jurisdiction is not a Pfizer kind of predetermined decision.

CHAIRPERSON LEVINE: Understood. Is it assumed that you would have to ship another 170,000 for a second dose to the first round of individuals within three weeks or would that initial shipment of 170,000 or whatever number it is have to be held partly in reserve for a dose?

TANYA ALCORN: So, were working very closely with the CDC on that strategy and it may be a combination of both those options depending on the capabilities of the receiving location, if they have ultralow temperature freezers, the ability to store, etc. But right now, our assumption is that we would be shipping, for the most part, that second dose a couple weeks later once we would-- and we get the order from the CDC to do so.

CHAIRPERSON LEVINE: Thank you. And, Dr. Walters, could you, in layperson's terms, talk about what you've understood about side effects and the prevalence?

FAITH WALTERS: Well, we saw from our phase 1 data, as well as what we have initially in the press on our phase 3 data is that the vaccine is well tolerated. So, we will hear more about this at the VER PAC meeting when they present the full safety data in the public domain.

CHAIRPERSON LEVINE: Can you tell us what the most common side effects of been in the studies?

FAITH WALTERS: Well, we have seen pain at the site of injection. Some fatigue, some headache, and some fever. But I can't speak to the percentages of those at this time.

CHAIRPERSON LEVINE: Those sound very familiar to the side effects of a flu vaccine.

FAITH WALTERS: I would say that side effects like that are common with immunizations.

CHAIRPERSON LEVINE: I've heard some folks that presume a side effect could be a sign that the vaccine is really working for you and kind of,

adversely that, that if you don't get side effects, folks might worry that it really wasn't having effect. I don't think that is accurate, but perhaps you could comment on that or dispel it.

FAITH WALTERS: Well, I would say that, when you do see some react to [inaudible 02:14:13] with, you know, as there is a response and they are developing immunity.

CHAIRPERSON LEVINE: In other words, strong side effects do indeed correlate to stronger development of immunity?

FAITH WALTERS: I wouldn't go that far as to say that the strong side effects, you know, correlate to immunity, but I think what we have seen with our vaccine is that it is well tolerated. We see, as I had mentioned previously, greater than 95 percent efficacy. So, so far we are very encouraged by what we see and we look forward to the VER PAC meeting on December the 10th.

CHAIRPERSON LEVINE: Understand. But just to clarify, so someone who gets no side effects, should they worry that the vaccine is having-- is creating less of [inaudible 02:15:06]--

FAITH WALTERS: No. You will see-- and this is what you'll see when you see the data. You do see variability in adverse events across populations. Similar to when we all take the flu vaccine. You may see a different response that you have versus a response that I have.

CHAIRPERSON LEVINE: But it doesn't correlate to efficacy.

FAITH WALTERS: No.

CHAIRPERSON LEVINE: That's good to know. You have heard over the last couple of hours, a lot of questions about vaccines effectiveness and safety for specific populations. Children, for example. Some people with specific pre-existing conditions such as people who are immunocompromised. I understand that there is not adequate data yet to comment on safety and efficacy for those populations, if that is indeed the case. Could you a sense on when we might know more for those specific individuals?

FAITH WALTERS: On the day of VER PAC, we are going to know more details based upon the segments of the population like you referred to, based on age range is looking at adverse events,

safety, even efficacy in those groupings. And I think you are very familiar with our clinical trial. It started out and then in September, the FDA gave us approval to take off that 85-year-old, as well as to go down to 16 years of age. And then, in October, they gave us the approval to decrease the trial to 12 years of age and older.

CHAIRPERSON LEVINE: Do you expect eventually to go to even younger?

FAITH WALTERS: Well, we are working with the FDA right now to look at a steady and a younger population knowing that that possibly could mean a different dosing schedule on a different dose. So, we are working closely with them on those next steps.

CHAIRPERSON LEVINE: Can you say anything about the efficacy for someone who just gets one dose and never goes and gets the second dose?

FAITH WALTERS: We don’t have that data in the public domain now. I would expect to that, you know, our full trauma results will be presented at the VER PAC.

CHAIRPERSON LEVINE: Suffice to say--

FAITH WALTERS: And we all look forward to that.

CHAIRPERSON LEVINE: But suffice it to say we are strongly encouraging everyone to follow the regimen and get their second dose.

FAITH WALTERS: Yes.

CHAIRPERSON LEVINE: Which, I guess, is 21 to 28 days later. Is that the suggested range?

FAITH WALTERS: Our vaccine is day one. First dose day one. Second dose day 21. I will say that, in a clinical trial, the patient's, that second dose is 21 plus or minus two days, so that was like a day 19 today 23 range on the second dose. And I agree--

CHAIRPERSON LEVINE: Finally, could you--

FAITH WALTERS: we do encourage everybody to get both doses.

CHAIRPERSON LEVINE: Thank you. Finally, could you tell us the extent to which underrepresented racial and ethnic groups were represented as participants in your studies, particularly African-Americans which, of course, how

important such a terrible disproportionate impact from this pandemic?

FAITH WALTERS: Yes. So, in the US, 30 percent of our trial participants were from diverse populations and 10 percent of those were African-American.

CHAIRPERSON LEVINE: Okay. I would be, perhaps, slightly below at least the representation amongst Covid fatalities which I think, for African-Americans, is 19 percent.

FAITH WALTERS: Terrible.

CHAIRPERSON LEVINE: We're just-- I'm sorry? Were you going to say?

FAITH WALTERS: No. It's terrible. I'm agreeing with you and diversity in the clinical trial is been a huge priority for us.

CHAIRPERSON LEVINE: It has to be, partly because we need the scientific benefit of that and also because we want to build trust that every segment of society feels that they are getting the resources and attention they deserve. So--

SHAPE WALTERS: Absolutely.

CHAIRPERSON LEVINE: Thank you, Dr. Walters. I'm going to pass to my colleague.

FAITH WALTERS: Thank you. Thank you. I'm going to pass it to my colleague, Chair Rivera.

CHAIRPERSON RIVERA: Thank you. Thank you so much. I just want to kind of recap some of the things that you had mentioned. I know there's no authorization to ship yet and there is a greater than 95 percent efficacy rate. We mentioned a little bit about the safety and side effects being somewhat typical, right, to the flu vaccine, though that might differ. I guess what I'm asking-- what I wanted to just ask plainly is, in terms of how effective it is, is it equally effective across gender, age, weight, race, and other populations?

FAITH WALTERS: So, our initial data that is analyzing our phase 3 data as shown that the results showed efficacy that was consistent across age, gender, race, ethnicity. I think we will have to look at the phase 3 data that they present at VER PAC to see, as they dig into that may be differences in weight, as you mentioned.

CHAIRPERSON RIVERA: And in terms of those individuals who may have disabilities? I ask because--

FAITH WALTERS: Right.

CHAIRPERSON RIVERA: I ask because people with developmental disabilities and intellectual disabilities have died at three times the rate of those without disabilities.

FAITH WALTERS: And that was information that we are going to get from those more detailed phase 3 studies. So that will be presented at VER PAC.

CHAIRPERSON RIVERA: Okay.

FAITH WALTERS: Anything on the-- The breakdown of comorbidities, potentially disability. We will have transparency to that level update at that time.

CHAIRPERSON RIVERA: It is ineffective for pregnant people?

FAITH WALTERS: We did not study it in pregnant or lactating individuals, so that is another place where we are working closely with the FDA to look at potential pathways in pregnancy.

CHAIRPERSON RIVERA: I ask because people who want to become pregnant may be reluctant to get the vaccine unless we know it is safe for them and, based on, you know, just the history when you are trying to get pregnant and things you have--

FAITH WALTERS: Right.

CHAIRPERSON RIVERA: to consider even in getting rubella with the measles vaccine. Those can have pretty serious side effects. So, do we have an idea of how long community will last from your vaccine?

FAITH WALTERS: We do not at this time. So, we are continuing to study all of our trial participants out there 24 months post that second dose, looking at safety, as well as genicity over that time and, from that information, we will then be able to tell the full duration of immunity.

CHAIRPERSON RIVERA: So, what is the expected monthly production rate of doses once you reach full scale production?

TANYA ALCORN: Thank you, Chair Rivera. We can't speak to the monthly rate of [inaudible 02:22:42] changes as we are scaling up. But we are committed, as I mentioned, to have approximately 50 million doses globally available of which half have been allocated to the US and, for next year, we are on track for up to 1.3 billion doses. So I can't speak to all monthly rate, but I can reconfirm those numbers.

CHAIRPERSON RIVERA: Do you expect the federal government's potential enactment of the Defense production act impactor speed up production of your vaccine anyway?

TANYA ALCORN: I mean, I can't comment to the intent-- that intention. But I can just say that we are-- you know, this is our number one priority as a company. We have every-- all manpower efforts, resources, our supplier network is fully engaged, and we are ramping up at the speed of science. So, in our partnership with the US government is been great. So, I don't see that having any impact or running as fast as we can with-- ensuring the right quality standards along the way, so I can't speak to that intention, but I don't anticipate any concerns.

CHAIRPERSON RIVERA: Do you have any thoughts as to herd immunity in terms of having enough doses to provide to enough people for herd immunity and relying on the development of other vaccines to achieve it?

FAITH WALTERS: I think it is going to take a while to assess, you know, what is needed to get to herd immunity in the United States.

CHAIRPERSON RIVERA: Well, we look forward to, you know, any other answers or information once you have all had kind of a very big meeting with information, specifically on that demographic breakdown. Again, you know, just some concerns--

FAITH WALTERS: Thank you.

CHAIRPERSON RIVERA: that those who were disproportionately affected have access. We are looking forward to working with you and thank you for being you today.

FAITH WALTERS: Thank you.

TANYA ALCORN: Thank you.

FAITH WALTERS: Appreciate it.

MODERATOR: Thank you. I see that Council member Barron has some questions for this panel and I just would like to remind other Council members present that, if you have questions, please use the zoom raise hand function. Council member Barron, you may begin when you're ready.

SERGEANT-AT-ARMS: Time starts now.

COUNCIL MEMBER BARRON: Thank you very much. Thank you to the panel for coming. I have

some very brief questions. What is the temperature at which this vaccine has to be stored?

TANYA ALCORN: Yes. Thank you for your question. So, it has to be stored at -70 degrees, plus or minus 10 degrees Celsius.

COUNCIL MEMBER BARRON: Celsius. Okay. And you talked about the tracking system that you had during the time that the vaccine is being shipped to its location and you have real time tracking and monitors and all of that and that, when it is delivered, it can, in fact, remain in those containers or that device and simply needs to have-- well, not simply. It has to have dry ice added at least every five days to maintain the temperature.

TANYA ALCORN: Yes, Commissioner Barron. You heard it exactly correct. So--

COUNCIL MEMBER BARRON: Oh. I'm not a Commissioner. I don't want to displace anybody.

TANYA ALCORN: Congresswoman. Sorry.

CHAIRPERSON LEVINE: Council member.

TANYA ALCORN: Council member. Apologies. Yes. Council member. So, you have it exactly right.

COUNCIL MEMBER BARRON: No problem.

TANYA ALCORN: And yes. Our shipper can be used temporarily for storage--

COUNCIL MEMBER BARRON: Okay.

TANYA ALCORN: with dry ice. Correct.

COUNCIL MEMBER BARRON: Okay. Thank you. Now, you said that the-- are the efficacy results based on both doses and based on the fact that they are given within that time period that you talk about? 19, 20, 21 days? So, is that a determinate insane how effective this product has been?

FAITH WALTERS: So, it was based on they had both doses. So the does at day one and the does at day 21. And, like we said, it could occur between day 19 today 23 for that second house. And then they look seven days after that. So, it is, basically, that day 28 that they are doing the analyses to look at the efficacy of the vaccine.

COUNCIL MEMBER BARRON: Right. So, what if a person doesn't get that second dose within that window that is designated and how are we--

FAITH WALTERS: Right.

COUNCIL MEMBER BARRON: going to be sure that we have the adequate number of doses available for that second day or that second dose within that

timeframe? What are the guarantees that the shipment will be sent in that time order to make sure that the supplies available on the second of stay?

TANYA ALCORN: So, from a shipment perspective, faith, I answer that. So, we have-- we have synchronized this very well to ensure that, before that 21 day that there would be the second dose available at those points of use. So, we that worked out with the CDC, with order management process so that the doses will be there for that second does.

SERGEANT-AT-ARMS: Time expired.

COUNCIL MEMBER BARRON: Thank you. My last question. Normally side effects-- I would think that, with other trials that are conducted, you have a period of time after you have reached your product and determined its efficacy, to say what, in fact, side effects are. We can certainly rest in the immediate side effects, but since we are now going hyper speed to get this product out, what are the possibilities that there might be side effects beyond what we have been able to see during this period of time that we have developed this drug?

FAITH WALTERS: So, I can tell you that safety is a huge priority for us just like it is in all of our trials. We are continuing to monitor these patients for 24 months after that second dose, like I said, and that is for safety. Looking at immunogenicity over time as well as, you know, we have a system for adverse event reporting so that when, if an adverse event occurs when someone takes what about our vaccines, that that is reported to Pfizer and then the CDC also has some already established systems for collecting safety and adverse event data, the VER system and they have G Safe which is a new system that's going to be put in place just to monitor an awareness of providers and patients for safety, adverse events around the Covid 19 vaccines.

COUNCIL MEMBER BARRON: Thank you. Thank you to the Chairs.

FAITH WALTERS: You're welcome.

MODERATOR: Thank you. I see no other hands raised. I think we are ready to move on to the next panel unless--

CHAIRPERSON LEVINE: And I just want to thank both Ms. Alcorn and Dr. Walters for joining us. It is incredibly helpful to have your perspective and

we are grateful to all the scientists who worked around-the-clock over the last 11 months to pull this off. It is just extraordinary and something that we can all be proud of. We appreciate you being here.

FAITH WALTERS: Thank you.

TANYA ALCORN: Thank you very much.

FAITH WALTERS: Thank you.

MODERATOR: Yes. Thank you very much, again, for your testimony. So, we will now turn to the next panel and, as a reminder, please wait to be told you may begin before starting and someone will unmute you once your name is called. The next person who will be speaking is Umar Kahn from the Office of the New York State Attorney General.

UMAR KAHN: Good afternoon. My name is Omar Kahn. I am special counsel to New York State special-- Senior advisor and special counsel to New York State Attorney General Leticia James. Thank you, Chair Levine, and Chair Rivera for holding this hearing on such a critical issue of oversight over the Covid 19 vaccine. The devastating impact of the Covid 19 pandemic will not be fully measured for years to come. What we need to know is that it has magnified the disparities in our city, the state, the

nation. The virus has had a disproportionate impact on the lives of our seniors and communities of color. According to the centers for disease all in prevention, black, Latino, and Native American communities are each confronting about a threefold increase in death rates as compared to whites. Indeed, these communities are also hospitalized at a rate four times higher than whites, yet, these statistics do not incorporate the lasting economic and healthcare effects on communities of color. In the coming weeks and months, various vaccines will start to be distributed across our city and state. It is critical that underserved and vulnerable constituencies are not left behind. This will require a multipronged approach that will not only ensure that vaccines are distributed equitably, but that we must also reduce any barriers to vaccinations. This week, in fact, just yesterday, I led a coalition of attorney generals in urging Congress to allocate funding and codify coverage protections to guarantee that all people living in the United States are able to obtain a Covid 19 vaccine at no cost. The purpose of our letter, as I will detail below, was threefold. First, provide the

vaccine to Medicare recipients at no cost. Second, properly fund programs for the uninsured to cover administrative fees. And, third, increase financial support for Medicaid. The federal Medicare and Medicaid programs play a critical role for healthcare coverage. 62 million people, or 19 percent of our population, our insured under Medicare. In the past, Medicare has not covered the cost of drugs approved under emergency use designations. Recently, the centers for Medicare and Medicaid services issued a rule providing that any vaccine authorized by the Food and Drug Administration through an emergency use authorization or licensed under a Biologics license application would be covered to Medicare beneficiaries. We believe the best practice would be for Congress to codify this rule. With the rise in unemployment due to the pandemic, Medicaid has proven to be an essential safety net with growing enrollment. Under the Families First Coronavirus Response Act, state Medicaid programs are eligible to receive an increase in federal funding during the current public health emergency provided that the state agrees to provide coverage of Covid 19 vaccines and vaccine administration among other things at no

cost sharing to most Medicaid beneficiaries. As we know, states, including New York, are already struggling financially and will likely need additional financial assistance from the federal government to supplement the funding provided under that FFCRA. This support will ensure that payment rates to providers, which are set at the state level, are sufficient to allow Medicaid recipients to access their vaccine at no cost and providers to perform critical outreach to vulnerable communities. Our lawyer also seeks to guarantee that the uninsured are not responsible for any costs associated with the administration of the vaccine. Congress established a provider relief fund that could be used to cover costs associated with administering and storing the vaccine known as administrative fees. However, billions from this fund have already been distributed to providers and we are concerned that there will not be sufficient resources remaining to cover vaccine administration fees, as well as costs, for outreach to uninsured communities. Accordingly, we ask Congress to adequately fund this, particularly if the--

SERGEANT-AT-ARMS: Time expired.

UMAR KAHN: the Affordable Care Act. The federal government has arrangements, as we heard earlier, with pharmacies to provide and administer the vaccine. The first initiative, known as the Pharmacy Partnership for Long Term Care Program is with CVS and Walgreens. These companies are authorized to administer Covid 19 vaccines to long term care facility residents and staff. This is an important effort, but we must guarantee that long-term care facilities that serve substantial populations from communities of color are treated equally with regards to a vaccine access and timing. The second federal initiative is with large chain pharmacies and networks that represent independent pharmacy you said regional chains. Similarly, we must ensure equitable distribution with respect to access and timing here, as well. With regards to enforcement, my office is established a task force more than two months ago to anticipate and prepare for challenges and issues related to Covid 19 vaccines. As I have always stated, no one is above the law. Whether you are engaging in insider-trading on promising new treatments, price gouging New Yorkers for critical vaccine administration supplies,

or peddling fake keywords, we are here to uphold the law. I also want to take this opportunity to highlight our anonymous whistleblower portal. If you are aware of unlawful conduct, you may report this at HTTPS:\\AG.NY.gov\whistleblower. The office of Attorney General is vigilantly seeking to protect New Yorkers and ensuring that the most vulnerable and disproportionately harmed by this disease receive equitable access to vaccines. Thank you.

CHAIRPERSON LEVINE: Thank you so much, Mr. Kahn, and the Attorney General James has just been so strong on a variety of healthcare issues throughout the pandemic. And I appreciate your focus now on accessibility of the vaccine no matter the income or the insurance status of the patient. Are you also focusing on any kind of guarantees that people who do have insurance won't have to pay a copay to get vaccinated? Sorry. We need to unmute you.

UMAR KAHN: Chairman Levine, I'm not authorized to answer any questions at this time.

CHAIRPERSON LEVINE: Fair enough. Well, we appreciate you being here and for the Attorney General's testimony. Thank you so much.

UMAR KAHN: Thank you, Chair.

MODERATOR: Yes. Thank you for your testimony. We will now turn to our next panel. The next panel will be Hope Levy, Margaret Pennington, and Peter Taback. As a reminder, please wait to be told you may begin before starting and someone will unmute you once your name is called. Hope Levy, you may begin.

SERGEANT-AT-ARMS: Time starts now.

HOPE LEVY: I believe that Peter was going to start. I can certainly start, but I believe Peter was to begin, if that is okay.

MODERATOR: That's fine. Do we have-- Can we-- There we go. Peter Taback, maybe in whatever you are ready. Thank you.

PETER TABACK: Thank you. Thank you, Chair Levine, Chair Rivera. Your efforts on behalf of the health of all New Yorkers. It brings us confidence in our city's ability to meet a tremendous challenge. In Council member Powers, thank you for asking what you have asked. Our time today's brief, but the story of the coronavirus in our community, New Yorkers with intellectual and developmental disabilities, begins in the earliest hours of the

pandemic. Commissioner Chokshi is right. We must learn from the last few months. We request that the Council recognize the disproportion of vulnerability of people with intellectual and mental disabilities. Affirm the urgency of priority access to a vaccine and demonstrate that outpatient clinics, such as Premier Healthcare, especially those that specialize in treating people with IDD and their staff must be on the front lines of vaccine distribution. Now that the CDC has published guidelines that prioritize residents of long term care facilities, we urge the interpretation that residents of city's supportive housing and the exceptional direct support workers who make those houses into homes are part of the priority plan. The unvarnished truth is painful. The last several months have revealed enormous gaps in resources to support New Yorkers with IDD. More than four decades after the institutionalization. New Yorkers with IDD remain marginalized and unable to access adequate care. Now that a vaccine may be hours away, we must not exacerbate this disparity. YAI provides comprehensive support for children and adults. We are also the institutional home of Premier Healthcare, primary care, and specialty

outpatient clinic. Our 4000 employees deliver housing, medical care, dental, and mental health care, education, job training, and community integration to more than 20,000 people with autism, Down syndrome, cerebral palsy, and other disabilities into their families. Despite the prevalence of underlying health conditions within this population, people with IDD have flown under the radar since the start of the pandemic when Covid cases ballooned with a disproportionate mortality rate at their heels. One study, published in November, showed a mortality rate almost 3 times that of all patients with Covid. Data from the state is even more distressing and it is new since we submitted our testimony yesterday. The 4603 confirmed Covid cases among people with disabilities, almost 80 percent lived in residential programs like those operated by YAI and our peers in the statewide mortality rate there was greater than 12 percent. Many things explain this outside vulnerability. Simple, preventative measures like social distancing, masks, and handwashing pose challenges for people with IDD.

SERGEANT-AT-ARMS: Time expired.

PETER TABACK: Many have underlying health conditions which exacerbate that susceptibility and they were sent as they age. At Premier, 80 percent of the patients with IDD have one or more chronic conditions that place at high risk of severe illness from Covid. Hope will explain more about these vulnerabilities and existing medical resources available for this population. Hope?

MODERATOR: Hope, you may begin when ready. Thank you.

SERGEANT-AT-ARMS: Time starts now.

HOPE LEVY: Thank you. Thank you, Chair Levine. Thank you, Chair Rivera. Thanks, Peter. So, my name is hope Levy. I am the executive director of Premier Healthcare. Premier Healthcare is an article 28 outpatient clinic. We have five locations within New York City and we specialize in serving children and adults with developmental disabilities. We also serve everyone in our community. Many of the areas are low income, underserved areas. 95 percent of our patients are developmentally disabled and, as Peter mentioned, 80 percent of them have one or more chronic conditions that put them at high risk of severe Covid illness.

Considerations such as hypertension, diabetes, and obesity. Premier Healthcare has been open since the start of the pandemic. Our healthcare professionals have been on the front lines serving people nonstop. We have, to date, conducted 3800 Covid tests for people in our community and that IDD population. Our medical staff and our nurses go out to the residential homes to help test individuals where there is risk of Covid spread. This helps ensure that there is not continual spread and it also helps alleviate the stress that many of our patients have by coming to clinics and waiting long wait times in waiting rooms. What we have seen since November is an increase in positivity. From May until October, our positivity rate was at one percent. During the month of November, our positivity rate is now gone to three percent. We went to two residential homes last week to test the individuals living there and all of them tested positive, including three of their essential staff. As Peter mentioned, it is essential that people with developmental disabilities are in the phase 1 and identified as high risk of Covid infection, but what also is very, very important is if they can get these vaccinations at clinics and

through their doctors that they are comfortable with. Premier is an article 28 clinic and is on the central registry for immunization. However, to this day, we are unable to enroll as a vaccine provider. New York State and those providers outside of New York City have been able to work with the Office of People with Developmental Disabilities and are able to enroll as vaccine providers on the HCS registry. However, in New York City, providers that focus on that IDD population are unable, at this time, to register. And so we urged that clinics, like Premier another specialty clinics, are allowed to get the vaccine in the early phases to really help with access because people with developmental disabilities need to trust where they are going. They need to be at ease with where they are vaccinated and they need to know who their healthcare professionals are. I want to now turn this over to Margaret Puddington. Thank you very much.

MODERATOR: Margaret Puddington, you may begin when ready.

SERGEANT-AT-ARMS: Time starts now.

MARGARET PUDDINGTON: I am the mother of somebody with developmental disabilities and I would

like to put a face on the data that you just heard. This is my son, Mark. He is 40 years old with a sunny, irresistible personality. He makes friends wherever he goes, despite his challenges. He has limited cognitive abilities and he cannot speak, but communicates via sign language and has the most expressive face I have ever seen. He can't open a jar or cut his food or shave himself and, to remain safe, he needs staff with him every waking moment. Mark has just tested positive for Covid, along with all of his housemates and one staff person in his group home in Washington Heights. Miraculously, all the housemates are asymptomatic, so they do not need hospitalization. God bless the staff who are continuing to come in day after day, putting their own health at risk. My greatest fear for Mark, aside from fatal infection, has been that, if he got very sick and needed hospitalization, he would be totally alone without staff, without me or his dad. That would be like sending your two-year-old to a hospital alone. Mark would never recover from such a terrifying experience. People with developmental disabilities who contract Covid are dying at three times the rate of the general population because many

with DD have comorbidities and live in congregate care facilities. People in such facilities have a higher risk of contracting the virus because they interact daily with staff who assist him with intimate tasks requiring close contacts such as bathing and toothbrushing. Many with DD cannot tolerate masks, cannot comprehend the need to keep a safe distance, but to refrain from shaking hands or hugging. Staff, in shifts, so you have a large number of people in and out every day and these people come by a subway or bus and have families who may have risky professions. If a staff person working in a residence gets Covid, it's a sure bet that the others will catch it just as in nursing homes. Now, compare the risk of people-- the risk level of people with DD with that of seniors like myself. I am 78 and have a heart condition. That makes me high risk, but I physically interact with no one except my husband. We go nowhere, no eating in restaurants, no visits with granddaughter or friends. We can control our risk. Mark cannot. People with DD should be top priority for vaccines right after frontline healthcare workers. The risk is tremendous, as is the risk of their staff. In some

respects, people with DD have a higher risk than those in nursing homes because people with DD have difficulty following safety protocols. For vaccine dissemination, I urge you to prioritize people with DD and their staff. I also urge you to ensure that people with DD can access vaccines through specialized article 28 clinics such as Premier Healthcare. We can't take Mark to a--

SERGEANT-AT-ARMS: Time expired.

MARGARET PUDDINGTON: He is very fearful and would fight off that needle. Last year, when he needed blood drawn, it required four separate visits to Quest, plus the support of both his favorite staff person and me. Hospitals don't have time to wait for Mark to comply. The article 28 clinic he uses knows how to diffuse the experience for people like Mark. Article 20 eighths must be a viable option for people with DD. Hope, Peter, and I applaud New York City's efforts to prepare for a vaccine and to prioritize the most vulnerable populations. We urge that that IDD population, IDD specialty outpatient clinics, and the clinical and direct support staff be included as priorities in New York City. Thank you.

CHAIRPERSON LEVINE: Thank you. And I think that is the full panel, correct? My goodness. This is such an important perspective that the three of you offered in, Ms. Puddington, thank you for sharing Mark's story. We will all be keeping him in our thoughts. We hope that you recover swiftly and we certainly understand what the article 28 providers is saying you have to be able to deploy this vaccine. Period. I am trying to square the comment of the Commissioner who I assume you heard. I asked him directly and you said, yes. Article 20 eighths will be part of the deployment plan, yet you are still not able to register in the system. Do we presume this is just a technical challenge that has to be overcome or do we fear there is a policy and inconsistency here?

HOPE LEVY: I think there might be a little bit of a disconnect. When you talk to the state outside of New York City, providers can enroll, but because New York City is doing it on the central immunization registry, when we reach out to them, they say that it is by invite only and we have not been invited to enroll in New York City. So, I know there was a mention of God, and there are some other

large 28s. There were only three specialty 20 eighths in New York City. That is Premier Healthcare and there are two others. To my knowledge, none of us are enrolled able to plan for giving the vaccine. So, I think there is a disconnect. Again, outside of New York City, we could enroll if we had a facility in Long Island or Westchester or Rockland, but, New York City, we cannot.

CHAIRPERSON LEVINE: Which makes no sense. So I do see that we have a representative from DOHMH still here and I'm hoping they are monitoring this discussion. But, either way, we will circle back to them and try and work out this discrepancy. Thank you all for speaking.

MODERATOR: Thank you so much for your testimony. I don't see any other questions from Council members, so we can move on to the next panel. And thank you again. So, we will turn to our next panel which will include Jessica Orozco Guttlein from the Hispanic Federation, Rebecca Telzak from Make the Road New York, and Allie Bohm from the NYCLU. As a reminder, please wait to be told you may begin before starting and someone will you once your name is called. And I want to thank folks in advance for

your patience and un-muting. It may take a moment or two. So, Jessica Orozco Guttlein, you may begin when ready.

SERGEANT-AT-ARMS: Time starts now.

JESSICA OROZCO GUTTLEIN: Hello? Can you all hear me?

MODERATOR: We can hear you.

JESSICA OROZCO GUTTLEIN: Hello? Oh. Hi. Hello, everyone. Sorry, I was giving my children luncheon paying attention to this at the same time. I am Jessica Orozco Guttlein. I am Chief of Staff at Hispanic Federation. I will be developing in the testimony-- giving the testimony on behalf of Frankie Miranda, President and CEO of Hispanic Federation. Thanks to the Chairwoman Rivera and Chairman Levine for-- and all the committee members for bringing us here today. We're going to submit the written testimony online, but for this portion, I'm going to be succinct and summarize our testimony. Two major components of an effective distribution plan are working in partnership with trusted institutions rooted in community and ensuring that anyone can get vaccinated regardless of cost. So, you know, the New York City distribution

proposal, as many, you know, folks have testified earlier, talk about partner engagement, but we really, really need to ensure that this is intentional and a definitive goal of the vaccine task force. You know, our community, the Latino community in communities of color have been ravaged by this pandemic and we need to ensure that community based institutions are working hand-in-hand with any institution or agency leading this effort because our nonprofits are rooted in community and we are deeply embedded in our neighborhoods that provide the frontline healthcare and human services to millions of Latinos. There listening to us. They are counting on us and they are saying, is this okay? Right? Can I get vaccinated? Is this going to be safe for me and my family? And, as mentioned before, as well, mistrust within communities of color regarding vaccines administered by the government are rooted in our history with people of color being used without authorization as guinea pigs for a vaccination and medical experimentation, including sterilization. And while these concerns are legitimate, we must work to dispel many myths that can lead to vulnerable community members refusing to

get vaccinated. Community education campaigns must include collaboration and leadership by trusted healthcare providers and community partners. It is imperative that private and public agencies are included to develop this culturally and linguistically competent strategy to build trust and increase acceptance for a demand-- acceptance and demand for vaccinations. In our agencies should target investments in our community based organizations for trips. Responses to concerns around the distribution and safety of the vaccine. Community based organizations can also be essential to ensure that individuals receive the two dose vaccine requirement and, unfortunately, as we have talked about before, the federal distribution plan is asking governors to sign agreements that would provide sensitive information to the federal agencies. We understand this need to follow up with individuals, but we know, for a fact, that there is a way to collect this information that does not put people at risk of deportation. Hispanic Federation has actually had experience in distributing funds to level durable community members, including funds to undocumented immigrants affected by the 9/11 attacks,

by the victims of flight 587, and undocumented community members affected by hurricane Sandy and rebuilding. We were able to distribute these funds, collect information, identifiable information, while keeping these folks safe from deportation and we also signed on to the governor's letter calling for a distribution plan that did not have sensitive information.

MODERATOR: Thank you for your testimony. We will now turn to Rebecca Telzak from Make the Road New York.

SERGEANT-AT-ARMS: Time starts now.

REBECCA TELZAK: Hi. Thank you for having me. My name is Rebecca Telzak. I am the director of health programs at Make the Road New York. I want to thank the Committee on health, the committee on Hospitals, and the Council members here today for the opportunity to comment. The communities we serve at Make the Road are among the hardest hit by this crisis. Our largest space is in central Queens, that epicenter of the epicenter where Elmhurst Hospital has been in the national spotlight heroically trying, even with diminishing resources, to save some of the most impacted community members.

While the city moves forward with developing a vaccination plan, we want to ensure the following: the vaccines be accessible to everyone, especially low income and immigrant communities, ensure clear privacy protections are in place so that individual data is not shared with other federal agencies, including law enforcement and ICE, and, thirdly, that the city should partner with trusted community organizations like we just heard to conduct outreach and education about the vaccine. We need a responsible public health approach to make sure that impacted communities are at the forefront of these solutions. In terms of accessibility, the vaccine distribution plan already disadvantages-- that come from the federal level, disadvantages low income communities, many of which were hardest hit by the pandemic in the way that it is prioritizing private pharmacies, hospitals, and certain clinics. It is essential that everyone have access to this vaccine and that everyone feel safe doing so, therefore, there should be a more inclusive distribution plan that includes the public hospital system, health clinics, community schools, and other community settings. And places where low income immigrant

communities go for healthcare and services. Additionally, as we heard earlier, the definition of who gets the vaccine in the initial round should be expanded to include all essential workers and include the worker such as delivery workers in that definition. In terms of privacy, the data sharing agreement that the federal government has asked states to sign allows HHS to share personally identified information about vaccine recipients with any other federal agency which could include law enforcement and ICE. This is horrific and will cause many people in the communities most affected by the virus, including black, brown, and immigrant communities, from getting vaccinated. Many individuals will participate in this vaccine program because of that. There should be clear privacy protections in place to ensure that information is not getting shared with agencies other than healthcare agencies and is not used for any other purpose. And then, finally, for partnership with community organizations and education, in order to get through this crisis, it is essential that vaccines are accessible to everyone at no cost. They must be available during evening and weekends to

accommodate those who are working essential jobs and everything, obviously, must be translated into multiple languages that accessible. In the city should partner with trusted community-based organizations to do outreach to high-risk communities to ensure they are aware of the vaccination options available to them and how to access them. Community-based organizations provided resources to educate community members on the importance of getting vaccines and help answer any questions or concerns. Immigrant communities, in particular, who lack health insurance are often concerned that getting vaccinated could be considered a public charge and are fearful that it may impact their ability to get a green card and are also concerned that they will be left with debilitating medical debt. So, trusted community organizations and immigrant communities can play an essential role in mitigating these fears--

SERGEANT-AT-ARMS: Time expired.

REBECCA TELZAK: [inaudible 02:58:55] communities have access to accurate information and resources. Thank you, again, for the opportunity today.

MODERATOR: Thank you so much for your testimony. We will now turn to Allie Bohm.

SERGEANT-AT-ARMS: Time starts now.

ALLIE BOHM: Thank you for the opportunity to testify today. My written statement focuses on three important issues: vaccine confidentiality, vaccine distribution mechanisms, and equitable culturally competent vaccine distribution. In the interest of time intend not retread too much ground that my co-panelist covered so well, I'm going to focus my oral testimony primarily on vaccine confidentiality, but I do want to make one quick point about vaccine distribution. The federal government, as you know, has announced that it will use the traditional private health infrastructure to distribute Covid 19 vaccines. This means, as you know, that major pharmacy chains, doctors' offices, and hospitals. Unfortunately, the traditional private health infrastructure does not serve all communities equally and this distribution mechanisms threatens to leave out the very communities that have been most impacted by the pandemic. To put a finer point on it, while there are 100 traditional vaccination sites in Manhattan north of Chinatown and

South of 37th Street, there is only one vaccination site in East Elmhurst. City Council must ensure that the vaccine reaches all of our communities. Unfortunately, the distribution mechanism is not the only mistake that the federal government has made when it comes to vaccines. It is conditioning, as you heard, distribution of any Covid 19 vaccine to a state and that state sharing a data agreement that commits to provide the federal government with a wealth of personal information about each vaccine recipient, including, but not limited to, name, address, date of birth, and identification number. Typically, the CDC does not collect identifiable information from states. Full stop. This is true when it comes to information to inform the federal government's response to the other pandemic we faced in our lifetimes. The national HIV surveillance program. What is more is the state--- the data sharing agreement is explicit that the CDC can share vaccine information with quote unquote other federal partners which could include ICE, the FBI, or DHS. This is also unprecedented. Any number of people will likely be chilled from receiving vaccines if they believe their personal information will be

shared broadly within the federal government. This is particularly true for black, brown, and immigrant communities who, because of a toxic cocktail of socioeconomic factors, physical environment, and inferior access to healthcare, are disproportionately likely to suffer from Covid 19. They are also disproportionately likely, as you have heard over and over and said today, to be alienated from and distrustful of our healthcare system because of the racial biases that pervade that system. This is also true of religious enclaves such as the Hasidic community which has also been ravaged by Covid 19 and still harbors deep distrust of the public health system. While Council members must tread carefully to avoid exacerbating any chilling effect, the city Council must do everything it can, including reevaluating and strengthening where necessary, the protections for the citywide immunization registry. It also includes pressuring state and federal lawmakers to ensure that New York does not share troves of vaccine personal information with the federal government and that, where information is shared, it remains with the federal health agencies.

SERGEANT-AT-ARMS: Time expired.

ALLIE BOHM: Personal information shared to respond to a public health crisis should not be used to criminalize or deport people. Thank you for the opportunity to testify and I am happy to answer any questions.

CHAIRPERSON LEVINE: That really was an excellent panel with critical points, challenges that will be more difficult because we need to have people come back for a second does and, therefore, this really shouldn't be done anonymously. You need to not just track whether a patient returns, but you, presumable need to contact them as a reminder so you're probably going to want to get a cell number and I know that makes the challenges that you all spoke about even more difficult. And I wonder if any of you have thoughts on how we can both collect the information that we need, but not in any way lose the confidence of vulnerable members of the public? Please-- Sorry. The muting and unmuting is a little awkward, but there you go.

ALLIE BOHM: I figured if I flailed enough, someone would unmute me. You know, I think the challenge is that you are absolutely right. We do have to collect information about people who are

vaccinated, but that it is a question of where that information goes and who it is shared with. And so, you know, part of it is collecting it and making sure it remains with the city or, where necessary, with the state and that we are not sharing identifiable information with the federal government and, to the extent that we are, that they are locking it down within the health agencies. And there are ways-- there is a protocol called Privacy Preserving Record Linkages that allows-- and it is used frequently within some of the things like our immunization information systems at the state level and I don't know whether it is used with the citywide registry. It could be. Where a provider would put in information and someone would be able to get information to say, I got my first vaccine in New York City and then moved somewhere in the provider and the other place and needed to find out if I had been vaccinated in which vaccine and stuff. They could put the information they had about me to get my cremation back out of the system, but what is actually shared between jurisdictions, what you can get if you don't have the information about the person in front of you is very, very limited. And

so, again, it's about using the technologies we have. It's about walking down information and making sure it is not going to people who don't need it and it is also about making sure that the folks that are collecting this information on the first and Ian are engaging in the vaccination process are the folks that community members trust. You know, I think, as my co-panelist said so persuasively, the reaction to someone from Hispanic Federation asking you for a cell number so that they can follow up and make sure you get your second vaccine is probably really different from the reaction to a provider you don't know where you don't know where that cell phone information is going to go and where that information is going to go, more generally.

JESSICA OROZCO GUTTLEIN: And just to add on that point, we just concluded a successful, you know, census, right, though, of course, Council member offices where we were collecting information from undocumented community members where we had Title 13, right, to protect us. And so, again, these protections need to be in place so that way our community members-- and that was one of our talking points in English and Spanish. Culturally competent

messengers stating that this is protected information. You are safe. And so, that was a huge talking point and we ran focus groups and just having a law to protect this information really persuaded people and these focus groups had undocumented community members on providing identifiable information.

CHAIRPERSON LEVINE: Thank you. Emily, we'll pass it back to you. I think we have some questions.

MODERATOR: Yes. So, thank you so much for your testimony. I see that we have a question from Council member Rosenthal and I just want to, again, remind any Council members present that, if you have a question, to please use the zoom raise hand function. Council member Rosenthal, you may begin questioning when you're ready.

SERGEANT-AT-ARMS: Time starts now.

COUNCIL MEMBER ROSENTHAL: Thank you. My question is really along the same line as Chair Levine. I am wondering, to this panel of experts on, you know, who understand, who are culturally competent about their own communities, how do we message that the vaccine is safe and you should take

it? You know, especially for communities who have been historically screwed by people saying that to them? And I am hoping you will also give ideas about how there could be peer to peer work on this. How to integrate that peer to peer work in maybe the medical system that will be giving out the vaccine or I-- I don't have.

REBECCA TELZAK: This is Becca from Make the Road. I mean, I agree with everything that my colleagues, Allie and Jessica, that said earlier in response to the question. I think we-- you know, I think the first step is really what Allie was describing and just making sure that we are having the right protections in place because it is really hard for groups like us to convince people to get vaccinated if we aren't confident that the data is not getting shared to other federal agencies. Right? So, but I feel like the first step is really doing that data security piece. Then, from there, like the biggest thing in terms of messaging is really who the messenger is, right? And so, like we were hearing earlier, just making sure that the folks were actually communicating to community members are from similar communities and understand and, you know,

Bender kind of similar experiences. And so, I know we often, at Make the Road, use kind of a [inaudible 03:08:04] which is a peer educator model. Their community health worker models, well, which are really successful at disseminating information. Many community health workers are kind of embedded in healthcare institutions, but really partner closely with community organizations. So, really kind of understand kind of the public health needs in the moment, but are also coming from the community based side of things and really are able to connect and relate to community members and have that level of trust, which I think is so essential to be able to make sure that we are kind of implementing a successful vaccination plan.

COUNCIL MEMBER ROSENTHAL: Yeah. And, Rebecca, to the point I think you made earlier or maybe Jessica made it about successes in doing census work, are there lessons learned for the city given that, I mean, our response rate was good, but it was still, what? 65 percent? So, that's not good. Are there lessons learned for what the city could have been doing better, not necessarily asking that you say, you they are, but, you know, some sort of

roadmap, I think, giving that to the city would be incredibly helpful.

JESSICA OROZCO GUTTLEIN: Sure. So in terms of lessons learned, like you said before, of course we wish it would have been higher than 65 percent, but here you, obviously-- you know, has been mentioned numerous times, Latinos and blacks and communities of color are disproportionately of high numbers affected, right? And so, as others have stated, there's absolutely no excuse to say, wait. Let's think about this now. Right? The doctors have to have thought about this. We have to know this. Right? Our CBO's were telling us this weeks before it was published in the Times and weeks before the data was out that we knew that our community was suffering disproportionately. And so, learning from the census outreach here at the same time you have, you know-- Census is clearly just providing information. Here you have a tangible when you're going to get this vaccine, right? So I believe that just with that, the 65 percent number, I think, is promising, but, again, you had those protections in place that, you know, my colleagues, Rebecca, really, really are harping on. And then, the [inaudible

03:10:38] model, that is one, of course, that across the board uses, I'm in your community. I live by you. I work by you. You know, talk to me. I speak your language. Our kids go to school together. Like let's do this. Right? Also, had to shift with Covid into technology. So we do text messaging. Peer to peer text messaging, media campaigns, phone calls-- which people are answering the phone now more than ever because they are home. And all of that, you know, that technology also came into play and to reach out to our community members, as well.

ALLIE BOHM: I want to just piggyback really quickly and highlight something Jessica and Becca have both said. From the census, we have the strongest privacy protections for census information. Census information is totally locked down. It cannot be shared with law enforcement. It cannot be shared with ICE. It cannot be used against you in court. It cannot be used against you in an administrative proceeding. It's inadmissible. We need to have those sorts of protections for the sharing of our public health information and, right now, we don't. we have a lot of good protections, but right now, someone who does have access to our immunization

records can share that when they think that is in the best interest not only of the person whom the information pertains, but of other people and, you know, that is another area where we are building in some legislative protections and statutory protections would be really helpful.

COUNCIL MEMBER ROSENTHAL: And those are at the state and federal level. Are there any at the city level? And you just, Allie, need to be unmuted. I feel your pain. If we could unmute Allie Bohm.

ALLIE BOHM: I'm sorry. I'm so good at muting myself after I talk so we don't have background noise. So, the answer is those protections exist at the state level. They also exist at the city level. So I am--

COUNCIL MEMBER ROSENTHAL: So the concern is at the federal level.

ALLIE BOHM: The concern is actually-- no. The concern is we need to tighten both our state law and our city law because the immunization registries are at the state level and that the city level and one thing that I want to highlight while you talking is the federal information sharing agreement that we have all talked about explicitly

says and it, we the federal government are requiring you to send identifiable information to us unless you have a law saying that you will only share deidentified information. And so that creates space for us both at the state level and at the city level because the city does run its own immunization registry to put in place some of those statutory protections. And I'm happy to talk with members about where that lives in the law and what it might look like.

COUNCIL MEMBER ROSENTHAL: Great. Thank you, Allie. Thank you, Chairs.

MODERATOR: Great. And seeing no other questions, we will now turn to our final panel. I want to thank this panel, again, for your testimony. So we will turn to our final panel. Let me just pull up the names. Our final panel will include Mon Yuk Yu, Marie Mongeon, Kelly Sabatino, and Jesse Sol. I just want to remind folks that-- to thank everyone for their patience. We will be on muted once I say your name and it may take a few moments. And as a reminder, you may begin-- Before you start, the sergeant will say that you can begin. So, our next

panelist is Mon Yuck Yu and you can begin when ready. Thank you.

SERGEANT-AT-ARMS: You can begin.

MON YUCK YU: Good afternoon. My name is Mon Yuck Yu, executive Vice President at the Academy of Medical and Public Health Services. AMPHS is a not-for-profit healthcare organization in Sunset Park that provides free health services integrated with individualized health education and social services to immigrant populations of New York City. Our mission is to de-institutionalize healthcare and make it a basic human right for all New Yorkers. I'm here today to call for a vaccine strategy that is culturally responsive and elevates community organizations as critical player in vaccine delivery. We anticipate that vaccine hesitancy will be a major challenge in Sunset Park and many other communities of color. Many in our community have a deep seeded mistrust of institutionalized healthcare settings and have been long underrepresented in clinical trials. Medical researchers in the US have also taken terrible advantage of black, indigenous, and people of color, including Asian and Pacific Islander and Latin X communities. This is a complicated and

divisive issue because vaccination should not be an option, but it is a matter of life and death. However, calls for mandatory vaccination will create resistance. We have seen mask wearing and social distancing guidelines politicized whereas over enforcement has also led to mistreatment of black and brown individuals. One thing that we know for certain is that Covid 19-- the Covid 19 pandemic has proven the need for transparency to inspire the public's trust. Culturally competent messaging to immigrant communities about the importance of vaccination, where to vaccinate, and the current status of vaccination efforts are all essential to this effort. Every culture community is different reasons for vaccine hesitancy. We have already heard from people we work with who are afraid to receive the vaccine because they are distrustful of the effectiveness of vaccine research. They don't want their children to get the vaccine, even if it is available. They are afraid that going out to get the vaccine will get them sick. As a personal anecdote, my grandmother is going blind now because our family has been hesitant to take her to receive critical health services from her ophthalmologist during Covid

19. We need to determine a safe and secure way to get vaccines to homebound individuals. We must also remember that, in 2019, the measles outbreak in South Brooklyn was met with resistance from many people in the Pacific community, requiring on the ground and culturally competent outreach. Misinformation is also rampant across social networking platforms like We Chat in the Chinese community as, indicating the ineffectiveness of upcoming vaccinations. New York City must invest resources in tailoring messages based on learning from each community rather than targeting communities of color as one block in its vaccine delivery strategy. In order to effectively reach all New Yorkers, non-profit community organizations like AMPHS, which have already been involved in test and trace advisory efforts, should also be prioritized as central partners in vaccine distribution education. These must be funded efforts supported with up to date information from our healthcare agencies. These must be fund-- the people that we work with have been historically underserved by healthcare--

SERGEANT-AT-ARMS: Time expired.

MON YUCK YU: that are foundational to the federal government's vaccine distribution strategy. While flu vaccines are offered for free through Health and Hospitals, there were no site local to Sunset Park and neighboring hospitals to administer the vaccination. Over the season, our organization had to contact and partner with multiple pharmacies to offer more than 400 vaccinations to open spaces and there's even higher demand now. We need local institutions to actively offer the vaccine-- the Covid 19 vaccine for free, once available, to uninsured community members in order to fully reach the unmet need. Without trusted messengers to champion the vaccine, we fear that the most needed communities-- that the most needy in our communities will go unprotected. With Covid 19 cases rising in this country, this is not the time to ignore this vulnerable population, but to support them. And healthcare-- we want to, again, emphasize that healthcare is not a privilege, but a basic human right and we strongly urge that the Mayor and city Council consider supporting community based and culturally sensitive vaccine delivery strategy in solidarity with our immigrant neighbors and to

promote a city that is committed to equal opportunity, social justice, and health equity. Thank you for this opportunity to testify.

MODERATOR: Thank you so much for your testimony and we are now going to turn to Marie Mongeon. Marie, you may begin when you are ready.

SERGEANT-AT-ARMS: You may begin.

MARIE MONGEON: Great. Thank you to the Council and the Chairs for convening this hearing today. My name is Marie Mongeon and I'm the director of policy with CHCANYS and we are the statewide association for community health centers, also known as betterly qualified health centers of FQHCs. I'm really pleased to be here to talk about the rollout of an equitable and safe vaccine distribution process in New York City for all New Yorkers. Our health centers serve 1.3 million New Yorker annually, many of whom, without our services, wouldn't benefit from primary and preventative care, at all. Recently, we surveyed our members on the anticipated vaccine acceptability amongst our patients and our staff. We found that most health centers reported that the newness of the Covid 19 coupled with an information vacuum where patients and providers don't feel

informed about vaccinations creation and distribution plans, are both contributing to vaccine hesitancy. We urge the city to collaborate with New York's health centers and FQHC network and any government-sponsored education and outreach efforts to help confirm for our patients and the medical community that they trust and rely on, not only endorses the vaccine, but is available to assist with that access. We praise the Council's efforts to ensure that vaccine distribution is anti-racist and distributed through and intersectional lens and we applaud DOHMH for stressing in its vaccination plan the importance of equitable vaccine distribution for communities most at risk for sever health complications due to Covid. We're thankful, especially, that DOHMH recognizes the important role of health centers in its distribution plan. Our health centers can be quickly deployed to provide wide access to the Covid 19 vaccine and we want to provide that access. We want to help educate our communities, largely communities of color in the city, on the vaccine's safety and efficacy, thereby increasing vaccination rates in those hard to reach communities. But for that program to be successful, it's going to require

partnership between DOHMH and the city Council and the health centers. We must ensure continued access to PPE for all patient-facing staff and we need support for some of the other vaccine distribution items, as well. In that recent Shakini [sp?] survey, we found that 85 percent of health centers don't have access to any kind of ultracold storage systems that are required for some of the vaccines. Distributing those vaccines to health and our patients is going to require really close communication between DOHMH and the health center network. We continue to welcome the opportunity to participate in any pre distribution planning sessions conducted by the Council or DOHMH and we want to work as partners with you to ensure that all New Yorkers who want to receive the vaccine are able to do so in the neighborhoods and communities where they live. Thank you so much for having me here today and I'm happy to answer any questions you may have.

MODERATOR: Thank you so much for your testimony. We will now turn to our next panelist. Our next panelist is Kelly Sabatino. Kelly Sabatino, you are going to be called on next and you may begin.

KELLY SABATINO: Good afternoon. My name is Kelly Sabatino and I am the public policy manager at Community Healthcare Network. We are an FQHC or fairly qualified health center with locations throughout Manhattan, Queens, Brooklyn, in the Bronx and, rather than kind of reading my testimony verbatim, I will just focus on our main argument today which is highlighting what many other just to fires of said before that the Covid vaccine provides an opportunity for the city and the healthcare system and all the other CBO's to make sure that black and brown communities are not left behind. The disparities that we are seeing in Covid infection rates in these communities just highlight long-term systemic racism and the factors that it affects and, you know, historic mistrust of the healthcare system, lack of multicultural and multilingual communication predominately black and Latin X essential workforce all serve to increase the burden of exposure and disease and death among communities of color. And, last spring in the first wave of Covid, CHN partnered with the state and the First Presbyterian Church of Jamaica in Jamaica Queens to conduct a Covid 19 testing site for a couple months and, based on that

experience, we recommend to the city looking into opportunities to collaborate with other churches and religious institutions within historically underserved communities. Our collaboration with the church in Jamaica was invaluable in increasing Covid 19 testing rates on long black and brown families, reinforcing our understanding that communities are more motivated to engage in the healthcare system or a certain healthcare practice when it is endorsed by trusted leaders and not institutions within their community. We also recommend that the city explore partnerships with local community groups to amplify messaging and outreach. In our example, we also partnered with Queens Power which is a grassroots coalition focused on creating positive change within their community. And that was successful in continuing to help connect families to critical healthcare resources. Again, the focus is really ensuring that the vaccine is distributed equitably among New Yorkers and working to get the root of issues that might impact individual's hesitance to receive the vaccine. I think the latest data shows that a significant portion of the black and Latin X community is hesitant to receive the vaccine even if

it is paid for. So, this just serves as an impetus to make sure that we are closing that health gap through communication and access to care. Thank you.

MODERATOR: Thank you so much for your testimony. We will now turn to Jesse Soll.

JESSE SOLL: Hi. I'm Jesse Soll. I'm testifying as a civilian. I have not done this before. Thank you all for your time and your hard work guiding the city through the pandemic. Many people on this zoom have spoken to this, but I want to further emphasize the need to start planning communications and campaigns around the vaccine now. While I understand distribution is an enormous challenge, it is extremely important to have a creative, customize, and aggressive--

SERGEANT-AT-ARMS: Time expired.

JESSE SOLL: aggressive communications plan to encourage vaccinations and fight disinformation and it doesn't sound like much is in place at this time. It is my understanding that adoption of the Covid tracker app, which I know is largely a state initiative, is only around five percent of the population and only 900 people have tested positive and injured their code in the app

total. That is a fraction of daily positive cases. I believe around 30 percent of 18 to 49-year-olds get flu shots and, while the resources they had logistics involved in the city's efforts are incredible, when it comes to communicating these efforts in a way that drives a critical must and participation. It seems there is a lot more that can be done to consider new approaches. There is, unfortunately, a massive problem with trust in public officials at this time and I feel it's important to work more with local media with a diverse strategy to encourage vaccination in a way that's creative, comes from voices that reach a wider range of New Yorkers. For example, Chicago public health just worked with important members of the local music scene to reach millennials and, in particular, millennials of color, in targeted neighborhoods aligned with those personalities to encourage flu vaccinations. It's the type of creative planning that we need to adopt to increase vaccinations across communities that are harder to reach and don't pay attention to city channels. Thank you for the opportunity to testify and I would love to continue this conversation and share ideas, if anyone here is interested.

CHAIRPERSON LEVINE: Thank you. And, Emily, that's our full panel, correct? Well, I just want to say that the community healthcare providers are going to have to have a massive role in this vaccination program. There is just no group that is better positioned because you are already embedded in communities. You've built trust. You have the relationships. You have multilingual staff, cultural competency. And we thank you for speaking up today. I just want to ask whether any of your organizations have attempted to-- and I apologize for the background noise. Working from home. Whether any of you have attempted to register in the cities IT system for the vaccination and whether you have been successful or whether you have encountered some of the problems that our previous panels reported.

KELLY SABATINO: Kelly Sabatino from MCHN. We have not-- I don't believe we have attempted to register in the city system. We did just submit an application to the CDC to receive vaccines and we are, at this moment, coming up with a plan on how to best do this based on what is available to us in the shipping and all the operational logistics.

CHAIRPERSON LEVINE: Great.

MON YUCK YU: This is Mon Yuck Yu from the Academy of Medical and Public Health Services. We have not registered in the IT system nor have we registered with the CDC. And I don't think there's been proper communication with the community based organizations on how to do so, so we would certainly appreciate DOHMH or Health and Hospitals sharing that information with us.

MARIE MONGEON: And I'll just add, on behalf of the rest of the health centers, I can't say for certain whether or not health centers have registered, however, I can't say that DOHMH has been working closely with us. We held an enrollment webinar for all of our city providers. They were provided with instructions on how to enroll. I have not been made aware of any issues with that enrollment to date. That, of course, doesn't guarantee that there are not, but I will say that we have been in close communication with DOHMH in recent weeks about this.

CHAIRPERSON LEVINE: That's good. Obviously, let us know if there are barriers that emerge. At a minimum, it seems like the city has to

do a better job of communicating to all of the local centers about how do enrollment, obviously, the time to work that out is now before we are in the midst of distributing a vaccine. But were happy to work with you on that.

MARIE MONGEON: Thank you.

MODERATOR: Great. So, seeing no other questions, I will now see if we may have inadvertently missed anybody. So, thanks to everyone from this panel for your testimony and we appreciate everyone's time. If we have inadvertently missed anyone that would like to testify, please use the zoom raise hand function now and we will call you in order in which your hand is raised. Okay. Great. So, seeing no hands, I will now turn it back to Chair Levine for any closing remarks. We have concluded the public testimony for the hearing. Thank you.

CHAIRPERSON LEVINE: So, thank you, everyone. This was just an important hearing and so informative. First, I want to thank Chair Rivera. It's always wonderful to partner with you and thanks for everything you've done throughout this pandemic and for your work on the issue of vaccinations. And I just want to emphasize that this is a time of split

screen news for New York City where, on the one hand, we are facing a very severe second wave and, on the other hand, we have an enormous help in the vaccination now appearing to be potentially beginning in less than two weeks. Then we've got to work on both fronts simultaneously and we don't want to be distracted from either fight. But today was an important discussion on what really is our long-term hope getting beyond this pandemic. And I want to thank everyone who contributed their voices in the administration and the public. And I'll pass it to you, Chair Rivera, for any final words.

CHAIRPERSON RIVERA: I just want to thank all the panelists in the administration and, of course, our team at the Council for making this happen. Every single one of you. I know we have a lot of questions as to how we reach the homebound, the homeless, and the group housed. And so, where looking forward to those answers and as much transparency as possible from Health and Hospitals and DOHMH and, of course, utilizing the relationships built by our community-based organizations, but fully supporting those actions and that implementation just like we did with the census and voter outreach. We

trust you all to be able to have those Frank conversations and so we certainly owe you details, answers, and statistics and, of course, a plan as to how we roll out millions of vaccines, ultimately. So, thank you, Chair Levine. Thank you to our team and I am looking forward to making sure they we do this the right way and as quickly as possible.

CHAIRPERSON LEVINE: Thank you, Chair Rivera. Emily, do you have any announcements before we wrap up?

MODERATOR: No. I think we ready to conclude.

CHAIRPERSON LEVINE: Excellent. Thank you so much, everybody. This concludes our hearing. Be safe.

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.


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