

COMMITTEE ON HEALTH JOINTLY WITH  
COMMITTEE ON HOSPITALS

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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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January 12, 2021

Start: 10:04 a.m.

Recess: 2:52 p.m.

HELD AT: REMOTE HEARING (VIRTUAL ROOM 3)

B E F O R E: Mark Levine,  
Chairperson of Committee on Health

Carlina Rivera,  
Chairperson of Committee on  
Hospitals

COUNCIL MEMBERS:

Alicka Ampry-Samuel

Inez D. Barron

D. Diaz

Mathieu Eugene

Robert F. Holden

Keith Powers

Mark Levine

Brad Lander

Adrienne Adams

Margaret Chin

Farah Louis

Alan Maisel

Carlos Menchaca

Francisco P. Moya

COMMITTEE ON HEALTH JOINTLY WITH  
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COUNCIL MEMBERS (CONT.) :

Bill Perkins  
Antonio Reynoso  
Helen Rosenthal  
Stephen Levin

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COMMITTEE ON HEALTH JOINTLY WITH  
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A P P E A R A N C E S

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3 Dr. Dave Chokshi  
DOHMH Commissioner

4  
5 Dr. Torian Easterling  
First Deputy Commissioner and Chief Equity  
Officer at DOHMH

6  
7 Dr. Andrew Wallach  
Ambulatory Care Chief Medical Officer for New  
York City Health + Hospitals and Chief Medical  
8 Officer for the New York City Test and Trace Corp

9  
10 Gale Brewer  
Manhattan Borough President

11  
12 David Rich  
Greater New York Hospital Association

13  
14 Jeff Oshins  
President of Local 3005, DC 37

15  
16 Judy Sheridan-Gonzalez  
ER Nurse in the Bronx

17  
18 Pat Kane  
NYSNA Treasurer and Staten Island Nurse

19  
20 Rose Duhan  
President and CEO for Community Healthcare  
Association for New York State

21  
22 Dr. Denise Nunez  
Pediatrician in the Bronx and in Inwood

23  
24 Anthony Feliciano  
Director of the Commission on the Public's Health  
System

25  
26 Judy Wessler

27  
28 Kimberleigh J. Smith  
Senior Director for Community Health Planning and  
29 Policy at Callen-Lorde Community Health Center

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4

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

Kevin Jones  
Associate State Director of Advocacy for AARP New  
York

Scott Karolidis  
Representative of Premier Health Care YAI  
Affiliate

Ravi Reddi  
Associate Director for Advocacy and Policy at the  
Asian American Federation

Sara Kim  
Korean Community Services

Hallie Yee  
Policy Coordinator at the Coalition for Asian  
American Children and Families

Kathleen McKenna  
Senior Policy Social Worker at Brooklyn Defender  
Services

Allie Bohm  
Policy Council at the New York Civil Liberties  
Union

Christopher Boyle  
Director of Data Research and Policy at New York  
County Defender Services

Mary Lynn Werlwas  
Prisoners' Rights Project of the Legal Aid  
Society

Josefina Perez  
Assistant Vice President of Adolescent  
Residential care at Sheltering Arms

Dr. Elizabeth Bishop  
Director of Strategic Initiatives for CUNY

MJ Okma  
Human Services Council

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COMMITTEE ON HOSPITALS

5

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

Ronald E. Richter  
Chief Executive Officer of JCCA

Nicole McVinua  
Director of Policy at Urban Pathways

Michelle Demott  
Chief of Staff to Mitchell Netburn

Miao Jenny Hua  
New York Doctors Coalition

Vladimir Kirilin

Katelyn Andrews  
Director of Public Policy at LiveOn New York

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COMMITTEE ON HEALTH JOINTLY WITH  
COMMITTEE ON HOSPITALS

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2 SERGEANT POLITE: Recording to the computer all  
3 set.

4 SERGEANT PEREZ: Backup rolling.

5 SERGEANT HOPE: Sergeant Hannah, you may begin  
6 with your opening statement.

7 SERGEANT DAUTAJ: Good morning everyone and  
8 welcome to today's Remote New York City Council  
9 hearing of the Committee on Health joint with  
10 Committee on Hospitals.

11 To minimize disruption, please place all  
12 electronic devices on vibrate or silent mode. At  
13 this time would all panelists please turn on their  
14 videos. If you wish to submit testimony you may do  
15 so at [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov). Once again,  
16 [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov). Thank you for your  
17 cooperation. Chair, we are ready to begin.

18 CHAIRPERSON LEVINE: Thank you very much and good  
19 morning everybody, welcome. We are going to start  
20 with the improvised gaveling [GAVEL] and hello again,  
21 I am Mark Levine, City Council Member, Chair of the  
22 City Council Health Committee and I am thrilled that  
23 I am co-chairing this hearing today with Council  
24 Member Carlina Rivera, Chair of the Hospitals

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1  
2 Committee and really want to thank her for her  
3 outstanding leadership throughout this entire crisis.

4 We are holding this hearing jointly today on the  
5 topic of the Distribution and Accessibility of the  
6 COVID-19 vaccine in New York City. Vaccination is  
7 the single biggest most complicated and highest  
8 stakes implementation challenge of this pandemic for  
9 our city. To reach herd immunity by the middle of  
10 this year. To have hope of any return to normalcy  
11 this summer, we need to be vaccinating upwards of  
12 400,000 New Yorkers each week.

13 Last week, we vaccinated one quarter of that  
14 number. We undoubtedly need to significantly expand  
15 supply of vaccines from manufacturers. Supplies now  
16 coming into the city are certainly not sufficient for  
17 us to meet our vaccination goals. But today, at this  
18 moment, the biggest limitation we face is capacity.  
19 Capacity to actually get the vaccine into peoples  
20 arms, on the ground in the communities of this city.

21 To make that happen, we need to go big. With  
22 hundreds of vaccination sites blanketing every  
23 neighborhood of the City. With a schedule that runs  
24 24/7 with a staff of thousands. We need to have a  
25 coherent easy to use way for people to schedule

1  
2 appointments online and for those who need it on the  
3 phone. We need a way for those who are homebound to  
4 be vaccinated and we need to have a proactive  
5 multilingual communication strategy, especially for  
6 seniors in vulnerable communities so that they are  
7 informed about when, where and how to get vaccinated.  
8 That communication cannot just happen online.  
9 Unfortunately, more than four weeks into our  
10 vaccination program, we still have not yet met these  
11 goals. For scaling up, building a coherent system  
12 and communicating to those in greatest need. The  
13 result as we are seeing this week is a scheduling  
14 system that has been overwhelmed, hours long wait on  
15 hold on the hotlines and seniors that in some cases  
16 are being sent to vaccination sites that are more  
17 than an hour from their home.

18 This all must be fixed immediately. I also want  
19 to emphasize the critical need to prioritize equity  
20 and every element of this plan, so that we do not  
21 further perpetuate the profound inequality which has  
22 defined this pandemic so far. That starts with  
23 defining eligibility groups correctly but  
24 unfortunately, there are some glaring holes in the  
25 way the state has defined the 1B phase. Which does

1  
2 not include critical groups of low-wage workers such  
3 as those who do food delivery or work in restaurants  
4 or amazon warehouses.

5 Also excluded in this phase and defensively in my  
6 opinion are people who are incarcerated. With early  
7 signs that vaccine reluctance maybe even higher than  
8 we had feared, it is critical that we invest heavily  
9 in building a grassroots campaign in communities of  
10 color. Elevating the voices of trusted leaders to  
11 build trust in the vaccine. We are already behind on  
12 this effort.

13 I look forward to discussing all of these  
14 critical issues today in our hearing. As always, I  
15 thank the Administration for being here today and I  
16 also want to be thankful to the wonderful staff of  
17 the health Committee. Counsel Harbani Ahuja and Sara  
18 Liss, Policy Analyst Emily Balkan, Finance Analyst  
19 Lauren Hunt and Data Team Rachael Alexandroff and  
20 Brook Frye for all of their very hard work in  
21 preparing for this hearing.

22 I want to acknowledge member of the Health  
23 Committee who are here and if you give me a moment  
24 just to check the list. Okay, I am pleased to  
25 acknowledge we are joined by our colleagues, Council

COMMITTEE ON HEALTH JOINTLY WITH  
COMMITTEE ON HOSPITALS

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2 Members Lander, Powers, Adams, Chin, Louis, Maisel,  
3 Menchaca, Moya and Perkins.

4 And now, I would like to turn it over to my Co-  
5 Chair Council Member Carlina Rivera.

6 CHAIRPERSON RIVERA: Thank you so much Chair  
7 Levine. Good morning everyone. I am Council Member  
8 Carlina Rivera Chair of the City Council Committee on  
9 Hospitals and I would like to start off by thanking  
10 my Co-Chair Council Member Mark Levine for holding  
11 this important hearing today.

12 Today, we are holding an oversight hearing on the  
13 distribution and accessibility of the COVID-19  
14 vaccine in New York City. Our Committees jointly  
15 held a hearing on December 4<sup>th</sup>, to hear from the City  
16 about its plans to vaccinate New Yorkers and though  
17 many things were uncertain, we were assured planning  
18 was well underway for efficient implementation.

19 On December 14<sup>th</sup>, the first coronavirus  
20 vaccination in the United States took place in  
21 Queens. Signaling a turning point in the battle  
22 against the pandemic which has profoundly and deeply  
23 scarred our city. Now about a month later, we want  
24 to follow up on the city's vaccination plan and  
25 rollout. We unfortunately began 2021 with the news

1  
2 that New York reached the previously unimaginable  
3 milestone of one million cases of COVID-19. We are  
4 the fourth state to reach this record and as  
5 positivity numbers continue to increase in our city,  
6 we must be hyper focused on vaccinating New Yorkers  
7 as quickly and safely as possible. We have sadly  
8 lost over 25,000 New Yorkers to this virus.

9 Our city's vaccination plan must move forward  
10 with urgency as this is about saving lives. I am  
11 somewhat relieved that the State Department of Health  
12 has finally moved to expand vaccine eligibility this  
13 week and I hope the state will continue to provide  
14 latitude to vaccine providers to administer any  
15 surplus vaccines to on deck groups, so that we do not  
16 waste another vial of vaccine ever again.

17 And while I have and will continue to acknowledge  
18 the massive logistical challenge that the city faces.  
19 I do not feel confident that we are doing everything  
20 we can to get New Yorkers vaccinated with the  
21 supplies of vaccine we currently possess. And I have  
22 to ask the question that every New Yorker is asking,  
23 we all knew for at least eight months that a vaccine  
24 was coming. We knew that millions of people had to  
25 be vaccinated. Why are we just now figuring out

1  
2 where and how to administer it? As my Co-Chair  
3 mentioned, we need to pick up the pace and have a  
4 concrete plan in place to keep up the pace for both  
5 initial shots and the equal number of boosters.

6       It is incredibly frustrating that 24/7 vaccine  
7 hubs that are open on weekends and holidays have only  
8 just opened up this week. The fact that we are  
9 currently using multiple websites for vaccine  
10 appointments is already resulting in confusion for so  
11 many of my constituents and others across the city.  
12 And we are not expanding community outreach by  
13 trusted neighborhood groups at the rate that we need  
14 to in order to tackle the vaccine doubts in our  
15 communities of color which have faced centuries of  
16 systemic racism in our healthcare system.

17       We absolutely can and should be able to do better  
18 than we are doing today and we need clear, uniformed  
19 guidance from both the city and state agencies. We  
20 also need to be more transparent about when New  
21 Yorkers can expect to get vaccinated. Last week, New  
22 Jersey launched an online porter to allow residents  
23 to sign up and receive a vaccine and preregister to  
24 get an email when they become eligible, even if they  
25 are not currently eligible.

1  
2       How is New York City affirmatively letting its  
3 residents know about when they can access a vaccine?  
4 I look forward to hearing from the Administration  
5 about how we are working to ensure that we are  
6 ensuring this effort has a strong, clear,  
7 organizational structure. Makes the best use of our  
8 time and resources and keeps New Yorkers informed  
9 about how and when they can get vaccinated.

10       As Chair of the Hospitals Committee, I look  
11 forward to hearing how our hospital system, both  
12 public and private are working to complete  
13 vaccinations for healthcare workers and how private  
14 hospitals in particular can do their part to provide  
15 vaccines to the public at a greater scale than their  
16 previous testing efforts. As I said in our hearing  
17 last month, I know folks have pandemic fatigue and it  
18 was difficult not being able to gather with family  
19 and friends this holiday season but people are still  
20 dying. Our economy is in shambles. Thousands of  
21 businesses are closed. Hundreds of thousands of  
22 people are out of work.

23       So, we need better collaboration and frank  
24 honesty about the challenges we face in this  
25 vaccination effort from our city and state leaders.

1  
2 We must continue to follow the direction of our  
3 public health experts and continue to wear masks,  
4 practice social distancing and avoid indoor  
5 gatherings when possible. We will get through this  
6 crisis together.

7 I want to thank the Department of Health and  
8 Mental Hygiene and Health and Hospitals for their  
9 work and for being here today. I also want to thank  
10 the staff of the Hospitals and Health Committees  
11 Counsels Harbani Ahuja and Sara Liss, Analyst Emily  
12 Balkan, Finance Analyst Lauren Hunt and John Cheng  
13 and Data team Rachael Alexandroff and Brook Frye for  
14 all their work in preparing for this hearing.

15 I very much look forward to today's important  
16 discussion. Thank you all very much and I pass it  
17 back to Chair Levine.

18 CHAIRPERSON LEVINE: Thank you so much. Let me  
19 just check if I need acknowledge any additional  
20 colleagues that are here and it doesn't seem like it  
21 at the moment.

22 Okay, alright, I am going to turn it over now to  
23 our Committee Counsel Harbani Ahuja who is going to  
24 go over some additional procedural items.

COMMITTEE ON HEALTH JOINTLY WITH  
COMMITTEE ON HOSPITALS

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2 COMMITTEE COUNSEL: Thank you Chair. My name is  
3 Harbani Ahuja and I am Council to the Committees on  
4 Health and Hospitals for the New York City Council.  
5 Before we begin, I want to remind everyone that you  
6 will be on mute until you are called on to testify,  
7 when you will be unmuted by the host. I will be  
8 calling on panelists to testify, please listen for  
9 your name to be called and I will be periodically  
10 announcing who the next panelist will be.

11 For everyone testifying today, please note that  
12 there may be a few seconds of delay before you are  
13 unmuted and we thank you in advance for your  
14 patience.

15 All hearing participants should submit written  
16 testimony to [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov). At today's  
17 hearing, the first panel will be representatives from  
18 the Administration followed by Council Member  
19 questions and then the public will testify. During  
20 the hearing, if Council Members would like to ask a  
21 question, please use the Zoom raise hand function and  
22 I will call on you in the order in which you have  
23 raised your hands.

24 I will now call on members of the Administration  
25 to testify. Testimony will be provided by DOHMH

COMMITTEE ON HEALTH JOINTLY WITH  
COMMITTEE ON HOSPITALS

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Commissioner Dr. Dave Chokshi. Additionally, the

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following representatives will be available for

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answering questions. Dr. Torian Easterling First

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Deputy Commissioner and Chief Equity Officer at DOHMH

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and Dr. Andrew Wallach Ambulatory Care Chief Medical

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Officer for New York City Health + Hospitals and

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Chief Medical Officer for the New York City Test and

9

Trace Corp.

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Before we begin, I will administer the oath.

11

Commissioner Chokshi, Dr. Easterling and Dr. Wallach,

12

I will call on you each individually for a response.

13

Please raise your right hands. Do you affirm to tell

14

the truth, the whole truth and nothing but the truth

15

in your testimony before this Committee and to

16

respond honestly to Council Member questions?

17

Commissioner Chokshi?

18

DR. DAVE CHOKSHI: Yes, I do.

19

COMMITTEE COUNSEL: Thank you. Dr. Easterling?

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DR. TORIAN EASTERLING: Yes, I do.

21

COMMITTEE COUNSEL: Thank you and Dr. Wallach?

22

DR. ANDREW WALLACH: Yes I do.

23

COMMITTEE COUNSEL: Thank you. Commissioner

24

Chokshi, you may begin when you are ready.

25

1  
2 DR. DAVE CHOKSHI: Thank you very much. Good  
3 morning Chairs Levine and Rivera, and members of the  
4 committees. I am Dr. Dave Chokshi, Commissioner of  
5 the New York City Department of Health and Mental  
6 Hygiene.

7 Thank you for the opportunity to testify today  
8 and provide an update on the City's distribution of  
9 COVID-19 vaccine to New Yorkers. As you heard, I am  
10 joined today by First Deputy Commissioner and Chief  
11 Equity Officer, Dr. Torian Easterling and Dr. Andrew  
12 Wallach, Ambulatory Care Chief Medical Officer for  
13 NYC Health + Hospitals and Chief Medical Officer for  
14 the New York City Test and Trace Corps.

15 I would like to start by recognizing how far we  
16 have come in the last year. This pandemic has  
17 uprooted our lives. It has taken too many family and  
18 friends, destroyed beloved businesses, fundamentally  
19 changed our education system and has kept us  
20 physically apart from loved ones for far too long.  
21 We are elated to have a vaccine available to New  
22 Yorkers and the beginning of distribution is exciting  
23 and provides hope for the coming year. However, we  
24 are still in a state of emergency and COVID-19 cases  
25 are increasing throughout the country as well as here

1  
2 in New York City. New Yorkers need to remember what  
3 we are fighting for and what helped us to flatten the  
4 curve during the Spring and Summer.

5 In a ship during a storm, you would not throw  
6 away your oars upon seeing the shore, you would  
7 paddle until you reach land. And that is what we all  
8 must do here. We are still in the center of the  
9 storm. Everyone must continue getting tested  
10 regularly and sticking to the public health  
11 prevention measures we know work. Stay home if  
12 you're not feeling well, wash your hands regularly,  
13 wear a mask or face covering and maintain physical  
14 distance.

15 Together we can help save lives as we continue to  
16 accelerate our vaccination efforts. As of now, there  
17 are two COVID-19 vaccines authorized for emergency  
18 use by the FDA, manufactured by Pfizer/BioNTech and  
19 Moderna. Extensive clinical studies have shown these  
20 vaccines to be safe and highly effective. There is  
21 currently a limited supply of vaccines and to ensure  
22 the available vaccine is allocated in the most  
23 equitable manner, it is being prioritized for  
24 administration to certain groups.

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2       As many of you know, New York State is  
3 establishing phases of distribution based on federal  
4 recommendations, with the intention of prioritizing  
5 people who are at greatest risk for exposure to  
6 COVID-19 or severe illness from COVID-19. Initially,  
7 only high-risk healthcare workers and long-term care  
8 facility staff and residents were eligible to get  
9 vaccinated. The State then opened up eligibility to  
10 other healthcare workers, including emergency medical  
11 services and ambulatory care workers, as well as  
12 public health workers who have direct contact with  
13 patients and home care and hospice workers.

14       We are pleased that the State has responded to  
15 our strong recommendation to expand beyond these  
16 initial populations to ensure vaccines are utilized  
17 to their fullest and that all vulnerable New Yorkers  
18 are reached. As of this week, additional  
19 populations, including seniors seventy-five years and  
20 older are eligible to receive the vaccine. It is  
21 particularly important that elderly New Yorkers who  
22 are much more likely to experience complications from  
23 COVID-19 receive vaccines immediately. We continue  
24 to prepare for State authorization for additional  
25 populations to become eligible and we have further

1  
2 called on the federal government to support our  
3 efforts through advance planning and increased  
4 vaccine manufacturing.

5 To coordinate New York City's multifaceted  
6 efforts to promote and distribute the vaccine, Mayor  
7 de Blasio created the Vaccine Command Center or the  
8 VCC. The VCC is an interagency effort co-led by  
9 Deputy Mayor Melanie Hartzog and me, bringing  
10 together experts and doers from across City  
11 government. This reflects a whole of government  
12 approach that includes many city agencies including  
13 the Health Department, New York City Health +  
14 Hospitals, Emergency Management, the Mayor's Office  
15 and the Task Force on Racial Inclusion and Equity.

16 Leveraging existing relationships across the city  
17 and using data driven decision-making, the VCC is  
18 streamlining our planning and outreach surrounding  
19 the vaccine distribution in order to turn vaccines  
20 into vaccinations. The VCC team, in partnership with  
21 the Health Department and Health + Hospitals, and in  
22 accordance with the guidance issued by State  
23 officials, is implementing plans to distribute our  
24 allocated vaccine doses across the city.

1  
2       The City is collecting and sharing data in real  
3 time on the number of vaccine doses reserved by the  
4 federal government for the city, delivered to the  
5 city and administered to New Yorkers. This is all  
6 available on the Health Department's website, making  
7 us one of the most transparent jurisdictions in the  
8 world with respect to our vaccination campaign.

9       As of today, New York City has been allocated  
10 885,325 vaccine doses, 668,175 doses have been  
11 delivered to the City and over 239,000 have been  
12 administered. That's 216,014 first doses and 23,310  
13 second doses. The Mayor has set an ambitious goal to  
14 administer one million doses of the vaccine by the  
15 end of this month and we are laser focused on ramping  
16 up our operations to meet this goal. Keeping track  
17 of and being transparent about all of this  
18 information allows us to map our progress, stay  
19 accountable and most importantly, identify where we  
20 need to direct resources to ensure all New Yorkers  
21 have the information they need and access to  
22 vaccinations.

23       To ensure vaccine is widely available, the City  
24 is scaling up distribution sites for vaccine to  
25 ensure equitable access as supply increases. Sites

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are being established in all five boroughs where New Yorkers who are eligible can get vaccinated. We just opened two 24/7 mass vaccination sites at the Brooklyn Army Terminal Annex Building and the Bathgate Industrial Park in the Bronx, as well as three COVID-19 Vaccine Hubs in Brooklyn, Queens and the Bronx that are open seven days a week from 9am to 7pm. Our plan is to launch an additional twelve COVID-19 Vaccine Hubs and 3 additional 24/7 sites. Making one in each borough by this Saturday, to reach our goal of administering one million doses by the end of this month.

New Yorkers can make appointments for vaccination on our website, via [nyc.gov/VaccineFinder](https://nyc.gov/VaccineFinder) or call 1-877-VAX4NYC. We will continue to expand vaccine offerings and refine the user experience through continuous improvement to ensure all New Yorkers who are able to get vaccinated are vaccinated.

Underlying these operations is our unwavering commitment to equitable distribution, access and uptake of vaccines. We know the context of our vaccine efforts. Persistent, systemic and intergenerational racism faced by people and communities of color that manifests in the form of

1  
2 inequitable access to basic resources including  
3 employment, housing, food, green spaces and health  
4 care. This, combined with explicit and implicit  
5 interpersonal racism, has led to a greater burden of  
6 chronic disease and increased the risk of morbidity  
7 and mortality for Black and Hispanic/Latino New  
8 Yorkers throughout the pandemic.

9       We also know that people of color are more likely  
10 to experience racism within the health care system,  
11 exacerbating the health burden for individuals who  
12 require hospitalization or other care. These factors  
13 have also created circumstances where Black and  
14 Hispanic/Latino people are more likely than White  
15 people to be employed in roles that are considered  
16 essential during this outbreak, and therefore less  
17 able to avoid exposure.

18       With this in mind, we have developed a Vaccine  
19 Equity Strategy that focuses on ensuring access and  
20 uptake of the COVID-19 vaccines by all New Yorkers  
21 and holds us accountable to monitor vaccine uptake by  
22 race and ethnicity as well as by neighborhood. We  
23 will support access to the COVID-19 vaccines by  
24 ensuring that we have enough vaccination locations in  
25 neighborhoods that have experienced ongoing

1  
2 disinvestment and inequities as well as high rates of  
3 COVID-19 infection and death.

4       We are also working to ensure that our messaging  
5 reaches and is heard by these neighborhoods by  
6 hosting community conversations, listening to and  
7 working with trusted messengers to reach more New  
8 Yorkers with our message than ever before. In  
9 addition, our vaccine site planning includes  
10 eliminating barriers for people with disabilities,  
11 people who do not read or speak English, people who  
12 are undocumented, people with mental illness, people  
13 with substance use disorders and people who are  
14 homeless.

15       From my own clinical experience, I know how  
16 important it is to hold individuals in each of these  
17 groups and many more, in mind if we are to truly  
18 reach those most marginalized and at risk.

19       In addition to advancing widespread accessibility  
20 of vaccination sites, our equitable approach to  
21 vaccinations is rooted in engaging directly with New  
22 Yorkers to strengthen vaccine confidence and public  
23 trust. In partnership with our colleagues at the VCC  
24 and other City agencies, including the Taskforce on  
25 Racial Inclusion and Equity, we are undertaking broad

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scale efforts with community members. We are working with community organizations to disseminate anti-racist and culturally and linguistically appropriate vaccine communications. We are also working with community and faith-based organizations to engage residents in conversations about vaccine safety and efficacy, addressing vaccine hesitancy with empathy and humility. We are further building capacity through training of health care providers, community and faith-based organizations and other agencies to partner on vaccine information dissemination to communities by trusted messengers.

We have already shared messaging with thousands of community partners, hosted dozens of engagement events and are deploying experts to community forums citywide. These plans are evolving daily as we receive feedback from partners and incorporate lessons learned from the first several months of the pandemic. We look forward to further ramping up these community engagement efforts as vaccine rollout continues.

Throughout our work to ensure that New Yorkers can access the vaccine and have the information they need to decide to get the vaccine, we must also pay

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close attention to vaccination rates and be ready to respond quickly if we see different rates of vaccination across neighborhoods or across racial or ethnic groups. We are also monitoring safety trends that are formally reported to the federal Vaccine Adverse Event Reporting System as well as informal reports of vaccine side effects. As well as misinformation on social media and will be prepared to act if we begin to see worrying trends.

Finally, we are using opportunities created by our unprecedented vaccination efforts to dismantle systems that have oppressed people of color, LGBTQIA+ people, people with disabilities, people who are undocumented, people who have had contact with the criminal justice system and older adults. We are educating vaccinators about the importance of collecting demographic information, particularly race and ethnicity, so that we can ensure that our resources reach communities that need them most.

Finally, we are building on vaccine education to increase overall health literacy so that all New Yorkers are able to make informed decisions about their health and wellness. It was almost a month ago when I had the privilege of administering one of the

1  
2 first COVID-19 vaccinations to Veronica Delgado, a  
3 physician assistant in the emergency department at  
4 Elmhurst Hospital. Her words about what it felt like  
5 have stayed with me since then. "Like that first bit  
6 of sunlight in the morning after a very long, dark  
7 and frightening night."

8 Indeed, there is a light at the end of the tunnel  
9 but even as we look forward, we must look back and  
10 recommit ourselves to the core public health tools  
11 that work to curb the spread of this vicious virus.

12 Thank you again to Chairs Rivera and Levine for  
13 holding this hearing today and for your support in  
14 amplifying important, science-based information about  
15 COVID-19 and vaccines. I am happy to answer your  
16 questions.

17 COMMITTEE COUNSEL: Thank you Commissioner. I am  
18 now going to turn it over to questions from Chair  
19 Rivera followed by Chair Levine. Panelists, please  
20 stay unmuted if possible during this question and  
21 answer period, thank you. Chair Rivera, please  
22 begin.

23 CHAIRPERSON RIVERA: Thank you so much. Good  
24 morning everyone again and thank you for your  
25 testimony. It is very much appreciated. I will ask

1  
2 a few questions and I know we already have quite a  
3 few Council Members who want to speak.

4       So, I guess I will start with the portal, the  
5 patient portal. I think we get the most amount of  
6 questions in the last few days on who is eligible,  
7 how do they sign up? Some of that information has  
8 been disseminated. I know you can go into the online  
9 portal but there is also a hotline that I heard had  
10 some technical difficulties and I will ask you about  
11 that in a second.

12       So, why do we have three different patient  
13 portals for H+H sites, vaccine hubs and DOHMH  
14 locations. That's before we even get into the  
15 private options. This process can be very confusing,  
16 particularly for seniors or those without an internet  
17 connection. So, what is being done to streamline  
18 this process?

19       DR. DAVE CHOKSHI: Thank you so much for this  
20 important question and I certainly understand, you  
21 know, with respect to wanting it to be as seamless a  
22 process as possible. To be able to sign up for an  
23 appointment for a vaccination. I am grateful that  
24 tens of thousands of New Yorkers have already been  
25 able to successfully make appointments both at City

1 sites as well as non-City sites. We have tried to  
2 aggregate all of that information at the website that  
3 I mentioned, [nyc.gov/VaccineFinder](http://nyc.gov/VaccineFinder) but recognize that  
4 some people may have limited internet access or  
5 limited proficiency and have set up this phone line,  
6 877-Vacs for NYC to help with Navigation as well.  
7

8 We have also been working for weeks to ensure  
9 that healthcare providers, clinicians, the people  
10 that New Yorkers already trust to help connect them  
11 with healthcare are empowered with the information  
12 that they need and that's another important pillar of  
13 our efforts. We will work continuously to improve  
14 that process.

15 I do want to acknowledge that the different  
16 scheduling systems that exist, although we will  
17 strive to make them as seamless and aligned as  
18 possible, there are some important reasons why they  
19 do have to be separate, particularly from the  
20 clinical standpoint.

21 We know that users experience the front end of a  
22 system when they are scheduling an appointment but it  
23 is very important that that information about each  
24 person go to the part of the system that is behind  
25 the curtain, for example, at Health + Hospitals,

1  
2 connecting into the electronic medical record so that  
3 that information is linked with a given patients  
4 medical history. That's an important part of it or  
5 at our health department sites, ensuring that the  
6 people who are actually administering the  
7 vaccination, have the information that they need  
8 about the person at the time that they see them  
9 physically and give them the shot.

10 So, those are some of the reasons that there are  
11 some separate scheduling systems but again I will say  
12 we do have to ensure that it is as streamlined and  
13 simple and aligned across all of those different  
14 places as possible.

15 CHAIRPERSON RIVERA: So, just to clarify, is  
16 Department of Health and Mental Hygiene going to be  
17 creating a single patient portal or not?

18 DR. DAVE CHOKSHI: We do have the aggregated  
19 site, the vaccine finder. It will be a place where  
20 you can navigate to the right place to sign up for a  
21 vaccination and that will be you know, a patient  
22 portal depending on which ever site you choose. It  
23 could be a city site. It could be a non-city site.  
24 There is no unified you know, scheduling system as  
25 exists in some you know, countries that have

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universal healthcare to be able to make an

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appointment you know, across all of those different

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sites.

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CHAIRPERSON RIVERA: Well, universal healthcare

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is something that we are all pushing for but why

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don't you use the same electronic medical record

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system as Health + Hospitals? Do you I mean,

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particularly since Health + Hospitals just spent so

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much money to implement it?

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DR. DAVE CHOKSHI: The short answer Chair Rivera

12

is that we do not use that same electronic medical

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record. In part because Health + Hospitals delivers

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a much wider spectrum of healthcare you know, from

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its hospitals to its outpatient clinics to its

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vaccination effort but we are working very closely

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hand and hand with our colleagues at Health +

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Hospitals to ensure that the experience of signing up

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for an appointment. The information that is asked

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about all of those things are aligned and unified.

21

CHAIRPERSON RIVERA: And that's why I am asking

22

because you know, we want everything to be aligned

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and unified. We certainly want to support you with

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that. It just feels like between the multiple

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patient portals and I realize one is an aggregate and

1  
2 the fact that our health agencies aren't using the  
3 same EMR is a little bit confusing for me. I  
4 understand what you are saying in terms of the  
5 vastness and how broad the services are but everyone  
6 knows that those systems are customizable and can be  
7 tailored to your staff and what they need. I mean,  
8 anyone who spent 10 minutes on the sales force knows  
9 that.

10 But let me go into a little bit about that spirit  
11 of collaboration because I do think that is  
12 important. Do you believe that having the separate  
13 press conferences and announcements from state and  
14 city health leaders is the best communications  
15 strategy to an already hesitant populous and do you  
16 have plans to work a little more closely with the  
17 state considering the urgency and how important this  
18 situation is?

19 DR. DAVE CHOKSHI: Yes, thank you and certainly,  
20 I would echo the urgency and the need to work across  
21 all levels of government. Yes, city and state but  
22 also with our federal partners as well because the  
23 process of turning vaccines into vaccination relies  
24 upon collaboration and planning across those levels  
25 of government. We have been working you know, not

1  
2 just on a day to day basis but on an hour to hour  
3 basis in constant communication with our counterparts  
4 at both the state and the federal level.

5 I am in regular touch with my colleague Dr.  
6 Howard Zucker, the State Health Commissioner at a  
7 staff level, our immunization staff are in constant  
8 communication with their counterparts. Both at the  
9 State Department of Health as well at the Centers for  
10 Disease Control and Prevention. And I know that the  
11 Mayor and the Governor are in regular touch as well.  
12 And so we are fully committed to ensuring that we  
13 have the channels of communication that we need to be  
14 able to provide clear messages for the everyday New  
15 Yorkers who I understand are trying to find out  
16 information about when they are eligible and where  
17 they can go to actually get their vaccination.

18 CHAIRPERSON RIVERA: Have there been any reports  
19 - actually, let me ask you about because you  
20 mentioned the federal government, how many doses are  
21 we getting from the federal government each week  
22 currently?

23 DR. DAVE CHOKSHI: Well, I would start by saying  
24 that the amount changes week to week and often we are  
25 not made aware of that allotment until a few days

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prior to receiving the doses for the week. In some weeks, we have received upwards of 200,000 doses. In other weeks including this one, we have received about 100,000 doses. It does make it more challenging for us to be able to plan our vaccination efforts with respect to how much capacity to make available, how many appointments to make available because of those uncertainties about the supply of the vaccine.

So, we have been and again, you know, from the Mayor down, people have been advocating to make sure that New York City both gets a sufficient supply but almost as importantly has the ability to plan, not just for next week but for the entire duration of our vaccination campaign, because that would help us to both quicken the pace of vaccinations and also be able to more clearly communicate about what people who are not currently eligible maybe able to expect with respect to when they get a vaccine.

CHAIRPERSON RIVERA: So, I just want to ask, so how many doses do we receive each week? Like, where do we get those doses from and where in New York City are they sent to initially?

1  
2 DR. DAVE CHOKSHI: Certainly, so just using this  
3 week as an example, we are receiving about 100,000  
4 doses. Generally, those deliveries occur toward the  
5 beginning of the week, Monday, Tuesday or Wednesday.  
6 The way that it works just physically is that the  
7 doses run where there are two different vaccines and  
8 then there are first and second doses. Those  
9 deliveries are managed by the health department with  
10 respect to different providers placing borders but  
11 then the vaccines themselves, are directly shipped to  
12 the places that are administering the vaccine.  
13 Whether it is a hospital or a community health center  
14 or the Health Department or Health + Hospitals and  
15 so, that's how the delivery mechanism works.

16 CHAIRPERSON RIVERA: Can you clarify of  
17 individuals in patient advocacy roles and their  
18 eligibility such as social workers and doula's who  
19 are frequently in and out of hospital settings? Can  
20 you clarify when they are able to receive the  
21 vaccine?

22 DR. DAVE CHOKSHI: Yes, my understanding and  
23 again, this is based on the state guidance for Phase  
24 1A, which addresses healthcare workers. So, for the  
25 examples that you have cited, social workers,

1  
2 doula's, anyone else who is in a patient facing role  
3 within the healthcare setting, who interacts with the  
4 public in that way is currently eligible for  
5 vaccination.

6 CHAIRPERSON RIVERA: When do we expect  
7 eligibility for those who are incarcerated?

8 DR. DAVE CHOKSHI: This is another very important  
9 question and you know, as a doctor, I have to say it  
10 is something that I am very concerned about given  
11 what we have seen with respect to outbreaks in  
12 correctional facilities. You know around the  
13 country. So, the state as you know, articulated  
14 guidance for Phase 1B that began yesterday. It  
15 applied to corrections officers, so they are not  
16 eligible. Correctional health, which is the health  
17 services within prisons and jails, they are not  
18 eligible. They have started to vaccinate some of  
19 their high risk population among people who are  
20 incarcerated and so, that has begun with a few  
21 hundred vaccinations but that broader pool of people  
22 who are incarcerated are not yet eligible per the  
23 state guidance.

24 I do hope that the state will consider making  
25 them eligible very soon. In fact, as part of Phase

1  
2 1B that we are in right now, given the health  
3 consequences that I mentioned.

4 CHAIRPERSON RIVERA: You mentioned the taskforce  
5 on racial inclusion and equity and community  
6 conversations on anti-racism and culturally  
7 linguistic information that would be disseminated and  
8 some of these communities that we mentioned have a  
9 lot of mistrust. How are you working with community-  
10 based organizations? How has the transition been  
11 from testing and tracing? I think currently you are  
12 working with maybe roughly 40 community based  
13 organizations. There is a list I know online. How  
14 are you supporting their work which is very  
15 culturally humble, which will be as you know,  
16 critical to getting this information out.

17 Considering how many people are actually - I  
18 don't want to say refusing but they are hesitant and  
19 from what I know about even a third of some of the  
20 hospitals workers in our Health and Hospital system  
21 are hesitant about receiving the vaccine.

22 So, what kind of support is the City giving to  
23 these CBO's?

24 DR. DAVE CHOKSHI: Yes, thank you so much. I  
25 will begin briefly and turn it to my colleague Dr.

1  
2 Easterling on this question but Chair Rivera, I  
3 wanted to mention just to echo how important you  
4 know, the notion of humility and engagement you know,  
5 with respect to people who already have these deep  
6 trusted relationships in the communities that we aim  
7 to serve. As part of our vaccination efforts, we  
8 have already engaged over 1,100 community based  
9 organizations, empowering them with the information  
10 that they need about our vaccination efforts and in  
11 listing them as ambassadors for the reasons that you  
12 have mentioned. But I will let Dr. Easterling say a  
13 little bit more to your specific questions.

14 DR. DAVE CHOKSHI: If someone could just unmute  
15 Dr. Easterling please.

16 DR. TORIAN EASTERLING: Thank you. Thank you  
17 Commissioner, thank you Chair, Co-Chair, thank you  
18 all of the elected officials for having me today.  
19 The Commissioner is absolutely right. We continue to  
20 work with our community partners as we support the  
21 city in responding to this COVID-19 pandemic. Co-  
22 Chair Rivera, you mentioned a couple of things and I  
23 just want to be able to expand a little bit.

24 The City launched the racial inclusion that we  
25 taskforce in June of 2020. Really recognizing that

1  
2 there have been a number of neighborhoods that we  
3 identified as bearing a disproportionate impact of  
4 COVID-19. We continue to center those communities by  
5 ensuring that there is outreach and engagement, by  
6 understanding and working with community partners who  
7 already provide social services in those  
8 neighborhoods and are the very fabric of supporting  
9 the residents in those geographical areas.

10 We are also continuing to support our community-  
11 based organizations a number of different ways.

12 Through our test and trace, we stood up our community  
13 advisory board, which have over 70 organizations  
14 which have helped to inform our test and trace effort  
15 of all three pillars as well as ensuring that we were  
16 doing canvassing and outreach and we have had a number  
17 of conversations and as you have heard from the  
18 Commissioner, now retrained and shared our  
19 information, so that they are also passing this  
20 information into the communities that they are  
21 working in, as well as the organizations who are  
22 contracted and we mentioned the 41 community based  
23 organizations who receive engagement grant awards to  
24 do the very engagement and outreach in their own  
25 neighborhoods.

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And so, we are working with a number of subsets and we are continuing to expand that list every day. As we are holding community conversations and we are also equipping our staff across city agencies to ensure that they also have this information as they are often coming from the communities that we are centering, as we know have certainly been burdened by COVID-19 and often the very messengers that we want to be sharing this information.

At our own vaccine hubs, you know, at our clinics, we are matching linguistics with the top languages that are spoken in neighborhoods. We are ensuring that our materials are printed and available in the top two languages but we also do additional analysis to understand other languages that are spoken, of the dialects that are spoken in those neighborhoods as well.

And so, this is certainly part of our way of ensuring that there is an equitable distribution plan. That it is integrated in the overall city's plan to ensure that all New Yorkers receive a vaccine.

CHAIRPERSON RIVERA: Understood and I am sure we are going to hear from them today and I just want to

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ask about the portal itself and then I am going to pass it Chair Levine.

On average, how many available time slots are there for folks looking to get vaccinated?

DR. DAVE CHOKSHI: Yes, Chair Rivera if I may, you mean in a given week or can you clarify?

CHAIRPERSON RIVERA: For example and have their been any reports of tech issues when signing up to get vaccinated? We saw that a lot yesterday and so how are we monitoring those complaints.

DR. DAVE CHOKSHI: Yes, thank you. This is also you know; an extraordinarily important part of peoples experience with respect to being able to sign up for a vaccination. You know, in general, we have several thousand slots that are available on a given day, currently at city sites. I want to again clarify that that's not a full universe of vaccinations that are occurring in New York City because hospitals, community health centers, urgent care clinics, all of those are also access points for New Yorkers who are eligible to be able to get vaccinated and that's why we have that in one location in our vaccine finder.

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CHAIRPERSON RIVERA: If I could – because I only want to take another minute. I wanted to just ask about the eligibility because in New Jersey, anyone can register to be on a waitlist to receive the vaccine once they are eligible and last week, the City announced their plans to do this for those 75 and older. Are there plans to incorporate that into the overall system to schedule your vaccination and then the last question is that the federal government is said to be making changes to their recommendations for vaccine eligibility that will prioritize vaccinating all Americans over 65. Do you agree with that decision and will you be making changes to make sure that we get the proper information to these eligible individuals? And thank you very much for the time.

DR. DAVE CHOKSHI: Of course, I will answer both questions briefly. The short answer to your first question is yes, now that the state has opened up eligibility to 1B, the City will operationalize the plans with respect to giving additional information about where people will be you know, with respect to their turn for getting vaccinated and implement that more proactive system to be able to communicate with

1  
2 people once it is their turn to get vaccinated. So,  
3 that will be announced in the coming days and go live  
4 in the coming days.

5 For your second question, yes, this is news that  
6 we are learning of as of this morning as well, that  
7 people over the age of 65 as well as people with  
8 underlying health conditions, should be more rapidly  
9 prioritized. That's the new recommendation from the  
10 federal government. Overall, yes, I do agree with  
11 the recommendation, which gives us more flexibility.  
12 Of course if the state formerly adopts that  
13 recommendation, because they are the ultimate  
14 decision maker with respect to prioritization for New  
15 York.

16 If they do the important things for us to  
17 continue to monitor is, ensuring that the federal  
18 governments recommendation is also backed up with a  
19 sufficient supply of the vaccine and for us to be  
20 able to make it so that we are able to plan week by  
21 week, vaccinating the highest risk, highest priority  
22 people and then go along to additional groups. But  
23 as a doctor, I have to say it is good news that our  
24 older New Yorkers as well as people who are more  
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susceptible to this devastating virus will be able to get vaccinated more quickly.

CHAIRPERSON RIVERA: Agreed, thank you so much for answering my questions and I will turn it back to my team. Thank you.

COMMITTEE COUNSEL: Thank you Chair Rivera, I will turn it over to Chair Levine for questions.

CHAIRPERSON LEVINE: Thank you so much and thank you Chair Rivera. Dr. Chokshi, good to see you and I thank you for your leadership of the agency during this difficult time and thank you for taking time out to speak to us today.

Big picture, how many New Yorkers are currently eligible for vaccination?

DR. DAVE CHOKSHI: Between Phase 1A and Phase 1B, we estimate it is about \$2 million New Yorkers. Not all of what is considered Phase 1B has been formally authorized by New York State, so it is likely to be a slightly smaller number than that but \$2 million is the approximation.

CHAIRPERSON LEVINE: Okay, that's a big number. We vaccinated 100,000 last week, that's first and second doses. I understand that pace is picking up but at the current pace, how long will it take to

1  
2 vaccinate all or the majority of those \$2 million New  
3 Yorkers?

4 DR. DAVE CHOKSHI: Yes, well thank you and the  
5 pieces I am picking up particularly now that we have  
6 additional flexibility with respect to who is  
7 eligible for a vaccination. With respect to the pace  
8 as you know the Mayor has set a goal of \$1 million  
9 vaccinations by the end of this month, which  
10 represents a very significant acceleration in our  
11 pace. To get there, we will have to do what you laid  
12 out in your opening remarks which is about 400,000  
13 vaccinations a week by the end of January. And,  
14 although it is an aggressive target, based on our  
15 planning and all of the work that we have been doing  
16 with our healthcare partners, we do believe that we  
17 can meet that pace.

18 The other important part of this equation is of  
19 those 2 million, how many people will choose to get  
20 vaccinated? We do know that vaccine hesitancy is a  
21 significant concern and that's why in addition to  
22 everything that we are doing day and night to stand  
23 up additional capacity for vaccination. We have to  
24 in parallel, address New Yorkers questions and  
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concerns, so that as many people who are eligible actually choose to get vaccinated.

CHAIRPERSON LEVINE: Yes, but I want to point out that even the million dose goal of this month while representing a significant increase in the pace, because that counts first and second doses, you are talking about essentially 500,000 people again, compared to 2 million who are currently eligible and unfortunately not all of them will seek to be vaccinated now.

But again, even at that pace, which we are not yet on but we are hoping to reach, this could be two or three months to get through just those who are currently eligible and now it appears that we may add, for very compelling reason, we may add those who are 65 and over and have underlying conditions.

Just a sobering reminder of how much we need to accelerate this operation. It has got to be bigger, more wide spread and around the clock as I mentioned earlier and as I know that you acknowledge.

So, let me just ask, in terms of another question on our pace, how many appointments are currently available in the system? How far out do I have to go to schedule an appointment?

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DR. DAVE CHOKSHI: Yes, thank you and I will just start on the broader point that you made if I may. You know, with the respect to the pace and as you know, in our December City Council hearing, we had anticipated that it would take several months you know, before we would be able to vaccinate members of the general public. You know, likely the middle of 2021 and that it would take until the spring even to get through the initial phase of vaccinations.

So, that has been a part of our planning based on what we have known about the supply of the vaccine but to your point, you will find no one more motivated than me and the Health Department and I know my healthcare colleagues to do this as quickly as possible because we know how much it will save lives. We know how much it will prevent the suffering that our nurse and doctors continue to see everyday in our hospitals and so there is a profound sense of motivation and urgency to go as quickly as possible.

We do, even as we have that laser focus on the pace, we can't forget safety and equity. These are equally important to the pace of vaccination and the safety is particularly important. You know, these

1  
2 are new vaccines that have been demonstrated to be  
3 safe in clinical studies but people have to learn how  
4 to administer them safely. We have to ensure that  
5 all the precautions are being followed. We have to  
6 ensure that people are being observed for at least 15  
7 minutes after receiving the shot and those are all  
8 paramount considerations with respect to safety and  
9 in our pursuit of pace, we also can't leave behind  
10 the people who have been hardest hit by the pandemic.

11       And so, we have to make sure that we keep our eye  
12 on equity as well. And then, to your other question  
13 Mr. Chair, with respect to appointments that are  
14 available, we do still have several thousand  
15 appointments available through the end of this week  
16 for eligible populations at city sites. It's, I  
17 would estimate on the order of 1 to 3,000 appointment  
18 that do remain available and then we have additional  
19 appointments, I believe in the last count that I got,  
20 approximately 5 to 10,000 appointments that are  
21 available for next week as well.

22       Again, just at city sites. There are likely to  
23 be additional appointments available at other sites  
24 and as we get more of a read from the federal  
25 government on the supply of vaccine, I anticipate we

1  
2 will be able to open up additional appointments  
3 particularly for next week onward.

4 CHAIRPERSON LEVINE: Look, I hope that our next  
5 hearing on this topic will be focusing on the supply  
6 not capacity. At the moment though it is capacity  
7 which is our bigger challenge and we just have to  
8 hold up those appointment numbers against the scale  
9 of what is in front of us and a few thousands  
10 appointments when we have an eligibility group that  
11 is 2 million people is a pittance and we have got to  
12 open more sites. We need more sites that are open  
13 24/7. We need an army of thousands of people who are  
14 out there doing this work and I know you share a  
15 commitment to that but it sounds like you are  
16 planning on opening 12 more Health Department sites,  
17 which is good. Is that the extent of your plan or is  
18 that merely the next phase of what will be a large  
19 expansion in Department of Health sites?

20 DR. DAVE CHOKSHI: Thank you for the question and  
21 you know, I do want to clarify the numbers that I  
22 mentioned are for available appointments, the total  
23 number of appointments is significantly larger than  
24 that because they have been -

25 CHAIRPERSON LEVINE: Yes, understood, understood.

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DR. DAVE CHOKSHI: And you know, with respect to you know, the plans for a capacity expansion, I will start and then I will turn it over to Dr. Wallack to say a little bit more on the Health + Hospitals side. For the Health Department, yes, we launched our three vaccine hubs on Sunday. A really exciting day for us, you know, one that we have been planning for for months and it was concomitant with the expansion of eligibility to 1B and we have served you know, thousands of people at those at those vaccine hubs just between Sunday and Monday.

As you mentioned, we will be adding 12 additional hubs starting this Saturday which will broaden out our capacity much further and we do have additional plans, whether it involves extending hours or adding additional vaccinating staff or potentially expanding the number of sites as well to serve as many New Yorkers as we have the supply to be able to serve.

So, that's from the Health Department perspective. I am sorry, one other thing that I should mention, in addition to our hubs, we do have other Health Department clinics, both turning our sexual health clinics into vaccination sites, which has already occurred. We have set up pop up sites at

1  
2 multiple locations. Today, the Health Department  
3 Clinic at 125 Worth Street in Manhattan, which has  
4 been operating for over a week will commence its 24/7  
5 operations and starting Saturday, our clinic in  
6 Corona Queens will also commence its 24/7 operations.

7 So, those are some of the ways that we plan to  
8 continue expanding capacity and I will turn it over  
9 to Dr. Wallach for the H+H site.

10 DR. ANDREW WALLACH: Great, thanks Dr. Chokshi  
11 and good morning Chair Levine. Thank you for your  
12 question. Currently at New York City Health +  
13 Hospitals, we have approximately 27,000 appointments  
14 available each week for vaccine and that number will  
15 only continue to increase as we build out capacity.  
16 We do open appointments on a two week rolling basis,  
17 so as of this morning, two weeks from now on Tuesday,  
18 those appointments open today.

19 As far as our capacity right now, all eleven of  
20 our acute facilities offer vaccine as well as seven  
21 of our Gotham sites which are community health  
22 centers. Most of which are located in underserved  
23 neighborhoods that have a disproportionate effect of  
24 the pandemic. So, particularly excited to be able to  
25 offer vaccines in those areas.

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In addition, we have been planning since the summer for our infrastructure to be able to supply vaccines. So, we are taking advantage of our test and trace pop up testing sites to be able to convert those to vaccine distribution hubs. This past weekend, both our Bathgate and our Brooklyn Army terminal site have been converted to vaccine centers. They are open 24 hours 7 days a week and when they are fully ramped up, we will have the ability at Bathgate's to do 10,000 vaccines per week and at Brooklyn Army Terminal 15,000 per week.

In addition, we will use our other existing pop up sites to add, not take away testing but add to our testing activities to be able to offer vaccines at those other existing pop up sites. And we did a dry run, if you will, early in the fall where we started offering flu vaccines at these sites with the anticipation that we would swap out flu vaccine and replace it with COVID vaccine, so we are familiar with the operation and our staff are trained to give vaccines.

So, we are very excited to be able to offer this additional capacity as we move forward. Thank you.

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CHAIRPERSON LEVINE: I appreciate that Dr. Wallach. 27,000 appointments again, that's 13.5 thousand people because folks will need two doses ultimately against just a huge population we need to vaccinate. I understand there is other sources of vaccination appointments and my Co-Chair Rivera dealt very well with the scheduling problems but I will just say that right now, you have to dive down the rabbit hole for every single provider to find out if there is availability.

You don't have to have unified medical records to at least have a clear interface that steers me to where the available appointments are and you have covered that. And so, I actually don't want to spend more time on that. I do want to bring up challenges for seniors though. 75 and older who are the highest risk population arguably. There were reports yesterday that some of them had to wait two hours in lines to get vaccinated. I think we have already covered the problems with the website and the short staffing on the call end but – and then we have seniors who are homebound.

So, can we not get door to door service for seniors who are homebound and can we not find a way

1  
2 to avoid any circumstance where a senior has to wait  
3 inline for two hours because of the risk of COVID  
4 spread and other challenges?

5 DR. DAVE CHOKSHI: Yes, thank you for asking for  
6 asking this important question as well. It is  
7 something that we are very focused on as well. You  
8 know, now that the eligibility has been expanded as  
9 of yesterday, you know, I visited one of our vaccine  
10 hubs at Hillcrest High School in Queens and you know,  
11 one of the most heartening things that I saw was how  
12 many seniors are starting to get vaccinated there.

13 I met someone who is 89 years old there who had a  
14 wonderful experience at the hub and reportedly there  
15 was someone who was 109-years-old who came to get  
16 vaccinated as well, which is just amazing to reflect  
17 on. But yes, we have to ensure that the experience  
18 particularly for you know, our elders including frail  
19 elders is as easy as possible from the point of  
20 scheduling the appointment you know, with respect to  
21 accommodating for the fact that some people wont be  
22 able to use the website to schedule the appointment  
23 but would prefer making a phone call to the hotline  
24 that we have set up but also making sure that the  
25 trusted relationships that older New Yorkers have

1  
2 with their own family doctors, the people who have  
3 been taking care of them for years and giving them  
4 their flu vaccine each year know all of the  
5 information that they need to help connect their  
6 patients with the COVID-19 vaccine as well.

7       Beyond the scheduling of an appointment, you are  
8 absolutely right, we have to make sure that the  
9 experience of getting a vaccination is also easy and  
10 easier. You know, with respect to getting to a  
11 facility, making sure that they are not waiting in  
12 long lines you know, expediting it so that you know,  
13 seniors, particularly who have limited mobility or  
14 find it difficult to stand are pushed to the front of  
15 the line so that they can you know, get their vaccine  
16 sooner. And then for people who have particularly  
17 limited mobility to arrange for transportation  
18 options for them.

19       And I will just say one more note, Mr. Chair on  
20 your question with respect to people who do have  
21 limited mobility and are homebound. You know, there  
22 are three ways that we are thinking about and  
23 planning for meeting the needs of that population.  
24 The first has already commenced as you know, many of  
25 our New York City elders who are homebound are in

1  
2 nursing homes or assisted living facilities, other  
3 long term care environments and in those cases we  
4 bring the vaccine to them through the federal program  
5 for a nursing home vaccination which is now extended  
6 to other adult care facilities as well.

7       The second way is what you have mentioned, which  
8 is making sure that we have the right transportation  
9 options whether it is something like Access A Ride or  
10 other ways in which you know, I know my own patients  
11 have navigated to you know, to my clinic and making  
12 that again as easy a process as possible to arrange  
13 for them and potentially to expand that out which I  
14 know our vaccine command center is working on  
15 connecting people with rides to be able to get to the  
16 vaccination sites that we have set up.

17       The third piece of it is that there are some  
18 seniors who are truly homebound for whom even a  
19 seamless transportation system may not be able to  
20 help them. We are thinking about them and concerned  
21 about ensuring that they get vaccinated. I want to  
22 acknowledge that there are some real limitation with  
23 respect to the stability of the COVID-19 vaccine.  
24 Because there are MRNA vaccines, you know, there is a  
25

1  
2 limited ability to transport them without interfering  
3 with the actual components of the vaccination.

4       And so, it is not as simple as for example even  
5 having a refrigerated backpack, putting some vaccines  
6 doses in it and just going door to door to vaccinate  
7 our homebound elders. Unfortunately, that is not  
8 workable as of today because of some of those  
9 challenges around stability and the last thing that  
10 we would want to do is to give some our most  
11 vulnerable people an ineffective vaccination.

12       So, that is something that we will continue to  
13 work on with respect to solutions for ensuring that  
14 those people have access to a vaccination as well.

15       CHAIRPERSON LEVINE: I appreciate that. Other  
16 states are already figuring this out, Rhode Island is  
17 doing it with the Moderna vaccine. Obviously you  
18 couldn't do it with the Pfizer vaccine because of the  
19 cold storage needs and at any rate, we hope the  
20 Johnson and Johnson option will be available soon, so  
21 not too soon to start planning for that roll out  
22 which will be much easier logistically but I just  
23 want to move on to one final point, so we can pass it  
24 on to our colleagues. We cannot forget that we are  
25 in the midst of an extraordinary surge in the spread

1  
2 of the coronavirus in New York City today. We are  
3 seeing over 5,000 cases a day. We have over 3,000 of  
4 our fellow New Yorkers in hospitals today with COVID.  
5 All those numbers are trending up at an alarming rate  
6 and vaccination obviously is the way we are going to  
7 stop this pandemic but we still face enormous risk in  
8 the short term compounded by the UK variance and  
9 other variance that at this point, we really need to  
10 assume are in New York City. Though we haven't had  
11 confirmation of that, perhaps surprisingly. And so,  
12 that raises the question of just how many of the test  
13 samples that were gathered in New York City are we  
14 sequencing the genome on? Is it possible that we are  
15 just missing what could already be a significant  
16 presence of one of these more dangerous variance or  
17 variance which spread more widely. Could you help us  
18 understand that Dr. Chokshi? Just how much are we  
19 able to sequence and what is the plan to increase  
20 that?

21 DR. DAVE CHOKSHI: Yes, thanks for this important  
22 question as well and I am sincerely grateful for  
23 everything that you have done to communicate to our  
24 fellow New Yorkers about the continued danger and  
25 urgency of where we are in the pandemic and you know,

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you have been a really excellent partner in communicating that, so thank you.

CHAIRPERSON LEVINE: Thank you.

DR. DAVE CHOKSHI: Yes, we are as you pointed out, we are at over 5,000 cases a day with respect to our seven day average of total cases, which is - I think it is easy to become numb to the numbers but that's an astoundingly high rate of COVID-19 spread in our city right now. In fact, in recent days, there have been single days with over 7,000 cases diagnosed in a 24 hour period. And so, we have to maintain our vigilance and our discipline. And you are right, I am worried about the presence of these new variance not just the UK variant that you mentioned but there is also a South African variant that are more transmissible. And so, this dials up you know our sense of concern and urgency as well.

We do have a genetic sequencing program in New York City through our public health laboratory that has sequenced thousands of specimens over the course of the pandemic. We have ramped up those efforts with respect to ensuring that more are sequenced each week and we are working with our colleagues at New York State at the Wadsworth Public Health Laboratory

1  
2 who also have sequencing capacity to ensure that we  
3 are doing those special tests on as many of the  
4 samples that we collect as possible.

5 We have not yet detected those variance but I  
6 believe I would support your statement, which is that  
7 given the spread that we have seen in the rest of the  
8 country and around the world, it is very likely that  
9 that variant exists in New York City already and  
10 that's why we have to double down on the public  
11 health precautions that we talked about.

12 CHAIRPERSON LEVINE: Yes, we have an incredibly  
13 advanced public health lab, one of the best in the  
14 world and we know that sequencing the genome of any  
15 sample is not a trivial undertaking but when you say  
16 that we've sequenced several thousand, that has to be  
17 compared against what I think maybe over a million  
18 tests over the course of the pandemic in New York  
19 City, I am not sure what the total number is but I  
20 guess the question is, on any given day or week, are  
21 we sequencing one of the thousand samples taken? One  
22 in 2,000, 3,000? Can you give us a sense of the  
23 scale relative to how many tests are coming in.

24 DR. DAVE CHOKSHI: I don't have those precise  
25 numbers off hand but that is something that we can

1  
2 certainly follow up on. I will point out that in  
3 addition to our public health laboratory, there are  
4 ongoing efforts through the new pandemic response lab  
5 to increase our sequencing capacity and we have  
6 access to a database known as GIS AID where our  
7 academic partners who do those same special genetic  
8 tests also upload their findings as well.

9       So, those are all you know, closely coordinated  
10 efforts to be able to take advantage of all of the  
11 sequencing capacity that exists in the city and the  
12 state.

13       CHAIRPERSON LEVINE: Okay, I am done on this  
14 round and I am sorry to add to your to do list, but I  
15 am afraid that we also need to push to significantly  
16 increase the portion of test samples that we are  
17 sequencing genes on. The reason why the UK caught  
18 this early in part is because they are able to  
19 sequence a far greater proportion of their test  
20 samples than we are in the US in general and New York  
21 City specifically. There has already been as of  
22 yesterday, 63 confirmed cases of the variant in  
23 continental United States. This is a connected city;  
24 we have to assume it is here and we are going to need  
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1  
2 to know as soon as possible in order to track this  
3 and battle this new threat.

4 So, thank you Commissioner and thank you to your  
5 team for answering these questions. I am going to  
6 now acknowledge that we have had some additional  
7 colleagues join us, including Council Members Ampry  
8 Samuel, Diaz, Reynoso and Rosenthal and I am going to  
9 pass it back to – oh sorry, Council Member Barron,  
10 forgive me if I didn't acknowledge you. Great to  
11 have you here as well and I am going to pass it back  
12 to our Committee Counsel to queue the Council Members  
13 for questions. Thank you.

14 COMMITTEE COUNSEL: Thank you Chair. I am now  
15 going to be calling on Council Members in the order  
16 in which they have used the Zoom raise hand function.  
17 As a reminder Council Members, if you would like to  
18 ask a question and you have not yet used the Zoom  
19 raised hand function, please do so now. Council  
20 Members, please keep your questions to five minutes.  
21 The Sergeant at Arms will keep a timer and we will  
22 let you know when your time is up. You should begin  
23 once I have called on you and the Sergeant has  
24 announced that you may begin.

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2       In order, I will be calling on Council Members  
3 Lander followed by Powers, Council Member Menchaca,  
4 Council Member Adams, Council Member Koo, Council  
5 Member Moya, Council Member Reynoso, Council Member  
6 Holden, Council Member Barron and Council Member  
7 Chin. Council Member Lander, you may begin when you  
8 are ready.

9       SERGEANT AT ARMS: Time starts now.

10       COUNCIL MEMBER LANDER: Thank you so much and a  
11 big thanks to Chairs Rivera and Levine for convening  
12 this hearing and setting the sense of urgency that we  
13 must have and this is really a shared responsibility.  
14 We all have that and I appreciate Dr. Chokshi that  
15 you got on the phone with us last week and conveyed  
16 it. And Dr. Wallach, I will say I went on Sunday to  
17 visit the new 24/7 hub at the Brooklyn Army terminal.  
18 I arrived a number of times to get tested and was  
19 really encouraged to see it up and running, so thank  
20 you for what you are doing and for answering our  
21 questions. We have the sense of urgency that we know  
22 you have as well.

23       Alright, so my first question, it is great that  
24 that's a 24/7 hub and that we are standing up more  
25

1  
2 24/7 hubs. Don't the subways need to be open 24/7 so  
3 all New Yorkers could get to them?

4 I understand you don't run the subways but isn't  
5 it your public health recommendation that we should  
6 open the subways 24/7 so all New Yorkers could get to  
7 these sites?

8 DR. DAVE CHOKSHI: You are right, I do not run  
9 the subways. You know, what we found is that people  
10 are taking those 24/7 slots as we make them available  
11 and as with everything, we want to make sure that  
12 people have you know, as many transportation options  
13 as possible knowing that some people only have public  
14 transportation accessible to them.

15 COUNCIL MEMBER LANDER: Thank you and I assume  
16 you have read the same studies and data that I have.  
17 It does not look like there is a good public health  
18 reason to me to keep the subways closed overnight.  
19 Do you see something that I don't?

20 DR. DAVE CHOKSHI: I do not. I am not familiar  
21 with the precise studies that you are talking about  
22 but yes, it is true that the possibility of contact  
23 based transmission is lower than what we had thought  
24 earlier in the pandemic.

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2 COUNCIL MEMBER LANDER: Okay, thank you and I  
3 will just say to the Chairs, I hope we can pick this  
4 up together. It is time to reopen the subways 24/7  
5 for this reason and for others. I think at the  
6 beginning we thought that that cleaning might be  
7 necessary. It is pretty clear now that we can keep  
8 the subways safe and open 24/7 and we need to.

9 I have heard from some people who call and can't  
10 get an appointment. I actually heard from someone  
11 this morning, trying to get his 88 year old mother an  
12 appointment who was like on the phone for 40 minutes  
13 and then there weren't appointments available.

14 Is there anyway to have a system where if  
15 somebody reaches out and there aren't appointments  
16 available at the sites that make sense for them, they  
17 could get a call back. They don't have to like keep  
18 calling and keep calling so they can find an  
19 appointment once they reach out and don't have to  
20 keep reaching out.

21 DR. DAVE CHOKSKI: The short answer is yes and  
22 that is either operationalized or in the process of  
23 being operationalized both for the website as well as  
24 for the call center.

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I do want to clarify that there are appointments available currently. It may be for next week rather than this week but there are currently appointments available.

6

COUNCIL MEMBER LANDER: That's better and obviously, there may be location mismatches but it sounds like you are saying that's not yet available but you are working to make it available, so if you initiate on the website or the phone and you can't match it that moment, you will be contacted when there is availability?

13

DR. DAVE CHOKSHI: That's correct.

14

COUNCIL MEMBER LANDER: Are we planning to do proactive phone or other outreach to seniors especially but I guess to all eligible New Yorkers, you know, letting them come to us.

18

For now, we don't have the infrastructure to meet all the demand we have that way but we obviously need to start outreach, so are we going to start calling every New Yorker that's over 75 and in these other categories to ask them to be vaccinated?

23

DR. DAVE CHOKSHI: Yes, we are. That will be a combination of direct mail, outreach, phone calls, working with partners, whether they are community

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1  
2 based organizations or you know, particularly for our  
3 seniors through the Department for the Aging where  
4 they have you know, many established networks and  
5 partnerships and the vaccine command center is  
6 coordinating that across city agencies to ensure that  
7 it is done as seamlessly as possible, so yes.

8 COUNCIL MEMBER LANDER: That's great, it is good  
9 to hear. I can't tell you how many people have  
10 reached out to ask, is there some way I could help.  
11 So, I don't know if you are thinking about volunteers  
12 who could start with an initial script and pass  
13 someone off if more information is needed but New  
14 Yorkers are so eager to help get this done and I  
15 think something like onboarding people to volunteer  
16 to make initial calls to folks who are 75. We have  
17 been doing that in our community through a great  
18 thing called the neighbor network, so we would love  
19 to help and I guess my last question, I know you  
20 spoke about the groups that have already been part of  
21 the test and trace system but the census outreach  
22 that New York City did was an extraordinary outreach  
23 to a much wider range of communities and I think with  
24 great cultural competence. Could we use that Census  
25 outreach network as part of the vaccination process?

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SERGEANT AT ARMS: Time expired.

DR. DAVE CHOKSHI: Yes -

DR. TORIAN ESTERLING: Yes, sorry Commissioner,  
go ahead.

DR. DAVE CHOKSHI: Please go ahead Dr.  
Easterling, go ahead.

DR. TORIAN ESTERLING: Thank you Council Member  
Lander. Absolutely, the network that was leveraged  
for Census 2020 has also supported our test and trace  
operations, canvassing, door knocking, doing lots of  
outreach at our mobile sites. And so, we are already  
sworn with our test and trace colleagues how we can  
leverage the same network for our vaccination efforts  
as well.

We are already starting with our Vax 101, sort of  
making sure that they have the information and then  
we are going to roll into our train the trainer  
operation.

So, totally agree and that's certainly the  
direction that we are heading to.

COUNCIL MEMBER LANDER: Thank you very much for  
the time.

COMMITTEE COUNSEL: Thank you Council Member. I  
would just like to note for the record that some

1  
2 Council Members do not have the raised hand  
3 functionality but we are including them in the queue  
4 for questions. If any other Council Members are  
5 having technical difficulties, please communicate  
6 this to the staff contact for the hearing.

7 Next, we will be turning to Council Member Powers  
8 for questions followed by Council Member Menchaca,  
9 followed by Council Member Adams. Council Member  
10 Powers, you may begin when you are ready.

11 SERGEANT AT ARMS: Time starts now.

12 COUNCIL MEMBER POWERS: Thank you. Thanks for  
13 the testimony and answering the questions. Thank you  
14 to the Chairs.

15 I want to just go back to the news today. The  
16 governor had discussed about you know 65 and up, can  
17 you just talk to us more about what you see the  
18 challenges are ahead on that. Obviously it is a  
19 massive increase of population here but logistically  
20 for you, what are the challenges you see for  
21 decreasing the – or increasing, expanding the  
22 population?

23 DR. DAVE CHOKSHI: Yes, thank you and so, you  
24 know, the federal government made the announcement  
25 this morning about the recommendation for states to

1  
2 more rapidly expand eligibility as you mentioned, to  
3 those 65 years and older as well as those with  
4 underlying health conditions. This does expand you  
5 know, the population of people who would be eligible.  
6 You know, I want to clarify again that the state has  
7 to make that ultimate determination with respect to  
8 eligibility. If they do choose to do it more  
9 rapidly, the major issues from our perspective will  
10 be ensuring that we have a sufficient supply of the  
11 vaccine from the federal government to be able to  
12 meet that additional demand and for us to continue  
13 standing up additional capacity for vaccination in  
14 New York City, both through our own city sites as  
15 well as with other partners, particularly pharmacies  
16 and doctor's offices.

17 COUNCIL MEMBER POWERS: And I assume there is  
18 going to be some individuals who just became eligible  
19 for it starting yesterday who are now not going to  
20 have access to it who will you know, there will be a  
21 dwindling supply available who may feel some  
22 frustration around it.

23 Just in terms of how we are vaccinating right now  
24 and this especially has been bugging me so I wanted  
25 to ask just while I had you here. With the dosages

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that we have, are we splitting those in half and like the amount of doses we are getting out per week, that is just shots right, that's not individuals, meaning we are not taking two and setting them aside for an individual. You theoretically get your first shot without knowing whether your second shot is available?

DR. DAVE CHOKSHI: There are some nuances here. So, basically, the federal government does set aside doses in the way that you are describing. So, for any allocation that New York City gets, let's say the first week, you know, December 14<sup>th</sup>, there was an allocation of second doses set aside by the federal government that are delivered either three or four weeks later depending on whether it is the Pfizer vaccine or the Moderna vaccine. There may be some changes to the federal policy landscape around this as well where those set asides are no longer set aside and actually are all delivered to states and municipalities with the idea that manufacturing of the vaccine will have to ramp up to be able to have enough vaccine to give those second doses on the right schedule.

1  
2 COUNCIL MEMBER POWERS: I saw like Toronto or  
3 somewhere and Ontario I think is doing that but also  
4 the efficacy of the first shot seems to be somewhat  
5 high. And the second question I have on that same  
6 topic is, do you need to go to the same provider to  
7 get your first and second shot?

8 DR. DAVE CHOKSHI: Very good questions. The  
9 first thing that I want to clarify is that we don't  
10 know the precise efficacy of a single dose regimen  
11 and so, you know our medical recommendation continues  
12 to be that everyone should get those two doses in the  
13 interval that is specified because that's what's  
14 authorized by the FDA as safe and gets to those 94  
15 percent plus levels of effectiveness.

16 It is very important for us to make sure that  
17 that is a clear message to the public. And then with  
18 respect to your question, yes, you know, the default  
19 pathway for any New Yorker who is getting their first  
20 dose is to go back to the same place either three or  
21 four weeks later to get their second dose. That  
22 makes it easier for the person. It makes it easier  
23 to plan from the site perspective. There maybe some  
24 individual instances where that is harder to do for  
25 some reason and you know, there will be ways to

1  
2 accommodate that but for the vast majority of New  
3 Yorkers, that will be the right way to get the second  
4 dose.

5 COUNCIL MEMBER POWERS: Got it, okay and my last,  
6 just a couple of last questions here. One is, when  
7 do we or how are we going to be vaccinating folks who  
8 are eligible in homeless shelters. Is there going to  
9 be an ongoing plan to get - maybe talk about the  
10 jails. I know they set up a site today on Rikers  
11 Island for the staff but are they going to have like  
12 an ongoing process because you know, there is a  
13 population that -

14 SERGEANT AT ARMS: Time expired.

15 COUNCIL MEMBER POWERS: Goes out? And third, I  
16 just wanted to ask a question about refusals because  
17 that seems to be such a big part of this and I think  
18 particularly around as I look at some numbers like  
19 H+H for instance, which had a low, seemed to have a  
20 low vaccination rate. My guess was that there was a  
21 high refusal rate of staff there.

22 I have also heard from staff at hospitals about a  
23 real high refusal. So, can you - so, homeless  
24 shelters, how are you are going to get enough doses  
25 ongoing for people who are incarcerated. And then

1  
2 third is, can you just talk to us about refusal rates  
3 going on? Anyway, [1:28:43] and like, what are you  
4 hearing? You know both anecdotally in the field  
5 about peoples concerns? If there is any data on who  
6 is refusing? Those types of things because that is  
7 to me such an important but undiscussed part of this  
8 equation.

9 DR. DAVE CHOKSHI: Thanks for several important  
10 questions. Briefly, you know again, I am heartened  
11 as a doctor that we will be able to vaccinate people  
12 who are experiencing homelessness as well as people  
13 who take care of people who are experiencing  
14 homelessness. The state did open up eligibility for  
15 that population as of yesterday and we are very  
16 actively working with our colleagues at the  
17 Department of Homeless Services to operationalize a  
18 plan in the coming days to get all of that eligible  
19 population vaccinated.

20 With respect to people who are incarcerated, you  
21 know, as soon as that eligibility determination is  
22 made by the state, we do have a good system in place  
23 through our correctional health services that's under  
24 the health and hospitals banner you know, to be able  
25 to get those New Yorkers vaccinated as well.

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And then finally, you know, with respect to vaccine hesitancy, I would just think about it maybe a bit differently with respect to vaccines and uptake in the sense that what we are seeing in the early weeks of the vaccination campaign is that people may not be ready to get it the very first day that it is available to them but that doesn't mean that they are refusing the vaccine, they may just need a little bit more time and talk to their colleagues you know, who are getting it. Talk to family members and then eventually get it themselves.

So, I do expect even for healthcare workers and you know, many others who are already eligible that those rates will continue to go up. But that's why we have got to do all of those things that I mentioned with respect to addressing vaccine hesitancy as well.

COUNCIL MEMBER POWERS: Well, just to ask the last question here. Let's just actually play this out. What is the refusal rate right now and I am - well, let's not say refusal. What is the acceptance rate right now of eligible - let's just take our City hospitals, of our eligible individuals that could get

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it versus those who have actually taken at least the first shot?

DR. DAVE CHOKSHI: I will pass that question to Dr. Wallach.

DR. ANDREW WALLACH: Great, thank you and I would say thank you Council Member Powers. In New York City Health + Hospitals, our best guess based on conversations with our staff is about 30 percent are currently vaccine hesitant. And to Dr. Chokshi's point are waiting to see how others do. And so, therefore, from our perspective, the most important thing that we can do is make sure that our staff members have all the education about the vaccine. It's efficacy and to make sure that we are out there getting this message and sharing stories of people who have gotten vaccinated and have done very well. And in particular, I am most proud that our senior leadership, both at central office as well as our local facilities are not only hosting townhalls and meetings to discuss this but are actually out walking the front lines, talking with staff in their units, in the hallways, answering questions and modeling behavior.

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2       So, we really, it takes a multipronged approach  
3 but our goal is to make sure that all of our staff  
4 are well-informed and that they all know that they  
5 have accessibility to the vaccine now.

6       COUNCIL MEMBER POWERS: Okay, thank you.

7       COMMITTEE COUNSEL: Thank you Council Member.

8 Next, we will be hearing from Council Member Menchaca  
9 followed by Council Member Adams followed by Council  
10 Member Koo. Council Member Menchaca, you may begin  
11 when you are ready.

12       SERGEANT AT ARMS: Time starts now.

13       COUNCIL MEMBER MENCHACA: Thank you. Thank you  
14 to the Chairs for their incredible work on this and I  
15 have been following them both on Twitter. I am  
16 hoping we can have more discussions and briefings at  
17 the Council level to continue to engage with our  
18 communities in our town halls but I am incredibly  
19 thankful to them.

20       I have a question to the Department of Health;  
21 our staff just called this morning to engage with  
22 some constituents who had issues. Right now, there  
23 are only English and Spanish versions of the line, of  
24 the vaccine line. When will you increase to other  
25 languages and it just continues to boggle my mind why

1  
2 this continues to be an issue for the Administration.  
3 There is just no commitment to language access. It's  
4 just, it's an afterthought and so, it would be great  
5 just to understand what the issues are because I am  
6 kind of left to my own devices to try to guess why  
7 this is so hard for this Administration.

8 DR. TORIAN EASTERLING: Yes, I will add, thank  
9 you so much Council Member. I know that we have  
10 really worked on our sites to make sure that we have  
11 - working with contracted vendors. So, we are  
12 offering languages beyond just English and Spanish.  
13 I think as we are ramping up our schedule call line,  
14 I do think that we will really work to include other  
15 languages. I know that we have access to our  
16 language line as does our colleagues at Health +  
17 Hospitals, but you know, we will make sure to get  
18 back to you on the details for our next steps but I  
19 do know that this is important for us, specifically  
20 as we ensure that we are connecting individuals to  
21 access to vaccine.

22 COUNCIL MEMBER MENCHACA: Okay, again, this is  
23 the same response that we get every time when we are  
24 doing any kind of piece of the roll out COVID. It's  
25 not only disappointing, it's incredibly dangerous.

1  
2 People are not connecting and what we are not doing  
3 is building trust with communities who need to really  
4 understand the messages. So, it's just hard to sit  
5 here and take that. I wanted to bring something up  
6 that Chair Levine actually has been really focused on  
7 that include door knocking in places like Rhode  
8 Island that really kind of bring an engagement  
9 component to the outreach for providing vaccines.  
10 There again, we need people who are trained, who can  
11 culturally access communities that are not English  
12 speaking or Spanish speaking in our communities.  
13 What kind of work do you have going in that vein?

14 DR. TORIAN EASTERLING: Just to clarify Council  
15 Member, specifically around door knocking?

16 COUNCIL MEMBER MENCHACA: Door knocking.

17 DR. TORIAN EASTERLING: Yes. Great, thank you  
18 for the question and certainly, I think that this is  
19 so important. We have leveraged you know, our  
20 canvassers, our community based organizations as we  
21 were you know, rolling out our testing operations in  
22 communities to do door knocking as well. And  
23 certainly, our direction is that we want to continue  
24 those operations as we are informing individuals  
25 about access points for the vaccine.

1  
2 I certainly think that we have to be mindful of  
3 the moment that we are in. Certainly, this is a very  
4 hopeful and optimistic moment of having access to the  
5 vaccine but as you know very well, we are certainly  
6 seeing cases rise and we are being mindful about how  
7 we are deploying our staff.

8 We have several groups that we have deployed in  
9 our priority neighborhoods and they have participated  
10 in door knocking. We are also partnering with our  
11 colleagues at New York City Housing Authority to  
12 think about our outreach strategy as well. But I do  
13 think that this is something we will be activating  
14 very soon.

15 COUNCIL MEMBER MENCHACA: Okay. I have two last  
16 questions and one of them is I am going to need you  
17 to give me a timeline for the language access. I am  
18 going to need you to pin down a timeline and when we  
19 can get that. This is key, we don't get to the  
20 million without this. This is really, really  
21 critical and then the last question I would like to  
22 ask is really connected to the idea that essentially  
23 we are waiting for access to this vaccine. When are  
24 we going to get to the point where a kind of CVS  
25 operation will have a plethora of vaccines, so that

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people will be able to access it, like they access the flu vaccine?

How quickly do you think -

SERGEANT AT ARMS: Time expired.

COUNCIL MEMBER MENCHACA: Because I think we are going to get to a point where the private sector is going to have a better system to get this stuff out and the only question we are going to be left with is the question I am trying to dig to which is, how are we going to get everyone convinced that this is good for them? And that really penetrate the distrust with this vaccine, the process, the fact that government doesn't speak to them. It is not for them. This is the same stuff that we hit when we approached the census conversation. It was a long time before we really got people interested in something that they thought was not just for them but dangerous to them in some way.

We learned a lot from that and so I am just not seeing that kind of response. So, I am hoping you can kind of talk a little bit about the private sector coming in to give us full access to the vaccine.

1  
2 DR. DAVE CHOKSHI: Yes, well, thank you very  
3 much. On the first question, our team will follow up  
4 you know, with respect to the specific timeline and  
5 we have heard your urgency and share it as well. And  
6 thank you for the very thoughtful second question as  
7 well.

8 You know, this is a core part of our vaccination  
9 planning that has happened over several months, is  
10 making sure that we are leveraging the existing  
11 infrastructure of what I think of, as the everyday  
12 miracle of routine vaccination. You know, it just  
13 happens in a way that we almost take for granted in  
14 the modern world that you know, 4 million New Yorkers  
15 get vaccinated against the flu over the course of  
16 several months.

17 And so, we do want to make sure that we are  
18 taking full advantage of that existing  
19 infrastructure. In many ways it has already begun  
20 you know, moving from hospitals to community health  
21 centers to urgent care clinics in a very limited way.  
22 Pharmacies will start, you know, in the coming days,  
23 administering vaccinations as well but we want to by  
24 the end of the month bring many more pharmacies  
25 online to help with that administration now that

1  
2 eligibility has been expanded more broadly as we have  
3 spoken about.

4 I want to point out one important thing which is,  
5 it's not just the chain pharmacies, you know, the  
6 CVS, the Walgreens the Rite Aids but independent  
7 pharmacies as well which are the linchpin of how so  
8 much healthcare actually gets delivered in  
9 communities in New York City, in particularly  
10 communities of color.

11 And so, that's something that Dr. Easterling and  
12 the team have really been planning for as well and  
13 when we do have additional supply of vaccine, to be  
14 able to expand the footprint further, we will take  
15 steps to do that.

16 COUNCIL MEMBER MENCHACA: Thank you both for your  
17 time. Thank you Chairs.

18 COMMITTEE COUNSEL: Thank you Council Member.

19 Next, we will be hearing from Council Member Adams.

20 Council Member Adams will be reading a statement on

21 behalf of the Council's Black, Latino and Asian

22 Caucus prior to asking her questions. Sergeant's,

23 please do not start the time until after Council

24 Member Adams has completed the statement. Thank you.

1  
2 COUNCIL MEMBER ADAMS: Thank you so much and good  
3 morning. Thank you to Chairs Levine and Rivera for  
4 having this very, very important hearing this morning  
5 on such a critical topic right now and thank you for  
6 your latitude in allowing me to read this statement  
7 as Co-Chair of the Black, Latino and Asian Caucus of  
8 the City Council before I give just a couple of  
9 questions.

10 The Black, Latino and Asian Caucus recently  
11 joined Brooklyn Borough President Eric Adams and our  
12 Co-Chair I.Daneek Miller in supporting their soon to  
13 be introduced Resolution, calling for improved state  
14 and city coordination in distributing and  
15 administering COVID-19 vaccines. Prioritizing  
16 vaccinations for essential workers, especially home  
17 healthcare, food delivery, supermarket and transit  
18 workers. Immigrants and other high risk populations  
19 in our hardest hit communities of color and the  
20 creation of a system to track vaccine distribution in  
21 real time with racial demographic data to ensure that  
22 our communities are being inoculated at the front end  
23 of the process.

24 One of the most painful lessons drawn from this  
25 crisis was that a failure to provide timely reporting

1  
2 of racial demographic data at the onset of the  
3 pandemic, resulted in a disproportionate number of  
4 dead Black and Brown New Yorkers that otherwise could  
5 have resulted in more aggressive mitigation measures  
6 employed in these communities. Today, as the  
7 citywide number of cases, hospitalizations and deaths  
8 continue to creep upward, our communities represent a  
9 considerable percentage of the zip codes with  
10 coronavirus positivity rates above 7 percent. And  
11 new reports indicate that South Asians and Chinese  
12 New Yorkers are no less acutely affected with respect  
13 to positivity and mortality rates.

14 If the federal government can establish a system  
15 that integrates key logistical aspects for delivering  
16 and administering vaccines and products to facilitate  
17 vaccinations, surely our city and state can do the  
18 same. But such a system must be accompanied by a  
19 prompt disclosure of racial demographic data to help  
20 prevent the further loss of life and ensure that our  
21 historically neglected communities receive the  
22 desperately needed relief these vaccines provide.

23 I thank you for allowing me to read that  
24 statement. I represent District 28 in Queens.  
25 Within District 28 in Queens is Richmond Hill.

1  
2 Richmond Hill right now, the zip codes of 11419 and  
3 11420 represent the highest positivity rate COVID-19  
4 in the City of New York, over 16 percent in fact.

5 My office is inundated with phone calls right now  
6 from my constituents wondering what they can do to  
7 protect themselves by way of vaccination. We know  
8 the communities of color experienced the highest  
9 death rate during the onset of COVID-19. I take this  
10 conversation seriously because my family was effected  
11 and I lost my father in May.

12 So, how do I answer my constituents questions  
13 when they continue to call my office and ask for  
14 their representative, who is their voice in this  
15 community, why they are not prioritized in a hot  
16 zone? One of the hottest zones in the city. Why  
17 they are fearful right now of losing their lives.  
18 Why families continue to live in fear in New York  
19 City where vaccines are available. Why are they not  
20 prioritized? I mean, why are we doomed to repeat the  
21 same number of deaths in communities of color with no  
22 access to the vaccine that may save their lives?

23 DR. TORIAN EASTERLING: Council Member Adams, I  
24 truly want to thank you for the statement from the  
25 Black, Latino, Asian Caucus. I think it is very

1  
2 important to continue to elevate what we know to be  
3 true. We know that Black and Latino communities  
4 borne the brunt of this COVID-19 pandemic and the  
5 data was very clear during wave 1 and as you laid  
6 out, we continue to see cases go up and we continue  
7 to see disproportionate impact even today. And that  
8 point certainly has not been lost on me as a  
9 provider, as a Black man and certainly my colleagues  
10 both at the Department of Health and in the City  
11 Administration and we are working to continue to  
12 center our priority neighborhoods.

13       As I mentioned earlier with our racial inclusion  
14 and equity task force, which was stood up in June, we  
15 certainly looked at that data. And now that we have  
16 more data, looking at not only COVID-19 data but also  
17 being able to really understand you know, some of the  
18 inequities that really contributed to high exposure.  
19 Thinking about over crowding and housing,  
20 multigenerational homes. Also thinking about you  
21 know being a frontline worker and really being able  
22 to map to those neighborhoods. And that has really  
23 allowed us to tailor our resources. You know, we  
24 have done that with our COVID-19 testing with our  
25 outreach and our engagement and certainly, we are

1  
2 thinking about this as the vaccine distribution plan  
3 rolls out. But here is where we are because we do  
4 have to keep in mind that we are following the  
5 federal and state guidelines as it relates to  
6 eligibility criteria.

7 And certainly, equity and ethical principals  
8 being taken into consideration, thinking about the  
9 categories of that have borne the brunt and we want  
10 to save lives. But also, those categories where we  
11 want to continue to preserve functions and ensure -

12 COUNCIL MEMBER ADAMS: Dr. Easterling, I don't  
13 mean to cut off but my time is running short and you  
14 are going to be able to finish your statement but my  
15 time is going to run out. So, just to make sure that  
16 I get this out as well and then you can continue.

17 I understand that and what I am hearing is that  
18 we are thinking about, we are thinking about and we  
19 are planning. People are dying in my district right  
20 now. There are multiple websites which are causing  
21 massive confusion amongst the residents of District  
22 28 and I am speaking primarily right now about  
23 Richmond Hill and South Ozone Park.

24 Residents don't know what to believe and who to  
25 believe when it comes to these websites and I have

1  
2 listened to Dr. Chokshi this morning speak about the  
3 necessity to having these multiple websites but I  
4 tell you and I will also echo the sentiments of my  
5 colleague Carlos Menchaca who just spoke with the  
6 language barriers. And with there not being any  
7 system for languages in the most diverse place in the  
8 world and right now, looking at this incredible  
9 spike. We are doing an incredible disservice to our  
10 citizens across the board in communities of color.  
11 Those citizens that do have language barriers, that  
12 do not speak English, do not speak Spanish but speak  
13 a plethora of other languages right now. Along with  
14 the fact that they are not prioritized in the healing  
15 process by vaccine and the accessibility right now  
16 and we have no answer for them.

17 So, I wanted to make sure that I am on record in  
18 stating that. I am disappointed in the fact that the  
19 City allowed so much death in Black and Brown  
20 communities in the onset of COVID and I am even more  
21 upset that now we have vaccine and we are not -

22 SERGEANT AT ARMS: Time expired.

23 COUNCIL MEMBER ADAMS: Prioritizing those who are  
24 dying at the highest rate in the City of New York. I  
25 thank you for your time.

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DR. DAVE CHOKSHI: Well, thank you Council Member Adams. I will just briefly you know, respond to say, we really share your sense of urgency, your passion. I am again grateful to you for sharing your families powerful story and reflecting on the – you know the deep grief that I know that has befallen too many families in New York City and I understand. And we have to ensure that we turn that into our motivation to better serve people today as well as going forward.

You know with respect to the language point, I do want to make sure to mention that we have information you know trusted information, vetted science based information that has been made available in multiple languages, all of it in 13 languages and parts of it in an even greater number of languages and we hope that it's not just us and the City, although of course we recognize our fundamental role but it is trusted messengers like all of you. Like faith leaders, like community organizers who are carrying that information forward to make sure that the people who are most in need of it hear about it from someone whom they trust.

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COMMITTEE COUNSEL: Thank you Council Member.  
Next, we will be hearing from Council Member Koo followed by Council Member Holden. Council Member Koo, you may begin when you are ready.

SERGEANT AT ARMS: Time starts now.

COUNCIL MEMBER KOO: Hi Commissioner and thank you our Chairs for hosting today's event. Can you hear me? Did I unmute myself? Hello.

SERGEANT AT ARMS: We can hear you.

COUNCIL MEMBER KOO: Oh, okay, good, good. So, I just, I follow Council Member Adams. She has the highest COVID-19 infection rate and I represent Flushing. We have the second highest rate in 11355 and I believe my District has the second highest death rate in the City, according to the New York City data.

So, my question is, the vaccination hubs, are you going to have it in all parts of Queens? Especially in the eastern part of my District Fresh Meadows, they have zero sites for vaccination.

So, have you considered adding sites over there?

DR. DAVE CHOKSHI: Yes, thank you very much for the question and you know, we are very active in making sure that there are both a sufficient number

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of sites across New York City, as well as sites located in you know, our hardest hit communities. In addition to the hub that already launched at Hillcrest High School in Queens that I mentioned on Sunday, there are three additional hubs across all of Queens that will be launching this Saturday.

Again, that's in addition to the Health and Hospitals points of access that we have both at Queens Hospital Center as well as Elmhurst Hospital in Queens and then the colleagues that we have in the existing healthcare infrastructure, who are located on [nyc.gov/VaccineFinder](https://nyc.gov/VaccineFinder), where you will see additional locations for vaccination in Queens as well.

COUNCIL MEMBER KOO: So, on your vaccine NYC COVID-19 vaccine finder, there is a list of many, many providers, even Costco is listed there and many private doctors offices, CVS is listed in there. So my question is, can anyone go to a private doctors office and get vaccinations even though they are not patients there? Do you have to be a patient in the office to get vaccinated? Anyone who fulfill the eligibility can go and of course they need an appointment.

1  
2 DR. DAVE CHOKSHI: Yes exactly and thank you for  
3 the important question. For those sites that are  
4 listed on the vaccine finder, they have agreed to  
5 take all eligible patients for appointments there.  
6 So, we encourage you to you know to have your  
7 constituents call anyone of those sites or make an  
8 appointment through the websites that are linked  
9 there.

10 COUNCIL MEMBER KOO: So, they cannot refuse,  
11 right? Oh, you are not my patient or we are fully  
12 booked already.

13 DR. DAVE CHOKSHI: It does depend on their having  
14 a sufficient supply of the vaccine of course and  
15 available appointment but to be listed in the vaccine  
16 finder, you know, they have agreed to take all  
17 eligible patients. I should make one clarification  
18 on this point, which is, my understanding of the  
19 state requirements is that pharmacies at least in  
20 this initial stage are only to serve people who are  
21 75 years or older and will see how the state  
22 requirements evolve on that but certainly for the  
23 city sites and the other sites that are located on  
24 the vaccine finder, if one is eligible, then an  
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appointment would be possible to make. If they have availability as well as supply of the vaccine.

COUNCIL MEMBER KOO: So, the vaccine is free but who pays for the administration cost? Can they charge you because they have to spend time and a doctor or a nurse has to administer the vaccine. How do they pay for it? Does the city pay for them or the federal government pay for them?

DR. DAVE CHOKSHI: The most important thing is that you are right, the vaccine is free for the person receiving the vaccine. If that person has health insurance, then the health insurance may be charged for that type of administration fee that you describe and the federal government has stated that it will ensure that the vaccine is delivered free of charge to anyone who wants it.

SERGEANT AT ARMS: Time expired.

DR. DAVE CHOKSHI: I should also you know, clarify importantly that if someone is uninsured, that is not a barrier, they can still receive a free vaccine and that include undocumented New Yorkers as well.

COUNCIL MEMBER KOO: Okay, thank you.

DR. DAVE CHOKSHI: Thank you.

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COMMITTEE COUNSEL: Thank you Council Member.

Next, we will turn to Council Member Holden followed by Council Member Barron. Council Member Holden, you may begin when you are ready.

SERGAENT AT ARMS: Time starts now.

COUNCIL MEMBER HOLDEN: Thank you. Thank you Chairs and thank you Dr. Chokshi. You heard a lot of complaints today from the Council Members and the Chairs about the seniors because we are all getting complaints in our districts. And I guess, you know, I heard that you have a vaccine finder but why isn't there like one portal where vaccination centers with available appointments closes to the person, why can't they be identified and appointments made? Just like you know, other companies have websites where they find or let's say, airlines you can get the next available flight and you know, it's very, it's a one stop shopping let's say.

So, my question is, are we using all the tools and methods of you know of service available in city government to streamline the process and make scheduling appointments be easier?

DR. DAVE CHOKSHI: Yes and thank you for this important question and we do want to make this as

1  
2 easy and seamless as possible and will strive to  
3 continuously improve you know, so that we meet that  
4 with respect to everyone's experience.

5       The tools that we have available are the Vaccine  
6 Finder that you mentioned, which is a way for someone  
7 to be able to see the places that are offering  
8 appointments close to them and if someone has limited  
9 internet access or limited you know, proficiency with  
10 the internet, the call center is the other option  
11 where someone will be able to walk them through the  
12 options that are available to them. And both of  
13 those will continue to be improved and you now,  
14 refined in the coming days.

15       COUNCIL MEMBER HOLDEN: So, you tapped into the  
16 talents of the Mayor's Office of Economic  
17 Opportunities, Specific Service Design Studio or the  
18 New York City Chief Technology Officers digital  
19 services unit, DoITT, New York City Planning Labs and  
20 the Mayor's Office of Data Analytics MODA, you tapped  
21 into all of that right?

22       DR. DAVE CHOKSHI: Yes, I am very impressed by  
23 your knowledge of all the technology and data  
24 resources.

1  
2 COUNCIL MEMBER HOLDEN: Well, I am the Technology  
3 Chair, I should know.

4 DR. DAVE CHOKSHI: And the short answer is yes.  
5 Through the vaccine command center, all of those  
6 resources are being leveraged and brought to bear in  
7 support of this effort. You know, our Vaccination  
8 Campaign is an all hands on deck effort and the Mayor  
9 has charged us to use every resource at the City's  
10 disposal to be able to meet this need.

11 COUNCIL MEMBER HOLDEN: Okay, just one other  
12 point which was already made by some Council Members.  
13 Getting back to the seniors. I have one of the  
14 largest senior populations of any district in the  
15 City of New York. And so, that's going to be a  
16 challenge to get the seniors the shot and so forth  
17 but as with the COVID testing, I had no COVID testing  
18 sites. I had to almost beg for two days of testing.  
19 I have one of the largest - we have inconsistently,  
20 at first we were in the yellow zone in my district  
21 and then we are still in double figures on COVID  
22 related cases and the COVID virus obviously. Yet I  
23 don't have vaccination centers either now or with a  
24 high senior population, that's a problem. SO, when  
25 you could roll out let's say the drug store chains

1  
2 and independents, that would be a tremendous,  
3 tremendous help to my district and to many districts  
4 with a high senior population.

5 And just one other thing that I would like to  
6 mention about the – we have gotten complaints from  
7 EMS, EMT workers that in getting the vaccinations. I  
8 think at one point, it might have been a few days  
9 ago, only 30 percent of that population had been  
10 vaccinated. Do you have any updated figures with  
11 EMS, the frontline workers?

12 DR. DAVE CHOKSHI: I don't have a precise figure  
13 on EMS workers, although that is something that you  
14 know we can see the data that we have on it in term  
15 of communicating it to your office. I do know that  
16 more and more emergency medical services workers have  
17 come to get vaccinated in recent days.

18 As you know, you know, the eligibility for that  
19 just opened up last week and so, it will take a  
20 little bit more time for everyone who is in that  
21 category to get vaccinated.

22 COUNCIL MEMBER HOLDEN: Are the EMS workers being  
23 offered vaccinations while on the job instead of on  
24 their personal time?  
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DR. DAVE CHOKSHI: Yes, that's my understanding.  
Certainly for city emergency medical services workers  
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SERGEANT AT ARMS: Time expired.

DR. DAVE CHOKSHI: You know EMS associated with  
the Fire Department or with other branches of city  
government, that is available to them on —

COUNCIL MEMBER HOLDEN: So, you are saying that  
EMS, EMT workers can get it on the job during their  
work time, the vaccination.

DR. DAVE CHOKSHI: Yes, that is my understanding.

COUNCIL MEMBER HOLDEN: But that's not what I was  
told. So, if you can just check that alright.

DR. DAVE CHOKSHI: I understand, we can follow up  
on that.

COUNCIL MEMBER HOLDEN: Thank you doctor, because  
that's a very, very important aspect that they should  
be offered on the job. They should then like let's  
say a parking lot with tents and they can go in, pull  
in with their vehicle and then set aside for maybe 30  
minutes, whatever it takes to just see if there is a  
reaction but it should be on the job and hopefully  
you can make that happen if it is not happening yet.  
Thank you Chairs.

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COMMITTEE COUNSEL: Thank you Council Member.

Next, we will be hearing from Council Member Barron followed by Council Member Chin. Council Member Barron, you may begin when you are ready.

SERGEANT AT ARMS: Time starts now.

COUNCIL MEMBER BARRON: Thank you, good morning.

Thank you to the Chairs for holding this very important hearing and also want to thank the Chairs for the leadership that they have demonstrated. I know that the reality of getting to the 24/7 condition for vaccination was very much pushed by the Chairs and I want to thank you for making that very important move.

In terms of the panel that's here, thank you for coming and I just want to say nothing exists in a vacuum. And you are talking about vaccine hesitancy and I just want to remind everybody that these are people who often times remember the very documented history of events in which we were as Black people subjected to merciless persecution. We can talk about Dr. Marion Simms. We can talk about the Trail of Tears when Native Americans were given blankets that were infected with small pox. We can talk about the number of women particularly in the South who

1  
2 were subjected to hysterectomies and sterilization  
3 unnecessarily and we can talk about the Tuskegee  
4 Institute and we can talk about Harriet Lacks.

5       So, for some of those who are reluctant to get  
6 the vaccination, there is justice and basis for that  
7 reluctance.

8       As we talk about the inequitable or inappropriate  
9 response to the outbreak, some people might say, well  
10 the things that you cited, that was historical, that  
11 was in the past. We can bring it right to today.  
12 When this outbreak occurred, the Black community,  
13 which was known to have the highest incidents of  
14 cases and of death did not receive the appropriate  
15 resources that they needed. The governor saw fit to  
16 have a field hospitals in Manhattan to bring the ship  
17 to the Manhattan west side and to provide those kinds  
18 of resources to the White community, the community of  
19 privilege.

20       So, there are many reasons why people are  
21 reluctant and hesitant to get this vaccine. As we  
22 are now talking about the vaccination process, my  
23 understanding is that the trial population was about  
24 9 percent Black. So, I don't know that that reflects  
25 or that's appropriately a reflection of the

1  
2 approximately 13-15 percent of the Black population  
3 of the United States. So, we are asking that people  
4 - we are saying that people need to understand that  
5 there are those kinds of understandings about what  
6 has happened both historically and in the present  
7 day. We also remember that as the Council Members,  
8 the Black, Latino and Asian Caucus has calls with the  
9 Mayor. We had to fight and fight and fight and push  
10 to understand to have him to understand that the  
11 response at that point was inappropriate.

12 I am hearing now also that the sites that are  
13 being opened are not necessarily in those communities  
14 that need them the most. My zip code of 11239, all  
15 of which is encompassed in my district had the  
16 highest mortality rate in all of New York City.  
17 There is a management company in that zip code that  
18 has made an offer to have their location serve as a  
19 vaccination site.

20 When we were doing the testing sites, it took  
21 weeks and weeks of my fighting along with my husband,  
22 the Assembly Member to get sites established during  
23 that time. What is the process for those people who  
24 do want to take the vaccine? What is the process for  
25 establishing a site when there is an entity well-

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established, well-known that wants to be a site and has made that and extended that offer, what is that process?

DR. DAVE CHOKSHI: Well, first, let me just thank you for your very powerful words about the intersection of historical injustice with what we have seen during the COVID-19 pandemic and I appreciate your leadership and you know, how you are speaking to that.

With respect to the sites, I will start briefly and I will turn it to my colleague Dr. Easterling as well. We are looking you know, specifically at the priority neighborhoods that have been identified with respect to where for example -

SERGEANT AT ARMS: Time expired.

DR. DAVE CHOKSHI: We have cited the Health Department vaccine hubs as well as additional city sites and if there are specific sites that you have in mind, the Vaccine Command Center you know can work with you to make sure that that is appropriately considered. Dr. Easterling, is there anything that you want to add to that?

1  
2 DR. TORIAN EASTERLING: Yeah, I also want to just  
3 thank Council Member Barron for your comments and  
4 always for your partnership.

5 COUNCIL MEMBER BARRON: Thank you.

6 DR. TORIAN EASTERLING: You know, as the  
7 Commissioner mentioned, we are continuing to look at  
8 additional sites within our partnering neighborhood.  
9 I was just at the East New York Gotham Health  
10 Treatment Center to get tested on Saturday and I also  
11 know that they are offering vaccinations to priority  
12 eligible groups.

13 And also as the Commissioner mentioned, we are  
14 exploring other sites. So, we will be reaching out  
15 to your office to get more information about the site  
16 that you are referring to.

17 COUNCIL MEMBER BARRON: Okay, I am available as  
18 soon as the hearing is over. Thank you. Thank you  
19 to the Chairs.

20 COMMITTEE COUNSEL: Thank you Council Member.  
21 Next, we will be turning to Council Member Chin  
22 followed by Council Member Rosenthal. Council Member  
23 Chin, you may begin when you ready.

24 SERGEANT AT ARMS: Time starts now.  
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2 COUNCIL MEMBER CHIN: Thank you. Thank you to  
3 the Chairs for hosting this important hearing and  
4 thank you to the Commissioners. My question is that  
5 I Chair the Committee on Aging at the City Council,  
6 so the concern for the seniors are very, very  
7 important and the calls that we have been getting in  
8 our office are from seniors asking you know, when is  
9 their turn and where can they go to get the vaccine.  
10 And my question is that you know, there should have  
11 been you know more preparation because like for  
12 Commissioner, you were talking about the vaccine  
13 stability, so going door to door might not be  
14 feasible but we know where all the senior buildings  
15 are. I mean, that's a good starting point. To be  
16 able to provide you know, a whole building of seniors  
17 at once. And then also, we have a whole network of  
18 you know, over 200 almost close to 300 senior center  
19 sites that could be utilized as testing sites, also  
20 as vaccination sites.

21 So, the providers are ready to help. I mean,  
22 that's the same problem that we have encountered on  
23 the whole you know, food delivery you know, during  
24 this whole pandemic and they have all the phone  
25 numbers, they have all the data's about the age of

1  
2 the seniors who have chronic illness. So, the  
3 seniors are waiting because they have heard that  
4 right now the priority is seniors who are over 75 and  
5 seniors who are under 75 are waiting, well when is  
6 their turn?

7       So, I think utilizing the existing network that  
8 we have is very, very critical and I just want to  
9 make sure that the city is doing that coordination  
10 with the Department for the Aging and it should not  
11 be doing it now, it should have been done you know,  
12 way back when we know that we were going to get the  
13 vaccine. And I am a little bit disappointed that  
14 there is nobody here from the Vaccine Command Center  
15 that can also give us an update in terms of how the  
16 coordination is going with the different you know,  
17 city agencies.

18       And then you talked about like the second dose.  
19 It would make sense if people were getting the second  
20 dose on time at the same place. So, for the seniors,  
21 if they are getting it in their building or they are  
22 getting it at their senior center, it would make it  
23 so much easier for them to get the second dose.

24       So, I just want to hear about like actually are  
25 the coordination happening? Are the planning done?

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You know, are we utilizing our senior provider network to really help make sure the seniors and the seniors with you know, underlying illness are being taken care of?

DR. DAVE CHOKSHI: Yes, well, thank you again.

You know, I very much appreciate your comments because as someone you know, who has taken care of older patients, I know just how important it is for us to meet them where they are. You know, with respect to how they already access care. The networks that they are apart of as you mentioned and making sure that the way that we think about the physical infrastructure of vaccination really takes that into account.

And you know, certainly that has been a part of our planning including with DFTA, the Department for the Aging over the last several weeks and months. And now that older New Yorkers are eligible as of this week, I am really looking forward to being able to roll that out to get as many of our seniors vaccinated as possible.

We are you know, actively thinking about all of the different sites. You know, not just the city sites that we have already mentioned but also, the

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places where seniors already go to get their care. You know whether it is a pharmacy or the family doctor that they trust or you know, other community sites that seniors are familiar with and that they frequent.

So, those are all important considerations. I appreciate what you said about the importance of second doses as well and doing it in a way that people can anticipate and expect where to come back for the second dose.

SERGEANT AT ARMS: Time expired.

DR. DAVE CHOKSHI: Of our planning too. So, and the last thing that I wanted to say is that you know, certainly Dr. Easterling and I are very actively involved in the leadership of the Vaccine Command Center and making sure that the coordination occurs not just within the Health Department but across all city agencies in the way that you described.

COUNCIL MEMBER CHIN: Thank you.

COMMITTEE COUNSEL: Thank you Council Member. Next, we will be turning to Council Member Rosenthal for questions. You may begin when you are ready.

SERGEANT AT ARMS: Time starts now.

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COUNCIL MEMBER ROSENTHAL: Thank you so much.  
Thank you Chairs for holding this invaluable hearing  
and you know, for all the leaders in the  
Administration. You are doing Gods work, thank you  
for all of this.

I would like to follow up on the sort of one of  
the themes, guiding themes from my colleagues, which  
is about one, the desperation of communities. I  
think Council Member Adams reading the BLAC statement  
and talking about her own community should stop  
everyone in their tracks and so, I am wondering why  
we are in this situation. Is it funding problems?  
Is OMB saying no, you can't spend money as you all,  
the professionals are raising the hurdles and  
opportunities for you know, better distribution,  
faster distribution. Do we have an opportunity now  
to reach out to the federal government and you know,  
of in ten days and actually try to get funding for  
this? Honestly or is this mismanagement? I mean, I  
have always understood New York City is big, I get  
that. New York City is complicated. We all get that  
but that's why there is - our city government is the  
largest. You know, we are the fifth largest of any  
municipality in the country. So, it being large is

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2 not the excuse you know, having so many language is  
3 not the excuse. This is New York City anyone who has  
4 worked in city government knows these things.

5       So, my first question is, what's keeping you -  
6 why do these hurdles exist functionally? What can  
7 the City Council do to fix these things and secondly,  
8 just the specifics because I have gotten this  
9 question a lot in my office but just, what is your  
10 timing? When will we know what the roll out will be  
11 for homeless shelters as you are working with  
12 Commissioner Banks. You said you are working on it  
13 over the next few days. I just want to know, are you  
14 going to have an answer about this on Monday? In a  
15 month? Just tell me, I don't care what the answer  
16 is. I just want to know when. So, again, what can  
17 we do? Is money the problem? Is management the  
18 problem and please just don't say it is the  
19 complexity of New York because that's your job as  
20 Administrators is to deal with the complexity of New  
21 York. Hypothetically we have the resources to deal  
22 with how big this city is and how complex it is.  
23 But, yeah, so I will stop there. You know all this  
24 but what the public doesn't know is why is this a  
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2 bumbled mess and what should we be trying to do to  
3 fix this?

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We know we are not going to meet our goals.  
5 That's a given, so please don't you know, no one  
6 should pretend we are. Thank you.

7

DR. DAVE CHOKSHI: Well, thank you for the  
8 question and you know as someone who has lived and  
9 served as a doctor and a public servant in New York  
10 City, one of the things that I have always  
11 appreciated is yes, there is a tremendous scale here  
12 to serve and to do good. But also, that scale means  
13 we have so many assets that we can take advantage of  
14 to do big things. Whether it is improving the health  
15 of New Yorkers through this vaccination campaign or  
16 you know, the big things that have been done around  
17 education and other initiatives over the last few  
18 years. And so -

19

COUNCIL MEMBER ROSENTHAL: Yeah, we can go on the  
20 what the answers have been to date in this hearing so  
21 far. I am trying to dig deeper.

22

DR. DAVE CHOKSHI: I hear you; I hear you. Let  
23 me try to go a level deeper then. You know, with  
24 respect to vaccination and the work that we have been  
25 undertaking and first I should say, we have set big

1  
2 ambitious goals and you know they will be difficult  
3 certainly but I do think that we can reach them.

4 COUNCIL MEMBER ROSENTHAL: You have to have these  
5 goals. I mean, all these things are no brainers  
6 right. We are in a hell of a friggin crisis.

7 SERGEANT AT ARMS: Time expired.

8 COUNCIL MEMBER ROSENTHAL: What I am asking you  
9 is, I don't see the sense of urgency. I don't see  
10 you know, management on high alert to fix these  
11 problems and I am asking you to pull back the onion  
12 and tells us where are the flaws in the system? You  
13 know the answer to this question and perhaps for  
14 political reasons you can't say it out loud but there  
15 are management flaws. There are funding flaws. What  
16 can you tell the public about these?

17 DR. DAVE CHOKSHI: Yes, I understand your  
18 perspective. What I can tell you is that because of  
19 the federal and the state coordination that is  
20 required, you know, particularly with respect to  
21 supply of the vaccine from the federal level and then  
22 ensuring that we are following the eligibility  
23 guidance from the state level, those are important  
24 things that have to be taken into account in our roll  
25 out.

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2 COUNCIL MEMBER ROSENTHAL: And to meet the demand  
3 of 2 million, which is currently in 1A and B. How  
4 long would it take? If that vaccine were in hospital  
5 freezers today, how long would it take to vaccinate 2  
6 million people. With the resources you expect to  
7 roll out.

8 DR. DAVE CHOKSHI: Right, it would be quicker  
9 because we would be able to plan and roll things out  
10 in a way that takes advantage of the great natural  
11 capacity that I was alluding to. You know, not just  
12 hospitals. Not just our city sites but also the  
13 pharmacies, the community health centers, you know,  
14 the places where people get their vaccines on a day  
15 to day basis and we have been planning for that but  
16 it takes the ability to have that expanded  
17 eligibility and the knowledge of supply and being  
18 able to plan for that.

19 COUNCIL MEMBER ROSENTHAL: But we are there  
20 though. We know who is in 1A and 1B. We know it  
21 takes 2 million. Would it take you six months if you  
22 had all the vaccines today or would it take you a  
23 year. Not you, obviously, you are doing great. So,  
24 I should be clear, New York City. Would it take New  
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York City six months or a year? Just give me a sense of a scale, a scope.

COUNCIL MEMBER LEVINE: And if it is okay Council Member, after the Commissioner answers this, could we have you hold till second round questions?

COUNCIL MEMBER ROSENTHAL: Of course.

COUNCIL MEMBER LEVINE: Okay, wonderful, thank you.

COUNCIL MEMBER ROSENTHAL: And I will stop. I mean, I don't mean to be rude, I really don't. I just want the public to know the truth.

DR. DAVE CHOKSHI: No, I understand and I very much appreciate it. You know, the timeline that we had set out at the last City Council hearing was by the middle of this year, 2021 is when we anticipated that you know, the members of the general public would be able to get vaccinated. And we said, of course, depending on supply again that it would spring of this year before you know, it were as widely available as we would want to even get through Phase 1, which are the populations that we have talked about. You know, not just healthcare workers but also our seniors, our central workers and people with underlying health conditions.

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2       So, that's the timeline that we had set out  
3 initially and we need the help from those different  
4 levers of government to match with everything that we  
5 are doing to expand capacity and work with our  
6 colleagues across healthcare to make sure that  
7 vaccines turn into vaccinations.

8       COUNCIL MEMBER ROSENTHAL: So, you are sticking  
9 with the same goal?

10       DR. DAVE CHOKSHI: Well, we have gotten more  
11 specific about some of those goals.

12       COUNCIL MEMBER ROSENTHAL: Oh, I am sorry Council  
13 Member Levine.

14       CHAIRPERSON LEVINE: No problem at all. No  
15 problem, thank you Council Member.

16       COUNCIL MEMBER ROSENTHAL: It's challenging.  
17 Thank you.

18       CHAIRPERSON LEVINE: Important questions,  
19 absolutely.

20       COMMITTEE COUNSEL: Thank you Council Member. I  
21 am now going to turn it back to the Chairs for  
22 questions. Chair Levine, you may begin.

23       CHAIRPERSON LEVINE: Thank you so much and I am  
24 sorry to be keeping the pace moving we just have a  
25

1  
2 wonderful list of public testimony awaiting us that I  
3 want to get to as soon as possible.

4       You know, Commissioner, while we have been  
5 conducting this hearing, there has been a number of  
6 news items that have dropped. One, we got the daily  
7 report on hospitalization in New York State. We  
8 don't have the city breakdown yet at this moment but  
9 the statewide number on hospitalizations is a new  
10 high for this wave. It's just under 9,000  
11 hospitalized and I think we can expect that probably  
12 when we get the New York City number it will be over  
13 3,200 for the first time since I think May. And it  
14 is just a reminder that we can't be numb to the  
15 ongoing crisis of continual spread of COVID-19 in New  
16 York City and I know you brought that up but just, I  
17 want to remind folks of that.

18       Also, it has become clear in the last hour that  
19 the governor has indeed committed the state to  
20 immediately expand eligibility to people who are 65  
21 years and older and people who are younger and  
22 immunocompromised. That certainly offers hope to a  
23 number of extremely high risk individuals but it also  
24 adds urgency to the need to expand capacity. If I  
25 had to guess, I don't know 400,000 new people added

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to eligibility in New York City. Certainly in the hundreds of thousands on top of the approximately 2 million that had already been eligible and it just adds additional urgency to our need to expand capacity.

A topic that's been alluded to a number of times here and that you mentioned explicitly is that there are certain sites which are apparently getting preference to different segments of the eligibility group now. So, you mentioned that pharmacies are now doing exclusively people who are well, I guess now it will be 65 plus. Can you explain whether there are other prioritizations for different groups in different types of vaccination sites such as city sites versus state sites, versus hospital urgent care sites versus physician practice as best as you can explain that please.

DR. DAVE CHOKSHI: Yes, thanks for the question and I am aware of some of the breaking news but as we have been conducting the hearing, I haven't fully digested it as yet.

So, with that, you know, with respect to your question about the sites, thus far, it does seem as though and again, this is state guidance that is

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2 being elaborated that certain sites are being either  
3 prioritized or reserved you know for certain  
4 populations. My understanding is that as of now,  
5 pharmacies are for seniors. You know from yesterday  
6 it was 75 plus and we will see if that changes in the  
7 state guidance. And then hospitals were encouraged  
8 to continue prioritizing healthcare workers as well.

9       So, those are the pieces of guidance that we have  
10 from the state thus far, but these things are  
11 changing day to day as you know.

12       CHAIRPERSON LEVINE: And I understand that the  
13 two that you just mentioned are extremely high  
14 priority for different reasons. Obviously seniors  
15 high risk, its great that they are getting some  
16 prioritization. Healthcare workers, for all of the  
17 reasons we know, play such a key role. They are at  
18 risk, they are also potential spreaders so they have  
19 to be vaccinated but boy, I certainly wouldn't want  
20 to add another step of complexity that the public had  
21 to navigate. It is already complicated enough as we  
22 have been talking about. So, I will just put in a  
23 plug for – and I understand that these are probably  
24 not rules coming from the city but that I will put in  
25 a plug for allowing flexibility so that people can go

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2 to the site that they feel comfortable with or  
3 perhaps that is closest to them and giving a little  
4 room for that, so that we just at all times  
5 prioritize getting as many people vaccinated as  
6 possible which I think we can agree is our goal.

7       That's it for me on the second round, so I do  
8 want to thank you again Commissioner for being with  
9 us so far this morning for two and a half hours and a  
10 very busy day and your team. Dr. Easterling, you  
11 have been outstanding already in your new role and to  
12 our friends at H+H and the whole DOHMH team, thank  
13 you for being here and for fighting this fight. And  
14 I am going to pass it back to our Committee Counsel  
15 for the next questions. Thank you.

16       COMMITTEE COUNSEL: Thank you Chair Levine. I  
17 will now turn it to Chair Rivera for additional  
18 questions.

19       CHAIRPERSON RIVERA: Thank you so much. I know  
20 just to make it very clear; I know that its more so  
21 supply than workforce right for some of the issues  
22 that you have had but the City has really tried to  
23 work with community partners but the federal supply  
24 just isn't there, is that right?

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2 DR. DAVE CHOKSHI: That has been a major  
3 limitation for us. You know, in the two ways that I  
4 described, not just the absolute number of vaccines,  
5 which is very important for us to be able to go at  
6 the pace that we would like. But also the ability to  
7 plan, so that we are not just looking ahead to next  
8 week but being able to map out for the subsequent  
9 months.

10 CHAIRPERSON RIVERA: Right and I know yesterday  
11 when I checked in with Health + Hospitals, they said  
12 they were adding some of their mobile units, I  
13 believe they have 20 or 25. They are going to add  
14 another 20 and I just wanted to in terms of  
15 coordination, I think that's great. Those can get to  
16 some of the senior resident's and some of those  
17 community sites that all of my colleagues have  
18 mentioned. I just want to you know, add that we have  
19 to make sure we are taking disability and physical  
20 limitation from people who might not necessarily be  
21 able to access some of those mobile units but I know  
22 that you are all working on that.

23 So, I guess my most important question is, when  
24 can people with serious health issues who need to get  
25 medical treatment get the vaccine? And I know that

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2 we are going to be expanding some that criteria for  
3 those as we get further down the line. There is  
4 controversy around those with Type 1 diabetes being  
5 included. What about cancer survivors and just to go  
6 a little further, I was contacted by someone who is  
7 living with HIV and has numerous allergies. She was  
8 told to wait because of that but also, that the  
9 vaccine should be administered and done in a  
10 supervised clinical hospitals setting, just in case  
11 she goes into anaphylactic shock. So, when will we  
12 expand to those with underlying conditions and those  
13 who need to seek medical treatment and what is the  
14 plan for those who will need specific circumstances  
15 met?

16 DR. DAVE CHOKSHI: Thank you. Both really  
17 important questions and again, I can't help but think  
18 about the patients that I have taken care of, you  
19 know, who would be in both of the groups that you are  
20 asking about. For the first, we do not yet have a  
21 precise timeline from the state with respect to when  
22 people with underlying health conditions would be  
23 prioritized and what specifically those underlying -  
24 that list of underlying health conditions would be.  
25 You know as soon as that is made more clear, you can

1  
2 be sure that we will reflect all of our materials and  
3 begin to communicate you know about that point.

4       And then the second one, you know with respect to  
5 people who may require some more specific observation  
6 or have more detailed questions about their own  
7 clinical conditions, I think the most important thing  
8 that I can say is that encourage individuals to have  
9 those conversations with their doctors. Whether it  
10 is their primary care doctor whom you know has been  
11 coordinating their care or a specialist you know who  
12 understands the details of their conditions the best  
13 to be able to understand how it matches up with both  
14 their eligibility for vaccination as well as whether  
15 there should be any special circumstances about the  
16 administration of the shot.

17       For the vast, vast majority of people including  
18 people who have a history of you know food allergies  
19 or seasonal allergies or dust allergies, the vaccine  
20 is safe and effective.

21       CHAIRPERSON RIVERA: Okay and I know that there  
22 has been a couple of announcements today and you all  
23 do have to run and I want to honor that. One of the  
24 announcements was that City Field will now be a  
25 vaccination site. I am not going to ask you if the

1  
2 Yankee's are stepping up. Clearly I have a bias but  
3 I ask this because you know many of us agree that  
4 there is no other reason why live venues can't be set  
5 up too. Putting union labor to work, unemployed New  
6 Yorkers into action and I know you are exploring that  
7 and of course with the recent launch of the Brooklyn  
8 Army Terminal.

9 I think maybe, I know that celebrities don't  
10 solve our problems. Maybe a couple players can get  
11 vaccinated there, so that our communities can see  
12 their local hero's trusting in the science, trusting  
13 in the operation. And also, I can't help but think  
14 of what someone like Magic Johnson and his advocacy  
15 for HIV treatment, how that made such a huge impact.  
16 But I am going to leave that there and my last  
17 question is just, for those who do take the vaccine,  
18 do hospitals and healthcare providers have a plan for  
19 administering those second doses, right. This has  
20 been incredibly challenging for a number of reasons.  
21 But given the second doses involve more factors than  
22 the administering the initial dose, such as when the  
23 first dose was administered, which vaccine the person  
24 had originally received. You know, we want to be  
25

1  
2 helpful in making sure that that second dose is  
3 successful.

4       So, I just wanted to ask, just really briefly if  
5 you touch on kind of making sure that that plan is  
6 implemented. The fact that we are a little bit  
7 worried and making sure that as we get more people  
8 vaccinated with the first and second dose, maybe  
9 those hospital employees who are a little bit  
10 hesitant or who are waiting, maybe that can be part  
11 of – this plan can be part of those efforts to assure  
12 them that not only is it safe but there is a seamless  
13 plan in place to make sure that the first and second  
14 dose happens quickly and efficiently.

15       DR. DAVE CHOKSHI: Thank you so much and first, I  
16 just want to say thank you for the great ideas and  
17 those are things that we can take back. Both you  
18 know in terms of the vaccination itself as well as  
19 enlisting messengers who can help us spread the word  
20 about vaccination.

21       With respect to the protocol for second doses, I  
22 think that you know particularly for hospitals as you  
23 asked about, I think it would be best for me to turn  
24 to my colleague Dr. Wallach to speak about that  
25 procedure. If someone could unmute Dr. Wallach.

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DR. ANDREW WALLACH: Okay, thank you Dr. Chokshi and Chair Rivera for that question. That is a very important point and indeed as part of our standard operating procedure, when an individual comes for their first dose of the COVID-19 vaccine, in fact, they are given their second dose appointment at that same time. In addition, we have a tracker to be able to follow up to make sure that folks do return for their second vaccine and if they miss that appointment, we will be reaching out to those individuals. To Dr. Chokshi's point early in the testimony, it is really important to follow the science and to follow the protocols that were used in the clinical trials that we are able to get people to greater than 94 percent efficacy from these vaccines.

So, yes, so at the time you receive your first dose, you will get your second dose appointment at the same time.

CHAIRPERSON RIVERA: Okay, thank you. I know that's logistically challenging, so I want to thank you for answering my second round of questions and turn it back to Committee Counsel. Thank you so much for your testimony and for all the time you have given us this morning and this afternoon.

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COMMITTEE COUNSEL: Thank you Chair Rivera. I see that Council Member Levin has a question, so we will turn to Council Member Levin next and following that, if any other Council Members have questions, we will allow a second round, a limited second round of two minutes per question, thank you. Council Member Levin, you may begin.

SERGEANT AT ARMS: Time starts now.

COUNCIL MEMBER LEVIN: Thank you very much Chairs and I apologize I have been on multiple hearings this morning so; I apologize if this has been asked already. But sorry, hold on one second. Commissioner Chokshi, I was on a call with you a couple, maybe last week or so on a conference call and the question that I had asked at the time was you know, for – I will give you a hypothetical individual. A senior citizen that's living in NYCHA potentially with limited English proficiency and no technological proficiency who does not have family necessarily nearby to help her, how would she go about registering for an appointment for a vaccination? And are we looking towards having walk-in opportunities for vaccinations as well?

1  
2 DR. DAVE CHOKSHI: Thanks for your questions. I  
3 will start and then turn to Dr. Easterling for a  
4 piece of this as well.

5 You know, thanks for making it very specific and  
6 human and tangible you know with respect to someone  
7 to hold in mind. For someone like the individual  
8 that you mentioned, there are a few different  
9 possibilities. One is they can call the call center  
10 number 877-vax-4NYC to schedule an appointment. The  
11 second is, if they already have a relationship you  
12 know with a healthcare provider, let's say they have  
13 a primary care doctor at Health + Hospitals. You  
14 know they would be able to access the vaccination in  
15 the same way they get all of their other routine  
16 care.

17 SERGEANT AT ARMS: Time expired.

18 DR. DAVE CHOKSHI: And then the third part of it  
19 is some more specific outreach that we are doing  
20 specifically related to NYCHA residents. So, I will  
21 turn it back to Easterling for that piece of it.

22 DR. TORIAN EASTERLING: Sure and thank you  
23 Council Member Levin for the question. We have been  
24 working with our colleagues at New York City Housing  
25 Authority since wave 1 and we are continuing to

1  
2 partner with the team. We have been thinking about  
3 how we are coordinating to do outreach to residents,  
4 specifically to our 75 plus population. Through  
5 robocalls, also through direct mailers and we are  
6 looking to expand more of that outreach as we move  
7 forward. This week, we are doing a number of town  
8 halls, with our NYCHA colleagues and the Tenant  
9 Association leaders. And we are planning a train the  
10 trainer for our NYCHA providers. This is going to be  
11 in coordination with New York City Housing Authority  
12 as well as DFTA. As we want to make sure that the  
13 providers that are serving our 75 plus population  
14 understand how to ensure that they can connect and  
15 can [INAUDIBLE 2:41:40] at these questions but also,  
16 to make sure that they are answering any questions  
17 related to the vaccine itself.

18 And so, all of this has already begun to roll out  
19 for this week and we will continue to expand in the  
20 weeks to come.

21 COUNCIL MEMBER LEVIN: And are there – so are  
22 there opportunities for walk-ins anywhere or is that  
23 on the horizon?

24 DR. DAVE CHOKSHI: We do encourage that for all  
25 vaccination sites, they are made by appointment.

1  
2 This is for several reasons. One is that it helps us  
3 to ensure that you know, we have the adequate supply  
4 of vaccine for the people who are you know scheduling  
5 their appointments.

6 The second is that it helps us ensure that we  
7 follow good public health practice with respect to  
8 social distancing and managing you know the flow in  
9 any given place. And then the third, is really to  
10 ensure that we are able to do as much of the  
11 eligibility verification process. All of those  
12 things that have to be done before someone physically  
13 gets to the vaccination site in advance of the  
14 appointment.

15 COUNCIL MEMBER LEVIN: Okay, one you know, you  
16 don't need my recommendations but one recommendation  
17 is to really focus on that phone number for anyone  
18 that is a senior citizen known to NYCHA or DFTA and  
19 getting that information to them in a hard copy. So,  
20 I am glad to hear that there is hard mailers going  
21 out but really, really making sure that they know  
22 that there is a phone number that they can call  
23 because you know there are a lot of seniors in this  
24 city who do not have – you know are not going to be  
25 able to navigate that questionnaire online on their

1  
2 own. And so, having the ability to call somebody and  
3 have somebody pick up the phone and walk them through  
4 that in multiple languages is absolutely essential.  
5 That's going to – I mean, that in terms of just man  
6 power, that's going to be a real priority I think.

7 DR. DAVE CHOKSHI: Thank you, excuse me, thank  
8 you. I appreciate the recommendation.

9 COUNCIL MEMBER LEVIN: Thanks. Thank you Chairs.

10 COMMITTEE COUNSEL: Thank you Council Member. At  
11 this time I would like to ask if any other Council  
12 Members have questions? If you do, please use the  
13 Zoom raise hand function now.

14 Seeing no other hands, we are going to conclude  
15 this portion – oh, I am sorry, Council Member Levin.

16 COUNCIL MEMBER LEVIN: If we are doing a second  
17 round, I do have another question about people in  
18 temporary housing. So, congregate shelters or hotel  
19 based shelters, so like semi-private shelters.

20 This might have been asked already but are they  
21 going to be in 1B or is that not the case?

22 DR. DAVE CHOKSHI: Yes, my understanding thus far  
23 is that the state included uhm, both people who are  
24 experiencing homelessness as well as staff serving

1  
2 homeless people in congregate shelters to be a part  
3 of 1B. So, they were made eligible as of yesterday.

4 We are very actively working with our colleagues  
5 at DHS, the Department of Homeless Services to roll  
6 out vaccination in the coming days.

7 COUNCIL MEMBER LEVIN: Okay, so but there is a  
8 little bit of definitional question there about what  
9 congregate – what does congregate mean in this  
10 instance because people you know, two unrelated  
11 adults in a hotel room, is that considered  
12 congregate? Because we were able relocate people at  
13 the beginning of the pandemic, a good number of  
14 people out of “congregate shelters” into hotel rooms.  
15 Is that – does that include hotels, that definition  
16 of congregate?

17 DR. DAVE CHOKSHI: We can get back to you with a  
18 precise answer. My understanding based on the state  
19 guidance is that you know, the way that it is  
20 phrased, is people living in a homeless shelter where  
21 accommodations must be shared with people who are not  
22 part of their household and that includes both of  
23 course the people who are experiencing homelessness  
24 themselves as well as people working in a shelter  
25 like that.

COMMITTEE ON HEALTH JOINTLY WITH  
COMMITTEE ON HOSPITALS

132

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COUNCIL MEMBER LEVIN: I mean, I think you could

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read that to include hotels because people are in

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hotels with one other person that's not their

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relative. So, I mean because of the single adult

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shelter population, that's you know, over 10,000 of

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the 17,000 or something. It's a lot of people. So,

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that's an important question to get to the bottom of.

9

And what about unsheltered individuals, people

10

living on the street that might have a case manager

11

with one of the homeless outreach providers but is

12

currently on the street?

13

DR. DAVE CHOKSHI: Those are important points and

14

we will have to follow up with respect to the

15

specific answers for those.

16

COUNCIL MEMBER LEVIN: Okay, alright, thank you

17

very much. Thank you.

18

COMMITTEE COUNSEL: Thank you Council Member

19

Levin. Next, we will hear from Council Member Koo.

20

You may begin when you are ready.

21

SERGEANT AT ARMS: Time starts now.

22

COUNCIL MEMBER KOO: Thank you. Thank you

23

Commissioner, yeah, my question to you is the

24

vaccine, the Costco and other drugstores that

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receive, do they come as the city quota or no? Or do

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2 they have their own separate source? Because you  
3 said they give you, the city, a limited amount of  
4 vaccines. Or these private resources, are they  
5 getting the same thing from your quota or from they  
6 have their own quota?

7

DR. DAVE CHOKSHI: It all counts for the city  
8 total. You know, in terms of the allocation that the  
9 federal government gives for New York City. Whether  
10 it is a pharmacy or a hospital or one of our city  
11 sites.

12

COUNCIL MEMBER KOO: So, my second question is,  
13 supposed that an independent pharmacy right, they can  
14 give vaccination and if a patient comes in and  
15 receives vaccination and he suffers anaphylactic  
16 reactions, because of limited resources in the  
17 pharmacy right, they can not help this patient that  
18 much and the patient suffers severe consequences.  
19 So, who is responsible for that? The insurance or  
20 the store, or can the patient come back and sue the  
21 pharmacy? Hey, you know, this is not a - we don't  
22 have the adequate resources to give vaccinations.

23

DR. DAVE CHOKSHI: Right, I understand your  
24 question and I am not sure about the legal part of  
25 your question but what I can say is that this is part

1  
2 of the reason that when we enroll providers who are  
3 eligible to administer a vaccine, they have to  
4 demonstrate the ability to administer it both safely  
5 and effectively.

6 That means demonstrating a chain of custody for  
7 storage of the vaccine to make sure that it doesn't  
8 spoil or expire as well as having the ability to  
9 administer the clinical protocols including that  
10 observation window and being able to address if a  
11 severe allergic reaction happens on site.

12 COUNCIL MEMBER KOO: Yeah, of course it doesn't  
13 happen too much, too often but there is a chance.  
14 That's why I think some pharmacies, it would be  
15 nothing to enroll in the program. They are afraid of  
16 the consequences you know.

17 DR. DAVE CHOKSHI: Yes, we do have to be sure  
18 that the vaccine can be safely and effectively  
19 administered wherever people are going to get  
20 vaccinated.

21 COUNCIL MEMBER KOO: Alright, thank you very  
22 much. Thank you.

23 COMMITTEE COUNSEL: Thank you Council Member. We  
24 are not seeing any other hands. So, we will be  
25

1  
2 concluding Administration testimony now. Thank you  
3 to the Administration for your time.

4 We will now be turning to public testimony. I  
5 would like to remind everyone that we will be calling  
6 on individuals one by one to testify. Each panelist  
7 will be given two minutes to speak.

8 For panelists, after I call your name, a member  
9 of our staff will unmute you. There may be a few  
10 seconds of delay before you are unmuted and we thank  
11 you in advance for your patience.

12 Please wait a brief moment for the Sergeant at  
13 Arms to announce that you may begin before beginning  
14 your testimony. Council Members who have questions  
15 for a particular panelist should use the Zoom raise  
16 hand function and I will call on you after the panel  
17 has completed their testimony in the order in which  
18 you have raised your hand.

19 I would now like to welcome Honorable Gale Brewer  
20 to testify. You may begin when you are ready.

21 SERGEANT AT ARMS: Time starts now.

22 CHAIRPERSON LEVINE: Borough President, I think  
23 we have an audio problem with you. It seems to be  
24 still a problem Borough President.

25 GALE BREWER: Now it works.

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CHAIRPERSON LEVINE: Yes it does, thank you.

GALE BREWER: Okay, I am so sorry. I am Gale Brewer; Manhattan Borough President and I want to say thank you to this hearing. I cannot thank you enough because it is what is on everyone's mind.

So, a couple of things. First of all, while I have been sitting here as you know, the governor opened it up to 65 years. And these are the questions that I have been getting all weekend as you have.

First of all, what is the one place to do? I know that you have mentioned this to be able to find out. The states going to have a system and the city's going to have a system and from what I understand that's not going to change unless somebody can make that change. I have not been able to. I want to reiterate the fact of a phone number for seniors. All weekend long they called you and they called me about where to go getting their kids to figure out their computer system. So, that phone number, guess what, I think it has to be two numbers because I believe the Javits Center is going to open up this weekend. I believe that the state had a phone number, it got quickly filled up but I don't

1

2 even know if people know the difference of what they  
3 are doing.

4

5 The other issues is, the H+H sites over the  
6 weekend using another URL because what was happening?  
7 Teachers had some secret URL; first responders had  
8 some secret URL. They were passing them around and  
9 then they got discontinued. That's what was really  
10 going on, so they were using the URL's set aside for  
11 first responders. It was pretty much out of control.

12

13 And I just want to reiterate what Council Member  
14 Chin and others said, the seniors need some kind of a  
15 strategy. Whether it is the senior centers or  
16 whether it is something that has NYCHA. Now, with  
17 NYCHA, what was happening is, somebody is calling to  
18 their credit the hospitals and saying, do you have a  
19 NYCHA development near you? Could you please  
20 allocate time and resources to that?

21

22 That's okay, but there is no plan for it. What's  
23 the plan? Is it every NYCHA? Is it only if you are  
24 near a hospital? I don't know. And the other thing  
25 that's happening is, around the city, at least in  
26 Manhattan, the larger developments -

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SERGEANT AT ARMS: Time expired.

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2           GALE BREWER: Please go ahead and figure out who  
3 is in your building and we will give you the  
4 vaccination. I am not going to give names because I  
5 don't want to out people but that's also going on.

6           I could tell you we are doing a mailing of  
7 114,000 plus, that's the number of voters over 75 in  
8 the Borough of Manhattan and we are going to do a  
9 mailing to them because I do believe mail is a one  
10 way when we have good information that you can reach  
11 this constituency.

12           So, I am just here to say, the states going to  
13 have a system. The city is going to have a system.  
14 What is the coordination between the two of them?  
15 And then of course, what do we do when we don't have  
16 good viable communication because that's exactly  
17 what's happening now. Not to mention the languages,  
18 the homeless and all the other great issues that you  
19 brought up to everybody's attention.

20           So, thank you. This is a really important  
21 hearing. I appreciate it.

22           COMMITTEE COUNSEL: Thank you Borough President.  
23 I would like to ask if any Council Members or if the  
24 Chairs have questions.

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I see Council Member Holden has a question.  
Council Member Holden, you may begin when you are ready.

COUNCIL MEMBER HOLDEN: Thank you Borough President and you are kind of a – you are up on technology and don't you think the City of New York and I asked this of the Commissioner of Health. Don't you think the City of New York should have a one stop portal to make it to find the vaccine nearest your home if you are eligible and then make an appointment all in one stop. And other city's have done it, states have done it. New York City is a tech leader, we can do it but we are not doing it because we have like you mentioned, a round about way to find the vaccine.

So, I mean, I just called all the city agencies that could help and they are not being asked to help to create this one stop portal. Do you agree with me?

GALE BREWER: I agree with you Council Member but guess what? You have got a state issue and a city issue, just so you know. And usually that's not the situation to the best of my knowledge, so we got two systems and you also of course, as you heard earlier,

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2 need a phone number that would be of assistance  
3 because many seniors really cannot navigate the  
4 computer situation.

5 COUNCIL MEMBER HOLDEN: Well, again, that could  
6 be, they could navigate through 311 if we set up the  
7 portal.

8 GALE BREWER: Yes.

9 COUNCIL MEMBER HOLDEN: So, by setting up the  
10 portal, we could make – everybody could find out  
11 what's the closest vaccination center for them. You  
12 know, how long, make and appointment and then go  
13 there.

14 GALE BREWER: I absolutely –

15 COUNCIL MEMBER HOLDEN: We have the technology;  
16 we are not using it.

17 GALE BREWER: Assembly Member Epstein texted us  
18 that a senior called and was sent to Queens  
19 yesterday. Just as an example of the challenges we  
20 are all facing, so yes.

21 COUNCIL MEMBER HOLDEN: I mean that's exactly it  
22 but we can do it, we are not doing it and you know,  
23 because I checked with the agencies and they all want  
24 to help, they are just not being asked.

25 GALE BREWER: Yeah.

COMMITTEE ON HEALTH JOINTLY WITH  
COMMITTEE ON HOSPITALS

141

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2 COUNCIL MEMBER HOLDEN: So, we need to get to the  
3 Administration to start the ball rolling and let's  
4 catch up to the 21<sup>st</sup> century here.

5 GALE BREWER: Got it.

6 COUNCIL MEMBER HOLDEN: Thank you. Thanks  
7 Borough President.

8 COMMITTEE COUNSEL: Thanks Council Member Holden.  
9 Council Member Levine.

10 CHAIRPERSON LEVINE: Thank you so much and Madam  
11 Borough President, you have just been incredible  
12 throughout this pandemic and we appreciate you  
13 speaking here today. I know you are aware of how  
14 many seniors are actually homebound or have limited  
15 mobility and those are also some of the highest risk.  
16 So, we have to have a solution for them and I just  
17 want to know, this is something that you have  
18 considered whether you have thought about a way we  
19 should advocate to get this done? For the sake of a  
20 large portion of those who are 65 and older who are  
21 eligible now but really cannot safely travel to a  
22 vaccination site.

23 GALE BREWER: I asked, well, the weekend I have  
24 to give the Department of Health credit. We met with  
25 them virtually and we asked that question and the

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2 answer was, we are going to try to get as many as we  
3 can with help to get to hopefully, as Council Member  
4 Holden suggested, something near but we do have a  
5 plan. I don't know what it is Council Member, this  
6 is the problem, to go to those who are truly  
7 homebound but that's not a great answer. That's the  
8 answer I got yesterday.

9 I am very frustrated by this whole thing. I am  
10 trying to be nice because the Department of Health is  
11 so nice but nice doesn't get you people vaccinated.

12 CHAIRPERSON LEVINE: We need shots in the arms,  
13 that's what we need. And this is a logistical  
14 challenge as the Commissioner explained because of  
15 the need to cold storage for the vaccines but the  
16 other parts of the country which have figured this  
17 out, there are many wonderful medical services that  
18 are visiting people in their homes now who are  
19 homebound and one option would be to activate them  
20 and just get them the facility and the legal  
21 authority to offer a vaccine. So, we welcome the  
22 chance to keep working with you on this.

23 GALE BREWER: Thank you.

24 COMMITTEE COUNSEL: Thank you Council Member.

25 Uhm, thank you Borough President Gale Brewer, we will

1  
2 now be turning to our next panel. I would now like  
3 to welcome David Rich to testify. You may begin when  
4 you are ready.

5 SERGEANT AT ARMS: Time starts now.

6 DAVID RICH: Thank you very much for having me  
7 and as many of you know, I am with the Greater New  
8 York Hospital Association which represents all of the  
9 hospitals in New York City, both public and not-for-  
10 profit.

11 As you also know, our hospitals and their  
12 dedicated care givers answered the call when COVID-19  
13 struck earlier in early last year and they have been  
14 continuing to meet that call all throughout. They  
15 have had COVID patients throughout and now we are in  
16 a second surge that we are dealing with. But now,  
17 they are also focused on being vaccine administrators  
18 because they are committed to defeating this  
19 pandemic, which is part of their view that healthcare  
20 is a human right.

21 Our association Greater New York is serving as  
22 the New York State Vaccination hub for New York City  
23 at the request of New York State Department of  
24 Health. The goal of the hub is to assist all the  
25 parties that are playing a role in the implementation

1  
2 of New York City's vaccination program to work  
3 together to ensure that everyone in New York City has  
4 access to a COVID-19 vaccination in accordance with  
5 the prioritization plan set forth by New York State  
6 Department of Health as vaccine becomes available.

7 Many of the activities needed to successfully  
8 implement that vaccine program in this region have  
9 been developed and are being planned and implemented  
10 by DOHMH within New York State guidelines. As you  
11 heard today, the extraordinary number of efforts that  
12 New York City DOHMH is engaging in.

13 Our role then is not to duplicate them but to  
14 coordinate with them, communicate with New York State  
15 DOH and DOHMH as well as with other entities that  
16 will administer vaccines to New Yorkers in the coming  
17 months to make sure that they understand all of the  
18 program policies and procedures as they evolve, the  
19 prioritizations and also field questions and request  
20 for information from healthcare administrators.

21 We are extremely excited to hear about the  
22 prioritization increase that was announced today by  
23 the governor after the CDC changed some of its  
24 guidelines. However, what we are -

25 SERGEANT AT ARMS: Time expired.

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DAVID RICH: Is supply. We are very interested in being able to vaccinate patients. We have not really been able to do that yet. There are a lot of vulnerable patients that we have in oncology programs, that we have a cardiac programs. Many of whom are the vulnerable populations that you talked about today. It would make sense for hospitals to step up and vaccinate those regular patients that they have who are very vulnerable.

The last thing I would like to say seeing my time is up, is we will also be working very closely on equity and inclusion with the New York Taskforce. Dr. Easterling is coming tomorrow to speak to many of our hospitals leaders about outreach to vulnerable communities and underserved communities. We are also working the Governor's Taskforce on equity and inclusion to make sure that we can be part of the solution in making sure that vulnerable communities are vaccinated.

And we just hope to get there. We just need the supply. If New York City is only getting 100,000 vaccines this week, many of our hospitals will probably not get any at all. And so, it is really a question and I know the Governor is frustrated, the

1  
2 Mayor is frustrated. It is really a supply question  
3 as far as we are concerned.

4 We need to vaccinate our patients. We need to  
5 continue to vaccinate our workers and we will try and  
6 work with anyone possible to try and make that  
7 happen. Thank you very much.

8 COMMITTEE COUNSEL: Thank you for your testimony.  
9 I would like to turn it to Chair Rivera for  
10 questions.

11 CHAIRPERSON RIVERA: Good afternoon. Thank you  
12 so much for being here and for your testimony.

13 DAVID RICH: Absolutely.

14 CHAIRPERSON RIVERA: So, you know we had  
15 representatives from Health + Hospitals here but I  
16 wanted to ask generally, how is Greater New York  
17 working to ensure quality messaging about vaccine  
18 safety to hospital staff who maybe skeptical or  
19 hesitant? And do you know about how many health  
20 workers in your entire system have been hesitant or  
21 skeptical or refuse the vaccine?

22 DAVID RICH: That is a great question Madam  
23 Chair. There are a number of things that we have  
24 been doing ourselves along with 1199 and also the  
25 Hospitals Administrators have been doing. It is only

1  
2 in our interest that as many healthcare workers agree  
3 to be vaccinated as possible.

4 And so, with 1199, through our joint Healthcare  
5 Education Project, we have sent out three mass  
6 mailings now to 1199 workers, who obviously are not  
7 all the workers in the hospitals but a very large  
8 percentage, to encourage them, to provide them  
9 education, to help them understand what side effects  
10 are. We have also done a digital campaign aimed at  
11 1199 workers along with the union and we have also,  
12 the union has had a number of tell town halls to try  
13 and encourage their members to be vaccinated.

14 And I think what we are seeing over time as Dr.  
15 Chokshi mentioned, is that we are seeing that a lot  
16 of workers have not necessarily wanted to be first  
17 and maybe even didn't want to be second but we think  
18 they really will come around and agree to step up and  
19 be third and will get the vaccine going forward.

20 It is varied a lot in terms of hesitancy from  
21 hospital to hospital. I think a lot depends on the  
22 demographic makeup of the workforce for a particular  
23 hospital.

24 You know, as Inez Barron was mentioning earlier,  
25 there are very good reasons why certain populations

1  
2 are hesitant and have concerns. They will need to  
3 try and get over those for their own safety and also  
4 for the safety of their families and the patients  
5 that they serve.

6 CHAIRPERSON RIVERA: Okay, so what role do  
7 hospitals play in vaccine distribution, specifically  
8 for those in Phase 1B?

9 DAVID RICH: So, right now, the guidelines that  
10 came out yesterday, which I guess are going to change  
11 now because it is now 65 and over and also those who  
12 are immunosuppressed.

13 The hospitals were told that they still need to  
14 prioritize. They can actually vaccinate people in  
15 any of the current eligible categories, including 1B  
16 but they still need to prioritize their patient  
17 facing healthcare workers.

18 So, to the extent that they have not yet provided  
19 vaccinations or administered vaccinations to all of  
20 those workers, that's what they still need to  
21 prioritize. Beyond that, they can start subject to  
22 the available vaccine, to vaccinate people who are  
23 over 75, to vaccinate other essential workers who are  
24 in the 1B category.

1  
2 But as I mentioned, so far, hospitals, really  
3 their allocation has been based on their workforce  
4 and not on their patient populations. So, so far at  
5 least, there isn't a lot left over that hospitals are  
6 getting to actually able to go out and do clinics.  
7 They have done some and they are going to begin doing  
8 some. The city and the state both coordinated have  
9 asked certain hospitals to do some clinics for those  
10 as of yesterday who are over 75 but now going forward  
11 perhaps a larger population but there has been very  
12 limited ability for hospitals to do the general  
13 public, if you will, over 75 or even their patients  
14 up until this point.

15 CHAIRPERSON RIVERA: You mentioned the workforce,  
16 so I just want to make sure I understand that. It  
17 sounds like you know, the number of vaccines that you  
18 have, you have been administering as efficiently as  
19 possible. Are you saying, do you know how many  
20 members of the public have gotten vaccinated in  
21 hospitals in the past two days since they began? Are  
22 you proactive in reaching out to members of the  
23 public in terms of those who are eligible to get the  
24 vaccine?

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2           DAVID RICH: So, as you know, yesterday was the  
3 first day that 75 and over were allowed. And so, I  
4 don't have a lot of information on that yet, but I  
5 will say one of the problems that the hospitals have  
6 had even vaccinating their workers, is one of the  
7 problems that Dr. Chokshi mentioned earlier, which is  
8 we often don't find out that we are getting vaccine  
9 until it actually shows up at the loading dock from  
10 one day to the next. And so, that has been a concern  
11 and a problem in terms of trying to make  
12 appointments, even for our own employees. Let alone  
13 as we know, hopefully move into a new phase but being  
14 able to vaccinate patients as well.

15           I mean, the ideal thing I think for hospitals  
16 would be particularly people who are in programs like  
17 oncology programs, cardiac programs, other programs  
18 where they regularly see very vulnerable New Yorkers,  
19 it would be great for them to be able to vaccinate  
20 them when they are having their regular visits to  
21 those programs over time.

22           We just don't have the vaccine available yet to  
23 be able to do that.

24           CHAIRPERSON RIVERA: Okay. I just, you know, I  
25 know during the testing phase, I know we are still in

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the testing phase but uhm, we are hoping to see a much clearer effort from the hospitals and the association. They are nonprofit organizations, you know, we were just concerned that the efforts as to which some of your hospital members what they did to aid the public in testing.

So, we want to just make sure that there is a clearer, more organized effort, that we all do our part especially the nonprofit organizations in your association and uhm, thank you for being here. I guess thank you for answering the questions somewhat and appreciate your testimony. I will turn it over to Committee Counsel.

DAVID RICH: Thank you.

COMMITTEE COUNSEL: Thank you Chair Rivera. Now, I am going to turn it over to Chair Levine for questions.

CHAIRPERSON LEVINE: Thank you so much and Mr. Rich, thank you for being here and testifying and I want to offer my thanks to the hospitals of this city who have been through essentially a war over the last year and I am just so grateful especially to the frontline workers who have been in there serving, caring, sacrificing for us. And I know that this

1  
2 moment is challenging because you are dealing both  
3 with the launch of the vaccine program and a mounting  
4 second wave that is placing more strain on your  
5 staff. So, I don't minimize that and we are grateful  
6 for all that our healthcare institutions are doing.

7 We certainly are going to need hospitals to help  
8 vaccinate beyond their staff. We are going to need  
9 them to vaccinate patients and potentially members of  
10 the public just because we have such a massive pool  
11 of eligible people now. And maybe with the latest  
12 expansion 2.5 million people in the city.

13 So, I guess my first question is, is it not true  
14 that most of the hospitals in the city have completed  
15 at least offering vaccination to all of their  
16 frontline staff? I understand at least some are  
17 hesitating for now, but the hospitals that I have  
18 been in touch with indicate that they have at least  
19 gone through a full round of their COVID patient  
20 facing staff at this point, is that accurate?

21 DAVID RICH: Most of them have. Uhm, also  
22 though, as we mentioned before and as you indicated  
23 earlier in the hearing, it does vary a lot. What  
24 percentage of staff that is depending on the  
25 hesitancy rate and the refusal rate at a particular

1  
2 institution but yes, for the most part, they have  
3 been able to get through most of their staff and I  
4 have also been able to focus on physician practices,  
5 ambulatory care practices -

6 CHAIRPERSON LEVINE: Right.

7 DAVID RICH: Etc., which are also part -

8 CHAIRPERSON LEVINE: Which is also very  
9 important. So, obviously anyone whose been hesitant  
10 until now, we hope they change their mind as soon as  
11 possible and they will still be eligible. So, no one  
12 is going to miss their chance. But this does seem  
13 like we have an opportunity to really pivot and kind  
14 of open up to broader vaccination.

15 It seems like the place you would start at, your  
16 patients, who are over 65 and you also know who has  
17 got immune compromise. Is that happening? Is there  
18 outreach to patients? Are they being invited in for  
19 vaccination at this point?

20 DAVID RICH: I do not believe that that has  
21 happened to a major extent yet, because the 75 and  
22 over again, just went into effect yesterday and  
23 hospitals have still been very unclear about how much  
24 vaccine they will receive in any given week.

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2       As Dr. Chokshi mentioned before, the process is  
3 that orders get put in, the city gets allocated a  
4 certain amount in this case, in this week, only  
5 100,000 and then the City will need to decide based  
6 on the priority groups, based on the different  
7 provider groups that it will allocate vaccine to who  
8 will get what.

9       So, to some extent, it is going to depend on  
10 whether the new vaccines that come in get allocated  
11 to other provider groups that haven't necessarily  
12 gotten much yet to places like the Javits Center, the  
13 hubs that are being set up, I am sorry, the pods that  
14 are being set up etc. So, the scarcity right now  
15 creates a little bit of difficulty to figure out  
16 exactly how to go ahead and offer people  
17 appointments. But I am really hoping that as some  
18 new vaccines come on in the next, hopefully in the  
19 next few weeks and as the Biden Administration comes  
20 in and hopefully releases a lot more, we will get to  
21 the point where hospitals can really be a part of  
22 through their ambulatory care centers and not just  
23 for their patients, many have signed up also to do it  
24 for just generally, for the general population as  
25 well. The state has asked who is willing to do that,

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so has the city and most hospitals have stepped up to the plate to say they would be willing to do that as well.

CHAIRPERSON LEVINE: That's good and we certainly need that to happen as soon as possible. So, I am going to pause now but thank you for speaking and coming out here today. Thank you so much.

DAVID RICH: Absolutely and thanks for your kind words.

COMMITTEE COUNSEL: Thank you. I would like to now ask if any other Council Members have questions. Seeing no hands, I would like to thank you for your testimony and now, we will be moving on to the next panel.

Our next panel in order will be Jeff Oshins followed by Judy Sheridan-Gonzalez followed by Pat Kane followed by Rose Duhan. Jeff Oshins, you may begin when you are ready.

SERGEANT AT ARMS: Time starts now.

JEFF OSHINS: Yes, thank you. I just want to say thank you to the Chairs for allowing me to testify. I am the President of Local 3005 of DC 37 representing employees from the Department of Health Mental Hygiene and OCME.

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I want to let it known that yesterday the Department of Health, DC 37 including myself and other local presidents had met with Office of Labor Relations yesterday. But I do need to make it clear that we do share some similar sentiments regarding technologies that are involved. We do have many members who are willing to go ahead and volunteer to work these pods, but there seems to be a problem with the technology.

We know that the websites that we have heard about this morning are continuing for us as members/employees as well. It is quite confusing. If not, it is not user friendly and oddly enough if it is being run by the Office of Emergency Management, why are we getting emails that are coming in from a third party source that's titled Samaritan Technologies?

So, this is just mind boggling because we thought we would recognize an official New York City government email. We are always trained to look for these emails that maybe considered fishing expeditions or things that could lead to security breaches but we never expected to see something coming in from a non-City email.

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2           Furthermore, I also wanted to let it be known  
3 that our employees or/members who are looking to  
4 volunteer, we need more clarity and more  
5 reinforcement about how they are going to get the  
6 vaccinations. It has led to some discussion over the  
7 last weekend or so. We did receive some clarity  
8 yesterday between the Health Department and the  
9 Office of Labor Relations with DC 37 but we still  
10 need to make sure that our members will be granted  
11 the opportunity to get the vaccine, either when they  
12 arrive for their first shot or I mean, when they  
13 arrive for the first opportunity to go ahead and  
14 volunteer or at some point. They shouldn't have to  
15 wait towards the end of the three shifts that they  
16 have to go ahead and volunteer for but then you know  
17 -

18           SERGEANT AT ARMS: Time expired.

19           JEFF OSHINS: Okay, thank you. And I just want  
20 to make one last statement that I also have members  
21 who are telling me who live in buildings with senior  
22 citizens and that the senior citizens are telling  
23 them that they are also having trouble.

24           So, you see that they are across the board. This  
25 whole thing regarding technology can be better

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2 deployed but otherwise not, I think the Health  
3 Department has been doing a decent job and I continue  
4 on representing the members that are working this.  
5 Thank you.

6 COMMITTEE COUNSEL: Thank you for your testimony.

7 JEFF OSHINS: You are welcome.

8 COMMITTEE COUNSEL: Do the Chairs have questions?  
9 Council Member Levine.

10 CHAIRPERSON LEVINE: Just briefly, President  
11 Oshins, thank you to the members of 3005 who have  
12 just been incredible throughout this pandemic. I  
13 mean, the Health Department has just been under  
14 unbelievable strain and I know that your members have  
15 felt that. And how wonderful that they are actually  
16 agitating to be part of the vaccination program and  
17 we need this to happen.

18 We need really thousands of people mobilized and  
19 the first place to start is through the agency  
20 employees like first and foremost, DOHMH. So, I  
21 appreciate you raising this and you know, happy to  
22 work with you to make sure that your members are  
23 deployed where we desperately need them now, to ramp  
24 up vaccination in the city. So, thank you for  
25 speaking out today sir.

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2           JEFF OSHINS: You are quite welcome. Thank you  
3 Chair Levine.

4           COMMITTEE COUNSEL: Thank you Chair. If there  
5 are no other questions, I would like to thank you for  
6 your testimony and we would like to move on to our  
7 next panelist Judy Sheridan-Gonzalez, you may begin  
8 when you are ready.

9           SERGEANT AT ARMS: Time starts now.

10          JUDY SHERIDAN-GONZALEZ: Thank you. Thank you  
11 for inviting NYSNA to testify. I am an ER Nurse in  
12 the Bronx and the President of our 42,000 member  
13 union.

14          As frontline caregivers in the belly of the  
15 pandemic and observers of the vaccines rollout, we  
16 can uniquely judge the efficacy of our healthcare  
17 system. Our experiences confirm our worst fears,  
18 it's unsustainable. To save lives we need universal  
19 access to care, mandatory save staffing and adequate  
20 revenue to fund a robust public health  
21 infrastructure.

22          As an efficient universal vaccination programs  
23 essential to provide mass and unity, verified by  
24 epidemiological history, success must be built on the  
25 following:

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2       The broadest possible information reach out to  
3 restore public confidence in our institutions, in  
4 science and safety and efficacy of the vaccine.  
5 Forum, so the public can voice valid concerns and get  
6 honest answers. Person to person direct contact is  
7 critical in dealing with historic, legitimate  
8 reluctance. Free, accessible vaccines for all.  
9 Pressure on the feds to enhance production using the  
10 DPA and now priority based roll out for all  
11 vulnerable folks as described without line jumping or  
12 buying in.

13       We must have continued use of superior PPE,  
14 ventilation and also measures to prevent transmission  
15 until the situation is resolved. We need total  
16 transparency in our healthcare facilities which is  
17 lacking.

18       Absolutely no mandatory requirements for  
19 vaccinations anywhere. Avoid drastic punitive  
20 measures if hours occur but correct infraction. Our  
21 members report chaos and confusion in the initial  
22 vaccine rollout. Much of this has occurred due to  
23 placing responsibility with the private sector.  
24 Successful vaccination programs in the past were  
25 built on a supported, viable, public health

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2 infrastructure. That model ensures an effective,  
3 organized program. Mitigates disparities and  
4 promotes transparency and accountability if it is  
5 supported.

6 The program must be centrally organized with  
7 resources and coordinating responsibility channeled  
8 to the DOH and H+H who can ensure that trained  
9 emergency personnel and procedures are in place at  
10 all sites.

11 SERGEANT AT ARMS: Time expired.

12 JUDY SHERIDAN-GONZALEZ: Private sector  
13 facilities could play a supportive role. Thank you.  
14 Requesting emergency funding from a dramatically  
15 altered federal government will facilitate hiring the  
16 many clinicians and support staff necessary to  
17 rapidly roll out an effective program.

18 While volunteers are always welcome, they cannot  
19 be the main source of personnel. NYSNA's more than  
20 willing to work with the city on this project, it is  
21 truly a matter of life and death. Thank you.

22 COMMITTEE COUNSEL: Thank you for your testimony.  
23 I would like to now welcome Pat Kane to testify. You  
24 may begin when you are ready.

25 SERGEANT AT ARMS: Time starts now.

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2 PAT KANE: Hi, thank you very much for the  
3 opportunity to testify and thank you to the Co-  
4 Chairs. So, I want to echo Judy's comments on the  
5 Executive Director of the New York State Nurses  
6 Association. You now, as far as what is happening in  
7 the hospitals, particularly Health + Hospitals, where  
8 we kind of see a high rate of hesitancy, I think Dr.  
9 Chokshi spoke before about people New Yorkers already  
10 know in terms of getting a vaccine and I think that's  
11 been one of the issues at H+H. Anecdotally, I was  
12 told that they were using travelers to vaccinate the  
13 workers and I think that we can get some of the staff  
14 that folks are familiar with there doing the  
15 vaccinations, that that would help.

16 As far as the hospitals, we look forward to be  
17 able to vaccinating our inpatients you know, that  
18 need it. Nurses are going to need some education  
19 with that. It was really a privilege to volunteer  
20 yesterday at the Crest site, the Department of Health  
21 and to get to talk to Dr. Chokshi about some of the  
22 issues that I had with signing up.

23 And I just want to echo Jeff's comments. I think  
24 we really need to push that. I do think we have a  
25 workforce issue as well as a supply issue. A lot of

1  
2 the elderly that were waiting for a long time, we are  
3 scared that they were out in the public waiting. We  
4 need to recruit more volunteers and get them trained  
5 up. I know the state has expanded practice for a lot  
6 of other titles and I think that we can also help  
7 with training those folks. There is a component, I  
8 see the states relying on Cornell but we have CUNY.  
9 We have a lot of nurse educators and faculty and  
10 those people that get the didactic training are going  
11 to need nurses, doctors, other professionals that are  
12 currently licensed to give vaccinations to evaluate  
13 their competency.

14 We would like to help partner with that. I think  
15 that's going to be an important piece. Yesterday as  
16 far as who I saw there, I did see a lot of teachers.  
17 I think they were able to navigate the system a  
18 little bit better.

19 SERGEANT AT ARMS: Time expired.

20 PAT KANE: I was thinking about grocery store  
21 workers. We maybe can get big chains as part of the  
22 protocols that they have to do for safety to really  
23 push this out to folks. We do have safety concerns  
24 in the retail environment that adequate facilities  
25 are in place to observe people after they get

1  
2 vaccinated and perhaps we steer people at higher risk  
3 for reaction to certain sites where we can enhance  
4 their safety. Thank you.

5 COMMITTEE COUNSEL: Thank you for your testimony.  
6 Next, I would like to welcome Rose Duhan to testify.  
7 You may begin when you are ready.

8 SERGEANT AT ARMS: Time starts now.

9 ROSE DUHAN: Good afternoon. I am Rose Duhan,  
10 President and CEO for Community Healthcare  
11 Association for New York State.

12 My testimony today is on behalf of 44 community  
13 health centers that operate more than 400 sites  
14 serving 1.3 million patients across New York City.  
15 Community Health Centers have enthusiastically  
16 embraced the opportunity to be on the frontlines of  
17 vaccine delivery. The community served by health  
18 centers low-income and majority Black and Latinx  
19 populations have been disproportionately adversely  
20 impacted by COVID-19 and are at highest risk for  
21 severe health consequences.

22 All centers are permitted to ensuring that the  
23 vaccine is delivered quickly and efficiently to all  
24 community members. Until this week, state mandated  
25 guidelines of prioritized vaccination, a patient

1  
2 facing healthcare workers and health centers have  
3 stepped up to vaccinate providers at behavioral  
4 health services, the mental health, substance abuse  
5 disorder and developmental disability services before  
6 any high risk patients could be vaccinated.

7       While they are pleased to play this role for  
8 other healthcare providers, they have also been  
9 frustrated that they have not been doing everything  
10 that they can to protect their patients. It's a  
11 combination of implementations of who is eligible to  
12 be vaccinated in Phase 1A and the way the vaccine is  
13 packaged, [INAUDIBLE 3:25:07] initial vaccination  
14 rates slowing down the vaccination process and  
15 wasting limited vaccine supplies.

16       We are pleased that there has been an opening up  
17 of vaccine eligibility to categorize within Phase 1B  
18 which includes high risk individuals that are non-  
19 healthcare workers. We strongly support flexibility,  
20 particularly in instances where there is a potential  
21 spoiling vaccine and for providers to use their  
22 professional judgement to vaccinate willing  
23 individuals or to ensure that no vaccine was unused  
24 or wasted.

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2 They are also concerned with supply and are eager  
3 to receive vaccine to meet demand. Expanding vaccine  
4 eligibility to all high risk populations will ensure  
5 an equitable and fast vaccine administration and  
6 prevent wasted or discarded doses. Our member CHC's  
7 are eager to offer the vaccine to more broadly to  
8 high risk population.

9 The Committee Healthcare Association and its  
10 members are proud to partner with the city to ensure  
11 a successful vaccination campaign for all city  
12 residents. Thank you to the Council for convening  
13 this important hearing.

14 COMMITTEE COUNSEL: Thank you for your testimony.  
15 I would like to now welcome Dr. Denise Nunez to  
16 testify. You may begin when you are ready.

17 SERGEANT AT ARMS: Time starts now.

18 DR. DENISE NUNEZ: Good afternoon. I am Dr.  
19 Denise Nunez and I am a Pediatrician in the Bronx and  
20 in Inwood. I work with So Most Network. I am a  
21 General and an army of doctors and health workers  
22 battle into the dense communities. We are  
23 vaccinators, we are testing, we are feeding the  
24 hungry. Here is the good news, we are already  
25 working in the partnership with the City of New York

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2 to ultimately immunize millions. In fact, I am  
3 actually right now in one of the school door  
4 vaccinating frontline city workers. This work  
5 started yesterday. My job has been of one of as one  
6 who breaths live into care. And So Most, in efforts  
7 of community providers I work for has created to  
8 bring access, quality and equity to care. That means  
9 delivering care to the people who need it most.  
10 Diverse communities, communities of color, poor  
11 communities, many don't speak English, many are  
12 undocumented. Many of whom are intimidated by a  
13 corporate healthcare system and let me be clear, they  
14 don't seek care at the hospital. In fact it is  
15 almost despite the fact that we are over 2,500  
16 neighborhood doctors and treat almost 1 million New  
17 Yorkers fall through cracks too often because we are  
18 in a hospital.

19 We are an establishment or disrupters. But that  
20 destruction works in favor of New York City because  
21 we are decentralized. We are in neighborhoods; we  
22 are on our patients corners. We speak their  
23 language; we are part of their culture but there is  
24 more. In order for this ambitious and life saving  
25 vaccination mobilization to work, I mean now, we know

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2 this not just from experience but through research,  
3 data and polling, the city needs community doctors  
4 vaccinating our communities.

5 In fact two-thirds of people who need to be  
6 vaccinated are research shows, must be convinced and  
7 feel that only trustworthy voice is their family  
8 doctors. The nurse they know. People they see  
9 walking down the same block. That's us.

10 So, my message today, we appreciate our  
11 partnership with the city so far but we need to go  
12 farther for this to work. We appreciate our  
13 partnership to test school kids and teachers and we  
14 are doing that -

15 SERGEANT AT ARMS: Time expired.

16 DR. DENISE NUNEZ: In over 400 public schools in  
17 the partnership with the DOE and UFT. These  
18 partnerships create models that can and should be  
19 informational as we work together to get people to  
20 take the vaccine. If it works in the Bronx, it will  
21 work in Houston, Phoenix or Orlando but these doses  
22 do no good in a warehouse or in a hospital surge  
23 facilities but I will tell you this, get the doses in  
24 our hands and we will get them into the arms. We can  
25 immunize 1 million New Yorkers if we get the support

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2 that we need. So, So Most doesn't fit any mold but  
3 we have created one. Then that mold will work  
4 citywide and nationwide. We can elaborate with  
5 churches, schools, unions, to our people who need to  
6 be treated. It is why we are formed So Most five  
7 years ago. Why we are here today to offer you a  
8 great deal of experience and that we have been since  
9 the viral of virus and before. It is up to the city  
10 and other cities to use us. Thank you very much.

11 COMMITTEE COUNSEL: Thank you for your testimony.  
12 I am now going to turn it over to the Chairs for  
13 questions, Chair Levine.

14 CHAIRPERSON LEVINE: Thank you so much and Pat  
15 and Judy, thank you so much for being here and my  
16 goodness your members have done something just  
17 remarkable for the city over the last 11 months. I  
18 know that this has been like going through a tour of  
19 duty in a war zone for your members and they deserve  
20 safe staffing ratios, patients deserve safe staffing  
21 ratios and Judy, I think you mentioned other key  
22 priorities. It is just more obvious than ever that  
23 we need universal healthcare preferably by a single  
24 payer option and that we need more resources in our

25

1 healthcare system and yes, we should ask the  
2 wealthiest amongst us to step up to make that happen.  
3

4 I also know that you are dealing with strains on  
5 multiple front right now as you care for a growing  
6 number of patients with COVID as you yourself, many  
7 of your members are getting the vaccine and you are  
8 also leaders in the vaccination program itself. And  
9 if I am not mistaken, I believe there must be a nurse  
10 onsite at all time at every vaccination site and I  
11 wonder if you could talk about the role that your  
12 members are playing in vaccination sites beyond  
13 hospitals. Because we need to get beyond hospitals,  
14 we need to be in every community in the city and talk  
15 about the roles and the challenges perhaps, if you  
16 could, that your members are facing in this  
17 operation.

18 PAT KANE: So, I was able yesterday to volunteer  
19 at the vaccination site at Hillcrest which was - it  
20 was really an emotional experience I have to say.  
21 You know, there were a lot of community members that  
22 were anxious but were also literally tears of joy I  
23 saw yesterday. It was quite moving.

24 It was, as Jeff said, really hard to navigate to  
25 get in to volunteer. It took me several times, I had

1  
2 to go through Serve New York. The Medical Reserve  
3 Core had to redo my password several times so I could  
4 get in. So, we do really have to work on that.

5 CHAIRPERSON LEVINE: Unbelievable.

6 PAT KANE: You know training is also something  
7 that we have to work on and as I said, I think we are  
8 going to need with this surge coming in New York  
9 City, you know, the other titles whose practices have  
10 been expanded to be able to vaccinate, are going to  
11 need help to get that training. They can get  
12 training online but they do need someone who is  
13 already licensed to get vaccinations to do a  
14 competency.

15 I have to say yesterday, the Department of Health  
16 site, it was really extraordinary. I never worked at  
17 a point of distribution before. The organization,  
18 everything was really set up so that the vaccinators  
19 could just keep vaccinating. The logistics, the  
20 supplies, if I needed anything I held up a red paddle  
21 and someone immediately came over to me to assist.  
22 Whether that was a language need, a supply need, or I  
23 had a question or a problem with the technology.

24 I think that's the key to get the capacity up. I  
25 think the way that we distribute these things to the

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various sites needs to be on how well they are functioning right. How many vaccinations they are able to get in peoples arms in the hour.

There was a workforce issue yesterday. A lot of the vaccination stations were set up for two vaccinators and I was at a station by myself. I think a lot of the nurses who work for the DOE, you know were back at school Monday. I think they had more vaccinators on Sunday. But we still were able to get a lot of people through. And like I said, I think how these point of distribution, these pods are set up by the Department of Health is really an example of you know, just efficiency and every contingency is planned for. There is emergency services available.

So, it's a great program but it does require a lot of staff and not just the clinical staff, the vaccinators but a lot of support staff.

JUDY SHERIDAN-GONZALEZ: Yeah, I had difficulty signing up with the MRC also. I finally was able to schedule some shifts but I think the problems with those sites are really based on the lack of staff.

CHAIRPERSON LEVINE: Yes.

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2

JUDY SHERIDAN-GONZALEZ: And I did request to

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work with my own institution to assist in

4

vaccinating, they said there was no staff needed.

5

They didn't even refer me to the MRC. So, we really

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have to have a coordinating body, which I think

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should be the public health system that coordinates,

8

that has a feed in for volunteers and they were

9

already in training. What if we do get a shipment of

10

vaccines and we don't have the staff to vaccinate?

11

We have never been well prepared in this pandemic.

12

This is an opportunity to have you know, everybody on

13

hold, everything ready, all systems go. Should we

14

get more vaccine. We are ready to go and we are

15

vaccinating everybody just like we did in 1947 during

16

the small pox scare.

17

CHAIRPERSON LEVINE: Amen, amen to that. 6

18

million people in less than a month.

19

JUDY SHERIDAN-GONZALEZ: Yeah, we could do it.

20

We have people ready to do it but the coordination is

21

really a problem.

22

CHAIRPERSON LEVINE: And part of the secret of

23

the success in 1947 was mobilizing volunteers,

24

massively and obviously we need staffing in these

25

sites but we also need to make it easier for people

1  
2 like yourselves who are willing to help out. So,  
3 that's just hugely important.

4 Thank you to both of you and to your members for  
5 what you have been doing. For time, I don't have  
6 time to ask questions, to our other two panels but I  
7 just want to make a quick comment that under any  
8 scenario, FQHC's have to be a major pillar of this  
9 vaccination program. You are in the communities, you  
10 have cultural competency, often multilingual staff  
11 and we just need to make sure that you have adequate  
12 supplies of vaccine, logistical support and also,  
13 that financing is in place. That you can be a huge  
14 part of this and it's again and again, you guys have  
15 emerged when the city needed a solution. You did it  
16 big time in testing and uhm, I am really thrilled  
17 that I think now you are running three sites. If I  
18 am not mistaken and I know you have a unique ability  
19 to mount mobile operations where they are needed.

20 DR. DENISE NUNEZ: We are actually, we are able  
21 to do 5,000 vaccines in every site a day. We have  
22 120 staff members and more than half are doctors, so  
23 all the doctors that are available.

24  
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1  
2 CHAIRPERSON LEVINE: That's incredible, thank  
3 you. Thank you to So Most there for what you are  
4 doing.

5 DR. DENISE NUNEZ: Absolutely, absolutely.

6 CHAIRPERSON LEVINE: Back to you.

7 COMMITTEE COUNSEL: Thank you Chair Levine. I  
8 would now like to ask Chair Rivera if she has any  
9 comments or questions.

10 CHAIRPERSON RIVERA: I just want to say thank  
11 you. I know one important issue that we finally got  
12 to at this hearing, I guess finally got an answer,  
13 was around eligibility for patient advocates whether  
14 they be doula's, social workers and Dr. Chokshi  
15 confirmed they are eligible to receive vaccines at  
16 city run sites but I know they are also caregivers  
17 for family members. And I want to thank you all for  
18 your advocacy in making sure that we highlight those  
19 caregivers, those domestic workers that desperately  
20 need to be prioritized.

21 So, we will not stop fighting for that and I want  
22 to thank you for always thinking of those people,  
23 many of them, most of them are women and women of  
24 color. So, thank you.

1  
2 COMMITTEE COUNSEL: Thank you Chair. I would  
3 like to ask if any other Council Members have  
4 questions at this time. Seeing no hands, I would  
5 like thank this panel for their testimony and will be  
6 moving on to our next panel.

7 In order of testimony, we will be hearing from  
8 Anthony Feliciano followed by Judy Wessler followed  
9 by Kimberleigh J. Smith followed by Kevin Jones  
10 followed by Scott Karolidis. Anthony Feliciano, you  
11 may begin when you ready.

12 SERGEANT AT ARMS: Time starts now.

13 ANTHONY FELICIANO: Thank you. My name is  
14 Anthony Feliciano as stated, I am the Director of the  
15 Commission on the Public's Health System. I want to  
16 thank Chair's Rivera and Levine and all the Council  
17 Members and the staff for holding this important  
18 hearing.

19 I would start with my father who is 86-years-old.  
20 Strong and patient man but last night I had to go  
21 through a long process of trying to get him an  
22 appointment. And the main issue was, every time I  
23 went through the whole process, I had to fill out the  
24 same form online each time to try a different place  
25 to get an appointment. And so, that caused a lot of

1  
2 issues besides being bumped off twice and spending  
3 two hours on it.

4       And so, those things need to get fixed but I want  
5 to re-emphasize that communities, especially people  
6 of color can embrace therapies and vaccinations but  
7 not with the historical context of experimentation  
8 issues and we all know that and one of the things we  
9 need to do is go hand and hand with raising public  
10 confidence and dispensing equitably and accessible  
11 the vaccination to work with community based  
12 organizations more deeply.

13       I find it very troubling to over rely on grading  
14 your health association and other entities on this  
15 instead of a real true collaboration with community  
16 based organizations. I think we need to review that.  
17 We need to review all of the monitoring and  
18 aggregation of that sanction data and move that  
19 forward. We need to foster a better relationship and  
20 organization with hospitals, pharmacies with trusted  
21 leaders in communities as they are doing the  
22 dispensing as it expands to those pharmacies and  
23 others. We have to keep organizations simple because  
24 we have created overly complicated organization  
25 systems on top of a layer of every fragmented set of

1  
2 too many decision makers and different task forces  
3 and different bodies of decision making. So, we need  
4 to look at that.

5 We should look at -

6 SERGEANT AT ARM: Time expired.

7 ANTHONY FELICIANO: We should look at not  
8 withholding vaccine supplies to ensure the second  
9 dose availability will happen. We should look at -  
10 researchers show that we can at least try to look at  
11 passing pedestrian ramp up and allocate second doses  
12 from new supplies rather than keeping existing  
13 supplies in inventory and we should not penalize  
14 delays in certain healthcare facilities for not  
15 rolling out or dispensing vaccinations. You look at  
16 what the issues were and why it created those delays.

17 Those are clear issues and majorly, we again, the  
18 roll out, we should have community selecting sites  
19 and working together to figure out where the proper  
20 sites, these masks pause a great for some of them at  
21 locating places not clearly close to people and I  
22 agree with the issue of language access and the issue  
23 of transportation to them. Thank you.

24

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2 COMMITTEE COUNSEL: Thank you for your testimony.  
3 Next we will be hearing from Judy Wessler. You may  
4 begin when you are ready.

5 SERGEANT AT ARMS: Time starts now.

6 JUDY WESSLER: Hi, Judy Wessler, I did not  
7 actually ask to testify but I will just use this time  
8 for a few off the cuff remarks.

9 One is, I think the Governor needs to be  
10 challenged for the way that his hands on lists and I  
11 wish that the city were more in a position to make  
12 their own determinations. I think we would be a lot  
13 better off if that were the case and I don't know if  
14 there is a willingness to make that challenge but  
15 people should be thinking about that. I think having  
16 the Greater New York Hospital Association in charge  
17 of New York City means that the public sector and the  
18 public are left out. And that is something that also  
19 needs to be challenged.

20 I am eligible now and I cannot tell you what a  
21 hard time I have had trying to get an appointment and  
22 I think I am pretty sophisticated and have a computer  
23 and know how to use it and I just tried to go on and  
24 I live in Manhattan and can't get on the subway  
25 because of a fracture in my back and was given an

1  
2 appointment at Cumberland in Brooklyn. So, I think  
3 you know there are some very, very serious problems  
4 that need to be worked out.

5 I feel very strongly; I am a member of the  
6 Googamerz cab and that's where I go for my care.  
7 That working through communities and with communities  
8 is the way to really do this and unfortunately that  
9 doesn't seem to be happening. It's a little more  
10 happening in the public sector, I think not happening  
11 in the private sector.

12 One more thing I want to say -

13 SERGEANT AT ARMS: Time expired.

14 JUDY WESSLER: Can I just say one more thing and  
15 that is that I got two emails, one from NYU Langone  
16 and one from Lenox Hill Northwell, both of which  
17 don't go to for care and they have offered me  
18 appointments. Whereas I can't get an appointment in  
19 the place where I go for my care. That's a serious  
20 problem. Thank you.

21 COMMITTEE COUNSEL: Thank you for your testimony.  
22 I would like to now welcome Kimberleigh J. Smith to  
23 testify. You may begin when you are ready.

24 SERGEANT AT ARMS: Time starts now.  
25

1  
2 KIMBERLEIGH J. SMITH: Hi, good afternoon. Thank  
3 you for the opportunity to testify at today's  
4 hearing. My name is Kimberleigh Smith, I am the  
5 Senior Director for Community Health Planning and  
6 Policy at Callen-Lorde Community Health Center which  
7 is FQHC which primarily serves the LGBTQ population  
8 and is open to all regardless of ability to pay.

9 Today, I am actually joining you in our capacity  
10 as active members of the COVID-19 working group. We  
11 are a coalition of doctors, healthcare professionals,  
12 scientists, social workers, community workers and  
13 activists, all committed to a rapid and community  
14 oriented response to the COVID-19 pandemic and we  
15 would like to reiterate and uplift the experience of  
16 community health clinics this afternoon. So, I wont  
17 repeat some of what has been said but you know, we  
18 stand at the ready during this next phase of the  
19 pandemic for massive inoculations for our population  
20 and our communities and we are eager to move forward  
21 working in coordination with government to provide  
22 access to vaccines for vulnerable, low-income young  
23 people and seniors.

24 And in particular, FQHC's are well positioned to  
25 reach people of color and others who are part of

1  
2 marginalized communities. However, we are very  
3 concerned that the guidance and policies informing  
4 vaccine distribution and accessibility in New York  
5 City lead community health centers severely limited  
6 in their ability to address the challenges of mass  
7 vaccination in vulnerable communities. First,  
8 restrictive vaccine eligibility prioritizations and  
9 threats and fines and fees to healthcare institutions  
10 that cannot administer the vaccine at a predetermined  
11 pace are working counter to the goal of vaccinating  
12 as many people in our communities as possible.

13       And in some cases, this high pressure effort and  
14 the possible loss of vaccine access has increased  
15 vaccine in hesitancy even among staff in community  
16 health clinics. Until expanded eligibility is  
17 achieved, we ask that the city help to coordinate  
18 standby lists of frontline healthcare providers that  
19 can be used to ensure no vaccines are wasted in  
20 accordance with the newly -

21       SERGEANT AT ARMS: Time expired.

22       KIMBERLEIGH J. SMITH: Uhm, secondly we are  
23 severely under resourced in this effort and the city  
24 should build on a newly expanded list of  
25 professionals who are able to vaccinate and create a

1  
2 volunteer program that would place vaccinators in  
3 clinical locations that are required additional  
4 support.

5 And finally, there is an urgent need for  
6 culturally appropriate and accessible education and  
7 materials about the COVID-19 vaccine. I will submit  
8 this testimony in writing, it is much lengthier and  
9 details can be found there. Thank you again for the  
10 opportunity.

11 COMMITTEE COUNSEL: Thank you for your testimony.  
12 Next, I would like to welcome Kevin Jones to testify.  
13 You may begin when you are ready.

14 SERGEANT AT ARMS: Time starts now.

15 KEVIN JONES: Good afternoon Chair Levine and  
16 Rivera and members of the Health and Hospitals  
17 Committee's. My name is Kevin Jones, I am the  
18 Associate State Director of Advocacy for AARP New  
19 York, which represents 750,000 members age 50 and  
20 older in New York City and I want to thank you for  
21 the opportunity to testify today.

22 AARP is fighting for older Americans to be  
23 prioritized in getting COVID-19 vaccines because the  
24 science has shown that older people are at higher  
25 risk of death. Nationally, nearly 95 percent of all

1  
2 COVID deaths have been among Americans 50 and older  
3 and AARP believes that this population should be  
4 prioritized for receiving vaccinations.

5 We have also seen large disparities in COVID  
6 infections, hospitalizations and deaths with Black  
7 and Hispanic Latino family members, neighbors and  
8 friends facing disproportionately high impacts from  
9 the pandemic.

10 City data also shows Hispanic, Latino and Black  
11 people have died at about twice the rate of White  
12 people. As we look to improve our vaccine roll out  
13 and strategy for vaccination rates, we see it through  
14 the lens of age and ethnicity. And the city strategy  
15 must not only be effective and efficient, but it must  
16 also be equitable. As the city continues to  
17 experience heartbreaking loss of life and a devastating  
18 recession due to the pandemic, the city's vaccine  
19 rollout must ensure that we vaccinate those who are  
20 at a greater risk so that they and the City as a  
21 whole can get on the long road to recovery.

22 We are very pleased that residents and staff of  
23 nursing homes were included in Phase 1A of  
24 vaccinating distribution because nursing homes both  
25

1  
2 here and across the country have experienced huge  
3 loss of life due to the virus.

4       Additionally, residents that avoid falling ill  
5 must endure solitude and isolation and as we know  
6 loneliness is one of the greatest health threats  
7 facing older adults. We are also glad to see that  
8 our strategy is evolving and adapting to ensure more  
9 people can get vaccinated quickly.

10       We appreciate Governor Cuomo's willingness to  
11 loosen and broaden restrictions and are optimistic  
12 about reaching more people through the city's moves  
13 to increase vaccination sites. Chairman Levine has  
14 called for 24/7 vaccination site in every  
15 neighborhood and we agree more.

16       SERGEANT AT ARMS: Time expired.

17       KEVIN JONES: So, I will just close. I will  
18 submit this in writing but also, we have a lot of  
19 work to do to inform our residents about safety,  
20 efficacy and importance of vaccinations and that  
21 responsibility falls on all of us. There is much  
22 more to be done and AARP urges the City Council to  
23 work quickly, as I am sure you are committed to  
24 doing. Our city is counting on you. Thank you for  
25 your time.

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COMMITTEE COUNSEL: Thank you for your testimony.  
I would like to now welcome Scott Karolidis to  
testify. You may begin when you are ready.

SERGEANT AT ARMS: Time starts now.

SCOTT KAROLIDIS: Good afternoon and thank you to  
Health Committee Chair Mark Levine and Hospitals  
Committee Chair Carlina Rivera for today's hearing  
and allowing us to testify.

I am testifying today on behalf of YAI, one of  
the largest nonprofit agencies in New York State  
which provides critical services for more than 20,000  
people with autism, down syndrome, cerebral palsy and  
other intellectual and development disabilities or  
IDD in their families.

I am also testifying as a Representative of  
Premier Health Care a YAI affiliate, which offers  
primary care and specialty outpatient services. We  
are extremely grateful for support from the City  
Department of Health and Mental Hygiene, especially  
from Dr. Bindy Crouch and Jennie Sutcliffe, which has  
allowed us to progress toward our goal to vaccinate  
all Premier Healthcare providers and YAI residents  
and staff in congregate care settings by January  
18<sup>th</sup>. We are also eager to partner with New York

1  
2 City in vaccinating more than 8,000 people including  
3 staff in congregate care settings run by our peers  
4 including Cusack, Rising Ground, CFS and Job Pass  
5 over these next few months.

6 To vaccinate New York and protect this vulnerable  
7 section of the population, we need support. If the  
8 City could provide vaccine specific funding, Premier  
9 Healthcare could rapidly accelerate vaccinations and  
10 prevent thousands of infections. While we have the  
11 expertise and facilities to succeed, we are not able  
12 to optimize either without assistance. As you would  
13 expect, vaccinating adults with intellectual and  
14 developmental disabilities, simply takes more time.

15 People who cannot wear masks, must be placed in  
16 the isolation room requiring additional space and  
17 supervision. People with behavioral changes normally  
18 require additional staff for support. People with  
19 sensory motor challenges need additional support and  
20 time for the incorporation of these sensitization  
21 techniques. We need addition time to explain the  
22 vaccine FAQ's to be sure people understand and to  
23 answer any questions and we require consent from  
24 legal guardians which takes time and can result in  
25 rescheduled or missed appointments.

1  
2           Given these characteristics, administering the  
3 vaccine requires at least two staff members, one to  
4 provide the vaccine and one to collect required  
5 paperwork.

6           SERGEANT AT ARMS: Time expired.

7           SCOTT KAROLIDIS: Review screenings and document  
8 vaccination. I am going to make it really brief, I  
9 haven't mastered the figuring out how much text takes  
10 a certain amount of time. We could use your help in  
11 making this happen. City funding for vaccine  
12 providers like Premier Healthcare could help us  
13 vaccinate vulnerable New Yorkers in half the time and  
14 make sure we are doing it safely.

15           The need is great. The need is now. We cannot  
16 wait for a state budget in April or a city budget in  
17 July. Thank you again for allowing us to testify and  
18 for all the work you are doing in this difficult  
19 time.

20           COMMITTEE COUNSEL: Thank you for your testimony.  
21 I will turn it over to Chair Levine.

22           CHAIRPERSON LEVINE: Well, it was just such a  
23 great panel with so many important organizations. I  
24 wish we had time to delve into all of them. I think  
25 something that might be a common theme here is that

1  
2 those of you who as providers are capable of being  
3 part of vaccine delivery, there is a financial burden  
4 that you need help managing. It is true that we are  
5 getting the supply of the vaccine covered by the  
6 federal government, so you are not paying I guess for  
7 the actual dose but you are paying for all the  
8 staffing and infrastructure that's required to  
9 deliver the dose. I think that's what we are hearing  
10 and it is something I certainly feel would be a  
11 prudent investment for the city to activate all of  
12 you to expand our capability to reach frankly those  
13 on the margins who are being left behind.

14 So, really more of a comment than a question but  
15 I just want to thank all of you for what you are  
16 doing and know that you have our strong support.

17 COMMITTEE COUNSEL: Thank you Chair Levine. I  
18 would like to now ask if there are any other Council  
19 Member questions. Seeing none, I am going to thank  
20 this panel for their testimony and we will be moving  
21 on to our next panel.

22 Our next panel in order of testimony will be,  
23 Ravi Reddi followed by Sara Kim followed by Hallie  
24 Yee. Ravi Reddi, you may begin when you are ready.

25 SERGEANT AT ARMS: Time starts now.

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RAVI REDDI: So, I am clearly not Joy New[SP?].

3

Sorry, the label is her account but on her behalf and

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on behalf of the Asian American Federation, I want to

5

thank Committee Chairs Rivera and Levine for giving

6

us the chance to speak on this important topic.

7

I'm Ravi Reddi, the Associate Director for

8

Advocacy and Policy at the Asian American Federation.

9

Our organization represents the collective voice of

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more than 70 member nonprofits serving 1.3 million

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Asian New Yorkers. As previous speakers and Council

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Members have made abundantly clear, the Asian

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American community, as with all communities of color,

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stand especially vulnerable if this opportunity isn't

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taken to address longstanding systemic barriers to

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address healthcare and information access. As part

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of this effort, the city must acknowledge Asian

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American is a critical component of our essential

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workforce and it is ensured that risk putting our

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vaccine rollout on the backfoot with our 1.9 million

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strong Asian American community.

22

The COVID-19 pandemic has resulted in a 35%

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increase in deaths compared to the five-year average

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in our community and our recently released report on

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the devastating impact of COVID-19 on employments in

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our community. Especially in the Asian American community the success of any mass vaccination effort hinges on getting the right information to Asian New Yorkers a way they consume information. This means including community-based partners who have community credibility, especially with vulnerable populations like our seniors, as well as ethnic media outlets who are the primary medium of information consumption for many in our community and Facebook and other social media outlet that they may use.

Language barriers present a formidable challenge, one that our community-based organizations are uniquely-equipped to deal with. Amongst South Asian languages, 77 percent of Bengali speakers, more than 65 percent of Urdu speakers and half of Hindi speakers were also Limited English Proficiency. Even among Filipinos who have a reputation for high English proficiency, 39 percent of Tagalog speakers identify themselves as LEP. And for Asian American seniors living in poverty, LEP rates were 83 percent of Asians, compared to 48 percent for non-Asians.

SERGEANT AT ARMS: Time expired.

1  
2           RAVI REDDI: More than 90 percent of Chinese and  
3 Korean speaking seniors had limited English  
4 proficiency.

5           So, I am just going to skim down just a little  
6 bit and make some final remarks.

7           So, you know, combined with this culturally  
8 competent access to information, vaccine distribution  
9 in our community will depend on how well the city can  
10 account for the needs in our community such as  
11 seniors who have already been isolated due to the  
12 virus and language limitations. Immigrants may worry  
13 about the immigration status when it comes to any  
14 interaction with their government and the significant  
15 digital divide that continues to impede city  
16 engagement with our community.

17           So, for example, we are glad to hear of continued  
18 efforts to improve online portals but the question is  
19 movements while language access and digital divide  
20 together present a significant barrier to access,  
21 especially for our most vulnerable populations who  
22 are also most in need of vaccine.

23           So, this COVID-19 vaccine effort is an  
24 opportunity to recreate a model effort that puts  
25 community based organizations who are already doing

1  
2 the work and already have the ground of trust and get  
3 them to work and develop trust and relationships with  
4 our most marginalized communities alongside the city  
5 entities mandated to help rollout the vaccine.

6 So, on behalf of the Asian American Federation, I  
7 want to thank you for affording me the opportunity to  
8 speak with your today. As I said in December, in  
9 front of your Committee's, this is an unprecedented  
10 situation but we have an unprecedented opportunity to  
11 reimagine our city's relationship with our community.  
12 It has never been more necessary. Thank you.

13 COMMITTEE COUNSEL: Thank you for your testimony.  
14 As a reminder, all members of the public will be  
15 called on in order and we thank everyone for their  
16 patients today.

17 Next, we would like to hear from Sara Kim, you  
18 may begin when you are ready.

19 SERGEANT AT ARMS: Time starts now. Sara, you  
20 are still muted.

21 SARA KIM: Oh, this is Sara Kim from Korean  
22 Community Services serving Asian/Korean immigrants.  
23 As a Program Director for Public Health, I work with  
24 my colleagues, partners and the City for our  
25 community members to overcome this Pandemic. But

1  
2 overall, I see a gap in the services of New York City  
3 and the COVID data for Asian Americans.

4       While the impact of Covid-19 on the Black and  
5 Hispanic communities is well reported, the impact on  
6 Asian communities is under represented. But the  
7 Associated Press and the nonprofit news organization,  
8 The Marshall Project, suggested that Asian Americans  
9 have been one of the racial groups hit hardest by the  
10 disease. There are several reasons in that Asian  
11 communities are being seriously impacted; first, many  
12 Asians especially New Yorkers, work in low-wage jobs  
13 or in the food-service industry where it's not  
14 possible to work from home. Furthermore, Asian  
15 Americans are the most likely to live in multi-  
16 generational households, leading more chances at  
17 exposure and infection.

18       Secondly, the Asian community has been suffering  
19 from harassment and anti-Asian sentiment that have  
20 become much more commonplace in the public discourse.  
21 In the fear of the bias and hate, some members of the  
22 Asian community were reluctant to seek medical care  
23 if they do develop COVID-19.

24       And the final cause is the lack of translators  
25 available at the public testing sites. As the New

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York City rolls out vaccination plan, we urge New York City DOHMH and Health + Hospitals to work together with the community-based organizations and faith-based organizations.

We will be able to reach out to minority communities to increase vaccine awareness and acceptance via tailored materials and ethnic local media campaigns. As the Phase 1B began yesterday, we [INAUDIBLE 3:58:53 from others with limited English proficiency asking how to do the signing, the appointment and my chart. Also community organizations to be accessible -

SERGEANT AT ARMS: Time expired.

SARA KIM: In community places for the hard to reach communities to be served as a vaccination organization site, by having nurses and pharmacists to speak their languages. Thank you, thank you for your time.

COMMITTEE COUNSEL: Thank you for your testimony. I would now like to welcome Hallie Yee to testify. You may begin when you are ready.

SERGEANT AT ARMS: Time starts now.

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HALLIE YEE: Alright, good afternoon. My name is Hallie Yee and I am a Policy Coordinator at the Coalition for Asian American Children and Families. Thank you Chairs Levine and Rivera and members of the Committee's on Health and Hospitals for giving us this opportunity to testify.

Since 1986, CACF has been the nations only Pan Asian children and families advocacy organization and we represent over 40 membership organizations serving the APA community. 49 percent of which lives in the hardest hit areas during this pandemic.

Our concern with this vaccination is that it will meet a similar fate as the testing programs throughout the city, failing to reach the most vulnerable and marginalized communities until much to late. We have been asking City Council to hold our public health systems accountable to our communities needs through the following:

First, demanding that the city provide accurate data collection and disaggregation of data. In order to best respond to this pandemic and reopen safely, we have to be able to track race and ethnicity and languages spoken for those who are tested and

1  
2 vaccinated so we can appropriately trace and take  
3 care of our families.

4       We are not doing this now in our community and  
5 our struggles are being erased. Without proper data  
6 collection and disaggregation, we are unable to  
7 target education and outreach to communities who need  
8 it most in order to track the success of the vaccine  
9 itself.

10       Second, that the city's health system can ensure  
11 that critical information gets to families in the  
12 language that they need. We must be prepared to  
13 reach and support families who are limited English  
14 proficient. There is a lot of information out there  
15 about the vaccine and we need to be able to nip that  
16 in the bud, especially for our communities that are  
17 most impacted and that comes along with having to  
18 rebuild the trust that is not there due to past  
19 instances.

20       And of course, demanding that the city ensure  
21 equitable access to the COVID-19 vaccine. As access,  
22 treatment, delivery, funding and healthcare and  
23 public health are fundamental values and necessities.  
24 DOHMH should build on its collaboration with  
25 frontline community-based organizations and

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2 institutions and really value the work that they are  
3 doing. When it comes to vaccine distribution, we  
4 need to be able to broadly and equitably make this  
5 accessible.

6 SERGEANT AT ARMS: Time expired.

7 HALLIE YEE: Uhm, okay. Ensuring best practices  
8 around COVID-19 testing and vaccination is key to our  
9 recovery. It is critical to making it safe for our  
10 communities vitalization efforts and as always, we  
11 are always here to be available as a resource and a  
12 partner to address those concerns. Thank you.

13 COMMITTEE COUNSEL: Thank you for your testimony.  
14 I would like to ask if there are any Council Member  
15 questions. Okay, thank you to this panel for their  
16 testimony and I will be moving onto our next panel.  
17 I would like to now welcome Kathleen McKenna to  
18 testify. After Kathleen McKenna, we will hear from  
19 Allie Bohm followed by Christopher Boyle followed by  
20 Mary Lynn Werlwas.

21 Kathleen McKenna, you may begin when you are  
22 ready.

23 SERGEANT AT ARMS: Time starts now.

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KATHLEEN MCKENNA: Hi, my name is Kathleen McKenna, I am a Senior Policy Social Worker at Brooklyn Defender Services. I want to thank the Committees and Chairs Rivera and Levine for holding this hearing today.

Since the start of the pandemic, people in city jail custody, their loved ones, defenders and advocates have been requesting transparency from the Department of Corrections and Correctional Health Services on measures being taken to keep people in custody safe. There has been little response.

Public health officials have consistently warned that the answer to keeping people safe is to decarcerate and decarcerate now. Yet we have seen jail populations continuously rise since this summer. Today, the city has over 5,000 people in custody.

Yesterday, the state announced Phase 1B of vaccine distribution opening vaccine eligibility for people in custody of local correctional and juvenile detention facilities as well as correction staff. At the Board of Corrections hearing that's happening right now, CHS testified that they have raised the need to vaccinate all people in custody to the city

1  
2 but are currently only authorized to vaccinate those  
3 at highest risk.

4       Transparency is crucial and a number of question  
5 remain about vaccine distribution and accessibility  
6 in the jails, including how CHS is determining who is  
7 high risk, when the vaccine will be made available to  
8 all people in custody, where people will be housed  
9 between doses and what the plan is for people who are  
10 released prior to their second dose to ensure access  
11 in the community. People in custody and correction  
12 staff must be a priority when rolling out the COVID  
13 vaccine.

14       I also want to second what many have said about  
15 the importance of clear messaging and education about  
16 the vaccine. For both people in jail and the  
17 community, there is widespread fear and skepticism  
18 surrounding vaccination.

19       SERGEANT AT ARMS: Time expired.

20       KATHLEEN MCKENNA: New Yorkers who are already  
21 being monitored by NYPD, ACS or ICE, the fear of  
22 sharing personal identifying information with the  
23 state to receive a vaccine might be a barrier to  
24 uptake.

1  
2 And as Black, Latinx and immigrant communities  
3 have been most heavily impacted by the COVID  
4 pandemic, education and access from credible  
5 messengers must be prioritized for these communities.

6 Thank you and I welcome any questions.

7 COMMITTEE COUNSEL: Thank you for your testimony.  
8 I would like to now welcome Allie Bohm to testify.  
9 You may begin when you are ready.

10 SERGEANT AT ARMS: Time starts now.

11 ALLIE BOHM: I am a Policy Council at the New  
12 York Civil Liberties Union. I first want to make one  
13 point about vaccine distribution. The newly released  
14 COVID-19 vaccine finder reveals entire neighborhoods  
15 where there is not a single COVID-19 vaccination  
16 site. We must work with community-based providers  
17 and organizations to ensure that the vaccine reaches  
18 all of our communities.

19 While my written testimony articulates three  
20 challenges: Vaccine distribution mechanism; equitable  
21 culturally competent vaccine distribution and vaccine  
22 confidentiality, I am going to focus my remainder of  
23 my time on two communities with particularly acute  
24 needs. First, those living in congregate care  
25 setting were rightly prioritized under category 1A

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2 but where nursing home residents are not vaccinated  
3 at home and workers are not vaccinated at work, they  
4 are left to navigate a confusing array of barriers to  
5 determine whether they are eligible and they must  
6 reverse the internet to identify a vaccine location  
7 and make an appointment.

8       Despite the fact that these groups are among the  
9 least likely to be digitally illiterate or to have  
10 internet connectivity at all. These challenges are  
11 likely to increase as New York opens vaccine  
12 eligibility without any increase in the number of  
13 doses allocated to the state. Although the 1A  
14 population will remain top priority, the  
15 developmentally disabled and others in congregate  
16 care settings are likely to lose vaccination slots to  
17 individuals in category 1B who will be better able to  
18 navigate the online appointment scheduling systems  
19 and more likely to have the ability to travel to  
20 vaccination sites.

21       Compounding these challenges, there is no public  
22 tracking of how many people living in congregate care  
23 settings and how many of the staff supporting them  
24 have received vaccines. Tracking is necessary to  
25 ensure that everyone in these populations who can

1  
2 tolerate the vaccine and wants to receive one is able  
3 to do so expediently.

4       Secondly, we are grateful that teachers and  
5 education workers are included in Phase 1B. The  
6 vaccination plan must be crafted to ensure that  
7 vaccine distribution is used to bring student back  
8 into learning environments, not to exclude them  
9 unfairly and the city must improve its school related  
10 COVID data, so the teachers and families can make  
11 start decisions about the vaccine.

12       SERGEANT AT ARMS: Time expired.

13       ALLIE BOHM: And can be directed where it is most  
14 needed. I'm sorry, and so that the vaccine can be  
15 directed where it is most needed. Thank you and I am  
16 happy to answer questions.

17       COMMITTEE COUNSEL: Thank you for your testimony.  
18 I would like to now welcome Christopher Boyle to  
19 testify. You may begin when you are ready.

20       SERGEANT AT ARMS: Time starts now.

21       CHRISTOPHER BOYLE: Hi, good afternoon, my name  
22 is Christopher Boyle I am Director of Data Research  
23 and Policy at New York County Defender Services. We  
24 are a public defense office that represents New  
25

1  
2 Yorkers, thousands of cases in Manhattan's criminal  
3 and supreme courts each year.

4 I have been a New York City Public Defender for  
5 over 25 years and I want to thank the Chairs Rivera  
6 and Levine by holding this hearing on the city's plan  
7 to distribute the COVID-19 vaccines. It was with  
8 great concern that I read an article this past week  
9 in the city that CHS was apparently authorized to  
10 begin the process of classifying inmates in  
11 categories for vaccine distribution. I don't really  
12 have any idea why one of the very organizations that  
13 represents the clients within our city jails wasn't  
14 told first and were part of the planning of the  
15 vaccination distribution.

16 It's not that we as defenders aren't appreciative  
17 of the fact that our most vulnerable clients maybe  
18 able to receive the vaccine, but there are many, many  
19 questions that to this point are unanswered and these  
20 questions are as follows: How many doses of the  
21 vaccine will CHS have available for its first  
22 distribution? Will this allotment be replenished to  
23 account for the high degree of turn over within the  
24 city jail population? Which vaccine will be made

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2 available? Will persons who are vaccinated be housed  
3 with those that aren't vaccinated and will there be  
4 some segregation between the first and second shots?  
5 Who will be designated high risk to get the vaccine?  
6 The defender organizations have already received  
7 dozens of letters from CHS explaining that there are  
8 many clients labeled high risk? Will every inmate  
9 who receive a letter get access to the vaccine? If  
10 the highest risk inmates exceed the number of slots  
11 available, how will the shots be rationed? If an  
12 incarcerated person gets the first dose while within  
13 jail custody and then is subsequently released, how  
14 will that person receive the second dose? What type  
15 of outreach is docked on or considered to alleviate  
16 the obvious fears that this particular vulnerable  
17 population may have as to even taking the vaccine?  
18 Has CHS conducted any education efforts among the  
19 first inmates who may receive a vaccine?

20 SERGEANT AT ARMS: Time expired.

21 CHRISTOPHER BOYLE: Most of our clients don't  
22 have healthcare let alone a primary care physician,  
23 who should they ask for advice on taking the vaccine?

24 It's this last point that I think is the worst.  
25 I would just ask that we need to be included in these

1  
2 conversations about what's happening on Rikers Island  
3 and we are not being included. I know that there is  
4 a hearing going on right now, so I am hearing as real  
5 time about what is going on over there but I have  
6 real concerns about the fact that we are not being  
7 included in the planning. I can take any questions  
8 if you guys have them.

9 COMMITTEE COUNSEL: Thank you for your testimony.  
10 I would like to now welcome Mary Lynn Werlwas to  
11 testify. You may begin when you are ready.

12 SERGEANT AT ARMS: Time starts now.

13 MARY LYNN WERLWAS: Good afternoon. Thank you so  
14 much Chairs Levine and Rivera for your leadership and  
15 holding this hearing. I think the engagement shows  
16 how necessary it is and how much so many of us want  
17 to engage on these issues. I am here today  
18 specifically to talk about the jails.

19 I am from the Prisoners Rights Project of the  
20 Legal Aid Society and the public science is very  
21 clear about the vaccination needs of our clients.  
22 The congregate residential settings like the jails  
23 are extraordinarily dangerous settings for COVID  
24 transmission and should be prioritized for vaccine  
25 distribution.

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2 But as has been alluded to today, Governor Cuomo,  
3 as of today has specifically excluded incarcerated  
4 people from the Phase 1B authorization. There is a  
5 small cohort of people that Correctional Health  
6 Services were able to obtain Phase 1A authority to  
7 vaccinate but the rest of the jails are being left  
8 out in the cold. This is dangerous and this is  
9 racist.

10 Given that incarcerated people are overwhelmingly  
11 Black and Latinx, this is the same cruel and sinical  
12 disregard of Black and Brown people that Council  
13 Members Adams and Barron described earlier today.  
14 Extends racist policies of incarceration to racist  
15 policies of vaccination. This must change.

16 That while the state has its role, New York City  
17 has to its job. There is frankly no excuse for the  
18 confusion and lack of transparency that we have seen  
19 so far. What's the plan for the jails? How long  
20 will it take Correctional Health Services to educate  
21 and vaccinate all willing people in the jails? When  
22 will all correction officers, who are authorized be  
23 vaccinated? We ask for your close scrutiny of the  
24 implementation of this right now.

25 SERGEANT AT ARMS: Time expired.

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MARY LYNN WERLWAS: Thank you. And in particular of the informed consent. There is enormous vaccine hesitancy given the long history of jail experimentation on Black and Brown people in the name of science and it is crucial that you, the leaders oversee and closely monitor the knocking on doors. Not just in the community to educate people but on cell doors, in solitary confinement, in mental health housing to educate and vaccinate all willing people in the jails. Thank you so much for your leadership.

COMMITTEE COUNSEL: Thank you for your testimony. I would like to now turn it to the Chairs for any questions. Chair Levine?

CHAIRPERSON LEVINE: Well, just very briefly I want to add my voice to those demanding that people who are incarcerated be added to eligibility immediately. Something I have been outspoken on now for some time. It is clearly a high risk congregate setting where sadly there has been all too common documented instances the spread of COVID and no one should be given a life sentence simply because of the threat of this pandemic. And you raised really important points Mary Lynn that it is not just about availability but ensuring that this is delivered in

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2 an equitable, fair, transparent way that's not  
3 coercive and I am really glad that you spoke out on  
4 that and I certainly share those goals and will  
5 continue to advocate and monitor as this critical  
6 population remains unserved in this crisis. Thank  
7 you.

8 COMMITTEE COUNSEL: Thank you Chair. If there  
9 any other Council Members that have questions, please  
10 use the Zoom raise hand function now. Not seeing  
11 any, I would like to thank this panel for their  
12 testimony. I am sorry, Chair Rivera.

13 CHAIRPERSON RIVERA: I was just going to add that  
14 this is one of the first questions I asked was about  
15 eligibility for incarcerated individuals and public  
16 outreach and education and the answer was  
17 unacceptable and underwhelming. So, I just want to  
18 thank everyone here for their testimony and we will,  
19 we know it is our responsibility. And so, we thank  
20 you for holding us accountable.

21 COMMITTEE COUNSEL: Thank you Chair. Seeing no  
22 other questions, I would like to thank this panel for  
23 their testimony and will be moving onto our next  
24 panel. In order of testimony, we will be hearing  
25 from Josefina Perez, Dr. Elizabeth Bishop and MJ

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2 Okma. Josefina Perez, you may begin when you are  
3 ready.

4 SERGEANT AT ARMS: Time starts now.

5 COMMITTEE COUNSEL: Okay, I think we are having  
6 some technical difficulties, so we will turn back.

7 Uhm, Dr. Elizabeth Bishop, you may begin when you are  
8 ready.

9 ELIZABETH BISHOP: Thank you. So, some brief  
10 comments. I am the Director of Strategic Initiatives  
11 for CUNY, the Youth Studies program where I teach on  
12 the faculty and I also serve as the Director at  
13 Global Kids, a human right education organization  
14 that serves thousands of young people.

15 So, I am testifying today to advocate for the  
16 expedited vaccination of the hundreds of youth  
17 workers who are essential staff who stand shoulder to  
18 shoulder with public school teachers. Since the  
19 start of the pandemic, it has been clear that youth  
20 workers lack any organized power to advocate and  
21 lobby for their labor rights or their health  
22 interests at a municipal level even though they have  
23 been dispatched to the frontlines of the crisis in  
24 schools, Rec Centers, Community Centers, public  
25

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2 housing, cornerstones, home visits and supply  
3 deliveries.

4       When school reopening plans were rolled out in  
5 August, public school teachers were able to organize  
6 through PPE to go back into the buildings. Youth  
7 workers have no representation like the union that  
8 the teachers have. Over and over, the crisis has  
9 surfaced deep inequity and youth workers are  
10 demographically and geographically more  
11 representative of the young people that we serve in  
12 our schools than teachers or administrators are.  
13 They lack collective bargaining and they have faced  
14 the brunt of the yoyo of policies and budget fallouts  
15 on the frontline rapid response.

16       So, today, I am asking you to ensure that all  
17 youth workers across New York City are priorities for  
18 vaccination alongside public school teachers. We  
19 know there has been some movement on the language  
20 here but it is limited. So, it is leaving out a lot  
21 of youth workers in the eligible category. The field  
22 of youth work is thankful for DYCD and DOE,  
23 especially the office of community schools for the  
24 steps they have already taken but youth workers are  
25 paid less than teachers. They stand in the same

1  
2 building. They greet students at the same entrance.  
3 They manage the same attendance lists and do outreach  
4 to families. They are the trusted community leaders,  
5 lifelines to families and they are primary messengers  
6 to parents and guardians in the hardest hit  
7 communities. They are the ones that are getting on  
8 people to show up to school. Making sure that they  
9 are connected to food, healthcare, technology, and  
10 other vital needs. They are the lifeblood of the  
11 city and they should get vaccinated alongside of  
12 teachers as an equity issue.

13 If you want a successful reopening of schools and  
14 the economy, ensure that youth workers are  
15 prioritized –

16 SERGEANT AT ARMS: Time expired.

17 ELIZEBETH BISHOP: Thank you.

18 COMMITTEE COUNSEL: Thank you for your testimony.

19 I would like to now welcome MJ Okma to testify. You  
20 may begin when you ready.

21 SERGEANT AT ARMS: Time starts now.

22 MJ OKMA: Good afternoon, my name is MJ Okma with  
23 the Human Services Council, a membership organization  
24 that represents over 170 human services providers in  
25 the city. Throughout the crisis, the cost of COVID-

1  
2 19 that's been passed along to the human services  
3 sector has been immense. Government contract, vital  
4 government contracts have been reduced and cut and  
5 over 40,000 human services jobs in our city has been  
6 lost.

7       There was a massive job loss for a workforce that  
8 is 86 percent women and 80 percent people of color.  
9 The city must not allow the pattern of leaving behind  
10 human services workers to be replicated in the COVID-  
11 19 vaccine rollout. These essential workers have  
12 been on the frontline since March putting their lives  
13 at risk to ensure others are safe and that more New  
14 Yorkers are not in need of emergency services. All  
15 human services workers who are unable to do their  
16 jobs remotely must be explicitly included and  
17 prioritized in the vaccine rollout. Assuming that  
18 frontline human services workers will neatly fall  
19 into other categories will only leave essential  
20 workers behind.

21       Because many human services programs are funded  
22 through government contracts and provide legally  
23 mandated services, human services providers must keep  
24 their doors open regardless of high COVID-19 exposure  
25 and keep staffing levels steady regardless of how

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2 many workers need to stay home for sick leave or  
3 quarantine.

4       This means that access to the vaccine is  
5 absolutely critical to keep these programs running.  
6 As many have discussed today, structural racism has  
7 been a driving force behind COVID-19 disparities.  
8 Going forward it is vital for New York City to  
9 prioritize vaccine distribution in communities with  
10 the highest risk of hospitalizations and fatalities,  
11 not just by high infection rates or job titles. This  
12 includes those living in shelters and those who are  
13 incarcerated.

14  
15       Human Services nonprofits are deeply integrated  
16 within their disproportionately impact communities  
17 entrusted by their clients to provide critical  
18 services. This puts nonprofits in a unique position  
19 to help reinforce confidence and safety in the  
20 vaccine.

21       Finally, I want to echo the need for New York  
22 City and New York State to work together to create a  
23 clear distribution plan and accessible system –

24       SERGEANT AT ARMS: Time expired.

1  
2 MJ OKMA: For a vaccine appointment. Right now,  
3 there is a lot of confusion because of a lack of  
4 coordination between the city and the state. Thank  
5 you so much for this opportunity to testify.

6 COMMITTEE COUNSEL: Thank you for your testimony.  
7 I would like to circle back and see if Josefina Perez  
8 is able to get on. Okay, I think we are still having  
9 technical difficulties, so we will move on to our  
10 next panel. Oh, I am sorry, apologies, I would like  
11 to ask if anyone has questions for this panel.

12 Okay seeing none -

13 CHAIRPERSON LEVINE: Just a very brief comment  
14 that I am deeply sympathetic to the Human Service  
15 workers, youth workers and others who have been left  
16 out of the current vaccine prioritization. I have  
17 been vocal about this. You all are in the  
18 frontlines; you have been taking risks during this  
19 pandemic. Your work has been more important than  
20 ever because of enormous needs of the communities  
21 that you are serving and you absolutely deserve to be  
22 part of this vaccine prioritization phase. I am glad  
23 you are here to speak out and put those comments on  
24 the record and you certainly have our support in that  
25 effort. Thank you for speaking today.

1  
2 COMMITTEE COUNSEL: Thank you Chair Levine. I am  
3 not seeing any other questions. So, I will thank  
4 this panel for their testimony and we will be moving  
5 on to our next panel.

6 Next, I would like to welcome Ronald E. Richter  
7 to testify following Ronald, we will have Nicole  
8 McVinua followed by Michelle Demott followed by Miao  
9 Jenny Hua followed by Vladimir Kirlin. Ronald E.  
10 Richter, you may begin when you are ready.

11 SERGEANT AT ARMS: Time starts now.

12 RONALD E. RICHTER: Thank you so much. Good  
13 afternoon Chairs Levine and Rivera and members of the  
14 Health Committee and the Hospitals Committee. Thank  
15 you for calling this hearing and allowing me to  
16 testify on behalf of the children we serve in the  
17 family and child serving and developmental  
18 disabilities systems. Critical staff who work with  
19 vulnerable children and families and foster parents  
20 to open their homes to children and young adults  
21 during the COVID-19 pandemic.

22 I am Ronald Richter, Chief Executive Officer of  
23 JCCA. I have also been honored to serve as New York  
24 City's ACS Commissioner and as a judge in the city's  
25 family court. JCCA is a child and family services

1  
2 agency that works with more than 17,000 children and  
3 families each year. These are New York's most  
4 disadvantaged and vulnerable children and families  
5 served by foster and resident care, educational  
6 assistance and remediation and care management.  
7 Which provides crucial wellness services and care  
8 management to young people with behavioral health  
9 issues to prevent child abuse and mal treatment.

10 In addition to families already in the child  
11 welfare system, JCCA stabilizes and strengthens  
12 families who are disproportionately impacted by the  
13 pandemic by providing preventive services which are  
14 targeted intervention and community outreach. They  
15 touch nearly 4,000 children and families each year.

16 The foster parents who welcome children into  
17 homes volunteer to put themselves and their families  
18 on the frontline to help young people in need. There  
19 is no greater community service. During the  
20 pandemic, they have placed themselves and their  
21 families at risk by caring for young people who are  
22 in many cases not members of their family. Given our  
23 commitment to reunify children with their families of  
24 origin whenever possible, ongoing in person visiting  
25 is crucial and legally required.

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Vaccination of foster families facilitates -

SERGEANT AT ARMS: Time expired.

RONALD E. RICHTER: Safe visitation between  
foster children and their families and foster  
families have to be prioritized in vaccination.

COMMITTEE COUNSEL: Thank you for your testimony.

I would like to now welcome Nicole McVinua to  
testify. You may begin when you are ready.

SERGEANT AT ARMS: Time starts now.

NICOLE MCVINUA: Good afternoon Chairs Levine,  
Rivera and members of the Committee's. My name is  
Nicole McVinua and I am the Director of Policy at  
Urban Pathways. Thank you for the opportunity to  
testify today.

Urban Pathways is a nonprofit homeless services  
in support of housing provider. We assist single  
adults through a unique combination of street  
outreach, drop in center services, safe havens,  
extended stay residences and permanent supportive  
housing. Last year we served over 3,900 New Yorkers  
in need.

Over the past ten months, our programs have  
remained fully operational thanks to the dedicated  
frontline staff that have continued to work on site

1  
2 throughout the course of this pandemic. Our staff  
3 have put their own health at risk to ensure the  
4 safety of our clients and residents. And like MJ  
5 spoke about you know, human services providers across  
6 the city have come to the aid of those in need to  
7 provide food, childcare and other critical in person  
8 services.

9       There are over 125,000 human services workers in  
10 New York and play by the nonprofit sector who are at  
11 high risk of exposure as they continue to serve  
12 communities disproportionately impacted by COVID-19.  
13 Despite this, not all human services workers  
14 providing in-person services have been made eligible  
15 for the COVID-19 vaccine in Phases 1A and 1B and as  
16 was spoken about, the majority of our staff and of  
17 human services workers are women and people of color  
18 whose own communities have been disproportionately  
19 impacted on top of the communities that they also  
20 serve.

21       Along with this, the guidance surrounding  
22 eligibility for the vaccine has been ever changing  
23 and inconsistent. We have contracts with the state,  
24 we have contracts with the city and the guidance has  
25 not always been clear. There hasn't always been

1  
2 clear interpretation of the guidance. You know,  
3 currently, you know, we heard in this hearing earlier  
4 that homeless shelters were being included.

5 SERGEANT AT ARMS: Time expired.

6 NICOLE MCVINUA: But it is still not completely  
7 clear to us whether drop in centers are included in  
8 this. Whether street outreach teams are included in  
9 this. Tier 2 shelters do not seem to be included in  
10 this guidance who provide shelter to families because  
11 they don't have shared sleeping, bathing or eating  
12 accommodations as is specified in the state guidance.  
13 You know we are also unclear whether or not  
14 individuals who are currently street homeless who  
15 lack PPE and other basic needs and have high rates of  
16 preexisting conditions are going to be included in  
17 this if they are not currently enrolled in a shelter  
18 program. The folks at our outreach staff are  
19 consistently working with on the street to get  
20 inside.

21 So these are all concerns you know that we still  
22 have and we appreciate all the work that the city has  
23 done so far but we really urge city and state leaders  
24 to work together to create a clear and equitable plan  
25 for the vaccine distribution. Thank you very much.

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2

COMMITTEE COUNSEL: Thank you for your testimony.

3

I would like to now welcome Michelle Demott to

4

testify. You may begin when you are ready.

5

SERGEANT AT ARMS: Time starts now.

6

MICHELLE DEMOTT: Good afternoon Chairs Rivera

7

and Levine and the distinguished members of City

8

Council. I am Michelle Demott and I am the Chief of

9

Staff to Mitchell Netburn, President and CEO of

10

Samaritan Daytop Village.

11

I first want to thank you for your continued

12

support and efforts during these challenging times.

13

Samaritan is a human service organization that

14

provides comprehensive services to more than 33,000

15

people each year through a network of over 60

16

facilities primarily located in the five boroughs of

17

New York City. We offer a rich array of programs,

18

including treatment for mental health issues and

19

substance use disorder, transitional supportive

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housing and innovative services to veterans, homeless

21

individuals, women, children, youth, seniors and

22

families.

23

The wellbeing of everyone we serve is our most

24

important priority at this time. However, it is

25

clear from the COVID-19 vaccination plan rollout that

1  
2 not all of our staff nor all of our clients are a  
3 priority. Samaritan employees, an estimated 1,300  
4 health and human service workers and approximately 55  
5 percent of those employees work in an unlicensed  
6 congregate care setting. In layman's terms, these  
7 are homeless shelters serving the most vulnerable New  
8 Yorkers including those who are low to no income with  
9 complex medical and behavioral health needs. The  
10 staff and clients in these facilities were not  
11 including in priority 1A according to New York State  
12 guidance.

13       Once again, during and resurgence when all  
14 frontline and essential workers are called to duty,  
15 the vaccine rollout does not impact all New Yorkers  
16 equally. In fact, again, it disproportionately  
17 impacts communities that have already been hardest  
18 hit by COVID-19 due to structural racism, ableism and  
19 income inequality. Early on, we quickly adapted our  
20 services to continue reaching our clients safely and  
21 amid the pandemic.

22       To mitigate the spread of COVID, Samaritan was  
23 committed to serving their clients and in order to  
24 reduce exposure and transmission during this public  
25 health emergency and to remain consistent with

1  
2 governmental mandates, we immediately adjusted our  
3 program operations. We purchased devices for both  
4 staff and clients.

5 SERGEANT AT ARMS: Time expired.

6 MICHELLE DEMOTT: Inquiring a huge expense as  
7 well as provide both staff and clients with PPE.  
8 Additionally, we enhanced our cleaning and  
9 disinfecting protocols for all of our sites, not  
10 prioritized sites. Now, just imagine operating an  
11 organization of this size where more than half of the  
12 employees provide essential city contracted mandated  
13 services and not being able to provide them with a  
14 vaccine that can protect their lives.

15 Our administrative staff is forced to explain why  
16 one employee is deemed more valuable than another.  
17 Why one client is deemed more valuable than another.  
18 We stand ready to help our city and our communities  
19 recover from COVID-19. We know that long term  
20 success of New Yorkers requires all essential human  
21 services workers to be given priority access to the  
22 vaccine and ensure that there is equity and full  
23 transparency at every step of the allocation and  
24 distribution process.

1  
2 With the support of the City Council, we can  
3 ensure that New York regains that health and  
4 wellbeing and that our city retains its commitment to  
5 take care of those in need.

6 I thank you on behalf of Samaritan and we look  
7 forward to continuing to be on the frontlines in  
8 partnership with you and your communities serving the  
9 most vulnerable New Yorkers. Thank you.

10 COMMITTEE COUNSEL: Thank you for your testimony.  
11 I would like to now welcome Miao Jenny Hua to  
12 testify. You may begin when you are ready.

13 SERGEANT AT ARMS: Time starts now.

14 MIAO JENNY HUA: Hello, thank you Chairman Levine  
15 and Chairwoman Rivera and City Council for the  
16 opportunity to testify. I represent the New York  
17 Doctors Coalition. A diverse group of doctors and  
18 health advocates located within our local chapters in  
19 New York City. Our members are involved in clinical  
20 care, medical education, public health and health  
21 advocacy more broadly.

22 Since 2016, we have campaigned for more equitable  
23 city and state response to chronic and systemic  
24 neglect of the health of low-income communities of  
25 color. Balancing equity and efficacy is not a zero

1  
2 sum game. Insuring equitable vaccine distribution  
3 inherently means reaching the vast majority of New  
4 Yorkers who are working class and belong to high risk  
5 categories by federal and state guidelines.

6 With this in mind, we have three main demands for  
7 the vaccine rollout going forward. First, decrease  
8 reliance on the elite medical centers as points of  
9 distribution or dispensing POD's. While relying on  
10 large medical centers as initial points of dispensing  
11 is critical for reaching frontline health workers.

12 The lack of community-based plausible exacerbate  
13 existing COVID-19 health and equities. As the states  
14 rigid prioritization guidelines threaten to penalize  
15 providers for flouting the eligibility criteria, we  
16 have us a witness Elite Medical Centers liberalizing  
17 these criteria to include many nonpatient facing  
18 staff with few risk factors for severe COVID before  
19 frontline workers and high risk groups.

20 This is a serious issue and we believe stems from  
21 little regulation on how Elite Medical Centers  
22 implement vaccine prioritization in the first place.  
23 In October 2020, the State Department of Health  
24 released a prioritization matrix based on geographic  
25 prevalence in the actual rollout into institutional

1  
2 chaos as the set most of the acclaimed institutions  
3 in this country with frontline staff often queuing  
4 behind a nonclinical personnel. Meanwhile lack of  
5 outreach to historically marginalized groups, many of  
6 them are patient facing, has meant lower uptick among  
7 them and this is also more pronounced as safety nets.

8 A distribution through schools, food banks,  
9 houses of worship, independent pharmacy, FQHC's can  
10 increase access for low income communities.

11 SERGEANT AT ARMS: Time expired.

12 MIAO JENNY HUA: And may help address vaccine  
13 hesitancy. Mobile units capable of going door to  
14 door are more essential for reaching mothers with  
15 young children and homebound seniors. This leads me  
16 to our second concern, which I will quickly go  
17 through, which is that currently we don't have the  
18 capacity to ramp up to the 400,000 doses per week  
19 that we do need to reach herd immunity by summer.  
20 If the majority of these doses are distributed  
21 through large, centralized pause. This will be a  
22 diversion away from folks in New York City who have  
23 less resources to travel and less access to  
24 information.

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So, efficient rollout has to be balanced with distribution through community pause as well as priority for homeless shelters, jails, prisons, isolation facilities, syringe exchanges, assistant living facilities.

And finally, outreach, outreach, outreach. We need an aggressive plain language and multilingual health education campaign. Local and ethnic radio should be enlisted, scheduling vaccines should not be you know, as many have mentioned, through internet access but be held in person as well as the telephone hotline. And also, a telephone hotline would be very important for the second dose of the Pfizer and Moderna vaccine which do leave a lot of people incapable of going to work immediately afterwards and people should be prepared and have access to a vaccine hotline for reassurance. Thank you so much for the opportunity to testify.

COMMITTEE COUNSEL: Thank you for your testimony. I would like to now welcome Vladimir Kirlin to testify. You may begin when you are ready.

SERGEANT AT ARMS: Time starts now.

VLADIMIR KIRLIN: Hi and thank you for an opportunity to talk. I think a lot of the points I

1

2 wanted to bring up were already discussed but I just  
3 want to very briefly go over them.

4

5 So, first of all, I just wanted to have a clear,  
6 transparent answer to the question whether there were  
7 expired and like essentially wasted doses. Because  
8 the reports have been flying around and it would be  
9 good to know if it was actually true or not.

9

10 And second, I really want to support the creation  
11 of our centralized wait list where people can  
12 preemptively register for a vaccine, like even when  
13 they are not in the currently vaccinated priority  
14 group. I think that will go a very long way in  
15 making sure no doses are wasted, as the any - like to  
16 be expired doses could be offered to the people from  
17 the wait list.

17

18 Third, given the current data on the vaccine  
19 supply in the past few weeks, it doesn't really seem  
20 to be that the supply is the main issues as of now  
21 and the distribution is. If you just run through the  
22 numbers, it is like, we are doing less than 100,000  
23 doses or 150,000 a week and the supply is definitely  
24 higher than that if you just extrapolate from the  
25 known data.

25

1  
2       So, I don't see the reason why we can't push the  
3 threshold of the administer to available doses to at  
4 least like 60, 75 percent as opposed to like below  
5 50, which it stands now.

6       And the last two points were, create the  
7 volunteer portal, where both medical and nonmedical  
8 people can sign up because right now, I was trying to  
9 find out if I can help by any means like  
10 organizational outreach or otherwise. I couldn't  
11 really find it. Like, it's an infinite loophole  
12 essentially I think. Like an infinite link  
13 redirection to find complete ways to volunteer.

14       And lastly, I really want to second using schools  
15 as awareness and the vaccination centers because you  
16 have staff nurse you know, present anyway and I think  
17 they are like a huge point, like focal points of the  
18 community already and -

19       SERGEANT AT ARMS: Time expired.

20       VLADIMIR KIRLIN: We have like parental groups  
21 like sharing data on Facebook, What's Up and what not  
22 and a lot of people I think have like, a lot of  
23 classes have people working in the healthcare or  
24 other priority groups. So, that would be a very  
25

1

2 strong point of like both outreach and even like a  
3 vaccination center potentially.

4 Thank you very much for the opportunity to speak  
5 Council Members and Chairs Levine and Rivera, thank  
6 you.

7 COMMITTEE COUNSEL: Thank you for your testimony.  
8 I would like to now turn it to the Chairs for any  
9 questions. Council Member, excuse me, Chair Levine.

10 CHAIRPERSON LEVINE: Hi, my very cute audience is  
11 making some noise now. I apologize for that. I am  
12 going to put it on mute for one second.

13 CHAIRPERSON RIVERA: I was just going to say  
14 thank you to the panel and uhm, I agree that we  
15 didn't hear a lot about training and volunteer  
16 workforce and opening up opportunities to people who  
17 want to help and you know, who are we actually  
18 training to put these shots into people's arms and I  
19 do hope will get more information available and I  
20 just want to thank all of you for what you are doing  
21 and of course to Dr. Hua, thank you so much for your  
22 partnership and everything. And especially looking  
23 out for our FQHC's and our community sites and making  
24 sure that logistically not only do they become an  
25 important part of this map but that they are

1 supported with the resources that they need. Chair  
2  
3 Levine?

4 CHAIRPERSON LEVINE: Oh, you said it perfectly  
5 Chair Rivera, thank you for covering me while  
6 Hermini[SP?] was very excited there at that moment.

7 I thank this panel for bringing up these  
8 important issues and Demetri, you brought up the  
9 challenge of volunteering, which has been a recurring  
10 theme today and we are with you all the way. We are  
11 actually working on some legislation to require  
12 creation of exactly the kind of portal that you  
13 mentioned and I know you asked about doses that have  
14 been thrown away. We don't have anyone, my fellow  
15 Chair and I are not representatives of the  
16 Administration, so we can't answer that but of  
17 course, there have been published press reports about  
18 wasted doses, which is absolutely infuriating. I do  
19 think with the additional flexibility and eligibility  
20 groups now that we will see less of that. I expect  
21 so but we will certainly be monitoring it closely.  
22 Thanks again to all of you.

23 COMMITTEE COUNSEL: Thank you Chairs. I would  
24 like to ask if any Council Members have any  
25 questions. Seeing no hands, I am going to thank this

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panel for their testimony. At this time, we have

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concluded public testimony. If we have inadvertently

4

missed anyone that is registered to testify today and

5

has not yet been called, please use the Zoom raise

6

hand function now and you will be called on in the order

7

that your hand has been raised.

8

Okay, I am seeing Katelyn Andrews and Josefina

9

Perez. We will start with Katelyn Andrews. You may

10

begin when you are ready.

11

SERGEANT AT ARMS: Time starts now.

12

KATELYN ANDREWS: Thank you so much. Again, my

13

name is Katelyn Andrews, I am the Director of Public

14

Policy at LiveOn New York, a nonprofit with a

15

membership of more than 100 community-based

16

organizations that serve seniors throughout New York.

17

Thank you Chairs Levine and Rivera for the

18

opportunity to testify. I wrote my testimony on

19

Friday; a lot has changed since then and that's a

20

good thing. We are glad to see some continued

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improvements. The fact that now 65 plus older New

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Yorkers are eligible for the vaccine. The creation

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of a hotline, these are improvements. We hope that

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trend continues.

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To put into context what's at stake, one of our member organizations who administered the vaccine at their nursing home, heard from a tenant there that said, she had not held her great grandchildren who had been born since March. Two great grandchildren that had been born, no opportunity to give them a hug. That's what at stake here. It's about saving lives but it's also about giving lives back to people who have been sheltering in place and fearful of really living their day to day life.

So, we really would love to see the city and the state find success in this distribution and we are here to help. I think that to start, the city really needs to make clear that the essential workers that have been working on the frontlines in communities to serve older New Yorkers are eligible through Phase 1B of the vaccine. Specifically home delivered meals, providers, so cooks, delivers. We know that delivery personnel were included today but just really having that clarity to providers contracted with the city that they will be - they are eligible and can begin getting the vaccine would be incredibly helpful and in addition to that clarity around Hud Section 2020. So, senior housing buildings throughout the city,

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SARA Building, the folks that are working there, maintenance workers, service coordinators also need to have clarity that they are eligible and can begin being vaccinated.

We also need to really emphasize as has been the theme today, the importance of opportunities for folks—

SERGEANT AT ARMS: Time expired.

KATEYN ANDREWS: Who are low tech and that if there is a hotline created that has been, that that doesn't yield long wait times and it's the equitable opportunities for folks who are not able to utilize the internet or cannot afford internet access.

And just fully collaborating with community-based organizations. These are the trusted providers on the ground. The city is starting to do that and to lean on that while simultaneously cutting indirect cost rates to all of these providers who we always turn to in an emergency.

So, the city can both recognize, late but recognize that nonprofits are the folks that get the work done and simultaneously cut their funding. So, we need clarity, we need technology to not be the

1  
2 sole way that we are getting the word out and we need  
3 to both utilize nonprofits and respect them and fund  
4 them for their work. Thank you.

5 COMMITTEE COUNSEL: Thank you for your testimony.  
6 I would now like to welcome Josefina Perez to  
7 testify. You may begin when you are ready.

8 SERGEANT AT ARMS: Time starts now.

9 JOSEFINA PEREZ: Hi, good afternoon. My name is  
10 Josefina Perez and I am the Assistant Vice President  
11 of our adolescent residential care at Sheltering  
12 Arms. Thank you Chair Levine and Rivera for the  
13 opportunity to testify before you today.

14 Sheltering Arms is one of the city's largest  
15 providers of education, youth development and  
16 community and family wellbeing programs for the  
17 Bronx, Manhattan, Brooklyn and Queens. We serve  
18 nearly 15,000 children, youth and families each year  
19 and employ more than 1,200 staff from across New York  
20 City.

21 Several of our programs because eligible in the  
22 group 1A including our health clinic, mental health  
23 clinic and our residences for adults developmental  
24 disabilities. Our HR team were quickly to ensure  
25

1  
2 that eligible staff had to inquire proof of  
3 employment including their category of eligibility.

4 Staff in our health and mental health clinics  
5 have already begun to receive the vaccine and have  
6 reported a very smooth and quick process. While the  
7 process for our staff has been smooth, the rollout  
8 for the residents in our DDS program has been slower.  
9 We will partner with CVS in order to vaccinate our  
10 residents; however, CVS has not yet received the  
11 vaccines. We were informed this week that residents  
12 may receive the vaccine from their primary care  
13 physician. So, we are now arranging for residents to  
14 receive their vaccine in this way.

15 We were very pleased to learn yesterday afternoon  
16 that educators and staff in our early childhood  
17 education and afterschool programs, as well as our  
18 staff and our OCFS license residential and child  
19 welfare programs are now included in group 1B of the  
20 New York State eligibility list for the COVID-19  
21 vaccine.

22 Our foster care program partners with 150 foster  
23 parents primarily in the Bronx and Manhattan  
24 providing safe and caring homes for nearly 400  
25

1  
2 children and youth. We urge the city and state to  
3 prioritize foster parents to receive the vaccine.

4 Due to legal mandates, foster parents must engage  
5 in various in-person interactions in order to support  
6 the safety and wellbeing of children.

7 SERGEANT AT ARMS: Time expired.

8 JOSEFINA PEREZ: And youth in care. While in  
9 person interactions have been limited as much as  
10 possible, certain activities can not easily take  
11 place virtually. Such as the home assessment and  
12 family visits.

13 To support the safety of children and our staff,  
14 we strongly recommend that foster parents be part of  
15 our task for the vaccine. Thank you so much for the  
16 opportunity to testify and for your commitment in  
17 ensuring an efficient vaccine rollout. I am happy to  
18 answer any questions. Thank you.

19 COMMITTEE COUNSEL: Thank you for your testimony.  
20 I would like to see if the Chairs or any Council  
21 Members have any questions for these panelists.

22 Okay, I would like to ask one more time if we had  
23 missed anyone uhm, who did not testify today. Okay,  
24 I am going to turn it back to Chair Levine and Chair  
25 Rivera. Chair Levine for closing remarks.

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CHAIRPERSON LEVINE: Well, thank you so much Harbani for your great work leading us as our Committee Counsel. Thanks to all the incredible teams supporting the Health Committee and the Hospital Committee for your work today and every day. And it is always wonderful partnering with you Chair Rivera. Thank you for everything you have done.

What an incredible hearing this has been to all the members of the public who have come out and testified to questions of equity, first and foremost, for workers, for people who are incarcerated, for communities of color, for our seniors, for people who are vulnerable. You need resources, you need vaccine eligibility, you need an efficient system for accessing appointments. None of that is too much to expect. The City can and should do that and we are glad that you have gone on the record today to make sure that this point is not lost as we plan for the next critical phase in this rollout.

So, thank you again and I will pass it over to you Chair Rivera for your closing remarks.

CHAIRPERSON RIVERA: Thank you so much everyone for being with us these past five hours. I know there was a lot that we wanted to know. Why vaccine

1  
2 distribution seems to be going so slow. What can we  
3 do to help it along so it goes much faster? Why  
4 can't we streamline and make the process more  
5 accessible to get more New Yorkers vaccinated?

6 We received some answers today. Clearly, there  
7 is a lot of follow up that Chair Levine, myself and  
8 my colleagues and many of the advocates here have to  
9 do to make sure that this is an equitable process and  
10 I am just honored to be here, a part of this  
11 conversation with you all and we have a lot of work  
12 to do and I just want to thank you.

13 CHAIRPERSON LEVINE: Okay, I think I have to give  
14 the official gavel here, which we are improvising  
15 with my hammer here but [GAVEL]. There we go, this  
16 hearing is concluded. Thank you everybody.

17 CHAIRPERSON RIVERA: Thanks to the Committee  
18 Counsel and all the staff. Thank you so much  
19 Sergeant at Arms.

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C E R T I F I C A T E

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



Date January 31, 2021