

1 COMMITTEE ON HEALTH JOINTLY WITH THE COMMITTEE ON  
AGING AND THE COMMITTEE ON TECHNOLOGY 1

2 CITY COUNCIL  
3 CITY OF NEW YORK

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6 TRANSCRIPT OF THE MINUTES  
7  
8 Of the

9 COMMITTEE ON HEALTH JOINTLY WITH THE  
10 COMMITTEE ON AGING AND THE COMMITTEE  
11 ON TECHNOLOGY  
12 ----- X

13 February 17, 2021  
14 Start: 10:07 a.m.  
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16 HELD AT: REMOTE HEARING (VIRTUAL ROOM 2)

17 BEFORE: Mark Levine,  
18 Chairperson for Committee on  
Health

19 Margaret Chin,  
Chairperson for Committee on Aging

20 Robert Holden,  
21 Chairperson for Committee on  
Technology

22 COUNCIL MEMBERS:

23 Alicka Ampry-Samuel  
Inez D. Barron  
Darma V. Diaz  
Mathieu Eugene  
Keith Powers  
Chaim M. Deutsch  
Helen K. Rosenthal  
R. Diaz  
Mark Treyger  
Peter Koo  
Paul Vallone  
Kalman Yeger  
Diana Ayala

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2 AGING AND THE COMMITTEE ON TRANSPORTATION 2

2 COUNCIL MEMBERS:(CONT.)

3 I.Daneek Miller  
4 Kevin C. Riley  
5 Eric A. Ulrich  
6 Ydanis Rodriguez  
7 Brad Lander  
8 Stephen T. Levin  
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2 A P P E A R A N C E S

3 Dave Chokshi  
DOHMH Commissioner

4 Lorraine Cortés-Vázquez  
DFTA Commissioner

6 Jessica Tisch  
DoITT Commissioner

7 Gale A. Brewer  
Manhattan Borough President

9 Reed Vreeland  
Housing Works in the Advocacy Department

10 Kimberly Smith  
Callen-Lorde Community Health Center

12 Jacquelyn Kilmer  
CEO of Harlem United

13 Marie Mongeon  
Director of Policy for CHCANYS

15 Lyndel Urbano  
Director of Public Policy at Amida Care

17 Christian Gonzalez-Rivera  
Director of Strategic Policy Initiatives at the  
Brookdale Center for Healthy Aging

18 Noel Hidalgo  
Beta NYC

20 Brianna Paden-Williams  
Communications and Policy Associate at LiveOn New  
York

22 Judith Levin  
Director of Senior Center Services at Greenwich  
House

24 Rachel Sherrow  
City Meals-on-Wheels, Associate Executive  
Director

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

3 Mylung Lee  
4 President and CEO of Volunteers of America  
Greater New York

5 Beth Finkel  
6 State Director of AARP

7 Brian McIndoe  
President and CEO of Ryan Health

8 Tara Klein  
9 Senior Policy Analyst with United Neighborhood  
Houses

10 Shaaranya Pillai  
11 Deputy Director at India Home

12 Jemma Marens  
Social Worker at the Isaac Center

13 Daniel Barkley  
14 Director of the Elder Law Unit in the Veterans  
Justice Project at Brooklyn Legal Services

15 Allie Bohm  
16 Policy Counsel at New York Civil Liberties Union

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2 SERGEANT LUGO: PC recording done.

3 SERGEANT HOPE: Cloud recording started.

4 SERGEANT PEREZ: Backup is rolling.

5 SERGEANT LUGO: Thank you. Sergeant Sadowsky,  
6 you may take it away with the opening.

7 SERGEANT SADOWSKY: Okay, thank you. Good  
8 morning and welcome to today's remote New York City  
9 Council Hearing of the Committee on Health jointly  
10 with the Committee on Aging and Committee on  
11 Technology.

12 At this time, would all Council Members and  
13 Council Staff please turn on their video. To  
14 minimize disruption, please place electronic devices  
15 on vibrate or silent mode. If you wish to submit  
16 testimony you may do so at [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov).  
17 Once again, that is [testiomony@council.nyc.gov](mailto:testiomony@council.nyc.gov).

18 Thank you. We are ready to begin.

19 CHAIRPERSON LEVINE: Thank you very much Sergeant  
20 and welcome everyone. I am Mark Levine, Chair of the  
21 City Council's Health Committee. I am very pleased  
22 to be Co-Chairing this hearing today with my  
23 colleagues Council Member Margaret Chin, Chair of the  
24 Committee on Aging and Council Member Bob Holden,  
25 Chair of the Committee on Technology.

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2 We will be holding a hearing today to discuss New  
3 York City's COVID-19 Vaccination Program. With a  
4 focus on access for seniors. A look at the profound  
5 inequality of vaccination and what we can do to  
6 address it and specific discussion or strategies to  
7 make scheduling an appointment easier for everyone.

8 I just want to take a moment to acknowledge our  
9 colleagues who are here with us. We have Council  
10 Member Mark Treyger with Council Member Alicka Ampry-  
11 Samuel. Uhm, Council Member Inez Barron, Council  
12 Member Keith Powers, Council Member Ruben Diaz,  
13 Council Member Helen Rosenthal and if I have missed  
14 any others, I will come back to you in a moment.

15 New York City faces a continuing shortage of  
16 COVID-19 vaccine supply. Despite what are now  
17 thankfully increasing weekly shipments. But many of  
18 the challenges of access and equity in our city's  
19 vaccination program are not merely the result of  
20 supply shortages but the result of maddeningly  
21 confusing and difficult systems for making  
22 appointments. A failure to prioritize access for  
23 low-income communities and delays in creating a  
24 program for homebound seniors among other challenges.

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2 These are the topics of our hearing today.

3 Scheduling a vaccine appointment in New York City  
4 currently requires navigating dozens of websites.

5 Each with its own system for registering screening  
6 for eligibility and setting an appointment. It  
7 requires hours of time, technology skills and for  
8 most sites, the ability to read English.

9 And of course, it also requires access to an  
10 internet enabled device. Sitting and hitting refresh  
11 on your browser, hoping a vaccine appointment pops up  
12 has become one of the defining experiences of this  
13 pandemic.

14 These barriers have had a pernicious impact on  
15 equity. Since the most vulnerable New Yorkers  
16 including seniors and others are far less likely to  
17 be able to run the online scheduling gauntlet. The  
18 scale of the resulting inequality is now painfully  
19 clear. After yesterday's publication for the first  
20 time, a vaccination rate in New York City by zip  
21 code. The data shows striking disparity with as many  
22 as 15 percent or more of adults in wealthier Whiter  
23 areas already having received their second vaccine  
24 dose. Compared to as little as two to three percent  
25 of adults in low-income communities of color.

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2 This is a mere image of the impact of the  
3 pandemic itself. Which has resulted in fatality  
4 rates in low-income Black and Brown communities which  
5 are five to ten times that of wealthier,  
6 predominantly White areas of the City. These  
7 disparities should shock the conscience of our city.  
8 We need action to address this. We need to make it  
9 far easier to schedule an appointment online by  
10 creating a single, simple, multilingual website.

11 A cater of techs volunteers have already built  
12 useful tools to do this in a rudimentary way.  
13 Proving that a better way of scheduling is indeed  
14 possible, even without the resources of the city.  
15 But of course, you shouldn't have to follow a special  
16 account on Twitter to have access to a vaccine  
17 appointment.

18 In fact, you shouldn't have to own a computer at  
19 all to have access to a vaccine appointment. And in  
20 fact, many New Yorkers especially seniors, do not.  
21 So, we need an army of staff, especially from  
22 community-based organizations on the ground, in  
23 communities making appointments including by going  
24 door to door and we need to reserve large blocks of

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2 appointments for people in the neighborhoods who are  
3 getting left behind by vaccination now.

4 We should be doing more than just scheduling  
5 vaccine appointments door to door, we should be  
6 delivering the vaccine door to door for the large  
7 number of New Yorkers including seniors and those  
8 with disabilities who are homebound and thus have no  
9 way to get to a vaccine site. Other parts of the  
10 United States are already doing this. New York City  
11 should to.

12 We will be hearing a variety of bills today to  
13 address these problems, including a Preconsidered  
14 Intro. that I am pleased to sponsor, which mandates  
15 the creation of a unified scheduling system for  
16 COVID-19 vaccinations. We will also be hearing  
17 Intro. 2225. Sponsored by Council Member Mark  
18 Treyger, which would require the city to create a  
19 plan for vaccination of homebound seniors.

20 We will be hearing Intro. 1529 whose lead sponsor  
21 is Council Member Daneek Miller, excuse me, Reso.  
22 1529. Which calls on the state to give New York  
23 City's Health Department the ability to implement  
24 critical policies to tackle racial inequity in  
25 vaccination so far.

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2 Finally, we will be hearing Reso. 1529, which I  
3 am pleased to sponsor. Which calls on the New York  
4 State Legislature to pass and the Governor to sign  
5 legislation to protect New York States safety net  
6 providers and special needs plan by eliminating the  
7 Medicaid pharmacy carveout.

8 As we will discuss today, the Medicaid pharmacy  
9 carveout will cause extensive harm to community  
10 health centers, safety net hospitals and services for  
11 those living with HIV and AIDS. Given the  
12 disproportionate impact of COVID-19 on the most  
13 vulnerable communities and the providers that serve  
14 them, we must not just delay the carveout or try to  
15 supplement it with budgetary actions, we must  
16 eliminate this carveout.

17 I very much look forward to our discussions today  
18 and again, would like thank my colleagues for being  
19 here. I also want to thank the staff of the Health  
20 Committee. Counsels Harbani Ahuja and Sara Liss,  
21 Policy Analyst Emily Balkan, Finance Analyst Lauren  
22 Hunt and Data Analyst Rachael Alexondroff and Brook  
23 Frye for all of their hard work to prepare for this  
24 hearing.

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2 Now, let me just check on other colleagues who  
3 have joined us. Let's see if you all have alerted me  
4 here. It looks like Council Member Chaim Deutsch is  
5 here and I think we have gotten all of our  
6 colleagues. So, now I am going to pass it off to my  
7 Co-Chair in this hearing, the Chair of the City  
8 Council's Committee on Aging Council Member Margaret  
9 Chin.

10 CHAIRPERSON CHIN: Thank you. Good morning. I  
11 am Council Member Margaret Chin; Chair of the  
12 Committee on Aging and I would like to welcome you  
13 today to the triple joint oversight hearing. I would  
14 like to thank my Co-Chair Chair Levine and Chair  
15 Holden for Co-hosting this very important hearing  
16 with me.

17 Over the past year, our conversation about older  
18 adults help have centered on COVID-19. Rightfully  
19 so, however, focusing solely on the contraction of  
20 the virus has led many of us to overlook other very  
21 important health issues calming our seniors due to  
22 the pandemic.

23 So, before I talk about COVID-19, I would like to  
24 open with a disheartening reality of what many of our  
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2 seniors have been enduring. While so-called safely  
3 social distancing at home this past year.

4 We already know that isolation in seniors has  
5 many health risks, including a 50 percent increase  
6 risk of dementia and increasing a person's risk of  
7 early death. However, a recent study showed that as  
8 a result of the COVID-19 infection and COVID induced  
9 isolation different psychiatric symptoms such as  
10 depression, anxiety, have emerged or has worsened in  
11 older adults. Additionally, COVID-19 isolation has  
12 disrupted the daily activities where seniors were  
13 previously engaged. What has caused an acceleration  
14 of physical frailty, a decline of mobility, poor  
15 sleep quality and physical inactivity of many  
16 seniors.

17 This leads to a frustrated and unimaginable  
18 challenge for our seniors. While it is unsafe for  
19 seniors to be outdoors because of the chance of  
20 contracting COVID, it is also unsafe for them to be  
21 locked up indoors because of it and this is why I  
22 have been a fierce advocate of safely opening,  
23 reopening our senior centers. Many seniors have  
24 spent over 300 days indoors isolated. This is

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2 inhumane and like COVID-19, it's also harming our  
3 seniors health.

4 Now to COVID-19 itself; 1.3 million older New  
5 Yorkers are eligible for the COVID-19 vaccine, yet  
6 only about 280,000 of them have received at least one  
7 dose. That is less than a quarter of the eligible  
8 older adult population. This means that hundreds of  
9 thousands of older New Yorkers are still at risk for  
10 COVID-19, due largely to systemic hurdles and  
11 inequities, many of which started way before the 21<sup>st</sup>  
12 Century. Data show that in general, older adults are  
13 hesitant of the COVID-19 vaccine with just 63 percent  
14 of them reporting vaccine acceptance last month.

15 Hesitation rates are even higher among Black and  
16 Latino older adults. This hesitancy is rooted in  
17 historical and medical injustice in this country.  
18 Like a Tuskegee Syphilis experiment which ran from  
19 1930's to the 70's. Even more recently, there have  
20 been reports of New York City nursing homes  
21 administering older veterans experimental COVID-19  
22 treatments without family members awareness.

23 This being the case, it makes sense that many  
24 older adults are wary of government issue vaccine.  
25 This cannot go unaddressed. In order to make sure

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3 our seniors feel comfortable taking the COVID-19  
4 vaccine, we must be willing to address these paths  
5 and justice issues. I understand that the city is  
6 engaging in a robust effort to increase understanding  
7 and acceptance rate of the vaccine but these efforts  
8 are not even addressing half of the issues we need to  
9 tackle to make the vaccine more accepted and  
accessible.

10 I urge the City to take a more nuance approach in  
11 making sure our diverse senior population know they  
12 can trust and should get the COVID-19 vaccine. Even  
13 for those older adults who are eager to get  
14 vaccinated, they are often unable to do so due to the  
15 registration hurdle. Currently, there is a mismatch  
16 of websites and hotlines a senior can access or call  
17 in order to direct to another website in order to  
18 schedule a vaccine appointment.

19 It is frankly complicated and confusing. As we  
20 heard during our January joint hearing with the  
21 Committee on Technology, not every older adult has  
22 access to the internet or the technology needed to  
23 access vaccine registration websites. And not every  
24 older adult has an email to provide when registering  
25 through the city's hotline.

3 Additionally, there have been reports of buggy  
4 registration websites which have left many older  
5 adults spending hours trying to secure an  
6 appointment. Sometimes even after hours of trying,  
7 seniors are left empty handed unable to secure an  
appointment at all.

8 On the other hand, when older adults are finally  
9 able to secure an appointment, they are often faced  
10 with another mountain of stress. How do they get to  
11 the vaccination site? Many vaccination sites are far  
12 away from the seniors home in locations foreign to  
13 them, leaving them without transportation at a  
14 disadvantage.

15 These are not just simple problems. These are  
16 critical issues that are stopping our seniors from  
17 accessing a potentially lifesaving vaccine. I know  
18 of course that the city has engaged in many efforts  
19 to increase the accessibility of seniors access to  
20 vaccinations. Efforts like providing transportation  
21 to older adults, developing vaccination clinic in  
22 NYCHA and launching several vaccine awareness  
23 campaigns have been helpful and we thank the  
24 administration work on these. I must say, I was  
25 pleased to learn that after much pressure from

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2 advocates and the Council, the Administration  
3 announced this past Friday that it is launching a  
4 program to vaccinate homebound older adults and will  
5 be expanding efforts to get homecare workers  
6 vaccinated.

7 However, while I am for this initiative, I am  
8 disheartened that this is an effort that we had to  
9 fight for. Homebound seniors should have been a top  
10 priority from the beginning of vaccination efforts.  
11 Further, although this is progress, home delivered  
12 meal workers who provide meals and case work to  
13 homebound seniors, are still ineligible to receive  
14 the vaccine.

15 We cannot leave these important workers out of  
16 the vaccination effort and I look forward to hearing  
17 how the city plans to address this. The  
18 Administration also still has more work to do to  
19 increase access to vaccines. Including by using  
20 community-based organizations. Especially our senior  
21 centers as vaccine clinics.

22 As I mentioned, many older adults are  
23 understandably hesitant of the vaccine. However,  
24 they trust their senior center. Using familiar

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2 senior center as vaccination sites could help build  
3 their trust for the vaccine and I have spoken to many  
4 senior center providers who have stated that they  
5 have the capacity and willingness to transform their  
6 centers into vaccination clinics. If this still  
7 isn't on the Administration's plan, then it needs to  
8 be added now.

9 At the end of the day, one of our top priorities  
10 now must be to get vaccines to seniors and seniors to  
11 vaccine. I understand that getting all New Yorkers  
12 vaccinated is no easy task and I commend the  
13 Administration on its robust efforts so far.  
14 Nevertheless, we have more work to do. Let's get our  
15 seniors vaccinated and safe.

16 I would like to thank the Committee Staff for  
17 their help in putting together this hearing. Our  
18 Counsel Nuzhat Chowdury, Policy Analyst Kalima  
19 Johnson, Finance Analyst Daniel Kroop and Finance  
20 Unit Head Johenna Supora[SP?] and my Director of  
21 Legislation and Communication Kana Ervin. And I  
22 would like to thank the others members of the  
23 Committee who have joined us today.

24 Now, I will turn it to Chair Holden for opening  
25 remarks. Thank you.

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2 CHAIRPERSON HOLDEN: Good morning. I want to  
3 welcome everyone to our hearing. I am Council Member  
4 Holden, Chair of the Committee on Technology. I am  
5 pleased to join my colleagues Council Member Margaret  
6 Chin, Chair of the Committee on Aging and Council  
7 Member Mark Levine, Chair of the Committee on Health  
8 to address equity, access to the vaccine and  
9 scheduling vaccination appointments online in New  
10 York City.

11 As Chair of the Committee on Technology, I wish  
12 to focus on the technological aspect of scheduling  
13 vaccination appointments. Obviously, immunization is  
14 a vital step towards stopping the spread of COVID-19  
15 and returning to some sense of everyday life. The  
16 vaccine distribution in New York City started in  
17 December.

18 Today, essential workers, people aged 65 or older  
19 and people with chronic conditions are qualified to  
20 receive the vaccination. To book vaccination  
21 appointments in New York City, qualified individuals  
22 should either register online or call the special New  
23 York City vaccination hotline at 1-877-VAX for NYC.  
24 Unfortunately, not every eligible New Yorker has the  
25 opportunity to register online.

2 So, even now in the 21<sup>st</sup> Century, some people  
3 still lack internet access or a mobile device.  
4 However, even people with access to technology,  
5 experience difficulties during the registration  
6 process.

7 I have heard and experienced an enormous number  
8 of complaints from my constituents who have found  
9 this online process challenging and even frustrating,  
10 and I can attest to that. Lengthy questionnaires,  
11 multiple sign up systems and web pages, buggy  
12 websites and even more have severely hindered the  
13 online scheduling experience.

14 Imagine being one of the people newly qualified  
15 to receive the vaccine. You go to the vaccine finder  
16 portal to find a vaccine provider and click one.  
17 Then you are sent on an endless journey of forms and  
18 questions asking you for medical insurance, proof of  
19 work, where you fill out the questionnaire after  
20 question to verify eligibility and identity.  
21 However, after this hours long process that so many  
22 people have to struggle through, the website shows  
23 there are no appointments available. And you know,  
24 that's happening as we speak.

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2 So, now you are forced to start the process all  
3 over again and then try to get a new provider. So,  
4 you go back and forth, the vaccine finder portal and  
5 click on a new vaccine provider but midway through,  
6 this separate registration process, the website  
7 crashes. So, now you have to start all over again.  
8 Eventually, you grow frustrated and give up and  
9 frankly folks that's embarrassing to New York City.

10 Access to a vaccine, means more than just having  
11 a broadband connection and an internet device. It  
12 also means having the time, energy and know how to  
13 navigate this challenging online sign up process.  
14 Fortunately, local software developers came up with a  
15 simple and easy to use website to help people  
16 schedule their vaccine online. Turbo Vax and NYC  
17 Vaccine List. Turbo Vax was developed in less than  
18 two weeks and NYC Vaccine List only in five days.

19 Both websites collect potential vaccination sites  
20 and lets the user know upfront if there are  
21 appointments available or not. These are great  
22 efforts but it is disheartening that a city with the  
23 tech resources and talent that New York City has  
24 could not design a better user experience for one of  
25 its most important websites.

2 Even worse, several news reports show that City  
3 Hall did not tap into the immense tech talent they  
4 already have in various city agencies and offices.  
5 This is totally, totally unacceptable and there must  
6 be accounting for this. Scheduling a vaccination  
7 appointment through the NYC Phone Hotline, turns out  
8 to be, to not be an easy process as well.

9 It is a lengthy series of prompts and holds for  
10 several minutes. Having to be subjected to this  
11 complex scheduling process repeatedly and often for  
12 no vaccine appointment is both disappointing and  
13 incredibly frustrating. It does not help that the  
14 dispatchers who are on the call probably used the  
15 same poorly city run websites that residents have  
16 trouble with.

17 So, as more people become qualified for the  
18 vaccine, a proper easy to use online system that is  
19 not merely a glorified store locator is crucial.  
20 There is no question that we must ensure our New  
21 Yorkers receive their desired vaccines.

22 So, today's hearing is crucial. The city must  
23 work with the Council, experts and community  
24 advocates to ensure that our seniors have the

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2 resources they need to connect. Our seniors and  
3 residents should have the ability to schedule the  
4 COVID-19 vaccinations appointments with ease,  
5 especially when we receive more supplies. Which is  
6 any day now.

7 If we are to win the war against COVID-19, the  
8 city must embark on war time efforts. We are not  
9 seeing this currently from this Administration. So,  
10 I would like to recognize Council Members that have  
11 joined us. Council Member Eugene, Council Members  
12 Ayala, Koo, Yeger, Vallone and Miller.

13 I would like to thank our wonderful Technology  
14 Committee Staff, Counsel Irene Byhovsky, Policy  
15 Analyst Charles Kim and Finance Analyst Florentine  
16 Kabore and the Staff of the Health and Aging  
17 Committees for their hard work in preparing for this  
18 hearing. Also, I want to thank my Staff, Chief of  
19 Staff Daniel Kurzyna, Communications Director Kevin  
20 Ryan and Legislative Director Craig Kawana[SP?].

21 I now turn it back to Chair Levine. Thank you.

22 CHAIRPERSON LEVINE: Thank you very much Chair  
23 Holden and now, I would like to queue the Sergeant  
24 for the affirmation for our first panel of witnesses  
25 from the Administration.

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2 COMMITTEE COUNSEL: Thank you Chair Levine. We  
3 are now going to turn it to Council Members who are  
4 present to make statements about their legislation.  
5 First, we will turn to Council Member Treyger.  
6 Council Member Treyger, you may begin when you are  
7 ready.

8 CHAIRPERSON LEVINE: Thank you, sorry about that.  
9 Very excited to hear from our fellow Co-Sponsors.  
10 Please Council Member Treyger.

11 COUNCIL MEMBER TREYGER: Thank you very much  
12 Chair Levine, Chair Chin and Chair Holden. I just  
13 want to also note that the leadership of Chair Levine  
14 and Chair Chin for our seniors and for a fair  
15 equitable vaccine access and distribution has been  
16 exemplary. So, I thank them both for their  
17 leadership.

18 The government must be therefore those who cannot  
19 be there for themselves. We need to step up. I  
20 understand that we have a supply issue. I understand  
21 that New York State controls the eligibility process.  
22 What I don't understand and don't accept is that we  
23 had months to prepare and center a distribution plan  
24 that centered equity and

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2 fairness for seniors who need the most help. We have  
3 outstanding senior service providers as mentioned by  
4 Chair Chin who know who the seniors are. They know  
5 where they are. They already provide meals; they  
6 provide medication and other types of services and  
7 the fact that New York City did not center a  
8 homebound senior vaccination plan at the start of  
9 this process is shameful. And my colleagues have  
10 already talked about how difficult and complex this  
11 issue is. I mean if you are internet and tech savvy,  
12 this plan is for you.

13 If English is your primary language, this plan is  
14 for you but for many New Yorkers who are not tech and  
15 internet savvy, if any New Yorkers whose English is  
16 not their primary language, this plan has not been  
17 for you. And if you are a homebound senior, very  
18 vulnerable population, which brings me back to the  
19 days of Sandy recovery when we had seniors in my  
20 district stranded for weeks without power. Folks  
21 again who were also left behind. This plan has not  
22 been for you and the fact that I get calls and emails  
23 from people, children of homebound seniors trying to  
24 help their parents. Staying up at midnight or one  
25 o'clock in the morning navigating websites.

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2 Folks, we are not talking about looking for a  
3 PS5. We are not talking about looking for an XBOX,  
4 this is life and death. And I will say to you that I  
5 am full steam ahead on my bill Intro. 2225 to advance  
6 a plan, a fair, equitable plan for homebound seniors  
7 because even with the announcement that the  
8 Administration rolled out, I remain concerned. I  
9 remain concerned that a number of homebound seniors  
10 have family caretakers as their primary care taker.  
11 They are not included in eligibility.

12 I am also being told that the vaccine that the  
13 Administration plans to use for homebound seniors  
14 will be the Johnson and Johnson vaccine. I have  
15 already heard from a number of folks in my district  
16 and I am sure elsewhere in the city, that they are  
17 concerned about the comparison between Johnson and  
18 Johnson versus Moderna and Pfizer. That Moderna and  
19 Pfizer has over 90 percent or so efficacy rate  
20 compared to Johnson and Johnson and they are asking  
21 why don't they have access to the Pfizer and Moderna  
22 vaccine.

23 I am seeing in other parts of the country are  
24 moving forward with homebound senior plans using  
25

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2 Moderna or Pfizer and I understand that there is  
3 complexities in terms of transport but you know, it's  
4 the year 2021. We do have trucks with refrigeration,  
5 storage capacity. I do think we have the ability to  
6 get this done. We are New York and so I am moving  
7 full steam ahead with the bill and again, I thank the  
8 Chairs for their leadership, for their time and  
9 really centering this issue at this hearing today.  
10 Thank you so much.

11 CHAIRPERSON LEVINE: Thank you very much Chair  
12 Treyger. We have also been joined by Council Member  
13 Ulrich as well as Council Member Riley and now, I  
14 would like to queue an additional Co-Sponsor of the  
15 legislation today, Council Member Daneek Miller to  
16 deliver opening remarks.

17 COUNCIL MEMBER MILLER: Thank you Chair Levine,  
18 Chair Chin and Holden for the important hearing that  
19 we are hearing today and thank you so much for your  
20 leadership.

21 From the very beginning, this pandemic, the  
22 Black, Latino and Asian Caucus and other elected  
23 officials such as the Borough President Adams and  
24 other have urged the city and state to prioritize  
25

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2 communities of color, after witnessing the appalling  
3 disparities and infection testing, we knew that same  
4 inequity would be an issue before the rollout even  
5 began. We have held several press conference even  
6 before the first day it rolled out, whether the City  
7 Hall or Department of Health.

8 People of color largely comprise out front  
9 nonessential workers. Those men and women who keep  
10 our city running so seamlessly and come from  
11 communities like District 27 in South East Queens.  
12 They are more likely to live in multigenerational  
13 homes and suffer from comorbidities.

14 They are less likely to in some cases be insured  
15 and more prone to discrimination in healthcare,  
16 housing, financing and education. In sort, COVID-19  
17 highlighted that grim reality how communities of  
18 color are underprivileged, marginalized when it comes  
19 to healthcare.

20 We call for a real time data driven system to  
21 understand when, where and how vaccines would be  
22 administered but history repeats itself. Our cries  
23 were ignored by health authorities and executives.  
24 The results of communities of color in particular  
25 amongst them remain under vaccinated. To add injury

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2 to insult, affluent suburban communities make up  
3 nearly 25 percent of the vaccines doses delivery in  
4 the five boroughs.

5 Granted there have been some recent progress just  
6 over the past few days. Eligibility criteria has  
7 expanded to include comorbidities, mass vaccination  
8 sites around the city have propped up including at  
9 York College in my district and have been announced.  
10 But more remains to be desired and a greater  
11 cooperation is required between state and the city in  
12 order to make this a reality.

13 So, I would ask that my colleagues continue to  
14 support our efforts and work with the Council,  
15 continue to work collaboratively to ensure that we  
16 have vaccine equity wherever, whenever possible that  
17 we do all that we can to work towards that. I hope  
18 that my colleagues join me in the fight to make this  
19 vaccine easier, simpler and more accessible for New  
20 York, the most vulnerable New Yorkers.

21 And again, thank you Chair Levine for your  
22 leadership. To the Co-Chairs that are hosting today  
23 as well. I am excited about finally getting the work  
24 done, getting this voice out and look forward to

25

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2 serving New Yorkers, so that we can get back to  
3 living. Thank you so much.

4 CHAIRPERSON LEVINE: Thank you so much Council  
5 Member Miller and to all the members of the BLAC for  
6 standing up for equity today and throughout this  
7 crisis. I see we have also been joined by Council  
8 Member Dr. Eugene as well as Council Member Diaz and  
9 now, I would like to queue our Committee Counsel  
10 Harbani Ahuja to offer some procedural announcements.

11 COMMITTEE COUNSEL: Thank you Chair. My name is  
12 Harbani Ahuja and I am Counsel to the Committee on  
13 Health for the New York City Council. Before we  
14 begin, I want to remind everyone that you will be on  
15 mute until you are called on to testify when you will  
16 be unmuted by the host.

17 I will be calling on panelists to testify.  
18 Please listen for your name to be called. I will be  
19 periodically announcing who the next panelist will  
20 be. For everyone testifying today, please note that  
21 there may be a few seconds of delay before you are  
22 unmuted and we thank you in advance for your  
23 patience.

24  
25

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2 All hearing participants should submit written  
3 testimony to [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov). At today's  
4 hearing the first panel will be representatives from  
5 the Administration followed by Council Member  
6 questions and then the public will testify.

7 During the hearing, if Council Members would like  
8 to ask a question, please use the Zoom raise hand  
9 function and I will call on you in the order in which  
10 you have raised your hand. I will now call on  
11 members of the Administration to testify. Testimony  
12 will be provided by DOHMH Commissioner Dr. Dave  
13 Chokshi. Additionally, the following representatives  
14 will be available for answering questions, DFTA  
15 Commissioner Lorraine Cortés-Vázquez and DoITT  
16 Commissioner Jessica Tisch, who will be joining at a  
17 later time.

18 Before we begin, I will administer the oath.  
19 Commissioner Chokshi, Commissioner Cortés-Vázquez. I  
20 will call on each of you individually for a response.  
21 Please raise your right hand. Do you affirm to tell  
22 the truth, the whole truth and nothing but the truth  
23 in your testimony before this Committee and to  
24 respond honestly to Council Member questions?  
25 Commissioner Chokshi?

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2 DAVE CHOKSHI: Yes, I do.

3 COMMITTEE COUNSEL: Thank you. Commissioner  
4 Cortés-Vázquez?

5 LORRAINE CORTES-VAZQUEZ: Yes, I do.

6 COMMITTEE COUNSEL: Thank you. Commissioner  
7 Chokshi, you may begin your testimony when you are  
8 ready.

9 DAVE CHOKSHI: Thank you very much and good  
10 morning Chairs Chin, Levine and Holden and members of  
11 the Committees. I am Dr. Dave Chokshi, Commissioner  
12 of the Department of Health and Mental Hygiene.  
13 Thank you very much for the opportunity to testify  
14 today and provide an update on the city's COVID-19  
15 response as it relates to older New Yorkers in  
16 particular.

17 As you heard, I am joined today by Lorraine  
18 Cortes-Vazquez Commissioner of the New York City's  
19 Department of the Aging and Jessica Tisch  
20 Commissioner of New York City's Department of  
21 Information and Technology and Telecommunications.

22 I wanted to start by thanking the Council for  
23 their leadership on this topic. We cannot achieve  
24 our aggressive goal of 5 million vaccinations by the  
25 end of June with the specific focus on older New

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2 Yorkers without your committed partnership to  
3 advocate for and to conduct critical outreach to the  
4 populations that are at highest risk for COVID-19.

5 First, I would like to take a moment to  
6 acknowledge the lives and livelihoods lost to the  
7 COVID-19 pandemic. Too many of our family members,  
8 our colleagues and our friends have been impacted and  
9 the continued rate of transmission is a somber  
10 reminder that though there is a light at the end of  
11 the tunnel with the vaccine, we still very much need  
12 to be vigilant and protect ourselves and each other  
13 from this virus.

14 I am honored to be here today to speak to the  
15 vaccine and the hope it provides and to the efforts  
16 being undertaken across this administration to create  
17 an equity driven approach to make the COVID-19  
18 vaccines, safe, free and easy for everyone. In order  
19 to be successful in this effort, to truly turn a  
20 vaccine into a vaccination, we need to continue our  
21 focus on both enhancing access to and building  
22 confidence in the vaccine.

23

24 As of today, New York City has already  
25 administered a remarkable over 1.3 million vaccine

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2 doses. Last week, we administered more than 317,000  
3 doses. That's the most vaccinations in a single week  
4 since our effort began, amounting to one dose every  
5 two seconds.

6 There are currently almost 400 vaccine sites open  
7 to the eligible public and listed on the city's  
8 vaccine finder and more than 440 providers delivering  
9 vaccines to their eligible workforce, patients or  
10 customers.

11 As you know, in December, the Vaccine Command  
12 Center or the VCC was established to coordinate New  
13 York City's multifaceted efforts to promote and  
14 distribute the vaccine. The BCC lead by Deputy Mayor  
15 Melanie Hartzog, is an interagency effort that  
16 includes the three agencies represented here today.  
17 But also includes New York City Health and Hospitals,  
18 New York City Emergency Management, the racial  
19 inclusion and equity taskforce and all of the city's  
20 agencies.

21 A core focus of the BCC's efforts is a commitment  
22 to reaching older New Yorkers. Among the populations  
23 currently eligible for the vaccine, older adults have  
24 acutely felt the impacts of the COVID-19 pandemic,  
25 facing the highest rates of morbidity and mortality.

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2 New York City is home to more than 1.29 million  
3 New Yorkers age 65 and above and although they have  
4 some of the highest rates of vaccine confidence,  
5 reaching each of them does pose unique challenges.

6 It is a critical population for us to reach. As  
7 we look at the COVID-19 statistics, it is older New  
8 Yorkers, specifically Black, Latino and other  
9 communities of color who have been hospitalized and  
10 died at the highest rates. Therefore, in order to  
11 drive down morbidity and mortality, we must vaccinate  
12 our older New Yorkers at higher rates.

13 We are framing our work around three main  
14 principals. Allocation, access and outreach. With  
15 regard to allocation, the major barrier to making the  
16 vaccine available to more New Yorkers has been  
17 vaccine supply. The demand for the vaccine among  
18 eligible populations has significantly outpaced the  
19 supply allocated to New York City by the federal  
20 government.

21 Mayor de Blasio along with Governor Cuomo and  
22 lawmakers of the city, state and federal levels have  
23 advocated for an increase to New York City's vaccine  
24 supply from the federal government.

25

2 And along with other major metropolitan hubs  
3 around the country, we have advocated for an  
4 allocation that is not only proportionate to our  
5 population but reflects the many non-New York City  
6 residents we vaccinated because they work in our  
7 city. Although we continue to face these  
8 constraints, based on commitments made by the new  
9 Biden Administration, we are look forward to seeing  
10 increases to the city's supply.

11 In anticipation of these increases, the city has  
12 aggressively pursued potential new sites, enrolled  
13 additional providers and offered assistance to  
14 federally qualified health centers independent  
15 pharmacies and community-based providers. So, we are  
16 ready to administer every dose allocated by the  
17 federal government expeditiously and equitably.

18 In order increase vaccine uptake among seniors  
19 who reside in one of the city's 33 identified racial,  
20 inclusion and equity taskforce neighborhoods. We  
21 have begun to set aside appointments at city operated  
22 vaccination sites and have enlisted trusted community  
23 based organizations to schedule appointments during  
24 designated time slots.

2 The city has also begun a program at New York  
3 City Housing Authority or NYCHA developments with  
4 significant senior populations to bring the vaccine  
5 closer to senior residents living at these  
6 developments. This effort is done in close  
7 partnership and coordination with NYCHA community  
8 seniors and senior centers onsite. We have been  
9 rotating to other NYCHA developments and will return  
10 to each of them to administer second doses to seniors  
11 who received first doses.

12 We will continue to expand and refine these  
13 programs when we have greater supply to increase  
14 vaccine uptake among seniors in neighborhoods that  
15 have been hit hardest by the pandemic. In terms of  
16 access, limited supply unfortunately also restricts  
17 our ability to make appointments available. Because  
18 appointments cannot be released until we have vaccine  
19 in hand.

20 Though appointments remain limited, we are  
21 focused on ensuring the eligible New Yorkers have  
22 access to them through a variety of needs and in  
23 multiple languages. The city created the vaccine  
24 finder and aggregation of New York City Health  
25 Department, Health and Hospitals, State and other

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2 vaccination locations that administer vaccine doses  
3 that have been allocated to the city.

4 As I noted previously, almost 400 locations are  
5 open to the eligible public and more continue to come  
6 online. These can be found at nyc.gov/vaccinefinder  
7 to accommodate more New Yorkers who may have limited  
8 to no access to the internet, we also stood up the  
9 New York City Vaccine Call Center to assist with  
10 scheduling appointments at city run sites. All New  
11 Yorkers can call 877-VAX-4NYC. That's 877-829-4692  
12 for assistance in scheduling appointments in over 180  
13 languages and for older New Yorkers who may need help  
14 getting to and from the vaccine sites, we have  
15 arranged free transportation options for those who  
16 are eligible.

17 This can be arranged over the phone, through the  
18 hotline for appointments at any vaccine site in the  
19 city. Additionally, last week the Mayor announced a  
20 three point plan to vaccinate homebound seniors and  
21 we have central frontline homecare workers who serve  
22 them.

23 Out of that plan is the launch of onsite senior  
24 vaccination clinics in naturally occurring retirement  
25 communities known as NORCs and housing preservation

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2 and development or HPD buildings with high  
3 concentrations of senior residents.

4 With the anticipated FDA emergency use  
5 authorization and the arrival of the Johnson and  
6 Johnson vaccine in March, we expect to standup even  
7 more capacity to vaccinate all homebound seniors.

8 Providing onsite vaccine distribution in these  
9 settings will build on our outreach to homebound  
10 centers, including those for whom we have helped  
11 arrange free transportation to any vaccination site  
12 in the city and those who we successfully help  
13 vaccinate in long-term care facilities as a part of  
14 Phase 1A.

15 Additionally, over the next month, the city will  
16 aim to vaccinate 25,000 home health aids offering  
17 dedicated appointments in the areas where they live  
18 and work. We thank Council Member Ampry-Samuel for  
19 her partnership on this effort in her district.

20 And finally, I would like to speak to outreach.  
21 To further acknowledge the barriers that many seniors  
22 may face, the BCC convened the vaccine planning work  
23 group for older New Yorkers bringing together  
24 advocates and nonprofits, specializing in supporting  
25 the unique needs of seniors. Including working with

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2 DFTA and its providers that operate senior centers,  
3 home delivered meal programs and homecare and case  
4 management programs.

5 Through this forum, experts coordinate outreach  
6 efforts and vaccine distribution strategies for  
7 seniors. Including the development of a  
8 transportation assistance plan and calls to share key  
9 vaccine information. The city has coordinated  
10 extensive outreach efforts including door to door  
11 canvassing, public informational events, direct mail,  
12 robocalls and assistance with scheduling appointments  
13 in multiple languages. DFTA and their providers call  
14 thousands of older adults every day to share  
15 information about the vaccine. Assist with  
16 scheduling appointments through the city's website  
17 and arrange transportation to and from vaccination  
18 appointments for seniors who need it.

19 This multifaceted effort working with all  
20 agencies across the city reflects our commitment to  
21 New York seniors and we will continue to refine our  
22 strategies for reaching older New Yorkers. We  
23 understand that New Yorkers have had frustrating and  
24 challenging experiences with securing appointments  
25 and that's why we are continuing to make improvements

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2 to our website and hotline interfaces as we get  
3 feedback from the Council, providers, advocate  
4 partners and the New Yorkers we serve to make each of  
5 them more user friendly. We appreciate the feedback  
6 we have received so far toward these changes.

7 Now, I will turn to the two bills that are being  
8 heard today. First, 2225, the homebound senior plan.  
9 Intro. 2225 excuse me, Intro. 2225 will require the  
10 Department of Health to establish a plan for the  
11 COVID-19 vaccination of homebound seniors and to  
12 report to the Council on the implementation of such  
13 plan. We share the same goal as the Council and the  
14 intent of this legislation, which is to vaccinate  
15 some of the most vulnerable New Yorkers.

16 As mentioned earlier in my testimony, last week  
17 the Mayor announced the homebound senior plan to get  
18 COVID-19 vaccines to seniors who have extremely  
19 limited mobility or cannot leave their homes. We can  
20 report to Council on the specifics of the plans  
21 rollout and the data on the vaccinated seniors  
22 overall is currently on our site.

23 Next, is Preconsidered T2021-7143, the Unified  
24 Scheduling system for COVID-19 vaccinations.  
25 Preconsidered T2021-7143 will require the Department

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2 of Health to develop and maintain a unified  
3 scheduling system for COVID-19 vaccinations.

4 Although supply remains our most limiting factor to  
5 get the vaccine to all eligible New Yorkers, we  
6 understand that there are also technology challenges  
7 to access vaccine appointments, especially for our  
8 older residents.

9 Under the leadership of Commissioner Tisch and  
10 DoITT, the city recently launched a website that  
11 allows New Yorkers to schedule vaccine appointments  
12 at city run vaccine distribution sites. This is at  
13 [nyc.gov/vax4nyc](http://nyc.gov/vax4nyc). The content was made available in  
14 ten languages through human translation and the forms  
15 have been streamlined to allow users to make  
16 appointments quickly and easily.

17 We agree with the spirit of this legislation to  
18 streamline the systems available for New Yorkers to  
19 schedule appointments and we will continue working  
20 toward the objective. As the Administration  
21 announced this week, several providers have agreed to  
22 make their appointments available through the VAX 4  
23 NYC website including certain locations run by  
24 Capsule Pharmacy, Northwell Hospital and Hospital for

25

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2 Special Surgery and the work continues to get more  
3 vaccine providers onto the system.

4 Thank you for the opportunity to testify. While  
5 vaccines remain in limited supply, the city remains  
6 committed to vaccinating all eligible New Yorkers,  
7 specifically those that are 65 years and older.

8 These are our parents, our grandmothers and  
9 grandfathers and our neighbors. Together, we must  
10 ensure that there is access to and confidence in  
11 these vaccines in order to bring this public health  
12 emergency to an end.

13 I appreciate your partnership and leadership as  
14 we move towards a citywide recovery and we are happy  
15 to answer your questions now. Thank you again.

16 COMMITTEE COUNSEL: Thank you Commissioner. I am  
17 now going to turn it over to questions from the  
18 Chairs. From Chair Levine followed by Chair Chin and  
19 Chair Holden. Panelists from the Administration,  
20 please stay unmuted if possible during this question  
21 and answer period. Thank you.

22 Chair Levine, please begin.

23 CHAIRPERSON LEVINE: Thank you Harbani and I want  
24 to acknowledge that I think we have been joined by  
25 several additional colleagues. We have Council

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2 Member Rodriguez and Council Member Koo. I would  
3 acknowledge others if I missed you but first  
4 Commissioner, uhm, I am so happy to see you. I think  
5 this is the first time I have seen you in public  
6 since you uhm, were very open about being diagnosed  
7 with COVID and I just want to ask how you are  
8 feeling?

9 DAVE CHOKSHI: Uhm, well thank you Chair Levine.  
10 I appreciate that. I am feeling alright. You know,  
11 feeling a lot of gratitude for the fact that I and my  
12 family members who were ill with COVID-19 are  
13 recovering and for me, it was certainly a fresh  
14 reminder that the virus is still with us. That we  
15 are all susceptible and a renewed chance to  
16 appreciate just how much uncertainty and anxiety you  
17 know, it has brought to the New Yorkers and our  
18 families. But thank you for asking, I am recovering  
19 well.

20 CHAIRPERSON LEVINE: Well, that is great news and  
21 we are just grateful for your service to the city and  
22 I think I speak for all of us in the Council, we are  
23 wishing you a full and complete recovery as soon as  
24 possible.

25

2 I want to start by asking a couple of questions  
3 on the website. A number of tech volunteers have  
4 created tools which list appointments available at  
5 virtually all providers in the city. So, why hasn't  
6 the city been able to do that?

7 DAVE CHOKSHI: Yes, thank you for the question.  
8 We do know that the portraying of appointment  
9 availability is a very important part of how people  
10 actually navigate. Whether it is you know, the  
11 website or uhm, calling a call center to understand  
12 you know, whether appointments are available or not.

13 I do want to acknowledge again, as I know you  
14 have that supply is our limiting step to make many,  
15 many more appointments available and we have no  
16 greater wish than to be able to expand the  
17 appointments that are available, so that they are not  
18 in such scarce supply.

19 Until then, we are taking several steps to ensure  
20 that appointment availability is more clearly  
21 communicated. Starting with the websites themselves,  
22 the vaccine finder you know, will have additional  
23 information about appointment availability built into  
24 it. And then some of the specific city sites have  
25 already been streamlined in a way that denotes

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2 whether or not appointments are available at the time  
3 that someone is navigating through them. So, we will  
4 continue to streamline and harmonize as much as  
5 possible particularly with this eye toward conveying  
6 appointment availability.

7 CHAIRPERSON LEVINE: Thank you and uh, I see we  
8 have been joined by our Commissioner of the  
9 Department of Information and Technology, Jessica  
10 Tisch. She has had a busy morning. I would like  
11 just to pause and ask our Committee Council to offer  
12 the affirmation to Commissioner Tisch.

13 COMMITTEE COUNSEL: Thank you Chair.  
14 Commissioner Tisch, can you please raise your right  
15 hand.

16 Do you affirm to tell the truth, the whole truth  
17 and nothing but the truth in your testimony before  
18 this Committee and to respond honestly to Council  
19 Member question?

20 JESSICA TISCH: I do.

21 COMMITTEE COUNSEL: Thank you. Chair Levine,  
22 back to you.

23 CHAIRPERSON LEVINE: Thank you. Uh, Commissioner  
24 Chokshi, one of the most frustrating things for  
25 people and this could also be a question for you

2 Commissioner Tisch but one of the most frustrating  
3 things for people seeking appointments is that you  
4 have to complete a registration and eligibility  
5 screen on many sites to see open appointments and  
6 that if you have to check back, which is mostly the  
7 case, you have to do that again and again and again.  
8 It is extremely time consuming and frustrating.

9 Could there not be a system which allowed you to  
10 register once, explain your eligibility, perhaps your  
11 scheduling available and then just be notified as  
12 soon as an appointment is created. It would  
13 essentially be like creating a waiting list that  
14 would I think you get people peace of mind if they  
15 were in the queue without having to constantly hit  
16 refresh on their browser.

17 DAVE CHOKSHI: Yes, thank you for the question.  
18 I will start and then turn it to Commissioner Tisch.  
19 And yes, you know, these are things that we have also  
20 built into you know particularly the city websites  
21 with respect to making it more clear when  
22 appointments are available or not, so that people  
23 have that information you know before having to go  
24 through the more detailed process of providing  
25 additional eligibility information.

2 So, that is one thing that has been streamlined  
3 and has been brought up front in the process, so that  
4 people are able to visualize that before spending  
5 that additional time to go through the detailed  
6 process.

7 In times where we have particularly limited  
8 appointments, we have operationalized you know  
9 essentially a wait list where people can put in their  
10 contact information and get reached out to when  
11 additional appointments become available. With  
12 respect to the other part of your question Chair  
13 Levine, you know, these are things that we are  
14 actively looking into as we think about refinements  
15 to the various websites.

16 One of the challenges is that eligibility  
17 information and eligibility guidance which is  
18 determined by New York State as you know, is  
19 continually changing. And so, we have to be able to  
20 accurately capture and reflect that in the  
21 information systems that we are putting into place.

22 Commissioner Tisch, if you have anything to add I  
23 will turn it to you.

24  
25

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2 JESSICA TISCH: Uhm, I actually thought that that  
3 was really thorough. Is there a follow up question  
4 on that?

5 CHAIRPERSON LEVINE: Uh, well, there is a new  
6 service and there are several like this that have  
7 launched to create waiting lists specifically to  
8 solve the problem of end of day doses. This is  
9 really a devilish problem, because you don't want to  
10 throw any dose out after the vial is open. But it  
11 can be difficult in that scramble in the last hour or  
12 two of the day at a site to find someone who is  
13 eligible and is nearby and can come in quickly.

14 And so, some services have launched one happens  
15 to be called Dr. B I believe, that allow you to  
16 register and provide your geographic location so that  
17 if a site has end of day doses, they can alert people  
18 who say are in ten minutes travel time and can come  
19 in in that last hour or two.

20 And this would be another use of the kind of  
21 waiting list functionality. I am talking about in  
22 this case, it is something being built by a private  
23 provider, is the city planning on plugging into that  
24 service or creating one or partnering with another  
25 service like that to solve the end of day problem?

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2 JESSICA TISCH: It is funny that you mention that  
3 company because I spoke to them last week and have  
4 another follow up meeting with them today. It's not  
5 to say for sure that that's the direction we are  
6 going in. We do have our community-based  
7 organizations that we work with at each of the sites  
8 who have been helping fill the end of day slots.

9 I think as supply increases, there will be more  
10 of a use case for the type of service that you are  
11 recommending and the waitlist function like that.  
12 But at this time, we don't have the supply to really  
13 operationalize anything like that.

14 DAVE CHOKSHI: And I will just say briefly Chair  
15 Levin, if I may, that the problem you know that you  
16 are pointing out that we are solving is ensuring that  
17 all doses are used. When a vial is punctured, you  
18 know it has to be used within a certain timeframe and  
19 so we do have detailed protocols that already exist  
20 across all of our sites, certainly at our city sites  
21 and this is true at non-city sites as well because it  
22 is part of the state guidance for the vaccination  
23 program, to ensure that there are waitlists in place.

24 I will just underline one of the points that  
25 Commissioner Tisch made which is, we do want to

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2 ensure that these doses as far as possible, in  
3 addition to using them, they are being directed in a  
4 way that is consonant with our equity goals. And so,  
5 we have been working with community-based  
6 organizations and generating those waitlists of  
7 eligible individuals and particularly looking to  
8 ensure that it's people who are from the surrounding  
9 communities of a vaccination site.

10 So, these are important things to make it so that  
11 we don't solely rely on technology but also you know,  
12 rely on those community-based relationships to be  
13 able to fulfill those goals.

14 CHAIRPERSON LEVINE: Thank you and how far out  
15 are you scheduling appointments now at city run sites  
16 and does the fact that supply in addition to  
17 increasing thankfully since the Biden Administration  
18 took over, it's actually more stable and predictable,  
19 which is an important improvement.

20 Given that, can we not schedule out much farther  
21 into to the future, maybe even in a couple of months?

22 DAVE CHOKSHI: Thank you for the question. Uhm,  
23 so yes, it is true that supply has started to  
24 increase. I will point out that it has been modest  
25 and gradual thus far but it is helpful that it has

3 increased slightly and also as you pointed out, that  
4 we have visibility, not just for this weeks supply  
5 for New York City but for a three week window.

6 With that said, the state guidance which we have  
7 to follow, is that we cannot release appointments  
8 until we actually have vaccine doses in hand. And  
9 that's to account for the fact that you know, as we  
10 have seen in previous weeks and as we are seeing this  
11 week with in climate weather, there maybe some  
12 delivery delays. There may be other things that have  
13 to be taken into account and we want to minimize the  
14 burden on New Yorkers with respect to having to  
15 reschedule or cancel appointments. And so,  
16 particularly at city sites but this is a broader  
17 requirements, appointments are only released when we  
actually have supply in hand.

18 CHAIRPERSON LEVINE: Thank you. You talked about  
19 the increasing number of places where people can get  
20 vaccinated and that's great news but its uneven and  
21 there are parts of the city where there are very few  
22 vaccine sites. If for example you are an essential  
23 worker in uptown Manhattan. Let's say you deliver  
24 food for a restaurant and you are under 65 and you  
25 live in west Harlem or Washington Heights or Inwood,

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2 there is no local site where you can get vaccinated  
3 and to my knowledge, there is no site that will give  
4 you geographic preference or any other preference in  
5 other parts of the city.

6 This seems like the perfect situation for the  
7 Health Department or the public hospitals to jump in  
8 and open up a community-based site. The kind of  
9 thing that I would hope we would start to see in  
10 NYCHA community centers, in houses of worship, all  
11 over the city to be close to those who are getting  
12 left behind now. What is the city's plan to fill in  
13 what you might call vaccine deserts? Parts of the  
14 city where they are underserved and where we are  
15 seeing it unfortunately in the lower rates of  
16 vaccination.

17 Dr. Chokshi, did you want to take that? It looks  
18 like we have a mute issue okay. It might be on our  
19 side; can we make sure?

20 DAVE CHOKSHI: Alright, I think we got it going.  
21 Sorry about that. So, yes, thank you Chair Levine  
22 for that question as well. Let me just clarify that  
23 this is already happening you know with respect to  
24 the citing of vaccine locations. We think very  
25 deliberately and we use the same data driven approach

3 that we have brought to all of our public health  
4 response with respect to ensuring that there is  
5 access to vaccination in the places, you know the  
6 communities that most warrant it. And so, that's  
7 reflected in the fact that the significant majority  
8 of city vaccination sites are in the neighborhoods  
9 that are designated by the taskforce on racial  
10 inclusion and equity, particularly for health  
11 department sites, when we were deciding upon where to  
12 face the city vaccination hubs, that was with an eye  
13 towards those hardest hit communities as well.

14 Health + Hospitals as you know already has a very  
15 community-based approach and is leveraging their  
16 entire infrastructure, not just hospitals but other  
17 community-based points of care to deliver a  
18 vaccination as well. We are actively looking at  
19 places where there may be gaps. You know, there are  
20 over 400 sites that are open to any New Yorker who is  
21 eligible and another 400 plus that are open to  
22 eligible patients you know or other people who may be  
23 served by vaccine providers.

24 And so, we do have many, many points of access  
25 and the ability to stand up even more capacity  
quickly. Again, our limit here in being able to do

2 that is with respect to supply. As you see that  
3 start to ease further, you will see capacity and  
4 points of access continue to increase concomitantly.

5 CHAIRPERSON LEVINE: Thank you. What portion of  
6 the appointments being made at city run sites are  
7 being made through the various channels? Web-based,  
8 phone-based and in person?

9 In person would be through community outreach by  
10 community-based organization on the ground or in some  
11 cases by city workers who are out there in impacted  
12 neighborhoods?

13 DAVE CHOKSHI: I don't have a precise breakdown  
14 that I am able to share at my fingertips but what I  
15 can tell you is that it is a bit difficult to tease  
16 this a part because it may be the case that someone  
17 calls the call center and they actually use you know,  
18 the website to help a patient book an appointment.  
19 The approach that we have is that there should be no  
20 wrong door with respect to making an appointment. If  
21 someone is able to have internet access and use the  
22 website, we want them to be able to do that  
23 seamlessly.

24 If someone prefers to pick up the phone and talk  
25 to someone in the language of their preference, uhm,

2 we have made it you know as simple as possible for  
3 them to be able to book an appointment that way. We  
4 know that some cases, it will take human  
5 relationships. You know the people that patients  
6 already trust, whether it's a community based clinic  
7 or a community based organization and so, we have  
8 also opened up channels for appointments to be booked  
9 in that way.

10 CHAIRPERSON LEVINE: Yes, anecdotally, it appears  
11 that a very, very small number of appointments are  
12 actually being made by on the ground outreach even  
13 door by door. I don't know the number, it would be  
14 great to know but there is equity at stake there  
15 because as we have spoken about, there is just a  
16 large number of people in the city who are never  
17 going to go on to Twitter and follow the right bot or  
18 even go onto the web because they don't have a  
19 computer or they have other limitations and for them,  
20 we have to go to where they are in their  
21 neighborhoods, in their homes and I know the city is  
22 doing some of that, I just don't know how much and so  
23 getting the numbers on that would be very important.  
24 But I just – and one final question, though we are  
25 focusing on vaccination today, we can't ever forget

2 that there is still an ongoing threat day to day of  
3 this virus. You yourself Commissioner, as we were  
4 speaking about unfortunately tested positive. We  
5 are glad you are doing better but about 4,000 on  
6 average are testing positive everyday in the city.

7 So, that is an extraordinarily high number but I  
8 just want to ask about an emerging threat of the  
9 variance and if you can update us on just how many  
10 samples are we sequencing a week in the city and how  
11 many of the key variance has been detected,  
12 particularly so-called V117, which is a first  
13 detected in the UK. There's been very little public  
14 reporting on that, so maybe I will give you an  
15 opportunity now to tell us just how many have been  
16 detected and what trends you are seeing there.

17 DAVE CHOKSHI: Yes, well, first Chair Levin, I  
18 want to thank you for continuing to call attention to  
19 this. We cannot take our eye off the ball with  
20 respect to what's happening with the spread of COVID-  
21 19 in our communities. Even as we do ramp up our  
22 vaccination efforts, we have to remain laser focused  
23 on everything that we can do to mitigate the effects  
24 of COVID-19 today. And you have been a real partner  
25 in ensuring that New Yorkers have the guidance that

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2 they need and also that we maintain our attention on  
3 it especially in a moment like now.

4 With respect to the variance, let me start by  
5 saying that I am quite concerned by what we are  
6 seeing with respect to the new COVID-19 variance.  
7 But the evidence that we have from around the world  
8 and around the United States and growingly you know  
9 closer to home, whether it is surrounding states,  
10 elsewhere in New York State and here in New York  
11 City.

12 Thus far, of the different variance of concern,  
13 the one that has been confirmed to be detected in New  
14 York City residents is the B117 variant. This is  
15 known as the UK variant and there were 18 confirmed  
16 cases of the B117 variant that we have previously  
17 announced.

18 We have not as yet detected any of the other  
19 variants of concern, specifically the B1351 or the P1  
20 variance in New York City residents, although we are  
21 actively monitoring for both of those.

22 We do plan to share additional information at a  
23 regular cadence with New Yorkers with respect to what  
24 we are seeing, uhm, in terms of the specialized  
25 genetic testing that we do to identify those

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2 variants. I am pleased to say that New York City,  
3 thanks to our public health laboratory and other  
4 labs, does have the capacity to detect those  
5 variants. We are currently doing that for hundreds  
6 of samples a week and over the course of February, we  
7 will further ramp that up with respect to our  
8 surveillance capacity.

9 So, uhm, that's what I am able to share at this  
10 moment and please know that as we compile and analyze  
11 the information from the various sources, you know  
12 the various laboratories that are doing this  
13 specialized testing, we will be sharing more about  
14 those in coming days.

15 CHAIRPERSON LEVINE: Okay, you cited a figure of  
16 18 detected excuse me of B177 but that was announced  
17 two weeks ago. So, have there not been any new cases  
18 detected of that variant?

19 DAVE CHOKSHI: We check these at a particular  
20 frequency with respect to coordinating with the  
21 partners and so the update for this week remains to  
22 be compiled and analyzed and we will have more  
23 information to share about that sometime in the next  
24 couple of days.

25

2 CHAIRPERSON LEVINE: Okay, this is really  
3 important because the public is in the dark right now  
4 about whether and how fast any of these variants are  
5 spreading here and it really will inform I think our  
6 messaging and may inform decisions about reopening  
7 and lifting of restrictions etc. So, this is really  
8 important and we definitely need real time updates on  
9 it.

10 And last clarification, so you said we are doing  
11 hundreds or sequencing hundreds of samples a week but  
12 if we have 4,000 new positive tests a day, averaging  
13 over a seven day week, what you are citing sounds  
14 like a very small percentage I mean, maybe one  
15 percent. Is that a fair proximation that we are only  
16 sequencing one percent of samples?

17 DAVE CHOKSHI: Uhm the number is higher than  
18 that. We will have the precise figures you know to  
19 be able to share with that additional release of  
20 information but it is higher than one percent. We  
21 have a goal to sequence you know, significantly  
22 greater than one percent on the order of five to ten  
23 percent or potentially even higher with more time.  
24 So, that we do have the right window into the  
25 variance in New York City.

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2 But allow me to take the opportunity to just  
3 convey you know to your point, which I very much  
4 agree with that we should be concerned about these  
5 variants. I means we have to renew all of our  
6 efforts with respect to what we know works. Whether  
7 it is COVID-19 that we are more familiar with or one  
8 of the new variants. The things that work are  
9 wearing a mask and wearing it properly. Doing the  
10 physical distancing you know, trying to keep 6 feet  
11 apart. Staying home if one is feeling ill, washing  
12 your hands frequently and then getting tested  
13 regularly as well.

14 Those are all the things that we will continue to  
15 emphasize because we know it works, whether it is for  
16 the new variant or for the older strains.

17 CHAIRPERSON LEVINE: Thank you very much  
18 Commissioner Chokshi. We wish you continued health.  
19 Thank you Commissioner Tisch and I am going to pass  
20 it back to Committee Council Ahuja. Thank you.

21 COMMITTEE COUNSEL: Thank you Chair. I am not  
22 going to turn it to questions from Chair Chin.

23 CHAIRPERSON CHIN: Thank you. I have a couple of  
24 questions for uhm, the DFTA Commissioner,  
25 Commissioner Cortes-Vazquez. Great to see you again.

2 LORRAINE CORTES-VAZQUEZ: Thank you.

3 CHAIRPERSON CHIN: I know in last month's  
4 hearing, uhm — Commissioner Chokshi, glad to see you.  
5 Hope you get stronger soon.

6 Dr. Chokshi was talking about how the vaccine is  
7 not stable and transported because I was asking a  
8 question about our senior center and I just want to  
9 get back to that because this weekend, I had a great  
10 example of how a senior center in my community and  
11 this was from the state and it's like how do the city  
12 and the state coordinate? This came down from the  
13 Governor's Office. Like, oh, I am going to set up  
14 two sites in your district right, to take care of  
15 some seniors. And one of the sites, which is a  
16 senior center, NORC program, Hamilton Madison House,  
17 they called over 400 seniors to schedule appointments  
18 and it was very orderly. I had a staff who is a  
19 senior, elder senior and I was able to get her an  
20 appointment and she said, they called her and they  
21 emailed her to confirm, to schedule and when she was  
22 online, there was somebody who speak different  
23 languages. You know, Chinese, Spanish, English and  
24 the form was only ten questions and it didn't ask  
25 about immigrant status. It didn't ask about health

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3 insurance. It was just basic questions. Do you have  
4 COVID symptoms and other questions. Ten questions  
and that was it.

5 And afterwards, she got a card that said, you  
6 know, you got the vaccine on this day and it was  
7 Northwell. And they gave her a card to come back to  
8 the same site in three weeks to get the second dose.  
9 It was so organized. Why couldn't we - I mean, we  
10 should be doing this at every senior center, every  
11 NORC building. That's how we take care of our senior  
12 right. We call them up, we help them schedule an  
13 appointment, so they don't have to go crazy on that  
14 hotline or on the website and they know our senior  
15 center. And over there, they didn't have any big  
16 refrigeration right or whatever that was needed but  
17 it was the site that was able to take care of a few  
18 hundred seniors. And it was a very good experience.  
19 Why couldn't we duplicate that? And we should be  
20 ready, ready with every senior center.

21 Last month's hearing, I heard from the DFTA  
22 Deputy Commissioner, we surveyed and we found 100  
23 sites. I mean, DFTA has over 249 and we have almost  
24 300 centers. Those should be ready when the supplies  
25 come. This should have been a priority in the

2 beginning but I know Commissioner, you work very hard  
3 to advocate and sometimes the city forgets about the  
4 seniors. I know, you know, I mean, that was the same  
5 with the Get Food program. They forgot about the  
6 seniors but a lot of seniors now are connected to the  
7 senior center because of the Get Food program and the  
8 senior centers have been calling seniors on wellness  
9 check. The infrastructure is there. So, when the  
10 supply comes, I want to make sure that the seniors  
11 are the priority. They are the over 65-75. I mean  
12 this weekend; I just lost another senior in my  
13 district. An elder who was well respected. Who was  
14 over 75. He didn't get the vaccine. We lost him and  
15 it's happening across the city and that is  
16 unacceptable.

17 So, Commissioner, I just want to hear that how is  
18 that set up now that we have these centers? How many  
19 centers do you have ready, ready to do this and when  
20 I heard Commissioner Chokshi talk about NORC program  
21 and HPD, what about the Hut202 senior building? How  
22 many of those are we including, right? I just want  
23 to make sure all these seniors who are there are  
24 going to get taken care of.

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3 And we have these nonprofit service providers who  
4 is ready to go. They are ready. We just need the  
supplies. Commissioner?

5 LORRAINE CORTES-VAZQUEZ: Alright, so first of  
6 all, I want to go back to something that Dr. Chokshi  
7 said earlier, right? And Dr. Chokshi said about,  
8 this is across collaboration with all city agencies  
9 and we have as you well know, been advocating for  
10 senior centers again because of service deserts and  
11 because of equity issues. We are all on the same  
12 page with this.

13 Uhm, and we have provided to the Vaccine Command  
14 Center, a list of areas and community centers that  
15 are being looked at. As Dr. Chokshi said, so  
16 clearly, we have 400 sites and every day we are  
17 looking at new sites. And that's what we are doing.  
18 There is no – and I love phrase, there is no wrong  
19 door for access. We are trying to create as many  
20 doors as possible.

21 So, every time we hear something from the  
22 network, from you, first of all, I applaud that  
23 experience and I am glad that Madison Hamilton was  
24 able to get that kind of experience and that  
25 experience I want you to is replicated in lots of

2 other sites. That same process you talked about,  
3 where someone goes in. It's orderly. You go there,  
4 they ask you a series of four, five, seven questions.  
5 No one asks a status question or a documentation  
6 question at any site or anywhere in New York.

7 And if you get your first dose, you get a card  
8 that gives you a date for your second dose at that  
9 same location. So, you leave with a sense of  
10 confidence also. So, that whole process you  
11 described, it is what is occurring at our 400 sites.  
12 Uhm, of course there will be glitches and everything  
13 happens because you know, we are all dependent on  
14 human – on each other.

15 And so, it doesn't always work perfectly but I  
16 can tell you confidently that that is the practice  
17 and the process at most of the sites, most of the  
18 time. And we are all working alongside with you  
19 Councilwoman Chin, as eagerly as you are, we are in  
20 terms of opening as many sites as we possibly can.  
21 Particularly those that have trusted voices and  
22 trusted partnerships. And we are doing that real  
23 time. All of that information goes to the Vaccine  
24 Command Center. They do a review and then we will  
25 designate sites.

2 So, I share your frustration sometimes but I want  
3 you to know, we all share your frustration. There is  
4 not a Commissioner on this panel that doesn't share  
5 that frustration but we are doing everything to make  
6 sure that we have as many sites as possible going on  
7 and Dr. Chokshi, would you like to - I keep doing  
8 that to you and you pronounce my name so perfectly.  
9 I am almost embarrassed. I am embarrassed. Chokshi.

10 DAVE CHOKSHI: That's quite alright Commissioner.  
11 Yes, I will just briefly add to your answer which of  
12 course I wholeheartedly agree with to say - well  
13 first, Chair Chin, I wanted to just acknowledge both  
14 you know, both of the stories that you told just  
15 describing a vivid illustration both what we are  
16 striving to do and as Commissioner Cortes-Vazquez  
17 described, are doing across so many of our sites  
18 already. But also, the challenge that we have  
19 remaining with respect to getting to the other senior  
20 New Yorkers who remain to be vaccinated.

21 The things that I wanted to add are one, to just  
22 assure you both as a doctor and a New Yorker, that  
23 seniors are centered in our vaccination strategy.

24 I believe this for the simple reason that not  
25 just because they deserve that protection but as a

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3 doctor, I know it is what will save the most lives  
4 and prevent suffering. For us to do everything that  
5 we can to expand access in the ways that you I know  
share.

6 And the second thing that I just wanted to add is  
7 that we are poised and ready to be able to do that.  
8 One of the principles that we started with in our  
9 vaccination campaign was the idea of meeting patients  
10 where they are. That means doing the type of  
11 proactive outreach that DFTA has done under the  
12 Commissioners leadership to actually reach out to  
13 older adults. It also spans all of the work that my  
14 department has done with health systems and clinics  
15 to encourage them to reach out proactively. As well  
16 as setting up those vaccination clinics HPD  
17 developments, NYCHA developments, senior centers.

18 You know, we are poised to be able to expand that  
19 out even further but it does hinge on our getting an  
20 adequate supply of vaccine to be able to do all of  
21 those things.

22 CHAIRPERSON CHIN: So, if the vaccine shows up  
23 let's say on Monday, are we ready? I mean, like how  
24 many senior centers are going to be open to do the  
25 vaccination? I mean, do you have a concrete plan in

2 place with the provider saying that the vaccine  
3 comes, you are the next one to go.

4 So, they could start calling seniors and  
5 scheduling appointments. So, it's kind of like,  
6 what's the plan of action, so that people are getting  
7 ready to get those appointments and be ready to get  
8 vaccinated? It just, it seems like it's just like  
9 here and there and I mean, when I go back to the  
10 coordination between the city and state. I mean,  
11 when the state announced that they are going to do  
12 this, do they tell the city that they are doing this.

13 I mean, it was last minute, we got a call from  
14 the Mayor, I mean, from the Governor's office. We  
15 are doing this over the weekend. You are going to  
16 get two sites. One site on Saturday and one site on  
17 Sunday. Does the city know about it? I mean, come  
18 on you know, it's kind of like, why is the state  
19 butting in and not coordinating with the city?  
20 That's the frustration that we have, right? Just  
21 give us a vaccine and let the city do it and you know  
22 DFTA Commissioner I mean, seniors should be in the  
23 front of the line. And you know we hear all these  
24 big 3,000 dose place set up in Yankee Stadium and all  
25 this happening you know for the general public.

2 That's great but what about the seniors? I don't  
3 hear a — I don't see a plan.

4 I mean, the Mayor talk about the plan for  
5 homebound seniors, like, wait for the Johnson —  
6 that's not flag? How come we are not getting the  
7 same vaccine as everybody else, right? It's like  
8 some of the homebound seniors, they could take the  
9 elevator down to the community space in their  
10 building. Why not? I mean that should be ready.  
11 Like, which is the 10 buildings that are already set  
12 up, so people are already prepared to call the  
13 seniors and get them ready, right?

14 I mean, that's what I don't hear. That there is  
15 a plan in place. Like, which ones are ready to go,  
16 so that providers know that okay, I am going to get  
17 the phone list together and we are going to make sure  
18 that we have enough staff on hand and we are going to  
19 start calling, right. We just don't see the concrete  
20 plan in place.

21 LORRAINE CORTES-VAZQUEZ: We have a list of all  
22 of the NYCHA senior centers that are available. We  
23 have a list of the NORCs senior centers that are  
24 available and yes, we have looked at all of the Sara  
25 and HPD older adult sites also and we can give you

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2 the list that those are currently available and we  
3 can give them to you by borough and the overlay of  
4 the 33 equity districts and I will make sure that you  
5 get that immediately after this hearing.

6 CHAIRPERSON CHIN: Yeah.

7 LORRAINE CORTES-VAZQUEZ: There is a plan. When  
8 the vaccine is available as Dr. Chokshi said earlier,  
9 the state says that we cannot release appointment  
10 until that time. The sites that are currently open  
11 and available are immediately able to start making  
12 appointments, right.

13 So, there is a plan in place. Is the plan as  
14 widespread as we would want it to be for older  
15 adults? We are working on that every day.

16 DAVE CHOKSHI: Yes and I will just -

17 CHAIRPERSON CHIN: I just want to - yeah. I just  
18 want to see like the list.

19 LORRAINE CORTES-VAZQUEZ: I will make sure that  
20 you will get that list and there have been many  
21 example and pilot programs that have been set up.  
22 You know, through other opportunities just like you  
23 talked about Hamilton Madison. I will also get you  
24 the list of all of those that are dedicated to older  
25 adults. Dr. Chokshi, sorry I cut you off.

2 CHAIRPERSON CHIN: No, it's true, there site –  
3 some maybe they have their own connection that they  
4 are able to contact the Governor or contact a private  
5 you know health provider to do that. But as a city,  
6 we want to make sure it is equitable so that every  
7 community, especially the community who need it the  
8 most, get it and that's the city's responsibility.  
9 And there should be already a list, you know a plan  
10 in place, which are the ones that will be set up next  
11 week when the vaccine is available. So that we do  
12 see a concrete plan and the city and the senior have  
13 some hope in mind. It's like they are not going to  
14 spend hours and hours trying to schedule an  
15 appointment that's miles away. Meanwhile, they could  
16 just go to their senior center that's a block away.  
17 And that's what we wanted to see and even with the  
18 homecare, the homebound senior I talked about in my  
19 opening. You know, the worker that delivers the home  
20 delivered meal. I mean, they also should be in the  
21 priority list because they have the direct contact  
22 with the seniors and they could also be helpful while  
23 they are delivering the meal. They could give them  
24 information about how safe the vaccine is and how  
25 they can you know call a local CBO that can help them

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2 schedule an appointment without going through the  
3 city hotline.

4 So, I mean, those things are – those  
5 infrastructures are in place and we want to make sure  
6 that these workers are also being taken care of  
7 because they have the direct contact also.

8 DAVE CHOKSHI: Yes, thank you for highlighting  
9 all of these important points. I just wanted to add  
10 a little bit in terms of you know, our response to  
11 them. To again emphasize that these are elements of  
12 the plan that we have put in place with a focus on  
13 seniors but with a particular focus on older New  
14 Yorkers who are in the taskforce neighborhoods as  
15 well.

16 We want to do it in a way that takes advantage,  
17 not just of the city infrastructure that you have  
18 described well and that you have pointed out for  
19 which, as Commissioner Cortes-Vazquez has pointed  
20 out, there is a plan for us to be able to expand out  
21 as supply grows. But perhaps equally importantly,  
22 for us to partner with other trusted organizations  
23 and clinicians in those neighborhoods. You know, I  
24 know as you know, someone who has had a clinical  
25 practice that involved many older adults that they

2 would rather hear from me with respect to you know  
3 reaching out and making it clear why I believe they  
4 should get vaccinated. How they can get vaccinated  
5 at a place where they are already familiar with you  
6 know navigating and actually you know traveling to if  
7 they are able to. That has the accommodations in  
8 place for people who may have limited mobility and  
9 so, we are very invested in leveraging those existing  
10 relationships as well.

11 Whether it is a federally qualified health center  
12 or an independent neighborhood pharmacy where we know  
13 a lot of our seniors go for a flu vaccination for  
14 example or some of the places that you have pointed  
15 out, you know, like senior centers.

16 So, the goal is always to meet patients where  
17 they are and to leverage those existing relationships  
18 because that is where we know the trust already  
19 exists in community.

20 So, there is a lot that we will do as a city but  
21 please know that we also have the humility to say, we  
22 want to work with others because that's the way that  
23 it will be best perceived by the people that we aim  
24 to serve.

2 CHAIRPERSON CHIN: That's good. I mean, that  
3 information needs to get out and I think it would  
4 help you know if all the Council Members, if we have  
5 that information, we can help you know, get it out to  
6 our constituents. The problem is, it's a lack of  
7 information. We have seniors who were calling my  
8 office. Calling me personally and saying, I call you  
9 know this doctor, that doctor and they said they  
10 don't have any available or they call the clinic and  
11 it's not available.

12 So, if we know all the places that are available  
13 and when a senior calls us and we can at least help  
14 guide them and I know the robocall that the  
15 Commissioner make and I am helping also. At the end,  
16 it tells the senior, if you have trouble on the  
17 website or on the phone call, call your senior  
18 center. Call your local senior center and local  
19 senior service provider.

20 So, it still back to people that the seniors  
21 trust which is their local senior centers and the  
22 people that are caregivers and so, that's why the  
23 senior center, we got to give them credit. Their  
24 staff and give them the information, so when the

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2 senior calls them, they can help them and they are  
3 doing that.

4 So, just utilize the infrastructure that we  
5 already have and we can get to a huge number of  
6 seniors right away. So, I just hope that you know,  
7 we continue to do that and please, you know, share  
8 the plan with us. And share the information with us  
9 so that we can also help publicize it.

10 So, I am going to pass it over to Chair Holden  
11 for questions. Thank you, thank you to both  
12 Commissioners.

13 DAVE CHOKSHI: Thank you.

14 LORRAINE CORTES-VAZQUEZ: Thank you.

15 CHAIRPERSON HOLDEN: Thank you Chair Chin. By  
16 the way, I want to echo everything you have said  
17 about the senior centers being used as vaccination  
18 sites. That is a no brainer and that should be set  
19 up immediately and we are finding them. Why not open  
20 them up and make some good use out of them at this  
21 point?

22 But let me go onto just some observations first.  
23 I would like to obviously Jessica Tisch, the  
24 Commissioner of DoITT is on and uhm, I know you have  
25 improved – you have a new and improved website that

2 you have helped work on, VAX4nyc. And we tried this  
3 morning by the way to register someone eligible and  
4 we hit a road block. Obviously, no vaccines are  
5 available but I think there was a lost opportunity  
6 because it just said no vaccines available. We  
7 weren't able to register our cellphone or email or  
8 have the city text or email us when a vaccine is  
9 available. Much like your new and improved 311 site  
10 does. I mean I had some complaints last night about  
11 illegal parking and I got a bunch of texts, sent a  
12 photo, did everything that was you know, that I was  
13 supposed to do and really got great communications  
14 from 311.

15 So, I want to thank you for that but why can't we  
16 do the same with that VAX4nyc?

17 JESSICA TISCH: Uhm, we can and we at various  
18 times have had signups for like email us, email me  
19 when more appointments become available. The fact of  
20 the matter is that waiting list, that list got so  
21 long that it was just as long if not longer than the  
22 entire amount of vaccine supply that we had in the  
23 whole city. Forget just you know, the share – the  
24 sites uhm, got. And so, it's a tough call, right?

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2 Do you to 150,000 hey, I am going to notify you when  
3 we get 25,000 slots?

4 CHAIRPERSON HOLDEN: I can see your point.

5 JESSICA TISCH: That's the very practical reason  
6 but I hear you and I have actually thought deeply  
7 about this. I really believe that as soon as vaccine  
8 supply opens up a bit more and that we can add more  
9 appointments, the things that you are talking about  
10 are so easily doable from a tech perspective. It's  
11 just the practical constraints that we have now about  
12 the supply make them operationally highly  
13 problematic.

14 CHAIRPERSON HOLDEN: Yeah, so, but it's just that  
15 people would feel better knowing they are registered  
16 instead of hitting a roadblock. Because you know,  
17 that's what we experienced when I tried you know, the  
18 Health Department website to get a vaccine. That was  
19 like for four hours, hitting my head against the wall  
20 and I got cut off so many times by going on third  
21 parties and throwing out form after form only to find  
22 that there is nothing available or I am not eligible.  
23 I love that one. I am over 65 and it told me I  
24 wasn't available Moderna without any explanation.

2 So, I mean you site sounds – your new and  
3 improved site that you worked on the Health  
4 Department obviously to upgrade, is better but I just  
5 think if we had people – we can give them something  
6 tangible. Whether that means that you are here. We  
7 know you are waiting and we will try to notify you or  
8 locate a vaccine. But aside from that, the Mayor's  
9 Office – let me ask a question about this.

10 The Mayor's Office of Opportunity maintains a  
11 website called Access NYC. This helps folks find you  
12 know, food, money, housing, work and other city  
13 services. So, it's access.nyc.gov. This tool is  
14 mobile friendly and has a code base that apparently  
15 would apply to finding vaccines. Are you aware of  
16 this Commissioner?

17 JESSICA TISCH: I haven't recently been on that  
18 site but most modern tools are mobile friendly, yes.

19 CHAIRPERSON HOLDEN: But maybe we could look at  
20 that. Dr. Chokshi, maybe you could look at that  
21 because it might present some kind of a model that we  
22 could use to upgrade. I know Commissioner Tisch is  
23 on and I have the upmost really, I know that she  
24 could – I have faith in her that she could do it. No  
25 pun intended but are we you know, are we tapping into

2 the talent that we have out there? And I know  
3 initially we weren't.

4 JESSICA TISCH: So, let me describe to you what's  
5 gone on in the past five weeks or so. Uhm, clearly  
6 the old site had real issues and New Yorkers needed  
7 and deserved better. No one is going to argue that  
8 point at all.

9 I was brought in to fix it and at DoITT, we are  
10 not fixing it ourselves. We are working with some of  
11 the largest technology companies in the world on  
12 fixing it and there is multiple parts to this  
13 approach.

14 So, within the first two and a half weeks of  
15 coming in, we completely got rid of the old  
16 scheduling site that everyone really didn't like and  
17 we replaced it like based on yours and the public's  
18 feedback with a brand new scheduling site, which is  
19 streamlined. Which asks you many fewer questions,  
20 only the very basics. Uhm, which is knock on wood,  
21 stable and load tested.

22 We have found that when appointments are  
23 available to be scheduled, it takes a person three to  
24 four minutes, soup to nuts, to schedule the  
25 appointment. They are able to schedule a second dose

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2 appointment on that site. They are able to cancel,  
3 they are able to reschedule. I really believe that  
4 in you know, a period of two and a half weeks, we  
5 really stabilized that. But that is not enough for  
6 us, right. Because still today, New Yorkers have to  
7 go to way too many websites from way too many  
8 providers to figure out how to schedule an  
9 appointment only to find out that there are no doses  
10 and no appointments to be made.

11 So, what we have done is, we have said to all  
12 providers citywide, this platform that we built for  
13 Dr. Chokshi in the Health Department, we want all  
14 providers in the city to use it. And we are offering  
15 it to all providers in the city as a service. We  
16 have recently gotten Capsule Pharmacy to leverage it.  
17 A site run by Northwell Health. Maimonides has  
18 agreed to use it at one of their mass vaccination  
19 sites. Hospital for Special Surgery.

20 So, this, this is like part of the vision here.  
21 It is not only build this new platform, make it  
22 easier to schedule but then get all of the providers  
23 throughout the city on it. Do I have hope that we  
24 are going to get 100 percent of the providers on this  
25 system? No. I can bet you there is no chance that a

2 company like Walgreens is ever going to use this  
3 platform. But can we make a real dent and get lots  
4 of providers to schedule appointments at lots of  
5 locations throughout the city through this platform?  
6 Absolutely. That is the goal, that is the vision,  
7 that is frankly my obsession over the next several  
8 weeks. Because I want to be in a place when as  
9 vaccine supply expands, that there are fewer and  
10 fewer places for New Yorkers to have to go to  
11 desperately search for an appointment.

12 There will never be only one but there can and  
13 should be fewer and we have built with the  
14 collaboration of tech talent frankly from around the  
15 world, a platform to enable us to do that.

16 CHAIRPERSON HOLDEN: Right, alright.

17 DAVE CHOKSHI: And Chair Holden, if you will  
18 allow me, I just wanted to add two points to  
19 Commissioner Tisch's you know, excellent review. The  
20 first is to underline what she said about the idea  
21 that this is not a sort of one and done process. We  
22 believe in continuous improvement. Yes of course of  
23 the technology but doing it in a way where the  
24 technology and the operations are really linked  
25 together. For us to be able to continually take in

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2 additional feedback and use that to improve so that  
3 today is better than yesterday and tomorrow will be  
4 better than today.

5 So, that was one point and the second thing that  
6 I do want to point out as well, which I know that you  
7 care about deeply is the link between technology and  
8 equity as well and making sure that as we do make  
9 this as streamlined and simple as possible, that we  
10 also think about all of the ways in which we can use  
11 and ensure technology to meet our equity imperative  
12 as well.

13 And so, that's something that we are also very  
14 act actively thinking about when it comes to the next  
15 iterations of this work.

16 CHAIRPERSON HOLDEN: Okay, I just want to go back  
17 – thank you doctor. I just want to go back to  
18 Commissioner Tisch. How are you measuring or taking  
19 in visibility feedback on VAX4NYC? And what type of  
20 user testing was done on it?

21 You are muted, so – we have to unmute you okay.  
22 Can we unmute the Commissioner? Alright, good.

23 JESSICA TISCH: Uhm, feedback. I love getting  
24 feedback. I actually thrive on working based on bad  
25

2 feedback or a challenge or a problem that needs to be  
3 solved.

4 So, I will say, in the race to replace the old  
5 scheduling system, most of that was driven by the  
6 feedback we got from all over the place about the old  
7 system. Too many questions, too difficult to create  
8 an account and log in and too factor up  
9 authentication, can't schedule a second dose, Google  
10 Translate doesn't work well for you know, in the  
11 medical context. We don't want to answer too many  
12 questions before we see whether appointments are  
13 available.

14 Like all of this, all of that feedback actively  
15 uhm, influenced, really shaped the fundamental design  
16 decisions that we have made, okay. That system was  
17 built in two and a half weeks. A week later, we  
18 expanded the system to be able to accommodate new  
19 providers that want to come in.

20 That's fast as the systems go because it is so  
21 much more than a scheduling site. It's also the tech  
22 that all of the vaccinators and the flow monitors at  
23 all of the sites, at all of the physical vaccination  
24 centers use to greet and treat and vaccinate  
25 patients.

2 My point in telling you all of that is, that was  
3 a heads down 24 hour a day process for three weeks.  
4 Now, what we want to do is go into a more formal and  
5 thoughtful process where we get feedback on the  
6 existing platform. Now that it is like there, it is  
7 stable, it is serving New Yorkers and in a thoughtful  
8 way, take in feedback specific to this platform  
9 because I have no doubt that it can be improved.

10 As for testing, I think you also asked about user  
11 acceptance testing. Oh my God did we test this  
12 thing. So, the single most important thing that you  
13 can do before you go live is test a system  
14 thoroughly. And so, we did oh, in the two and a half  
15 weeks of development that I said to build it, I would  
16 say about a week of it was just banging hard and  
17 testing the system and every permutation possible to  
18 find bugs but also to test load, right? Because you  
19 have seen in city's across the country, in states  
20 across the country, all of these scheduling platforms  
21 are crashing.

22 You know, we had it with like the states  
23 scheduling site crashed this weekend when they  
24 released all of their appointments. So, we did I  
25 would call it, obscene levels of load testing. I

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2 mean, no guarantees obviously but like testing is key  
3 to going at it with a bug free system.

4 CHAIRPERSON HOLDEN: So, you are confident it  
5 won't crash.

6 JESSICA TISCH: I am confident. Chair Holden, we  
7 tested this system. We load tested. We had to  
8 support the CEO of sales force Mark Benioff who was  
9 signed Salesforces lead engineer to lead the load  
10 testing effort on this site. I am confident that we  
11 have done as much as we could possibly do to one,  
12 prepare for the very high load that we are  
13 anticipating. And to be ready should we hit those  
14 loads to keep the site stable.

15 CHAIRPERSON HOLDEN: Alright, but load testing is  
16 different than usability right?

17 JESSICA TISCH: Yes and that's why I talked about  
18 two pieces of testing right. There was like the load  
19 testing -

20 CHAIRPERSON HOLDEN: I just want to get to one  
21 point. Who is involved? Who is - you talked about  
22 tech talent. Who is involved in this, this effort  
23 that you undertook for two and half weeks?

24 JESSICA TISCH: Oh, so the companies we work with  
25 is, the platform is Salesforce. Uhm and we have a

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2 Salesforce like integrator company that does like the  
3 customizations for us and that company is a company  
4 called MTX. They are like a widely known Salesforce  
5 integrator.

6 Uhm, honestly, I did most of the design work.  
7 And the reason I did most of the design work is it  
8 was based on the feedback that we have gotten and we  
9 wanted to get something out really quick. As I said,  
10 I am interested now that we have launched. We are  
11 stable, we're creating, we're making appointments to  
12 get a more formal feedback process in as I said I  
13 like taking feedback.

14 Uhm, but that's really how it was. This was like  
15 a mad dash to get this thing up, running, good,  
16 stable and will continue to improve from here.

17 CHAIRPERSON HOLDEN: Just a quick question for  
18 Dr. Chokshi. I would like to – doctor, are you aware  
19 of the Executive Order for the Governor that people  
20 must get the vaccine in the same location both  
21 vaccines?

22 DAVE CHOKSHI: Yes Chair Holden, I am aware of  
23 it.

24 CHAIRPERSON HOLDEN: But do you agree with that?  
25

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2 DAVE CHOKSHI: Well, it is part of the New York  
3 State guidance as you know that we are subject to.  
4 The major benefit of it is simplicity from the  
5 perspective of you know, the person getting  
6 vaccinated. So that they know you know, at the  
7 appropriate interval either three or four weeks after  
8 their first dose, they know to go back to the same  
9 place.

10 So, I do think that has benefits. I will also  
11 observe there are some exceptions that are permitted  
12 to that. You know, in cases where you know in  
13 situations where someone has to go to a different  
14 site. They have limitations themselves about where  
15 they can go or in rare circumstance where you know a  
16 site itself may change.

17 CHAIRPERSON HOLDEN: But that Executive Order  
18 might have cost nursing home patients their lives.  
19 Are you aware of that?

20 DAVE CHOKSHI: Chair Holden, tell me more about  
21 what you mean.

22 CHAIRPERSON HOLDEN: We have had, not only with  
23 my mom. Thankfully my mom is still alive but she got  
24 COVID because the nursing home withheld the vaccine  
25 in December to her and other patients that were rehab

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2 patients in the nursing home and weren't permanent  
3 patients.

4 So, they only vaccinated and this wasn't only one  
5 nursing home. This was many nursing homes around the  
6 city didn't know how to schedule a second appointment  
7 for their rehab patients because they may not be in a  
8 nursing home. Like that mattered. The first thing  
9 is to get the vaccine into peoples arms obviously.  
10 The fastest you can to the most vulnerable  
11 population. Yet, the nursing homes were interpreting  
12 it that they can only give it to their permanent  
13 residents. And they left off a large population of  
14 rehab patients. Many of them died a month later,  
15 weeks later and that, the state actually tried to  
16 cover up and I thought because we asked the state a  
17 number of times, is this an order? Well, the nursing  
18 home misinterpreted the order and I would like to  
19 know I think maybe your office can weigh into the  
20 Governor's Office about this and clear this up with  
21 the nursing homes. Because still, people are being  
22 denied the vaccine who are rehab patients in nursing  
23 homes in New York City.

24 DAVE CHOKSHI: I understand what you are saying  
25 and first, let me just say I am very sorry for what

3 you and your family went through. I imagine that was  
4 a painful and wrenching experience and I appreciate  
5 your sharing it because as you have pointed out, you  
6 know, you think it may be effecting others as well  
7 based on you know, and what is actually occurring in  
nursing homes.

8 You know, I can't speak for New York State as you  
9 know, nor for specific nursing homes but I will be  
10 happy to have my office look into this with respect  
11 to how it is being treated in the current day as  
12 well.

13 CHAIRPERSON HOLDEN: It's got to be cleared up  
14 because people have died because they didn't get the  
15 vaccine like I mentioned before but if it is not  
16 clear, the Governor's Office should make it clear or  
17 exempt nursing homes because they have different  
18 patients. They have permanent patients, which they  
19 will be in the same spot. You know, 27 days or  
20 whatever it is 28 days between vaccines. Uhm, and  
21 then a lot of them won't be.

22 So, we all get cards. I mean, I got vaccinated  
23 and I got a card and I could bring it anywhere and  
24 get the second Moderna if one is not available at my  
25 initial location.

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2 So, I think this needs to be investigated and I  
3 hope the City Council looks at this because this - I  
4 know a lot of people that lost their parents because  
5 of this so-called Executive Order or policy that  
6 wasn't clear to nursing home.

7 But thank you doctor. I don't want to go on  
8 because a lot of my colleagues have questions. I do  
9 have a lot more questions but I will go back to Chair  
10 Levine for the questions. Thank you.

11 CHAIRPERSON LEVINE: Thank you Chair Holden and  
12 actually, I am going to pass it to Committee Counsel  
13 Ahuja for our colleagues to ask their questions.  
14 Thank you.

15 COMMITTEE COUNSEL: Thank you Chair. I am now  
16 going to be calling on Council Members in the order  
17 in which they have used the Zoom raise hand function.  
18 As a reminder, Council Members if you would like to  
19 ask a question and you have not yet used the Zoom  
20 raise hand function, please do so now.

21 Council Members, please keep your questions to  
22 five minutes. The Sergeant at Arms will keep a timer  
23 and will let you know when your time is up and you  
24 should begin once I have called on you and the  
25 Sergeant has announced that you may begin.

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2 For questions we will hear first from Council  
3 Member Ampry-Samuel followed by Council Member  
4 Deutsch followed by Council Member Rodriguez followed  
5 by Council Member Koo.

6 Council Member Ampry Samuel, you may begin when  
7 you are ready.

8 SERGEANT AT ARMS: Time starts now.

9 COUNCIL MEMBER AMPRY-SAMUEL: Good afternoon  
10 everyone and thank you Chairs for the opportunity.  
11 First I want to say Dr. Chokshi, I am wishing you  
12 continued strength and good health and I am glad to  
13 see you here. And Commissioner Cortes-Vasquez, of  
14 course I am always, always, always glad to see you.

15 Uhm, I do appreciate the efforts made finally to  
16 reach the homebound seniors and to get home health  
17 aids vaccinated in my district and the announcement  
18 at the teachers prep site. We are definitely moving  
19 forward and I appreciate that.

20 And I also want to just give a shout out to Dr.  
21 Easterling who has been a beacon of light and hope  
22 for so many in our district and I appreciate the  
23 ongoing communication and notices that he provides  
24 us.

25

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3 I just want to co-sign everything that was stated  
4 by Chair Chin regarding all of our seniors but not  
5 just the NYCHA seniors but also the seniors that live  
in HUD 202 buildings.

6 Commissioner Cortes-Vazquez, you mentioned having  
7 a list of seniors sites. I would also like to just  
8 kind of get a sense of the list of the CBO's that you  
9 are working with at these senior sites and not the  
10 ones that are you know, contracted through DFTA to  
11 work in the NYCHA sites but the ones that are within  
12 the 202 buildings. We have had conversations in the  
13 past like during the testing related to the HUD 202  
14 buildings because I have so many of them and a lot of  
15 them are not at all formal senior centers and they  
16 don't have churches that work with them.

17 And so, I would just like to get a sense of what  
18 is the actual plan. I know you spoke about it  
19 briefly with Margaret Chin but what's like, just give  
20 an example of what the city is planning around the  
21 vaccines that will be coming in but specifically for  
22 the residents in the 202 buildings that don't have a  
23 formal CBO working with them.

24 LORRAINE CORTES-VAZQUEZ: Thank you. First of  
25 all, it is great to see you also and in addition to

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3 the 249 CBO's that DFTA contracts with directly, we  
4 have also included in this 75 plus taskforce you  
5 know, older adult taskforce that gives us day to day  
6 feedback. We have also included some faith leaders  
7 and we have also included all of the, what I call the  
8 ethnic federations. Hispanic federation, Asian  
9 American Federation, the Federation of Protestant and  
10 Welfare Agencies and Black charities so that we could  
11 also see what networks they have and how do we  
12 incorporate. One, get feedback from them, you know,  
13 real time feedback and then the other is to ensure  
14 that as we are rolling out this plan and expanding  
15 it, that we are not excluding any of those groups  
16 that are not as part of DFTA's aging network, right.

17 So, it's two things. It's automatic feedback but  
18 also inclusion because like you and Dr. Chokshi said  
19 so well before, equity and that equity lens is a lot  
20 of what's driving most of this because those are the  
most vulnerable populations.

21 COUNCIL MEMBER AMPRY-SAMUEL: Thank you. Thank  
22 you for that and one last question, just about the  
23 specific numbers. You may have said it already, I am  
24 not sure but how many seniors who live in NYCHA have  
25 already been vaccinated and how many are we still

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2 reaching out to? I heard the 1.3 number for the  
3 overall seniors but I am just trying to figure out if  
4 we have an exact number for the number of NYCHA  
5 seniors. The number of seniors that actually live in  
6 NYCHA and the number that have already been  
7 vaccinated.

8 LORRAINE CORTES-VAZQUEZ: I can get — NYCHA is  
9 not here but I will make sure that you get that  
10 number and I am going to turn it over to Dr. Chokshi  
11 to see if he has any numbers on the older adults that  
12 have been vaccinated to date.

13 But I will get you the number that live in NYCHA  
14 facilities and the number that and the number that  
15 have been reached out and already contacted.

16 Alright, so —

17 COUNCIL MEMBER AMPRY-SAMUEL: And the reason why  
18 I ask that question is just because we have been  
19 doing a number of outreach efforts and you already  
20 know we did rehouses in my district. We did Vandyke,  
21 we were working

22 LORRAINE CORTES-VAZQUEZ: Yeah.

23 COUNCIL MEMBER AMPRY-SAMUEL: And so, I just  
24 wanted to get a sense of how many, just so we can

25

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2 know the push that we have to continue doing moving  
3 forward.

4 LORRAINE CORTES-VAZQUEZ: Yeah, we don't have  
5 that right now for you but like I made -

6 SERGEANT AT ARMS: Time expired.

7 LORRAINE CORTES-VAZQUEZ: A commitment to  
8 Chairwoman Chin, I will get you that number and I  
9 will also get the list of all of the sites across the  
10 city that are dedicated to older adults.

11 DAVE CHOKSHI: The one part that I am able to  
12 answer Council Member is that - well first, let me  
13 just say we very much share that aim and as you have  
14 seen, that has been a focus of ours. It's the  
15 intersection of our equity goal and our goal to reach  
16 older New Yorkers and to meet people where they are.

17 And so, thus far we have vaccinated over 5,000  
18 older New Yorkers who are in NYCHA buildings and that  
19 is of course, only the start of what we will continue  
20 to do.

21 COUNCIL MEMBER AMPRY-SAMUEL: Okay, thank you.  
22 Thank you Chairs.

23 LORRAINE CORTES-VAZQUEZ: Thank you.

24 COMMITTEE COUNSEL: Thank you Council Member.  
25 Next, we will hear from Council Member Deutsch

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2 followed by Council Member Rodriguez, Council Member  
3 Koo and then Council Member Barron.

4 As a reminder to panelists, if you could stay  
5 unmuted during the question and answer period, that  
6 would be greatly appreciated. Council Member  
7 Deutsch, you may begin when you are ready.

8 SERGEANT AT ARMS: Time starts now.

9 COUNCIL MEMBER DEUTSCH: Thank you. So, my  
10 questions to Dr. Chokshi. Who makes the decision of  
11 what sites become available throughout the city and  
12 is there a metric to it of how decisions are made?

13 DAVE CHOKSHI: Thank you Council Member for the  
14 question. Uhm, the decisions about city sites, which  
15 is I believe what you are asking about. Those are  
16 made through the Vaccine Command Center where we look  
17 at a host of different factors but particularly, uhm,  
18 where we know uhm, there is a need for greater access  
19 to vaccination. Where we know we have you know a  
20 particular equity goal to meet. You know,  
21 particularly with places that have been hardest hit  
22 during the pandemic and where we can serve a  
23 sufficient number of people.

24 COUNCIL MEMBER DEUTSCH: So, are you familiar  
25 with zip code 11235?

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2 DAVE CHOKSHI: Please tell me a little bit more  
3 about it. Which neighborhood does that represent?

4 COUNCIL MEMBER DEUTSCH: So, that's Sheepshead  
5 Bay, Manhattan Beach area.

6 DAVE CHOKSHI: Yes.

7 COUNCIL MEMBER DEUTSCH: Okay, so how many  
8 vaccine sites do I have in those areas in the  
9 southern part of Brooklyn?

10 DAVE CHOKSHI: Council Member, I don't know that  
11 off of the top of my head.

12 COUNCIL MEMBER DEUTSCH: So, my question is, I  
13 have been sending emails to the Department of Health  
14 and to other city agencies and no response and I have  
15 been asking to expand the vaccine locations as well  
16 as vaccines because I have a very high senior  
17 population and as well as a high COVID rate. And I  
18 would like to know how many vaccines actually come  
19 into my district. How many people actually receive  
20 it and I just want to say, I would question my  
21 colleagues but I just want to tell you that in my  
22 office, I have two or three staff members who work  
23 full time to try to get appointments and they cannot  
24 get appointments.

25

2 So, it's a waste of resources to have in each  
3 council – so I guarantee you that every single  
4 Council Member has dedicated staff members who are  
5 wasting their time and resources every single day,  
6 trying to make appointments for their constituents  
7 and what I would say is that you should use those  
8 resources instead of having them wasted on making  
9 endless appointments where they can't even get an  
10 appointment and using our council offices and giving  
11 us an amount of vaccines that are coming in that at  
12 least if uhm, we could schedule, we could have a  
13 waiting list. We could make our own waiting list  
14 because I don't think any person, any seniors should  
15 have to call more than once and not get an  
16 appointment and then call again and then again and  
17 again and again call our office back and forth and it  
18 is just endless.

19 So, I have no problem, I could speak for myself  
20 that I could make my own waiting list and call back  
21 the constituents when those vaccines become available  
22 to tell them, okay, we could schedule an appointment  
23 now but without having the proper information find  
24 the agencies take the vaccines again, then we are  
25 left in the dark and we are left in the dark.

3 And I think it is very unfair when we are held  
4 accountable for our constituents to make sure they  
5 get the vaccines or at least they should know that  
6 there is a waiting list that we could call them back  
7 when those vaccines are available but without the  
8 office letting us know of how many vaccines are  
9 coming in, then we don't know that. We don't have  
10 that information. There is zero communication  
11 between I could say from my office and Department of  
12 Health and that's totally unacceptable and I am  
13 willing to with Department of Health and as you know,  
14 I have one of the highest COVID rates in the City of  
15 New York. I have not heard from Governor Cuomo once  
16 since March and have not heard from the Mayor since  
17 March, the beginning of the pandemic about the high  
COVID rate and there is little communication.

18 So, to me, it seems like the left hand doesn't  
19 know what the right hand is doing and this needs to  
20 be resolved and we need to have more accountability  
21 for these vaccines and for our constituents.

22 DAVE CHOKSHI: Well, thank you Council Member. I  
23 certainly understand your points and I can assure you  
24 that I am committed to ensuring that my team is  
25 coordinating with your staff on you know, the

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2 information that you are requesting and we do have  
3 quite a bit of coordination across city government  
4 through the Vaccine Command Center as I had  
5 mentioned.

6 Two things that I will mention that you know,  
7 perhaps you or your constituents may benefit from are  
8 the fact that you know, the access points that do  
9 exist are very easily searchable at  
10 nyc.gov/vaccinefinder and as Commissioner Tisch has  
11 mentioned, we will continue to add additional  
12 information to that site to make it a one stop shop  
13 you know, for people who are looking for points of  
14 access that are close to them.

15 And then the second part is, we are sharing quite  
16 a bit of detailed information about vaccination at  
17 the zip code level and all of that is also available  
18 you know, via our website. You can get to it from  
19 nyc.gov/covidvaccine.

20 COUNCIL MEMBER DEUTSCH: So, are you going to  
21 have – is someone going to reach out to my office?  
22 Are you assuring me that we are going to have better  
23 communication because what it says in the website,  
24 what actually happens to the complaints and also, you

25

2 keep on expanding the eligibility for vaccines when  
3 you are saying there is no vaccines available.

4 So, we need to take care of those seniors first  
5 and the people who have underlying issues and the  
6 people that are homebound. So, we keep on expanding  
7 and expanding and expanding with almost no vaccines  
8 available. So, we are getting everyone to go on a  
9 portal. We are getting everyone to call their  
10 elected officials complaining but if there are no  
11 vaccines, why are we expanding it? Let's do one  
12 thing at a time. Let's get the job done and I think  
13 there has to be more communication with those elected  
14 officials throughout the city and you know, we are in  
15 a crisis. Do you agree we are in a crisis right now?

16 So, if we are in a crisis, I am sure you agree.  
17 But if we are in a crisis and I don't receive a call  
18 from anyone from your office, from DOH, from the  
19 Mayor or even the Governor, okay and I have one of  
20 the highest COVID rates in the City of New York and  
21 since March, since March, the Mayor has not called me  
22 once. You have not called me once and that's  
23 unacceptable. Because if we need to take care of  
24 those areas that have a high COVID rate, I should be  
25 getting phone calls from your office every single

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2 day. How can we stop this? What can we do? How can  
3 we help?

4 DAVE CHOKSHI: Well again, thank you Council  
5 Member and yes, actually we have been in touch but I  
6 will make sure that you know —

7 COUNCIL MEMBER DEUTSCH: You have been in touch?  
8 You have been in touch with who?

9 DAVE CHOKSHI: Uhm, well you and I have been in  
10 touch directly Council Member but I take you point,  
11 which is that you would like even deeper community  
12 which is something that we are very committed to  
13 doing.

14 COUNCIL MEMBER DEUTSCH: I have not seen it. I  
15 have not seen it and I hope from now, from today,  
16 from this hearing, that there will be a lot more  
17 communication.

18 DAVE CHOKSHI: Yes, allow me to articulate it  
19 because that's a shared goal. Because we know that  
20 this vaccination campaign will be most successful  
21 through partnership with all of you. I did want to  
22 just point out one other thing, which is you know, as  
23 you are aware, the eligibility is determined by New  
24 York State and you are right, the eligibility has  
25 broadened you know quite a bit over the last several

2 weeks, which is a good thing on the one hand because  
3 it means more and more New York City residents are  
4 able to get vaccinated but we do remain in a period  
5 where there is very limited supply.

6 And so, as a city, what we are committed to doing  
7 is to, while we are in this place where we have many  
8 people who are eligible and limited supply, is to  
9 work with all of you to ensure that the people who  
10 will most benefit from vaccination, with respect to  
11 saving lives and preventing suffering is whom we  
12 reach out to and try to connect up with vaccination.

13 So, I welcome additional collaboration with you  
14 toward that end.

15 CHAIRPERSON DEUTSCH: Okay and it is very easy  
16 for the city to come into my district to close up  
17 stores for months at a time but not giving us the  
18 vaccines that are needed in an area that has a high  
19 COVID rate. One of the highest in the City of New  
20 York if not the highest. But closing up the  
21 establishments, closing up the stores, closing up the  
22 synagogues, closing up the churches, closing up the  
23 mosques, that is fine but when it comes to making  
24 sure that this uhm, this virus does not spread by

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2 giving us the most needed vaccines in a district that  
3 has a very high COVID rate is unacceptable.

4 So, I appreciate what you are telling me now and  
5 I am looking forward to really you know, getting  
6 these vaccines out and having more communication with  
7 your office.

8 DAVE CHOKSHI: Thank you Council Member, I  
9 welcome it as well.

10 COUNCIL MEMBER DEUTSCH: Thank you.

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

14 SERGEANT AT ARMS: Time starts now.

15 COUNCIL MEMBER RODRIGUEZ: Commissioner [SPEAKING  
16 IN SPANISH 2:13:07-2:14:34].

17 I want to ask you know a few questions. I want  
18 to you know not go astray because of my time. Do we  
19 agree that most people who die and who got the COVID  
20 so far in the City of New York, leave in the city  
21 where most of them are Black, Latino and Asian? And  
22 I just want you to say yes or no.

23 DAVE CHOKSHI: Yes. If you will allow me to say  
24 a bit more, yes.

25

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2 COUNCIL MEMBER RODRIGUEZ: I would prefer with a  
3 yes or no because I want to elaborate some questions  
4 that I want -

5 DAVE CHOKSHI: I will be very brief. I will be  
6 very brief Council Member to say yes and that is why  
7 we have oriented our -

8 COUNCIL MEMBER RODRIGUEZ: Okay, I want to stay  
9 there. I don't want to - end that part. So, the  
10 second part is, and of course, I want to ask you the  
11 question but I hope you would also elaborate.

12 And the second question is, do we also agree that  
13 even though most people who die and most people who  
14 got the COVID are Black, Latino and Asian, the  
15 poorest New Yorkers? The breakdown today show that  
16 most people who got the vaccine live in the city who  
17 are not Black, Asian and Latino. Is that accurate?

18 DAVE CHOKSHI: The data shows that we have more  
19 work to do in that respect, yes.

20 COUNCIL MEMBER RODRIGUEZ: No, is it accurate  
21 that most people, that the C Code that we have today  
22 around Central Park, in the west side are not  
23 necessarily C Code where most people die because in  
24 the other hand, the C Code that we don't do agree who  
25 got most COVID, who more people die, when we look at

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2 the data have less percentage of people that got the  
3 vaccine. Is that accurate?

4 DAVE CHOKSHI: Well, it is more nuance than that.  
5 When you look at the specific zip codes there are  
6 differences but what I think we share is the idea  
7 that –

8 COUNCIL MEMBER RODRIGUEZ: Commissioner, I don't  
9 want you to share. I want to get –

10 DAVE CHOKSHI: That particularly for Black and  
11 Brown communities we have –

12 COUNCIL MEMBER RODRIGUEZ: I am sorry  
13 Commissioner. I just want to get into first of all  
14 with those numbers to compare where we are today  
15 because if we don't deal with the reality that we do  
16 business as usual and I know that that's not what  
17 you have in heart. I know that you want to close the  
18 gap and I know that today we need to recognize that  
19 the sad issue of apology. Are you ready to apologize  
20 in the name of the City of New York? Not because you  
21 as individuals fail but because as a City and the  
22 State and the Federal government, those who put  
23 policy together, they are creating the condition that  
24 even though most people that are Black, Asian and

25

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2 Latino, those communities has not been targeted so  
3 far to get the vaccine.

4 Do you think that we should apologize to those  
5 communities?

6 DAVE CHOKSHI: Well, Council Member, as a doctor  
7 and a public servant, what I want to do is to keep  
8 working as hard as I possibly can.

9 COUNCIL MEMBER RODRIGUEZ: Well, it's a simple  
10 question. Do you think that we should apologize? Do  
11 you think that we should apologize?

12 DAVE CHOKSHI: As I said sir, my commitment is to  
13 work to -

14 COUNCIL MEMBER RODRIGUEZ: I am not asking for  
15 you on the plan of moving forward Commissioner. I  
16 have my question about moving forward. I am asking  
17 about us today. Do you think that we should  
18 apologize?

19 DAVE CHOKSHI: I think we should work to do  
20 things better.

21 SERGEANT AT ARMS: Time expired.

22 COUNCIL MEMBER RODRIGUEZ: It's one more time  
23 with the Commissioner can and speaking on behalf of  
24 the City of New York and not be able to address to  
25 say, we should apologize. Those communities have

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2 people who care for them. It isn't fair. It is on a  
3 sectoral commissioner. It's about race, it's about  
4 social class, it's about the Black, Asian and Latino  
5 not having a seat at the table. It's Mr. Mayor.  
6 [INAUDIBLE 2:18:39] when he said 10,000 leadership  
7 positions in the City of New York and no branch of  
8 government as today have the reflection of  
9 leadership. Sitting at those tables, making those  
10 decisions. How did it happen? How did it happen in  
11 our watch? Is there a phone number today where  
12 people can call to make an appointment to get the  
13 vaccine? Not those people because those people are  
14 the minority.

15 29 percent of the city, they are Latino, 27  
16 percent are Black, 57 percent are Asian. Most of  
17 those individuals who pay their taxes. It's not  
18 about only to connect them with a senior center, it's  
19 also about addressing the reality that they should be  
20 able to get an appointment by phone. Is there a  
21 phone number today where people can make that  
22 appointment?

23 DAVE CHOKSHI: Yes, there is a phone number.

24 COUNCIL MEMBER RODRIGUEZ: Can you share the  
25 phone number? Share the phone number that people

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2 should call today, not to be connected but just to  
3 make the appointment to get the vaccine?

4 DAVE CHOKSHI: Yes, the phone number is 877-  
5 VAX4nyc.

6 COUNCIL MEMBER RODRIGUEZ: Thank you Commissioner  
7 and this is not toward you. This is about the  
8 frustration that I know the vast majority have who  
9 unfortunately in no branch of government, we the  
10 poorest neighborhood have been seeing that we have  
11 been a top priority and that's why we are here today.

12 So, moving forward, I trust you. I believe in  
13 the Mayor. I believe that he is progressive. I  
14 befriend the Mayor but as a society, we have failed  
15 to Black, to Asian in community and unless we don't  
16 take the necessary steps, we will continue just  
17 moving forward but we favor us today.

18 DAVE CHOKSHI: Thank you Council Member.

19 COMMITTEE COUNSEL: Thank you Council Member. We  
20 will now be moving to Council Member Koo for  
21 questions followed by Council Member Barron.

22 Council Member Koo, you may begin when you are  
23 ready.

24 SERGEANT AT ARMS: Time starts now.  
25

2 COUNCIL MEMBER KOO: Thank you. Thank you doctor  
3 and other Commissioners. Uh, I want to thank Council  
4 Member Rodriguez for mentioning the Asians as part of  
5 the community, uh, the minority. Because a lot of  
6 times city administration, they only talk about Black  
7 and Brown and I always realize we have forgotten  
8 nephews and cousins of the minority group.

9 So, I want to thank Council Member Rodriguez to  
10 mention the Asian Americans as part of the minority  
11 population in New York City because the city hasn't  
12 done that. So, my question to you doctor is, I am  
13 reading today's local Chinese paper, the World  
14 Journal. They have a front page, local news, is that  
15 positivity rate in Flushing is the second highest for  
16 the last seven days, 13.37 percent in the 11355 area.  
17 And you know, Flushing is a very congested and very  
18 densely populated area in New York City. And the  
19 last seven days at the peak of seven days, I think we  
20 are at the highest. We have the highest positivity  
21 rate. Yet only 3 percent of the local population  
22 here receive second doses of vaccination. And 7  
23 percent receive the first dose.

24 So, you can tell by the numbers that the city is  
25 not doing a good job in vaccinating the senior

2 citizens and the local population of this area. Even  
3 though we have the highest positivity rate. And  
4 among the population in size. Even though the city  
5 recently opened city but when you call, it's always  
6 hard to get an appointment.

7 So, a lot of local doctors complain to us. Why  
8 don't we just give it to the family doctors just like  
9 a flu shot? They can administer in the office and  
10 the patients like to go to their doctors because they  
11 feel safe there, instead of going to the City Field  
12 which is really far away from them.

13 So, that's one question and the second question I  
14 want to pose is, one of the reasons why positivity  
15 rate of COVID-19 is so high in Flushing is because  
16 our sidewalks are so congested. It's like occupy  
17 sidewalks by all the unlicensed and licensed renters  
18 here. It's an open market. There is a flea market  
19 every day. You know, you walk on the sidewalks in  
20 Flushing and it's really hard to walk. There is no  
21 social distancing. It is really hard to keep safe in  
22 the local area and pedestrians and I have been  
23 complaining about this to the Mayor and to the City  
24 Administration for six, seven months.

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2 Nothing is done. The local population is  
3 frustrated. How come Department of Health doesn't  
4 enforce the social distance rule in the sidewalks? I  
5 haven't heard anything from the Commissioner. Can  
6 you answer that? I know it is not part of your job  
7 to enforcement but there are a lot of people selling  
8 sausages, fish, you know, all kinds of things on the  
9 sidewalks. It's crazy and the people are frustrated  
10 by the Administration for their impotence and not  
11 doing anything. The police are not doing anything.  
12 The Consumer Affairs are not doing anything. The  
13 Department of Transportation is not doing anything.  
14 The Sanitation Department is not doing anything.  
15 There is no one doing anything, even though in the  
16 name of COVID they stopped doing things. Only the  
17 traffic agencies, I see they are really busy giving  
18 out tickets. It is the only agency that is working.  
19 So, I want you Commissioner, Dr. Chokshi, to answer  
20 how can you help the downtown Flushing to alleviate  
21 the congestion problem in the sidewalks?

22 DAVE CHOKSHI: Well, thank you Council Member  
23 Koo. You covered quite a bit of ground there. Let  
24 me try to respond briefly. First, I just want to say  
25 I share your concern. You know, the positivity rate

2 in Flushing is much higher than we need it to be and  
3 so it is something that we have to look at and ensure  
4 access to vaccination. Which as you know is very  
5 limited by the supply right now but which we do have  
6 to continue to make strides on but also to get to the  
7 other things that we have mentioned that can help  
8 curb the spread of COVID-19, including mask wearing  
9 and as you have pointed out you know, the ability to

10 —

11 SERGEANT AT ARMS: Time has expired.

12 DAVE CHOKSHI: So, you know, with the respect to  
13 the sidewalks —

14 COUNCIL MEMBER RODRIGUEZ: Yeah, finish it yeah.

15 DAVE CHOKSHI: Yes, I am not intimately familiar  
16 with you know the issues that you are raising. They  
17 are things that we can —

18 COUNCIL MEMBER RODRIGUEZ: I can show you a  
19 picture if you can see, right. The newspaper printed  
20 a picture of the congestion of the sidewalks here.  
21 On both sides of the sidewalks are occupied by  
22 vendors but mostly unlicensed.

23 They are selling all kinds of things. So, you  
24 have to like squeeze in between and especially in  
25 some streets. They are so congested but I don't

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2 understand why the city is not doing anything. This  
3 is not a third world country. We have 40,000 police.  
4 We have like so many sanitation workers. And all we  
5 need is to talk to the Mayor. Do something you know?  
6 Otherwise the people are frustrated and they say,  
7 well the city – they don't do anything.

8 DAVE CHOKSHI: I understand. Well, what I can  
9 say is that –

10 COUNCIL MEMBER RODRIGUEZ: There is no use to  
11 understand. We need actions, we need results, we  
12 need outcomes, right? That's why the COVID-19 is so  
13 high in downtown area here because it is so  
14 congested. Every day is New Year's Eve at Time  
15 Square you know? So, can you talk to the  
16 Administration? Do something. Otherwise, why would  
17 we pay tax?

18 DAVE CHOKSHI: Yes, I have heard you Council  
19 Member Koo and it is something that we can raise  
20 among our colleagues.

21 COUNCIL MEMBER RODRIGUEZ: Especially Department  
22 of Health, you can stop those people selling softy  
23 drinks on the streets you know. So, there is no, no,  
24 no solution?

25

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2 DAVE CHOKSHI: It depends on the permits that  
3 they have but that is something that we can look  
4 into.

5 COUNCIL MEMBER RODRIGUEZ: They are unlicensed.  
6 They have no permits. They have no permits.

7 COMMITTEE COUNSEL: Thank you Council Member Koo.

8 COUNCIL MEMBER RODRIGUEZ: Alright, I guess the  
9 city has no solutions, no? Thank you.

10 DAVE CHOKSHI: Thank you for raising the issue  
11 Council Member. We will be happy to look into it as  
12 I mentioned.

13 COMMITTEE COUNSEL: Thank you Council Member Koo  
14 and I will be turning to Council Member Barron for  
15 questions, you may begin.

16 SERGEANT AT ARMS: Time starts now.

17 COUNCIL MEMBER BARRON: Uh, thank you so much. I  
18 want to thank the Chairs for this important hearing  
19 about the situation that we are facing now across the  
20 world. Situation of this virus that's ravaging the  
21 country and killing millions.

22 Commissioner, thank you for being here and for  
23 your team to respond to our questions. I am sure  
24 that you are aware that the zip code that is in my  
25 district 11239 had the highest mortality rate in all

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2 of New York State. And that 11239 in fact is  
3 encompassing all of Starrett City and a few joining  
4 blocks and a part of those blocks or in that 11239  
5 there are at least two nursing homes that we know of.  
6 Do you have any information as to what impact those  
7 nursing homes may have had on the numbers that led to  
8 the highest mortality rate in the city?

9 DAVE CHOKSHI: Well, thank you Council Member  
10 Barron for the question. As you know, nursing homes  
11 and the data related to nursing homes are regulated  
12 by the state but to your question more specifically,  
13 you know, we have looked specifically at the tragic  
14 numbers in the 11239 zip code and what I can say,  
15 although we will look into it in detail, is that it  
16 was a more generalized phenomenon you know, with  
17 respect to the mortality rate in that zip code. Then  
18 something that would be explained by just one or two  
19 nursing homes.

20 So, unfortunately, I think it was a broader  
21 phenomenon that contributed to the suffering that we  
22 saw there.

23 COUNCIL MEMBER BARRON: Well, okay, I would be  
24 pleased to know that results as they come to your  
25 attention and to also note that there is a NYCHA

2 senior housing development also in that 11239 zip  
3 code.

4 Now, we know that historically people of color,  
5 Blacks in particular, have been subjected to all  
6 kinds of inequities and prejudices and racist  
7 policies and we are very familiar with the fact that  
8 the Tuskegee Institute in fact had Black men engaged  
9 in an experiment to see what the effects would be on  
10 people who had syphilis and did not receive the  
11 treatments that were available and we know that  
12 during the south also there were many forced  
13 sterilizations and many opportunities where women  
14 were subjected to procedures that were unnecessary  
15 and we also know that the Dr. Simms horrors were  
16 perpetrated on enslaved women that he used  
17 specifically for his development of his gynecological  
18 procedures. And we have been fighting and we were  
19 successful to have that statue removed because we  
20 don't think we should pay homage to those who had  
21 such a horrific history of abuse.

22 So, we know now that during the – a year ago,  
23 well, back in April, May, June, that this pandemic  
24 had a higher impact on Black and Brown communities  
25 yet the ship from the Governor and the field hospital

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2 and the adjustment of the Javits Center to providing  
3 medical facilities were all centered in the White  
4 community, which did not demonstrate the occurrence  
5 or the numbers to warrant what the Governor did.

6 You would think that people who have — those  
7 agencies and those responsible for responding to this  
8 crisis would in fact have made preparations once the  
9 vaccine was available to make sure that the Black  
10 communities, with all of their like whatcha call —  
11 hesitancy and reluctance, whatever the terms are that  
12 we are throwing around based on historical records of  
13 Black people in particular having been abused,  
14 mistreated and used experimentally. You would think  
15 that the agencies would have sat down at the  
16 beginning and said, okay, we know where the greatest  
17 occurrence was. Let's target those areas first  
18 because we can justify bringing that here.

19 What was the procedure? What was the mechanism  
20 or the protocols that you used in establishing what  
21 would be —

22 SERGEANT AT ARMS: Time expired.

23 COUNCIL MEMBER BARRON: Permanent or regular  
24 sites where the vaccines would be distributed?

25

2 DAVE CHOKSHI: Well, thank you for asking such an  
3 important question and you were absolutely right to  
4 point out all of the ways in which the devastating  
5 history of structural racism in our country  
6 unfortunately reverberate still today. They are not  
7 just things that we read about in the history books,  
8 they are things that are effecting New Yorkers and  
9 our families, our neighbors at this very moment.

10 And yes, these are things that unfortunately we  
11 have all born witness to over the last year during  
12 the COVID-19 pandemic and therefore have been a very  
13 deep heat of our planning with respect to the  
14 vaccination campaign.

15 At the Health Department, I can say that you  
16 know, our core values are science, equity and  
17 compassion. And so, we have folded in the idea that  
18 equity has to be central to how we think about  
19 success with respect to vaccination.

20 It's something that our Chief Equity Officer Dr.  
21 Torian Easterling has really spearheaded with respect  
22 to our —

23 COUNCIL MEMBER BARRON: And he has done a big job  
24 in the townhalls that he has conducted in East New  
25 York. He has done two that have helped sponsor. He

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2 has done a great job in that regard. Dr. Easterling  
3 and also Dr. Scott who accompanied him.

4 DAVE CHOKSHI: That's wonderful to hear. Thank  
5 you and we are going to be doing much, much, much  
6 more of that.

7 But to get to your specific question you know  
8 with respect to how we are actually doing this, uhm,  
9 you know I mentioned allocation, access and outreach  
10 as three of the pillars of how we are actually going  
11 to turn equity into action. And specifically with  
12 respect to access, you know, you were asking how were  
13 the locations selected for city sites and much of  
14 that has flowed from our focus on the neighborhoods  
15 identified by the taskforce for racial inclusion and  
16 equity, where we look at data, not just from the  
17 COVID-19 pandemic but also the deeper seated  
18 historical injustices that we have talked about to  
19 figure out where we need to ensure that there is  
20 greater access to try to redress the inequities that  
21 we know exists.

22 COUNCIL MEMBER BARRON: Well, let me just uh,  
23 offer two specifics and then I will pass on to my  
24 other colleagues that may have questions. The  
25 Starrett owners, the owners of Starrett City Spring

2 Creek Towers have offered their location as a  
3 vaccination site. They already have a testing site  
4 and they have offered their location as a vaccination  
5 site. I have supported them in that request. I have  
6 sent a letter to both the Mayor and the Governor and  
7 haven't got a positive response yet. But I would say  
8 that that would be something very specific that you  
9 can say wow, this was the highest mortality rate and  
10 now we want to make sure that we have the convenience  
11 for the persons who are living here to get vaccinated  
12 if they so choose and secondly, it was announced I  
13 believe yesterday that there would be a vaccination  
14 site at the Teachers Preparatory High School and it  
15 would be designed particularly for Brownsville in  
16 East New York and I understand that that grand  
17 opening fell flat on its face. I can't understand  
18 how you can make an announcement that you are having  
19 a grand opening from 8 a.m. to 8 p.m. people are  
20 lined up at 8 o'clock and there is no signs, there is  
21 no signage. There is no personnel, there is no  
22 instruction or they are not opening until 10. That  
23 does not build confidence in a community that already  
24 is questioning whether they should take the vaccine.

2 DAVE CHOKSHI: Well, first, thank you for passing  
3 along you know, that potential site and thank you for  
4 thinking of that. That's exactly the type of  
5 partnership that we need. So, I appreciate it. I do  
6 know you know within the Vaccine Command Center; we  
7 are vetting potential sites literally each day to  
8 figure out where our next wave of access points can  
9 and should be. As we have spoken about you know  
10 unfortunately because of the very limited supply that  
11 we have right now, we are not able to get to as many  
12 of those places as we would like at this moment but  
13 it is still very valuable for us because it gives us  
14 a list that we can use to expand out access once  
15 supply does begin to pick up.

16 And with respect to Teachers Prep, you know,  
17 thank you for the feedback. I do know that the plan  
18 is to ramp up there you know as with many other  
19 places. There is a relatively small number of  
20 vaccines that are currently available for any you  
21 know, site across the city but it was important to us  
22 and particularly you know, to the Mayor to ensure  
23 that we had an access point in that neighborhood.  
24 And so, we will look to build upon that in the coming  
25 days and weeks.

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2 COUNCIL MEMBER BARRON: Thank you to you and to  
3 your team. Thank you. Thank you Mr. Chair, to all  
4 the Chairs.

5 COMMITTEE COUNSEL: Thank you Council Member  
6 Barron.

7 COUNCIL MEMBER BARRON: Thank you.

8 COMMITTEE COUNSEL: Thank you Council Member  
9 Barron. Next, we have Council Member Levin for  
10 questions. You may begin.

11 CHAIRPERSON LEVINE: And Council Member Levin,  
12 just very quick, I understand that the Commissioner  
13 who is still recovering from COVID, now going three  
14 hours. I don't want to keep him too much longer, so  
15 if you can just try and keep to five minutes Steve,  
16 we would appreciate it.

17 COUNCIL MEMBER LEVIN: You got it. For sure,  
18 yeah. Uhm, hi Commissioner. How are you?

19 DAVE CHOKSHI: I am doing well, thank you.

20 COUNCIL MEMBER LEVIN: I am glad you are feeling  
21 better and on the mend. Uhm, and I want to thank you  
22 obviously for all that you and your team have been  
23 doing over the last month and a half. This is a  
24 herculean effort you know and the biggest  
25 mobilization of resources that you know, our city has

2 seen in generations and so, we greatly appreciate  
3 everything you are doing day in and day out.

4 I asked you back in December of a hypothetical  
5 uhm case, where a senior citizen lives in NYCHA. She  
6 has limited English proficiency. No family nearby to  
7 help her. Her senior center is closed. Uhm, and she  
8 doesn't have any proficiency in technology  
9 whatsoever. Uhm, how is she going to get her  
10 vaccination?

11 DAVE CHOKSHI: Yes, thanks for asking the  
12 question and I remember you know, your raising this  
13 specific case. I appreciated it because it makes me  
14 think of, of the patients that I have taken care of  
15 and exactly how we have to reach out to people who  
16 may not use the internet you know very often. May  
17 not be glued to the television and so, for whom we  
18 need to have other channels you know to reach out to  
19 them.

20 We have built many of those channels you know,  
21 since we spoke about it back in December. We have  
22 the hotline that's available for someone to speak to  
23 a city representative you know, in their language of  
24 choice that will help them navigate the scheduling  
25 process.

2 COUNCIL MEMBER LEVIN: But it will help them  
3 navigate it. Will it get them an appointment? Say  
4 this person does not have computer. No computer  
5 access whatsoever. They can get an appointment  
6 through the hotline?

7 DAVE CHOKSHI: Yes, absolutely. If appointments  
8 are available, it will get them an appointment. We  
9 will be able to convey it to them you know, over the  
10 phone so that they know precisely when and where to  
11 show up. What to bring with them. You know and  
12 again, all of that in the persons native language.

13 So, that's one avenue. I, you know have to  
14 mention since you are using the example of a NYCHA  
15 resident that this is a particular focus of ours with  
16 respect to outreach as well. You know, not just  
17 bringing vaccination clinics into NYCHA developments  
18 but really working with our partners at NYCHA to  
19 reach out to do door to door canvassing. You know,  
20 to do phone calls. To work through the channels that  
21 we already know are established to be able to  
22 communicate with NYCHA residents.

23 COUNCIL MEMBER LEVIN: But that's not in every  
24 NYCHA development. So, I mean, are you doing door to  
25

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2 door canvassing in every NYCHA development or is  
3 NYCHA, who is doing the canvassing?

4 DAVE CHOKSHI: We do it as a partnership. You  
5 know the Vaccine Command Center is the group that  
6 organizes it across agencies. The initial focus as  
7 we have talked about a little bit prior in the  
8 hearing is on NYCHA developments that have you know,  
9 a concentration of older New Yorkers because it is so  
10 important to get our seniors vaccinated sooner.

11 COUNCIL MEMBER LEVIN: Uhm, are you seeing the  
12 disparity between certain communities having higher  
13 rates right now and wider and richer communities have  
14 higher vaccination rates in the city right now and  
15 communities of color having lower rates. Are you  
16 seeing that as a crisis? How are you approaching it  
17 right now in terms of the disparity itself. Is that  
18 a – are you seeing it as a crisis? I guess would be  
19 the question.

20 DAVE CHOKSHI: Uhm, well, yes, you know, it is a  
21 crisis within a crisis. We know that you know,  
22 inequity has manifested in many different ways during  
23 the COVID-19 pandemic and we have to try to redress  
24 that as much as possible through what we are doing  
25 with vaccination and as we have spoken about you know

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2 the data indicates that we have much more to do in  
3 that respect to be able to make sure that vaccination  
4 is getting to the people who will most benefit from  
5 it.

6 COUNCIL MEMBER LEVIN: Alright, thank you very  
7 much Commissioner. I am glad that you are joining us  
8 today and I am glad that you are feeling better.  
9 Thank you.

10 DAVE CHOKSHI: Thank you Council Member. Thank  
11 you Council Member Levin. I don't see any other  
12 hands for Council Member questions, so I am going to  
13 turn it back to the Chairs.

14 CHAIRPERSON LEVINE: Alright, I just want to  
15 thank you Commissioner Dr. Chokshi, Commissioner  
16 Cortes-Vazquez, Commissioner Tisch for your testimony  
17 and especially you doctor for toughing it out when  
18 you are still recovering from COVID.

19 So, we appreciate that and uhm, wish you a full  
20 and speedy recovery.

21 DAVE CHOKSHI: I really appreciate it. Thank you  
22 all for your leadership.

23 CHAIRPERSON LEVINE: Thank you and we are now  
24 going to - I will turn it back to Committee Counsel

25

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2 Ahuja but I believe our next panel is our wonderful  
3 borough president Gale Brewer.

4 COMMITTEE COUNSEL: Thank you Chair. I am going  
5 not thank the Administration for their testimony. We  
6 have now concluded Administration testimony and we  
7 will be turning to public testimony. I would like to  
8 remind everyone that we will be calling on  
9 individuals one by one to testify. Each panelist  
10 will be given three minutes to speak. After I call  
11 your name, a member of our staff will unmute you.  
12 There maybe a few seconds of delay before you are  
13 unmuted and we thank you in advance for your  
14 patience.

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

22 I would like to now welcome our first panel. Uhm  
23 and our first panelist will be the Honorable Gale A.  
24 Brewer. You may begin when you are ready.

25

2 GALE A. BREWER: Thank you very much all Chairs.  
3 This is a fabulous hearing. I have been listening.  
4 I want to say a few things. First of all, as Chair  
5 Mark Levine knows, we have a Vaccine Taskforce which  
6 we started about a month ago. We have been meeting  
7 every Tuesday at 3 o'clock and we have learned a lot.  
8 It's one hour. It's not a gripe session, it's a  
9 sharing session and I think it has made a difference  
10 in terms of people feeling that they have  
11 information. And I feel bad because I know we don't  
12 want to just harp on the agency but it is the kind of  
13 the thing that the agency should have done in my  
14 opinion from the very beginning because then we would  
15 have avoided some of these issues.

16 So, I am in technology and again this has come up  
17 a lot. Obviously what we would like would be one  
18 portal. As elected officials, we talk to the state.  
19 We talk to the city. We talk to the Veterans  
20 Administration. We talk to CBC and then we talk to  
21 the hospitals and then we talk to the pharmacies and  
22 then we talk to the federally qualified health  
23 centers.

24 Just to give you an idea of what it has been  
25 like. So, transparency is really important. What we

2 have even is we talked to Hot Tips from What's App.  
3 Those groups are often able believe it or not, people  
4 hear about stuff on Next Door. It's a very  
5 multilayered challenge to get an appointment and I  
6 know that we have heard about it a lot.

7 There is also the issue of the Wi-Fi which of  
8 course is a student concern and something that we  
9 have all been bringing. So, I want to thank DoITT  
10 and Commissioner Tisch you know, I believe there are  
11 still quite a few, even though there is one good one,  
12 there are quite a few sites in and people will  
13 continue to do the informal site. Just to say  
14 reality. So, one portal, one call center. I might  
15 be talking to the wings but I would like to see that  
16 for our constituents.

17 Number two, we all know about the zip code issue.  
18 We know who has been hurt the most and I just want to  
19 mention as an example, something to bring into it is  
20 a New York Academy of Medicine which has been in  
21 every one of tax forces with an amazing map, listing  
22 all the senior locations where seniors live. The  
23 languages they speak. Where there are opportunities  
24 for getting the vaccination and they are going to  
25 leer it with the inequities.

2 This kind of information needs to get out there.  
3 It needs to be shared. It needs to go to every  
4 single neighborhood and yet, I have a feeling it is  
5 still kind of not something that the city wants to  
6 partner with.

7 I also want to mention and reiterate what others  
8 have said. The senior centers are the place to be.  
9 I heard really clearly about Hamilton Madison and  
10 certainly we know that in that same time period when  
11 they were doing a great job on the lower east side,  
12 there is a marshal which is an uptown location,  
13 somebody forgot to tell the residents. I guess it  
14 was NYCHA, that there are 130 shots available and we  
15 ran around like chickens at Sunday trying to get 130  
16 people to show up in an hours' notice.

17 So, you know those kinds of things don't show  
18 that there is support for this program for those who  
19 need it the most and that's what I think we are all  
20 trying to say today. But pop ups are good but they  
21 have to have some kind of pre-information and I am  
22 glad it went well down town, a great, great, great  
23 nonprofit. Every single development of a pop up  
24 should have a nonprofit that goes with it.

2 When Virginia Fields was working in Harlem with  
3 Blaudly[SP?], every single, 162 shots got taken by  
4 the people from the community and that's what needs  
5 to happen. I want to mention Roosevelt Island  
6 because they don't have a vaccination site. There  
7 are tons of seniors who live there. Lots of capacity  
8 for making them able to use whatever is available.

9 I know I see here the wonderful folks who are  
10 from the nonprofit community working with adults.  
11 Everybody like meals on wheels, vaccinating.  
12 Homebound seniors have to start planning now, even  
13 though we may not have the supply and we will hear I  
14 am sure from meals on wheels. They have trucks,  
15 guess what they have? A refrigerator.

16 So, that could be an example of how to put on  
17 wheels the vaccination. Meals are done by 3 o'clock.  
18 3 start doing vaccinations. Not complicated but you  
19 have to start now and know that there are 20,000  
20 eligible seniors. Just as an example working with  
21 that one nonprofit.

22 So, I am here to say that you know, other city's  
23 have already started doing - even before Johnson and  
24 Johnson, doing that kind of work and we need to make

2 sure that it is copied and replicated and done even  
3 better.

4 Thank you very much to this hearing and I look  
5 forward to continuing to work with you. Every  
6 Tuesday 3 o'clock, you are welcome to join us. Thank  
7 you very much.

8 COMMITTEE COUNSEL: Thank you Borough President.  
9 I am going to turn it to the Chairs for any  
10 questions. Starting with Chair Levine.

11 CHAIRPERSON LEVINE: Well, very briefly, uh,  
12 Borough President Brewer, thank you so much for  
13 standing up for seniors throughout this entire crisis  
14 and doing it again with vaccination and you are  
15 right, actually the state of Vermont is now doing  
16 homebased vaccination with the Moderna Vaccine. They  
17 didn't wait until Johnson and Johnson was available  
18 and they have already vaccinated more than 500  
19 individuals. It is actually much tougher to do it in  
20 a rural environment because you have to drive a long  
21 distance between homes.

22 You wouldn't have such a problem here in New York  
23 but I also appreciate you mentioning the resources  
24 that are already in place. Nonprofits which are  
25 already going door to door to deliver food. I am

2 wondering if you have talked to any of the great  
3 networks that are already going door to door about  
4 being activated for vaccination and whether there is  
5 interest there?

6 GALE A. BREWER: Yes, we have talked to all of  
7 them, particularly those that started during this God  
8 awful pandemic. They have current lists and they are  
9 willing to do it and obviously as you heard earlier  
10 from your wonderful testimony, it would be good to  
11 make sure that the individuals who are going door to  
12 door also get vaccinated. Whether they are  
13 delivering from the truck or as some do, indivisibles  
14 and certainly those from mutual aid door to door on  
15 their bicycles or whatever. They need to get  
16 vaccinated also.

17 You should know, San Antonio, Corpus Christi,  
18 Seattle and Albany New York have just done what  
19 Vermont does. Just FYI.

20 CHAIRPERSON LEVINE: Exactly.

21 GALE A. BREWER: Yes.

22 CHAIRPERSON LEVINE: Thank you. Chair Chin, did  
23 you have - I think you had a question as well,  
24 correct?

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2 CHAIRPERSON CHIN: I just wanted to you know,  
3 thank the Borough President for her leadership on  
4 this and her taskforce and we know the infrastructure  
5 is there. The city has it, we just got to get it  
6 done. Thanks.

7 COMMITTEE COUNSEL: Thank you Chair. Chair  
8 Holden, any questions?

9 CHAIRPERSON HOLDEN: No, I just want to thank the  
10 Borough President again for speaking out and I agree,  
11 we have senior centers and uh, we have to use them  
12 and uh, certainly like the meals on wheels, that's  
13 another outlet. So, I agree 100 percent with the  
14 Borough President and we should be upgrading our  
15 technology, which she had advocated for from the  
16 beginning. So, I just want to thank her again.

17 GALE A. BREWER: Thank you all.

18 COMMITTEE COUNSEL: Thank you Borough President  
19 for your testimony. I would like to now welcome our  
20 next panel for testimony. In order I will be calling  
21 on Reed Vreeland followed by Kimberly J. Smith  
22 followed by Jacquelyn Kilmer followed by Marie  
23 Mongeon followed by Lyndel Urbano.

24 Reed Vreeland, you may begin when you are ready.

25 SERGEANT AT ARMS: Time starts now.

2 REED VREELAND: Hello, thank you Chair Levine,  
3 Chair Chin, Chair Holden and the City Council  
4 Committees on Health, Aging and Technology and all  
5 the Council Committee Staff.

6 My name is Reed Vreeland, I work at Housing Works  
7 in the Advocacy Department. I am here today to talk  
8 about something that has not been discussed but will  
9 have an extremely large impact on the COVID response  
10 and on HIV, on viral hepatitis, homelessness and  
11 racial inequities.

12 I am today asking the Council to pass and vote  
13 support Resolution 1529. Which calls on the New York  
14 State Legislature to pass and the Governor to sign  
15 legislation to protect New York States safety net  
16 providers and HIV Special Needs plans by stopping the  
17 Medicaid pharmacy carveout, currently set for April  
18 1<sup>st</sup>. So, that date is just coming straight at us.

19 As we know by what's happened with the nursing  
20 homes, the State Department of Health has made  
21 serious mistakes in terms of policy. It is essential  
22 for New York City Council Members to weigh in on  
23 decisions made at the state level that will harm our  
24 city's healthcare safety net.

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2 The Medicaid pharmacy carveout will be  
3 catastrophic for 4.3 million managed care Medicaid  
4 members who will face disruptions and service cuts.  
5 The Medicaid pharmacy carveout will lead to the loss  
6 of over 700 healthcare jobs and will strip more than  
7 \$100 million in annual 340B savings away from safety  
8 net providers like community health care centers.  
9 Like Housing Works, Apicha, Callen-Lorde, Charles B.  
10 Wang Community Health Center, all of the  
11 neighborhood community health centers that serve your  
12 constituents.

13 I urge the Council to pass this Resolution and  
14 support the Gottfried Rivera delayed bill that's  
15 mentioned in the Resolution by the Chairs of the  
16 Assembly and Senate Health Committees.

17 Uhm, there are more than 70 community health  
18 centers in the state with over 800 locations.  
19 Housing Works is a vaccination site and our  
20 vaccination efforts are almost entirely supported by  
21 the 340B savings.

22 SERGEANT AT ARMS: Time has expired.

23 REED VREELAND: Which is a federal 340 B program.  
24 The state is doing a money grab and is trying to  
25

2 balance the budget on the backs of our most  
3 vulnerable neighborhoods and communities.

4 Uhm, housing works and the patients we serve will  
5 lose at least 8 million in 340B savings annually.  
6 This will be extremely disruptive to programs  
7 including relating to HIV uhm, viral hepatitis,  
8 clinical and nursing services and COVID vaccination.

9 Uhm, so I urge the Council Member to look closely  
10 at this Resolution. Protect your neighborhood health  
11 centers. Protect the HIV Special Needs plans that do  
12 extremely important work and prevent an absolutely  
13 catastrophic uhm, implementation of a very ill  
14 conceived Medicaid Pharmacy carveout. This carveout  
15 will be extremely devastating to all of the Medicaid  
16 members who have been uhm, having you know, knowing  
17 exactly how they are going to get their  
18 prescriptions. Having a certain range of services  
19 available and as of April 1<sup>st</sup>, uhm, all of that is  
20 going to change and it's going to be very disruptive.

21 So, I will give time to my other panelists who  
22 from other organizations to talk about this same  
23 issue.

24  
25

2 COMMITTEE COUNSEL: Thank you for your testimony.  
3 I would like to now welcome Kimberly J. Smith to  
4 testify. You may begin when you are ready.

5 SERGEANT AT ARMS: Time starts now.

6 KIMBERLY J. SMITH: Hi, good afternoon. Thank  
7 you Chairs for the opportunity to testify this  
8 afternoon. My name is Kimberly Smith and I am with  
9 Callen-Lorde Community Health Center. We are a  
10 federally qualified healthcare center that primarily  
11 serves the LGBTQ community and is open to all,  
12 regardless of ability to pay.

13 I am testifying today in support of Resolution  
14 1529 which calls upon the legislature and the  
15 Governor to pass legislation that will protect safety  
16 net providers and special needs plans by eliminating  
17 the Medicaid Pharmacy carveout. Transitioning the  
18 Medicaid Pharmacy benefit from managed care to fee  
19 for service will eliminate the mechanism that enables  
20 safety net providers like Callen-Lorde to receive  
21 revenue generated by the federal drug discount  
22 program known as 340B. 340B resources are the  
23 foundation for our safety net and are critical to  
24 achieving public health goals and addressing health  
25 inequities.

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3 340B resources have far reaching impacts for our  
4 clinic and our patients. Consider the homeless  
5 patient who connected with Callen-Lorde at an  
6 outreach event where he tested positive for HIV. He  
7 was disengaged from healthcare. The outreach worker  
8 he met that day persuaded him to come to the clinic  
9 where he was able to see a nurse, case manager and  
eventually a primary care physician.

10 Later, he was actually diagnosed with Hepatitis C  
11 but with the care and the referrals Callen-Lorde  
12 provides, he was housed, he was linked to care and  
13 today he is virally suppressed and has been treated  
14 and cured of Hepatitis C.

15 In early 2020, he was living safely in his own  
16 apartment and holding down three jobs until the  
17 pandemic hit when he lost all three of those jobs and  
18 his apartment. If that was not enough, he tested  
19 positive for COVID-19. Our nurses helped him with  
20 his COVID diagnosis and once again, we were able to  
21 refer him, so that he could find a place to stay. He  
22 is back at one job and is now eligible for the  
23 vaccine. He trusts us and he is ready to receive it.

24 The Medicaid Pharmacy carveout will result in a  
25 loss of \$12 million annually at Callen-Lorde, a \$250

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2 million loss across the state. It will impact  
3 thousands of our patients lives, like the one I just  
4 described.

5 Furthermore, many of the people who helped this  
6 patient along the way from the outreach worker to the  
7 triage nurses are supported with 340B resources and  
8 their jobs are threatened. The Medicaid Pharmacy  
9 carveout will cost New York City and State far more  
10 than it is going to save. Please pass Resolution  
11 1529.

12 I will email a lengthier version of this  
13 testimony. So, thank you very much.

14 COMMITTEE COUNSEL: Thank you for your testimony.  
15 I would now like to welcome Jacquelyn Kilmer to  
16 testify. You may begin.

17 SERGEANT AT ARMS: Time starts now.

18 JACQUELYN KILMER: Good afternoon and thank you  
19 for the opportunity to testify in support of  
20 Resolution 1529 today. I am Jacquelyn Kilmer and I  
21 am the CEO of Harlem United. Harlem United is a  
22 covered entity under the federal 340B drug discount  
23 program. If the pharmacy carveout is implemented, we  
24 will lose approximately \$1.5 million to \$2 million  
25 annually in 340B savings that we reinvest into our

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3 programs to provide essential services for those in  
4 our care. This is money that cannot be replaced from  
other sources.

5 75 percent of the patients Harlem United serves  
6 are homeless. The savings that we have access to  
7 through the 340B program pays the salaries of  
8 outreach workers who go into the community to engage  
9 and help retain and care the very transient  
10 population we serve.

11 These same staff are now playing the critical  
12 role in helping with the registration process for our  
13 COVID-19 vaccination clinic. It pays for patient  
14 navigators who track patients loss to care and help  
15 connect patients to all of our services. It also  
16 pays for a driver who transports patients from  
17 shelters, SRO's, soup kitchens and other locations to  
18 our clinics for appointments. It helps pay for our  
19 women's holistic health program which is critically  
20 important to the west African women immigrants we  
21 serve who are in need of specialized gynecological  
22 and other women's health services.

23 It helps to pay for our COVID-19 vaccination  
24 clinic. While administration of the vaccine itself  
25 is reimbursable, all of the time necessary to

2 outreach and educate our patients in the community we  
3 serve about the vaccine and to build the trust and  
4 confidence necessary for the communities we serve to  
5 be vaccinated is not reimbursable.

6       The carveout puts the lives of thousands of New  
7 Yorkers at risk. I would like to share just one  
8 story of one of Harlem United's patients. His story  
9 reflects the importance of the existing care  
10 coordination between patient, doctor, special needs  
11 plan and pharmacist that will no longer be in place  
12 if the carveout is implemented.

13       Anthony was sick and becoming resistant to the  
14 medication he was taking to control his HIV. He came  
15 to his doctor who prescribed another medication but  
16 timing was critical. He immediately went to the  
17 pharmacy but was told that they couldn't fill his  
18 prescription because they had already filled a  
19 prescription for him for a similar medication.

20       He tried to explain the situation to no avail.  
21 He called his doctor at Harlem United. The doctor  
22 immediately called Amida Care, Anthony's health plan.  
23 They understood the issue, knew Anthony's health  
24 record and contacted the pharmacy to settle the  
25 issue.

2 All of this happened within minutes while Anthony  
3 was still at the pharmacy. The pharmacist told  
4 Anthony his new medication would be ready in a few  
5 minutes. Anthony was able to leave with his new  
6 medication.

7 Anthony's message to the Governor and to the  
8 State Legislatures has been under your plan Governor  
9 Cuomo, I would have to call a 1-800 number with  
10 thousands of other people and wouldn't have been able  
11 to speak to anyone for a couple of days to explain  
12 the issue and then I would have had to wait a couple  
13 more days for the issue to be resolved and to get the  
14 right medication. You know how much red tape there  
15 is in government.

16 By that time, I wouldn't have needed any  
17 medication. So, Governor Cuomo and state  
18 legislatures, how much is my death and the death of  
19 others worth?

20 Thank you very much for the opportunity to  
21 testify.

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

25 SERGEANT AT ARMS: Time starts now.

2 MARIE MONGEON: Thank you to the Council for  
3 hosting this hearing today and thank you especially  
4 to Council Members Levine and Louis for introducing  
5 Resolution 1529, urging the New York State  
6 Legislature and Governor to reject the Medicaid  
7 Pharmacy carveout that is slated to take effect  
8 statewide on April 1<sup>st</sup>.

9 My name is Marie Mongeon and I am the Director of  
10 Policy for CHCANYS. We are the statewide association  
11 for community health centers. I sit before you today  
12 to urge the Council to pass Resolution 1529 to ensure  
13 that the healthcare safety net will continue to  
14 operate in its current and vibrant form.

15 If pushed forward as planned, the pharmacy  
16 benefit carveout will have immediate consequences for  
17 entities under a little known federal program. That  
18 is the 340B Drug Discount program.

19 This program established by Congress, allows  
20 safety net providers like health centers to purchase  
21 drugs at a reduced price. Health Center and other  
22 covered entities are required to use those savings to  
23 provide services or even direct financial support for  
24 individuals in communities that without those 340B  
25 dollars would not have another source of care.

2 You have heard from many of my colleagues today  
3 about the losses their health centers would endure if  
4 the carveout is implemented. CHCANYS has calculated  
5 that across the health network our health centers  
6 alone will stand to lose \$100 million annually.

7 For my members, these dollars enable them to  
8 provide free or extremely low cost drugs, like  
9 insulin or EpiPen's to uninsured and under insured  
10 people. They use these funds to stand up food  
11 pantries in their clinics or hand out public  
12 transportation vouchers to those that need them.

13 They provide funds to cover all or part of a  
14 families housing or utility costs and most  
15 importantly, right now, these dollars are supporting  
16 the absolutely critical work of COVID-19 vaccination  
17 campaigns.

18 We know that any vaccination campaign that  
19 prioritizes speed over equity will not reach into the  
20 communities that have most been harmed by COVID-19.  
21 Those that are Black, Brown, Asian, immigrant, low-  
22 income and seniors.

23 If the state moves forward with the pharmacy  
24 benefit carveout and removes the 340B program

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2 benefits, those communities will once again take the  
3 hit.

4 It is unfathomable for the state to move forward  
5 with implementing the carveout during the most  
6 unprecedeted health crisis in modern history.  
7 Perhaps tied only with the HIV epidemic. The  
8 incredible irony is that reversing the pharmacy  
9 benefit carveout will not only harm our efforts to  
10 beat COVID-19 but it will also undermine our states  
11 gains towards ending the HIV epidemic.

12 Resolution 1529 calls on the legislature to pass  
13 and the Governor to sign legislation that would delay  
14 the pharmacy carveout for three years for health  
15 centers, Ryan White clinics and special needs health  
16 plans. Doing so will give us the needed time to  
17 discuss appropriate measures and safeguards for  
18 moving forward if a carveout is the correct course of  
19 action for the state to take. We believe it is not.

20 The Council will be in good company if you pass –  
21 SERGEANT AT ARMS: Time expired.

22 MARIE MONGEON: Resolution 1529. We urge you to  
23 join health centers, Ryan White Clinics,  
24 disproportionate share hospitals, community-based  
25 organizations, the NAACP, faith leaders, community

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2 organizers and most importantly, our patients and  
3 clients to call on the Governor and the legislature  
4 to reverse the pharmacy benefit carveout.

5 Thank you so much for your time today.

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

9 SERGEANT AT ARMS: Time starts now.

10 LYNDEL URBANO: Okay, hi, my name is Lyndel  
11 Urbano. I am the Director of Public Policy at Amida  
12 Care. Thank you for the opportunity to testify.

13 So, Amida Care is a Medicaid HIV Special Needs  
14 Plans. We work with people living with HIV, people  
15 who are transgender and people who are homeless  
16 regardless of their HIV status.

17 And, to tell you a little bit about who we serve.  
18 We have about 8,500 members who are all New York City  
19 residents and they are all being adversely effected  
20 by both HIV and the COVID. They are Black and Brown  
21 people and people of other Asian and minority  
22 backgrounds. Which who have multiple health  
23 conditions. Who are really at risk because they – of  
24 the fundamental inequity that exists in their  
25 communities. Lack of housing, lack of healthcare

2 access, poor access to food and numerous other  
3 factors.

4 Unfortunately, we are aware of 250 of our members  
5 who have had the COVID and 35 of them have died. So,  
6 we serve a population that's heavily effected by this  
7 and we are deeply troubled by New York States attempt  
8 to change the way our members get their access to  
9 their medications. This pharmacy carveout will hurt  
10 and without doubt hurt New Yorkers and hurt the most  
11 vulnerable New Yorkers.

12 And, that this would go into effect by April 1<sup>st</sup>  
13 is really troubling. We work hand and hand with  
14 community health centers. In fact, we were founded  
15 by community health centers to serve people living  
16 with HIV. So, the providers who spoke before me  
17 worked for some of these community health centers and  
18 we are able, because we have that close community  
19 connection, we are able to really look at each member  
20 individually and look at what their pharmacy  
21 utilization. We know their medical records. We talk  
22 to their providers and we are able to get them the  
23 care they need when they need it without delay and  
24 problem solve in the moment.

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2 And that's a huge deal and the states plan to  
3 carve the pharmacy benefit out would change that. It  
4 would undermine all of our attempts. I won't go over  
5 the story that Jackie shared earlier but that's a  
6 perfect example of it.

7 The fact that the patient was able to go into the  
8 pharmacy, call their provider who was able to contact  
9 them and they were able to get their medication in  
10 minutes is incredible and is something we cannot  
11 afford to lose.

12 Under the carveout, they would lose that. They  
13 would call that 1-800 number and be waiting for days.  
14 It makes no sense because the patient is going to end  
15 up in the emergency room and cost the state more.  
16 You know, we don't want that. Uhm, so, in  
17 conclusion, I want to reiterate the call to pass  
18 Resolution 1529 as soon as possible.

19 SERGEANT AT ARMS: Time expired.

20 LYNDEL URBANO: Uhm and I will just end by saying  
21 thank you for this opportunity to testify and for  
22 really taking these issues so seriously and for  
23 taking action on them.

24

25

2 COMMITTEE COUNSEL: Thank you for your testimony.  
3 I would like to now turn it to Chair questions  
4 starting with Chair Levine.

5 CHAIRPERSON LEVINE: Well, thank you so much to  
6 this panel and I don't have time to talk about how  
7 important these four or five about the four direct  
8 services providers that spoke our Amida Care, Callen-  
9 Lorde, Housing Works, Harlem United. I mean, you are  
10 an essential part of the healthcare system of this  
11 city and you exist in part because there are people  
12 that you need to serve and care for who are not, were  
13 not, would not get adequate care in the mainstream  
14 medical system.

15 You play a critical, often lifesaving function  
16 for them and you are able to do that in part because  
17 of the funding that comes in through the pharmacy  
18 benefit carveout. And so, I am just adamant in  
19 joining you and your call that this carveout must be  
20 eliminated. We are not looking for it to be paired  
21 back. We are looking for it to be eliminated and as  
22 Reed mentioned, the clock is ticking. We are  
23 alarmingly close to the day that which this will take  
24 effect and will have really a brutal impact on your

2 organizations and more importantly, on the people  
3 that you are caring for.

4 So, I am really glad that we are stepping up now  
5 in the Council to go on record taking a stand against  
6 this carveout through this Resolution 1529. And you  
7 have my full support and I think a large number of my  
8 colleagues in the body in this fight. And we are  
9 talking to our colleagues at the state level but the  
10 stakes here are really high and as all of you  
11 mentioned very powerfully, this would be a bad idea  
12 at any time. But to cut this funding in the middle  
13 of a pandemic is a spectacularly bad idea that will  
14 hurt some of the people who are already  
15 disproportionately bearing the brunt of COVID.

16 So, we just can't do it. I guess I am not really  
17 asking you a question. Making a statement. Uh, but  
18 I want to thank everyone who spoke on this and want  
19 you to know that you have my full support.

20 COMMITTEE COUNSEL: Thank you Chair Levine.  
21 Chair Chin, any questions? Okay, Chair Holden?

22 CHAIRPERSON HOLDEN: No, thank you.

23 COMMITTEE COUNSEL: Thank you. Okay, I would  
24 like to thank this panel for their testimony and we  
25 are now going to move to the next panel. In order, I

2 am going to be calling on Christian Gonzalez-Rivera  
3 followed by Noel Hidalgo followed by Brianna Paden-  
4 Williams followed by Judith Levin followed by Rachel  
5 Sherrow followed by Mylunge Lee. Christian Gonzalez-  
6 Rivera, you may begin when you are ready.

7 SERGEANT AT ARMS: Time starts now.

8 CHRISTIAN GONZALEZ-RIVERA: Hi everybody, my name  
9 is Christian Gonzalez-Rivera and I am the Director of  
10 Strategic Policy Initiatives at the Brookdale Center  
11 for Healthy Aging.

12 We are CUNY's aging, research and policy center  
13 and a part of Hunter College. So, thank you to  
14 Chairs Levine, Chin and Holden and the members of the  
15 Committees for holding this oversight hearing.

16 As the Council is well aware, older people of  
17 color and older immigrants have had the least access  
18 to vaccine appointments. That's something that you  
19 know, thankfully I mean, it has been well discussed  
20 at this and other hearings. And as has been  
21 discussed, the main culprits are a lack of organized  
22 vaccine education in advance of the start of  
23 vaccination as Council Member Barron mentioned. The  
24 lack of trusted messengers, like personal doctors  
25 right now advising their patients to get the vaccine

2 and helping them to do so, which is critical and of  
3 course the largely online process for getting  
4 appointments.

5 So, to reverse the trend of disparity in the  
6 COVID-19 vaccination, we would like to outline for  
7 the Council uhm, a four step plan for ensuring that  
8 older New Yorkers of all levels take the rightful  
9 place in line for the vaccine. And I was happy to  
10 hear in fact that you know, several elements of this  
11 were already mentioned in today's hearing.

12 So, the first is already underway as Chair Chin  
13 and the Commissioners have mentioned and that is,  
14 taking the vaccine to where older adults are. You  
15 know the New York City Command, Vaccine Command  
16 Center, should speed up that process. You know which  
17 is I mean identifying the vaccine point of  
18 distribution, the pods in places that already serve  
19 older adults. And so, this includes senior centers,  
20 NORCS, 202's and other senior housing buildings.  
21 Locations that already meet the requirements from the  
22 Vaccine Command Center should be informed as soon as  
23 possible, so that they can make preparations. And  
24 those that are close to meeting the requirements  
25 should receive recommendations on how to meet those

2 requirements as soon as possible. And again, done  
3 well in advance so that they are ready when the  
4 supply of vaccine is expanded.

5 Second, push medical providers to vaccinate their  
6 patients and to provide information. Every  
7 healthcare provider in the city should be calling  
8 each of their patients age 65 and above and offering  
9 to help them set up an appointment for the vaccine.

10 As Dr. Chokshi himself said, a person's own  
11 doctor is an important trusted messenger and some  
12 providers are already doing this but it is far from  
13 universal and in particular, smaller providers,  
14 public hospitals and other safety net medical  
15 facilities without the capacity to do so should be  
16 able to tap into H&H's Test and Trace Corp to make  
17 phone calls and do follow-ups.

18 So, I mean, this is capacity that we already have  
19 there. It should be connected directly to medical  
20 providers as being trusted messengers. Uhm, and of  
21 course as we know, the public hospitals and safety  
22 net facilities are more likely to serve the lower  
23 income people who need access to this vaccine.

24 Third piece of the plan serve the homebound  
25 through existing trusted delivery infrastructure.

2 And this is something that Council Member Treyger and  
3 others have mentioned. The soon to be released  
4 Johnson and Johnson vaccine is especially -

5 SERGEANT AT ARMS: Time expired.

6 CHRISTIAN GONZALEZ-RIVERA: But to the recent  
7 vaccine, the city should be preparing to activate its  
8 network of trusted providers. So, as Borough  
9 President Gale Brewer said, this includes Meals on  
10 Wheels, as well as the tens of thousands of homecare  
11 and care workers who already serve homebound older  
12 adults.

13 And the very last piece of the plan is and this  
14 is important as well to set up a hotline for  
15 caretakers to summon a vaccinator. So, basically in  
16 order to further support homebound older adults, the  
17 city should set up a hotline that allows formal or  
18 informal caretakers to make an appointment for a  
19 vaccinator to visit the persons home.

20 There should be a major public awareness campaign  
21 to advertise this service and all entities providing  
22 vaccinators should communicate the safety and fraud  
23 prevention protocols that would be in place to ensure  
24 that homebound older adults remain safe.

2 So, we feel like all four of these are critical  
3 to reaching the homebound and already disadvantaged  
4 populations that are being left out through the  
5 vaccine distribution effort.

6 Thank you very much for the opportunity to  
7 testify.

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

11 SERGEANT AT ARMS: Time starts now.

12 COMMITTEE COUNSEL: I am sorry, I think you are  
13 muted. Uhm, you may have to accept the unmute.

14 NOEL HIDALGO: Yeah, hello, hi. Thanks, sorry  
15 about that. Thank you Council Members for all of  
16 your thoughtful comments and thank you Borough  
17 President Brewer for including Beta NYC as a member  
18 of the Manhattan Vaccine Taskforce.

19 I have a mixture of prepared remarks but I am  
20 going to stray from them. I will submit them as  
21 written testimony. I am really appalled by some of  
22 the testimony that was provided a little bit earlier.  
23 To me this is a personal issue. I am Puerto Rican.  
24 I have a pulmonary disease. I have spent the last  
25 year mourning the loss of friends and their family

2 members and for the last six weeks, I have been  
3 saying the exact same thing, digital technology is a  
4 critical tool on how government services are  
5 delivered in the 21<sup>st</sup> Century and now, we are  
6 watching in real time what a massive government  
7 technology and design failure looks like.

8 It is insulting that this Administration has  
9 willfully sidelined existing government technologists  
10 and designers who sit inside of the Mayor's office  
11 and refusing to employ them furthers the digital  
12 divide and perpetuates racism, ageism and ableist  
13 mentality. No technology tool can replace poor or  
14 missing leadership. The rollout of these websites is  
15 a complete failure of service design. Service design  
16 refers to the practice of creating better and under -  
17 a better understanding and improving upon programs at  
18 any stage. We actually have an office inside of NYC  
19 Opportunity, which is the Mayor's Office of Service  
20 Design Product Lab and Studio.

21 For the last six weeks we have been begging for  
22 them to be pulled into this conversation. On top of  
23 that, there is the CTO who has the digital services  
24 department who has skilled designers and

2 technologists who could easily triage the poor user  
3 experience that we have been seeing across the board.

4 It is absolutely absurd and I want to make this  
5 perfectly clear to every single Council Member who is  
6 still here with us. Is that it is absurd that a  
7 Commissioner single handedly designs the user  
8 interface for single, like the most important website  
9 that this Administration has ever put together and to  
10 then say that for six weeks we are constantly working  
11 to improve load issues and not recognizing that there  
12 are extreme usability issues which we have been  
13 talking about for the last six weeks.

14 And so, with the remaining time that I have what  
15 I want to call upon is that DMHMH is Emergency Field  
16 Operations, which is apparently the entity that's  
17 been helping maintain this tool. IT, the  
18 subcontractors, MTX, NYC Opportunity Civic Service  
19 Design Studio and product lab, the CTO's office and  
20 DoITT get into the same room and identify the  
21 immediate issues that need to be addressed and fix  
22 them. This is not a technology problem. The  
23 Commissioner said that.

24 SERGEANT AT ARMS: Time expired.  
25

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2 NOEL HIDALGO: This is not a technology problem.  
3 Uhm, one last thing. Uhm, is that, frankly there are  
4 tools that are out there as the Council Member Holden  
5 mentioned, NYC Access. Which have proven and  
6 demonstrated capabilities to meet vulnerable New  
7 Yorkers user interface needs. These are tools that  
8 have been tested and tested and tested. They should  
9 be employed today to bridge this digital divide.

10 With that, I will conclude my testimony and  
11 submit everything else in written form.

12 COMMITTEE COUNSEL: Thank you for your testimony.  
13 I would like to now welcome Brianna Paden-Williams to  
14 testify. You may begin when you are ready.

15 SERGEANT AT ARMS: Time starts now.

16 BRIANNA PADEN-WILLIAMS: Hello, I am Brianna  
17 Paden-Williams, the Communications and Policy  
18 Associate at LiveOn New York. Thank you for the  
19 opportunity to testify today. LiveOn New York's  
20 members include more than 100 community based  
21 nonprofits that provide core services which allow New  
22 Yorkers to thrive in our communities as we age.

23 The COVID-19 pandemic has swept across New York,  
24 creating a rippling effect exposing the current  
25 political, economic and social gaps that impact older

2 New Yorkers. These must be confronted both as we  
3 continue to respond to the pandemic but in  
4 undertaking the mass vaccination effort.

5 Today, we have the opportunity to bring this  
6 lifesaving vaccine to thousands of older New Yorkers  
7 and slow down the pandemic in its tracks. Yet,  
8 despite eligibility for older people 65 and older, we  
9 continue to see the gaps in inequities as access to  
10 the vaccine remains nearly impossible for many. The  
11 time is now to commit to older New Yorkers and remove  
12 the barriers that have pushed out communities.

13 To ensure a more equitable distribution of the  
14 vaccine moving forward, LiveOn New York recommends  
15 the city works in coordination with community-based  
16 organizations that are often sources of trust for  
17 marginalized populations. Move away from an over  
18 reliance on technology and ensure information is  
19 available across all languages. Monitor and improve  
20 the vaccination registration process and make a clear  
21 vaccine eligibility of senior service professionals.

22 Now is the time to create an efficient and  
23 equitable vaccination plan that ensures no one is  
24 left behind and all New Yorkers can safely age in  
25 their communities. Older New Yorkers who have stayed

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2 home for extended periods of time to remain safe from  
3 the virus need a clear plan guided by science as to  
4 when it will be safe to reengage with the community  
5 services they know and love.

6 Many spent the summer, a period of low  
7 transmission risk, hoping their local senior center  
8 would open one day. Not knowing if this would be the  
9 case or why it would not be the case if restaurants,  
10 gyms, the bars and other services could resume  
11 operation. These individuals and the professionals  
12 that serve them deserve clarity, transparency and the  
13 comfort of knowing their services are prioritized and  
14 guided by science as New York emerges from this  
15 crisis.

16 LiveOn recommends a plan to be created jointly by  
17 the Department of Health and Mental Health and DFTA.  
18 And this plan should be balanced against the fact  
19 that in addition to the risk of COVID-19, the impacts  
20 of isolation also pose considerable risks to older  
21 adults. Be guided by the fact that older adults are  
22 not a monolith experiencing the risk of COVID-19 but  
23 an age cohort spending multiple decades of  
24 significant variations in overall health and risk  
25 level. Quantify the health indicators that will be

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2 needed to meet in order to resume in person senior  
3 services, including services at senior centers and  
4 NORCs.

5 In addition to such a plan, providers must be  
6 fully reimbursed for cleaning and other costs  
7 incurred to ensure safety upon the resumption of each  
8 service.

9 SERGEANT AT ARMS: Time expired.

10 BRIANNA PADEN-WILLIAMS: We appreciate the  
11 consideration of the recommendations and look forward  
12 to working with the city to reauthorize in-person  
13 senior services at an appropriate time. Thank you  
14 for the opportunity to testify.

15 COMMITTEE COUNSEL: Thank you for your testimony.  
16 I would like to now welcome Judith Levin to testify.  
17 You may begin when you are ready.

18 SERGEANT AT ARMS: Time starts now.

19 JUDITH LEVIN: Thank you to Committee Chairs  
20 Levine, Chin and Holden and members of these City  
21 Council Committees for this opportunity to discuss  
22 COVID-19 and seniors. I am Judy Levin, Director of  
23 Senior Center Services at Greenwich House. A  
24 settlement house based in Greenwich Village where we  
25 have been providing a range of services to our

3 immediate community for over 117 years. As relevant  
4 to this issue, we have four senior centers located  
5 throughout the village and Tribeca as well as mental  
6 health and cultural services particularly focused on  
supporting older adults.

7 To start, we echo the calls here today for  
8 partnering senior centers in the vaccine distribution  
9 process and to state the office. The COVID-19  
10 vaccine rollout has presented significant obstacles  
11 and challenges for seniors throughout New York City.  
12 Our most basic challenges stems from the well  
13 documented hesitancy and skepticism around the  
14 vaccine, whether due to lack of confidence in this  
15 unknown or the lack of trust stemming from the long  
16 standing inequities in the healthcare system.

17 We have worked to address this challenge through  
18 outreach calls focused on providing information and  
19 resources provided by DFTA and others. We have also  
20 held to Zoom townhalls facilitated by Greenwich house  
21 health services division staff to share scientific  
22 findings and to respond to questions in a safe and  
23 trusted environment.

24 Additionally, we continue to try to address the  
25 well-reported challenges of helping members and the

2 public navigate the logistics of the online and phone  
3 vaccine signup systems. From the disconnects  
4 discussed here today due to the multiple websites,  
5 each requiring different sets of information to be  
6 entered, along with different information needed to  
7 secure an appointment. Seniors and even those with  
8 family members to assist are discouraged and unable  
9 to continue with this process.

10 In terms of suggested and recommended solutions  
11 to some of these challenges, we support Council  
12 Members Levine call for the much needed creation of  
13 unified multilingual portal for booking vaccines. We  
14 would also suggest providing senior center operators  
15 with a specific number of vaccine appointments each  
16 week through partners in our community, which would  
17 allow for bulk scheduling.

18 For our part, we along with others are in the  
19 process of creating a program of navigators to assist  
20 seniors with a process from start to finish. Helping  
21 them to secure appointments and provide information  
22 about documentation needed for the process as well as  
23 linkages to transportation. While we are piecing  
24 together this with existing staff and volunteers, the  
25 availability of microgrants would allow programs like

2 this to bring in part-time staff to quickly build  
3 capacity and organize and expand efforts.

4 Thank you for your time today.

5 COMMITTEE COUNSEL: Thank you for your testimony.  
6 I would like to now welcome Rachel Sherrow to  
7 testify. You may begin when you are ready.

8 SERGEANT AT ARMS: Time starts now.

9 RACHEL SHERROW: Hi, thank you very much for the  
10 opportunity. Thanks to all the Chairs and especially  
11 Chair Chin for her unwavering support and compassion  
12 for our older adults throughout New York City.

13 I don't want to waste any time. I can give my  
14 time back to my colleagues. I do want to thank them  
15 all for reiterating what we in the field know. We  
16 are the underappreciated local not-for-profit network  
17 and we have a lot of experience. We have the Meals  
18 on Wheels delivery trucks that that Borough President  
19 Brewer spoke about. We can utilize those. We don't  
20 have to reinvent the wheel. No pun intended.

21 We also have the access. We know where these  
22 folks live. We also have the cultural competency in  
23 our local senior centers which can be opened as pop  
24 up vaccine sites where people are trusted. Where

2 communities know uhm and have worked with them for  
3 years and years.

4       What we need is we need outreach. We need  
5 education in order to do exactly what Council Member  
6 Barron said and really make people feel safe. There  
7 has to be a messenger, whether it is the local  
8 practitioner or their senior center. Somebody they  
9 trust and understand the efficacy of this vaccine and  
10 how important it is for all of us.

11      We don't need to rely on the J&J vaccine. We  
12 haven't had a timeline of when we are going to get it  
13 and if we do have a date, then let's start setting up  
14 the appointments. As some of my colleagues have  
15 said, we need to continue to beat the drum on this.  
16 The homebound recipients that we serve, the 20,000  
17 are among the most vulnerable population in this  
18 city. Getting a daily nutritious meal is so  
19 important to them and will create the balance for the  
20 efficacy of this vaccine.

21      I also want to reiterate the essential workers  
22 who have been working tirelessly day in and day out  
23 from day one of this pandemic. The Meals on Wheels  
24 delivery staff need to be vaccinated. There needs to  
25 be education there. There need to pop up sites at

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2 their centers where they work and we need to make  
3 sure that they are safe as well.

4 I thank you very much for the time and I look  
5 forward to all of us working together on this.

6 COMMITTEE COUNSEL: Thank you for your testimony.  
7 I would like to now welcome Myl lung Lee to testify.  
8 You may begin when you are ready.

9 SERGEANT AT ARMS: Time starts now.

10 MYLUNG LEE: Thank you and good afternoon Council  
11 Members and I really want to thank Committee Chairs  
12 Levine, Chin and Holden for holding this important  
13 hearing.

14 My name is Myl lung Lee and I am the President and  
15 CEO of Volunteers of America Greater New York. A  
16 human services organization that provides shelter,  
17 housing and support to almost 12,000 clients every  
18 year including 2,000 older adults.

19 When community centers close due to COVID, we  
20 immediately found alternate sources for meals for our  
21 clients. And our older adults who are afraid of  
22 going out and getting sick, we take care of them by  
23 having the staff run errands for them and when one of  
24 our clients got sick recently, we did everything to  
25 ensure that he would get well including running

2 errands to the pharmacy and even getting him his  
3 favorite chicken soup from a local restaurant.

4 Our supportive housing residences and single room  
5 occupancy units serve the majority of our 2,000 older  
6 adult clients and while the SRO's are not technically  
7 a NORC or a senior residents, we serve and house many  
8 older adults who should be prioritized to receive  
9 vaccines on site.

10 Recently, we have launched a campaign to  
11 encourage our clients to get the COVID vaccine but we  
12 are finding the problem of under enrollment for the  
13 vaccine as much about concrete practicalities as it  
14 is about residence or fear of the vaccine. Most of  
15 our older adults don't have the skills or the  
16 technology needed to book a vaccine online and a  
17 great majority of our clients struggle with mobility  
18 issues that make them essentially homebound.

19 If were to vaccinate our seniors against COVID-  
20 19, the city must bring the vaccines to them. And  
21 that includes the SRO's and the shelters and the  
22 residences where our clients are. It is simply  
23 impractical as well as dangerous for us to not do so.

24 We also need healthcare professionals to provide  
25 vaccine education on site ahead of time. Smart

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2 phones and tablets are required for telehealth and  
3 other medical appointments and to keep those at risk  
4 of depression and social isolation connected to  
5 family.

6 And last but not least, we need many more  
7 affordable supportive housing units that are  
8 appropriate for seniors, as our SRO's are becoming  
9 NORCs. At a new affordable housing complex for  
10 seniors of Volunteers of America Greater New York is  
11 opening in the next month. We received over 23,000  
12 applications for 87 available units. Clearly, there  
13 is a need.

14 Thank you again for holding this important  
15 hearing and I look forward to working together with  
16 all of you to better support our older New Yorkers  
17 during this pandemic and beyond.

18 COMMITTEE COUNSEL: Thank you for your testimony.  
19 I would like to now turn it to the Chairs and any  
20 Council Members for questions. Chair Chin?

21 CHAIRPERSON CHIN: Yeah, I really wanted to thank  
22 this panel and thank all the advocacy that you do and  
23 the seniors that you take care of and all the great  
24 work that you have been doing you know during this  
25 pandemic. And your recommendation, I mean that's

2 what we are fighting for and I hope the  
3 Administration you know, makes sure that you are part  
4 of the team that will get this ready. It's a no  
5 brainer that the infrastructure is there. We just  
6 got to get the vaccine which we hope will be coming  
7 soon.

8 I do have one question for Is it Noel? When the  
9 Commissioner Tisch was testifying, she was talking  
10 about this group that I was curious about. I didn't  
11 get a chance to ask her, salesforce? Is that some  
12 group that the city contracts with to do the website  
13 and all the testing?

14 NOEL HIDALGO: So, I am not exactly sure what  
15 contracts she was mentioning but what we have been  
16 able to discover is that Department of Health put out  
17 a contract with a company called MTX and MTX has been  
18 providing services and essentially what would be  
19 reskinning or reselling access to Salesforce.

20 And so, Salesforce is a pretty massive online  
21 database used for a number of different types of  
22 transactions you know, sometimes it is customer  
23 support. We have seen Salesforce enter into the  
24 healthcare space recently and essentially they are

2 just the reliable database that MTX has essentially a  
3 frontend on.

4 Uhm, our biggest concern uhm from the testimony  
5 that the Commissioner presented, uhm was one, she  
6 admitted to single handedly designing the user  
7 interface. Which we know that there are experienced  
8 user interfaced designers inside of city government  
9 and I think it's unbelievable that a Commissioner  
10 would sit there and design user interface when there  
11 are other people who have had that profession for  
12 decades.

13 Two, is that she talked about load testing and  
14 had difficulty answering about user testing and  
15 that's a difference between load testing which is  
16 about reliability and user testing, which is about  
17 use ability. I now fall into a qualified category.  
18 I go to the VAX site, VAX4nyc.gov. I can see that I  
19 can schedule a first dose. I now have been spending  
20 20 minutes clicking on every single day to find out  
21 when is there a vaccine availability.

22 And this is absurd because if somebody had  
23 properly gone through the user design of this  
24 particular website, once you get through the  
25 qualification stage, it should immediately list out

2 what are all the appointments that you can make? And  
3 so to me, the most kind of like scary part of that  
4 testimony is that these websites are not being done -  
5 they are not being user tested A. And then they are  
6 not being user tested with any of the vulnerable  
7 communities that are out there. Whether you are a  
8 senior, whether you are now qualified for some type  
9 of vision limitation, various abilities, different  
10 languages because we all know that you know like, in  
11 my communities, there is Puerto Rican Spanish but  
12 then there is also South American Spanish based upon  
13 what country you are coming from and these terms are  
14 using fairly technical terms. And so, what type of  
15 usability testing is being done that's identifying  
16 these very concrete things that should be changed?  
17 And then how are those changes being implemented.

18 So, to answer your question, Salesforce is just  
19 the database but there are many more questions to be  
20 asking of how this is being implemented.

21 CHAIRPERSON CHIN: No, thank you. I think the  
22 issue that you raised earlier about the using the  
23 expertise already exist in government from the other  
24 department and it seems like there is no internal  
25 coordination. I remember the last hearing that we

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2 had with Chair Holden on senior and technology, DoITT  
3 wasn't there and you have a Chief Technology Officer  
4 from the Mayor's Office and that just doesn't seem to  
5 be the coordination and working together and that is  
6 the biggest problem. Because I think with the  
7 providers here, are you contacted by the Vaccine  
8 Command Center or by DFTA? Are you being consulted  
9 on how you can help?

10 Like Rachel, you got the Meals on Wheels program,  
11 20,000 seniors homebound. Are you included in that  
12 homebound plan that the Mayor was talking about? Uh,  
13 Rachel, yeah.

14 CHAIRPERSON HOLDEN: She is muted, yeah.

15 CHAIRPERSON CHIN: Oh.

16 RACHEL SHERROW: Yeah, okay. Uhm, the taskforce  
17 that was created three weeks ago, as if we didn't  
18 know that this year long pandemic -

19 CHAIRPERSON CHIN: Only three weeks ago?

20 RACHEL SHERROW: Right, I mean, you know it has  
21 been a long hearing, so I am just going to tell the  
22 truth. Yes, this has been a very frustrating  
23 experience because we have - just like from the  
24 beginning, GetFood was created, a parallel system.  
25 We could have included senior centers initially. I

2 mean, we have been working so closely with Greenwich  
3 House to feed so many of their clients. We you know,  
4 we did that because we all work together. That's not  
5 how this should happen. To Noel's point, we should –  
6 all the involved, we are the ones who have the  
7 experience in the field. We are the ones who are  
8 trusted. We are there every day with the community  
9 members, so you know, I am sorry, what was your  
10 question Chair?

11 CHAIRPERSON CHIN: No, I want to make sure that  
12 you – are you included in the city's plan for –

13 RACHEL SHERROW: I think the city has their own  
14 plan. I think the city has their own plan and they  
15 will tell us when they want to implement it and I  
16 don't think they are interested in hearing input,  
17 certainly from me, maybe from others.

18 CHAIRPERSON CHIN: Well, we got to, we got to  
19 keep on pushing. Uh, because it is really  
20 unconscionable because I think for the seniors, the  
21 best way is to give them a call and the senior  
22 centers are already doing that and your program is  
23 already doing that. You have the contact. You know  
24 where they are and they trust you and you are doing  
25 the wellness call already.

2 So, you could just help them make the appointment  
3 and it could be done because over this weekend,  
4 that's what happened on one of the sites. Hamilton  
5 Madison House, they called over 400 seniors and they  
6 got them an appointment and it went smoothly. I  
7 mean, that's the experience that we want the seniors  
8 to have. Instead of going crazy through the website  
9 or the hotline that don't speak their language and I  
10 think we just got to continue to advocate to make  
11 sure that the senior service providers are included  
12 and they should support what you do and we want to  
13 get the centers open.

14 But I am going to pass it onto Chair Holden.

15 CHAIRPERSON HOLDEN: Yes, thank you my Co-Chair  
16 for fighting for our seniors and you have done this  
17 for quite some time and I just want to echo what you  
18 just said. My mom at one point received Meals on  
19 Wheels and she would look forward to talking to the  
20 delivery people. She developed a relationship with  
21 them. She trusted them and I would you know, walk in  
22 sometimes to her apartment and hear the conversation  
23 and it was you know my mom was shut in and she  
24 welcomed obviously people that she knew and she  
25 trusted the senior center that she visited also.

2 So, to not use this like you said, Chair Chin, to  
3 not use this infrastructure is really so  
4 disappointing and we know the Mayor has some kind of  
5 plan. We haven't heard it but if he doesn't, his  
6 Administration does not talk to this panel or a lot  
7 of the people on this panel about how to deliver the  
8 vaccine to the seniors and how to get their trust,  
9 then again it's almost criminal because people are  
10 dying and we need to really trust our senior centers  
11 and Meals on Wheels program.

12 So, I want to thank the panel for you know,  
13 fighting for our seniors but I just want to jump in  
14 and ask Noel Hidalgo from Beta NYC. First, I want to  
15 thank you for your service to the NYC's tech  
16 community and in advancing tech solutions to address  
17 the pandemic.

18 But no, why do you think that this Administration  
19 because we have been talking about how they are not  
20 using the tech talent that they have. We mentioned  
21 this last month and we never got an answer. We wrote  
22 a letter about it. Why do you think? Is it a turf  
23 war do you think or is it business as usual that they  
24 don't communicate with one another or is it flat out

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2 incompetence by the Administration? What's your  
3 guess on this?

4 NOEL HIDALGO: Well, uhm, seeing that we have  
5 been here for hours and we are in the waiting days of  
6 this particular Administration and I personally am so  
7 frustrated to see my professional colleagues inside a  
8 city hall being marginalized for months on end,  
9 really since March. I think it is a mixture of all  
10 of that. Some incompetence, some is a turf war and  
11 some is just flat out just poor understanding of how  
12 do you use service, design and technology to address  
13 the pressing issues inside of the 21<sup>st</sup> Century.

14 You know, we very quickly went from meeting in  
15 person and having what you know, what we would call  
16 the normal life to being completely remote and being  
17 completely dependent upon digital technology to stay  
18 connected and government has really deprioritized  
19 modernization efforts for decades.

20 You know, there was many high hopes with this  
21 particular Administration that that would change.  
22 You know the Mayor's friends and internal advisors  
23 uhm, pushed him to create the Office of the CTO. We  
24 pushed the Mayor to formalize MODA, the Mayor's

25

2 Office of Data Analytics to be a Charter, you know, a  
3 position that exists in the Charter.

4 We were able to update the city's open data law.  
5 You know, he came out strong talking about trying to  
6 address the tail of two cities and the digital divide  
7 but yet, you know, almost immediately out of the same  
8 gate, we saw the failures of a booking system around  
9 IDNYC, which all of the issues that we are seeing now  
10 around trying to get the vaccine is mirrored from  
11 seven years ago of the failure to roll out an  
12 efficient booking system for IDNYC. And you know,  
13 there is a very clear need to reform procurement  
14 practices of how technology is procured and produced  
15 and also to reform DoITT.

16 I mean, it is absurd that we are sitting in a  
17 situation where there is a lot of innovation around  
18 the ages but the hard stuff, which is building a  
19 modern technology and service design unit inside of  
20 New York City government hasn't been done. And so, I  
21 look forward to the next administration and those  
22 Council Members who are part of the next Council to  
23 really take on the effort to redesign how the city  
24 procures bills and builds government services. We  
25 are sitting in the 21<sup>st</sup> century and so much of the

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2 stuff is really, they are remnants of the last  
3 century and just in a few more years, we are going to  
4 be in the middle of the 21<sup>st</sup> century and we are still  
5 using technology like nyc.gov. I will bring this up  
6 as an excellent example. NYC.gov was redesigned 10  
7 years ago. Its user interface was refreshed 10 years  
8 ago. The underpinnings of that technology tool dates  
9 back 20, 25 years ago. If you are familiar with how  
10 folders are organized on your computer, that's how  
11 NYC.gov is organized. It is such a cumbersome  
12 infrastructure that community boards don't update  
13 their websites. Agencies don't update their  
14 websites. It is easier for the Department of Health  
15 to share PDF's than actually to publish that  
16 information as a website.

17 You know, if you are looking to get and sorry to  
18 rant on this but if you are looking to find out what  
19 are the testing times, right. What you go to is you  
20 go to a website; you click on the link and you  
21 download a PDF which is very much a web app. Why  
22 aren't these two things connected? Why isn't their  
23 leadership bringing together all of these technology  
24 tools? So that way we don't have to download a PDF

25

2 and then use our fingers to open up the PDF and find  
3 out exactly how long it takes to get COVID testing?

4 That is a testament of failure of leadership and  
5 failure to understand how technology can be used in  
6 this time of crisis.

7 CHAIRPERSON HOLDEN: Right but you also heard  
8 Commissioner Tisch say that she was only brought in  
9 to work on the website, the vaccine website two and a  
10 half weeks ago. So, right away, they weren't using  
11 the talent that they had.

12 NOEL HIDALGO: This problem around information  
13 technology, information dispersal has been a problem  
14 since March. There hasn't been clear technology  
15 leadership or service design leadership since March,  
16 since this pandemic began.

17 My colleagues inside of the Department of Health  
18 have talked about a working group. There was once a  
19 technology and data working group that met prior to  
20 the pandemic as soon as the pandemic hit. That  
21 working group was shut down and we have continued to  
22 see all of these inequity issues pop up because there  
23 has been a lack of communication and a lack of  
24 coordination on what information should be collected  
25 so that way then, they can report out whose properly

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2 being tested and we can see where the virus has been  
3 spreading.

4 Like, there has just been a complete shutdown of  
5 leadership and then at the same time, like this  
6 micromanaging which then gets expressed where you  
7 have Commissioners designing user interfaces instead  
8 of employing the actual experts who know how to build  
9 user interfaces.

10 CHAIRPERSON HOLDEN: Well, thank you. Thank you  
11 Noel, thank you so much for your testimony and for  
12 your comments today. Thank you Chair Chin.

13 COMMITTEE COUNSEL: Thank you Chairs. Uhm, I am  
14 going to quickly ask if there are any other Council  
15 Member questions at this time.

16 Seeing no hands, I am going to thank this panel  
17 for their testimony and we will be moving onto our  
18 next panel. In order, I will be calling on Beth  
19 Finkel followed by Brian McIndoe followed by Tara  
20 Klein followed by Shaaranya Pillai followed by  
21 Michael Garcia followed by Jemma Marens followed by  
22 Daniel Barkley followed by Allie Bohm.

23 Beth Finkel, you may begin when you are ready.

24 SERGEANT AT ARMS: Time starts now.

25

2 BETH FINKEL: Hi. So, I am Beth Finkel, F-I-N-K-  
3 E-L, not on housewives of New York.

4 So, anyway, I represent AARP. I am the State  
5 Director. We have over 750,000 members that are 50  
6 and older in New York City over 2.5 million across  
7 New York State. Nationally, a heck of a lot more  
8 than that and COVID and the way its been handled for  
9 our members and their families has really been a  
10 tragedy that we have watched unfold and tried to do  
11 our very best to advocate to make changes. Very,  
12 very strongly to thanking the three Chairs of this  
13 Committee. Chair Holden, Chair Chin and Chair Levine  
14 for pulling this together because I think it is the  
15 three key areas that we need to really coordinate to  
16 find out the best solutions to move forward.

17 I really am — you know, across New York State, 95  
18 percent of all the deaths of COVID have been people  
19 that are 50 and older. So, we really need to begin  
20 to address that because we are just, we're not  
21 getting down to the 50 year old and that's where the  
22 numbers are really rising.

23 I am really pleased to hear a number of the  
24 initiatives that we have already talked about. We  
25 have talked about isolation a lot and Chairman Chin;

2 I really appreciate you bringing that up. Safe  
3 opening of senior centers is incredibly important and  
4 I want to spend a moment on the homebound because  
5 that's something that we have been working on. We  
6 were the first to ask for a homebound plan for the  
7 city and I feel strongly that it needs to be  
8 stronger, better coordinated and the idea that the  
9 Meals on Wheels workers are still not being  
10 addressed. These are the people who are going into  
11 people's homes. It's just unconscionable.

12 I really was pleased Councilman Levine when you  
13 talked about the door to door initiative. There is  
14 other groups doing it. You are absolutely right. I  
15 was really excited to hear you talk about that. The  
16 unified scheduling website, that's also something  
17 that's very important to us. People should be able  
18 to go to one site and get what they need but again, I  
19 know you all emphasize this, the phone number, the  
20 800 number, the services and the languages available  
21 on the 800 are so key and it's so, so been lagging  
22 behind. Although we continually get promises that  
23 it's going to be improved.

24 I also want to talk about Daneek Miller's Bill to  
25 stop the disparities that are going on. AARP has

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2 written four papers on disparities and the 50 plus.

3 The one that we did most recently was LGBTQ -

4 SERGEANT AT ARMS: Time expired.

5 BETH FINKEL: And the 50 plus and we also did one  
6 on COVID. If you all haven't seen them, I would be  
7 happy to share them with you again. I just want to  
8 assure you that AARP wants to be the very strongest  
9 advocate and partner with all the work that you are  
10 doing and I just want to thank you again. You have a  
11 written testimony with a lot more detail in it and I  
12 thank you for this time.

13 COMMITTEE COUNSEL: Thank you for your testimony.  
14 I would like to now welcome Brian McIndoe to testify.  
15 You may begin when you are ready.

16 SERGEANT AT ARMS: Time starts now. Brian, you  
17 are muted.

18 BRIAN MCINDOE: Sorry about that. Good afternoon  
19 Chair Levine and members of the Committee Health. I  
20 am Brian McIndoe President and CEO of Ryan Health. I  
21 am here to testify in support of Resolution 1529,  
22 calling on the New York State Legislation to pass and  
23 the Governor to sign legislation to protect New York  
24 State safety net providers and special needs plans by  
25 eliminating the Medicaid Pharmacy carveout.

2 I am here today on behalf of over 50,000 patients  
3 that Ryan Health serves every year, with of which  
4 over 85 percent of our patients are low-income living  
5 at or below 200 percent of poverty and at least  
6 three-fourths of our patients are of color.

7 Our opposition to the pharmacy benefit carveout  
8 is rooted in the devastation it would cause to the  
9 savings that Ryan Health achieves under the current  
10 federal 340B program. We have worked diligently for  
11 the last 20 years to make this program benefit our  
12 vulnerable patients and to fill the congressional  
13 intent of the statute.

14 At Ryan Health, we reinvest our 340B savings into  
15 efforts to achieve that intent in the following ways.  
16 We subsidize low-cost of free medications for low-  
17 income patients, financing our sliding fee scale for  
18 our uninsured patients, supporting mission focused  
19 programs that operate at a loss, offered enhanced  
20 care coordination for those who are chronically ill  
21 including patients with diabetes and HIV. Creating  
22 and implementing nutrition and diabetes education  
23 programs and conducting outreach to local community  
24 members to bring them into care, addressing racial  
25 disparities and inequalities in healthcare access.

2 I would like to share with you a story of just  
3 one patient and you can times this by a thousand who  
4 benefits from our diabetes education program.

5 This patient receives care at or Ryan Health on  
6 the lower east side. He is 78-years-old and is a  
7 very complex patient with multiple comorbidities  
8 including diabetes, HIV, high blood pressure, COPD,  
9 kidney disease and cognitive impairment.

10 For years before entering our diabetes management  
11 education program, he was not properly taking his  
12 medication and easily confused. In the fall of 2019,  
13 he became more engaged in his care when our certified  
14 diabetes educators implemented twice monthly visits  
15 or calls with him. While his A1c was has high as  
16 12.6, it has been at goal less than 8 percent, since  
17 engaging with the diabetes educator more regularly.

18 These are clear examples that patients who live  
19 with complicated medical histories are manageable at  
20 long-term and very frequent follow ups. And partly  
21 we also know that it is this hands on intervention  
22 and care with the patient that keeps them out of the  
23 emergency room and from avoidable hospital admissions  
24 that are very costly to the Medicaid program.

2 I testify before you this afternoon with the  
3 sobering knowledge that if this misguided pharmacy  
4 carveout is implemented, it will have a devastating  
5 impact on healthcare safety net in New York State and  
6 on patients that I just talked about. The threats to  
7 the 340B program mean Ryan Health and Ryan Chelsea  
8 Clinton could lose up to \$6 million in revenue  
9 annually. We could not sustain that loss in funding  
10 and would have to eliminate or cut the programs that  
11 I just talked about earlier and also would have to –

12 SERGEANT AT ARMS: Time is expired.

13 BRIAN MCINDOE: We want to applaud and thank  
14 Chair Mark Levine for introducing the Resolution  
15 calling on the Governor and legislation to reverse  
16 course on this misguided policy and support the vital  
17 work of 340B providers in our communities.

18 I thank you for allowing me to testify today.

19 COMMITTEE COUNSEL: Thank you for your testimony.  
20 I would like to now welcome Tara Klein to testify.  
21 You may begin when you are ready.

22 SERGEANT AT ARMS: Time starts now.

23 TARA KLEIN: Thank you Chairs Chin, Levine and  
24 Holden and Council Members for hosting today's  
25 important hearing. My name is Tara Klein, I am a

2 Senior Policy Analyst with United Neighborhood  
3 Houses. UNH is a policy and social change  
4 organization that represents 44 neighborhood  
5 settlement houses in New York. Like most New  
6 Yorkers, UNH is thrilled with the growing  
7 availability of the COVID-19 vaccine that will lead  
8 us out of this crisis. But we remain very concerned  
9 with the public rollout of the vaccine, particularly  
10 for older adults.

11 Based on conversations with Settlement Houses who  
12 operate senior centers, NORCs, home delivered meals  
13 programs, homecare agencies and other community-based  
14 services, my written testimony includes a series of  
15 recommendations for New York City to improve the  
16 vaccination distribution process to ultimately get  
17 more older people vaccinated. And now, I will focus  
18 briefly on two of those recommendations.

19 First, we need to add more vaccination sites for  
20 older adults to get vaccinated closer to home and  
21 allow more community-based organizations to become  
22 sites. Many senior centers and NORCs in the UNH  
23 network have expressed strong interests in becoming  
24 vaccination sites. Their physical spaces remain  
25 empty as activities are indefinitely being held

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2 remotely. Providing a ripe opportunity to provide  
3 vaccinations in a trusted community space where older  
4 adults feel comfortable and staff can assist with  
5 hyper local outreach to older adults.

6 We are happy to hear that Mayor de Blasio  
7 announced that vaccine clinics will be set up at a  
8 few NORCs and HPD senior buildings and Governor  
9 Cuomo's office has also established a number of pop  
10 up vaccination sites and CBO's starting last week,  
11 including several settlement houses and NYCHA  
12 developments.

13 Still more organizations are eager to join the  
14 effort and become formal sites yet are having a  
15 difficult time communicating their interest to their  
16 government contacts. As we ramp up our vaccination  
17 efforts, there must be a clear way for CBO's to  
18 express this interest in being a vaccine site and we  
19 hope city agencies will work together on such as  
20 plan.

21 Next, we need to allow community-based  
22 organizations to directly enroll older adults for an  
23 appointment. Right now, many older adults are  
24 struggling to sign themselves up for appointments and  
25 are calling local senior centers and NORCs for help.

2 DFTA has also instructed programs to make wellness  
3 calls to participants to help them sign up. However,  
4 these staff are using the same appointment systems as  
5 the general public thus competing with everyone else  
6 for appointment times.

7 Much like the former food czar did with the  
8 GetFood program, the city should create a trusted  
9 enroller program to allow aging services staff to  
10 directly enroll people for vaccine appointments.  
11 These staff should have a unique system that allows  
12 them to bypass the public sign up system. A certain  
13 number of appointments could be set aside for these  
14 staff to schedule each day or staff could see live  
15 appointments that are available.

16 A private hospital in Manhattan is already  
17 working with local CBOs, including one settlement  
18 house on just such a system and it is going well.

19 We understand that a CBO partnership portal is in  
20 development by the city and it is important that the  
21 city test this portal and gather feedback from the  
22 city –

23 SERGEANT AT ARMS: Time is expired.

24 TARA KLEIN: Before it launched so that the  
25 rollout is smooth.

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2 And finally, UNA continues to urge DFTA to delay  
3 its pending procurement for older adult centers which  
4 we believe is short sided in part given the very real  
5 need for the Aging Services Network to give full  
6 attention to vaccinate older adults right now.

7 Again, my written testimony includes additional  
8 recommendations as well as support for Council Member  
9 Treyger's Intro. 2225 and I am happy to answer any  
10 questions. Thank you.

11 COMMITTEE COUNSEL: Thank you for your testimony.  
12 I would like to now welcome Shaaranya Pillai to  
13 testify. You may begin when you are ready.

14 SERGEANT AT ARMS: Time starts now.

15 SHAARANYA PILLAI: Thank you to Chair Chin, Chair  
Holden and Chair Levine for the opportunity to  
16 testify today on this pressing matter regarding  
17 equity and vaccine access for older adults.

18 I am Shaaranya Pillai, Deputy Director at India  
Home. The largest culturally competent older adult  
program dedicated to South Asian immigrant older  
adults in New York. We have been providing life  
saving programs during this time through home  
delivered meals and groceries, engaging in  
25 informative virtual program seven days a week,

2 wellness check up calls to our clients and Test and  
3 Trace community outreach and vaccine awareness in  
4 partnership with NYC H&H and DOHMH.

5 For the past year, vaccines have been talked  
6 about as a source of hope, the catalyst to moving  
7 forward and the solution to a safer, healthier world.  
8 We have been educated on the vaccines and we have  
9 educated our communities extensively on the vaccines,  
10 answering misconceptions left and right in whatever  
11 way we can. However, once the vaccines became  
12 available, our clients who should have been  
13 prioritized and organizations like ours were left  
14 scrambling.

15 Older adults are likely to lack digital literacy  
16 and this is especially the case for South Asian  
17 immigrant older adults who are also likely to be low-  
18 income and low-English proficient. A process being  
19 highly dependent on digital literacy, to be able to  
20 get the vaccine for older adults is in itself  
21 inaccessible.

22 Some of our clients don't have internet or any  
23 device to be able to access this vaccine booking  
24 system. Constantly our clients and we both see the  
25

2 same message from the website that appointments are  
3 all booked up in the areas around them.

4 The procedure to book the appointments on the  
5 website is complicated and not intuitive in the way  
6 that is accessible for older adults. Furthermore,  
7 low English proficient older adults face even more  
8 barriers in this process.

9 While there is the option to translate the  
10 vaccine finder site in Bengali and Urdu, once you  
11 click on the site you want to book at, the clients  
12 that are low English proficient can't navigate any  
13 further. We are swamped with the calls to handle  
14 these vaccine appointments for the older adult  
15 community across New York City without the given  
16 support for us to do this. The procedure takes a  
17 long time which puts a high stress on a limited  
18 capacity we have to be able to book appointments on  
19 the clients behalf. Imagine when we are asking our  
20 oldest of adults for their emails to register online  
21 for their vaccine appointment and they say back to  
22 us, "What is an email?"

23 How we became dependent on this website to serve  
24 the biggest population of eligibility of the vaccine  
25 simply does not make sense. And while the phoneline

2 is meant to be an accessible option, this process is  
3 proven inefficient and frankly very frustrating as  
4 you all know. There are several other points in  
5 which access needs to be addressed, including the  
6 locations of the vaccine which are highly lacking  
7 especially in Eastern Queens where a large older  
8 adult population lives.

9 We also need to look at the accessibility of  
10 these locations and measures to keep vulnerable  
11 seniors warm during these cold months while getting  
12 vaccinated.

13 There needs to be more partnership as said before  
14 with CBO's like ours to directly provide vaccines to  
15 our clients at our locations. We need attention to  
16 this matter. Eligibility criteria expanding doesn't  
17 mean anything if its not accessible to those its  
18 expanded to.

19 SERGEANT AT ARMS: Time is expired.

20 SHAARANYA PILLAI: We have 80 plus year old's  
21 calling our office constantly saying they know about  
22 the websites existence but they can't use this  
23 website and its common knowledge to all of us that  
24 this website is inaccessible. We need more to show

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2 that South Asian older adults are being included and  
3 this is a matter of life and death.

4 In order for us to get our older communities back  
5 to normal, we need accessible locations in the areas  
6 where seniors live. We need an improved portal or  
7 phoneline system that is easy to use and efficient.  
8 We need direct partnership with older adults serving  
9 organizations like ours and we need more support and  
10 we need more funding to support these programs to  
11 continue to help ensure that seniors are vaccinated  
12 and that we safely move forward.

13 Thank you for your time and consideration of our  
14 requests and giving us the opportunity to testify  
15 once again and we will be submitting a written  
16 testimony as well.

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

20 SERGEANT AT ARMS: Time starts now.

21 JEMMA MARENS: Thank you Chair Chin, Chair Levine  
22 and Chair Holden for the opportunity to provide  
23 testimony. My name is Jemma Marens, I am a Social  
24 Worker at the Isaac Center, which is a multi-service  
25 organization that services seniors in a hybrid NORC

2 senior center out of Isaacs Homes development in the  
3 upper east side and Taft and Johnson houses in East  
4 Harlem.

5 The release of the vaccines is a beacon of hope  
6 as for many as this pandemic has been incredibly  
7 tasking. With the pandemic, social isolation has  
8 increased and a large reason for this is the large  
9 digital divide that exists for seniors.

10 While efforts are constantly being made to engage  
11 seniors in COVID relief efforts and beyond, a lot of  
12 it is done virtually and technologically disconnected  
13 seniors are often left behind.

14 In total, we work with 1,700 seniors and 79  
15 percent have indicated that they are interested and  
16 ready to take the vaccine. The other 21 percent have  
17 indicated distrust, fear and not being ready to take  
18 the vaccine and only 65 people have indicated  
19 successfully making appointments for the vaccine.

20 At Isaacs, our team works daily to try to make  
21 appointments for our seniors. We have Zoom sessions  
22 about COVID myth busting and FAQ's and share reliable  
23 information to help our seniors make informed  
24 decisions for themselves.

2 Many have requested or indicated that they want  
3 to get the vaccine at the center because of its  
4 centralized location to the neighborhood and their  
5 trusted relationship they have. For many, they are  
6 not comfortable scheduling online or get incredibly  
7 defeated spending hours on the phone only to be told  
8 that there are no appointments available.

9 Community organizations like ours exist because  
10 of the support and trust of the community and they  
11 should be utilized to get New Yorkers vaccinated.  
12 Our center and its satellite location are located  
13 near five hospitals in addition to other local health  
14 providers and pharmacies that would provide the  
15 vaccine.

16 While it is understandable that vaccine  
17 availability is limited due to governmental  
18 allocation, vaccine sites are popping up around the  
19 city. The upper east side and Harlem still do not  
20 have local appointments and people are still  
21 uncomfortable utilizing transportation methods other  
22 than walking.

23 We have not been contacted or mentioned to be a  
24 vaccine or testing site. It has been mentioned, if  
25 you prepare meals onsite you cannot be considered a

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2 vaccine site which disqualifies community orgs that  
3 provide meals to our city's most vulnerable.

4 The issue at hand for our seniors is that it will  
5 be most ideal to have an enrollment system  
6 specifically for seniors considering it only took \$50  
7 for Turbo Vax and NYC Vaccine List in a few days. We  
8 ask if accommodation consideration can be made about  
9 the rules regarding vaccine sites qualifications  
10 since hospitals and schools also happen to provide  
11 meals and are approved vaccine sites.

12 There is a long-standing history of distrust in  
13 our countries healthcare system and overwhelmingly  
14 our communities of color have been let down and  
15 mistreated by this system. We are ready and willing  
16 to be a vaccine site for our seniors and we need the  
17 steps.

18 Trusted community organizations like Isaacs can  
19 help bridge the gap between the community and the  
20 vaccine. Thank you for your consideration.

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

24 SERGEANT AT ARMS: Time starts now.

25

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2 DANIEL BARKLEY: Thank you Chairperson's Chin,  
3 Levine and Holden, members of the Health, Aging and  
4 Technology Committees for hosting this critical  
5 hearing.

6 My name is Daniel Barkley and I am the Director  
7 of the Elder Law Unit in the Veterans Justice Project  
8 at Brooklyn Legal Services. And I am here to confirm  
9 that the issues you have raised, we are regularly  
10 seeing with our clients and to also urge support for  
11 a proactive outreach oriented approach. Anything  
12 less and our most vulnerable seniors will remain  
13 unvaccinated.

14 Brooklyn Legal Services helps over 2,000 seniors  
15 each year with a variety of legal issues. Many of  
16 the clients that we serve are the more vulnerable and  
17 marginalized in our communities. As the vaccination  
18 rollout in New York City has gathered pace and we  
19 have begun receiving calls from our clients, we have  
20 become increasingly concerned that our senior clients  
21 in particular and indeed, all vulnerable and  
22 marginalized seniors in Brooklyn and New York City  
23 are not being timely vaccinated and are also at  
24 significant risk of not being vaccinated at all. In

25

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2 part, because the application process is not  
3 accessible to them.

4 You have discussed extensively how cumbersome and  
5 difficult the current application process is. With  
6 this reality in mind, I would like to highlight some  
7 of the obstacles that our senior clients face. The  
8 first two have also been discussed extensively but I  
9 want to mention them. First, many of our senior  
10 clients do not have computers, internet access or  
11 even smart phones. So, their means of access to the  
12 application process is severely limited.

13 Second, as has been pointed out, many of our  
14 clients do not speak English. And while it is good  
15 that the city's portal has translation services, many  
16 of the secondary application portals or sites don't  
17 and so access is made more difficult for our clients  
18 who don't speak English.

19 Third, a number of our clients either have  
20 diminished capacity or have age related health  
21 issues, such as hearing loss or vision loss that make  
22 it almost impossible for them to engage with the  
23 application process by themselves.

24 And forth, many of our senior clients who need  
25 help are very isolated, as Chairperson Chin so

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2 eloquently pointed out. They do not have friends or  
3 family or the kind of social service support that  
4 would be able to take the time to locate a  
5 vaccination site and make the application for them.

6 And finally, in addition to these rather  
7 practical barriers for many seniors, New York City  
8 needs to confront and address the enormous disparity  
9 between the rates of vaccination for Whites and  
10 people of color. What is particularly distressing is  
11 that the numbers are most disparate in the senior  
12 population in New York City. According to the latest  
13 figures that I saw, 47 percent of the vaccinations  
14 for seniors have gone to Whites, while only 15  
15 percent have gone to Latinx, 13 percent to Asians and  
16 12 percent to Blacks.

17 The legislation that you are considering today  
18 could be immensely important to begin to address the  
19 concerns that we have and on behalf our clients, we  
20 are desperate for you to do everything within your -

21 SERGEANT AT ARMS: Time expired.

22 DANIEL BARKLEY: To eliminate racial disparities  
23 in the distribution of the vaccination and to ensure  
24 that all seniors including those who don't have  
25 access to technology, who don't speak English, who

2 don't have a support system or who have a diminished  
3 capacity do have meaningful access to getting  
4 vaccinated. Thank you.

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

8 SERGEANT AT ARMS: Time starts now.

9 ALLIE BOHM: Thank you for the opportunity to  
10 testify today. I am Allie Bohm, a Policy Counsel at  
11 New York Civil Liberties Union.

12 As the Committees focus on seniors access to  
13 vaccines, it is critical to pay particular attention  
14 to which seniors have access to vaccines. So, I want  
15 to start where my fellow panelist left off. Which is  
16 that New York City is nearly 25 percent Black, nearly  
17 30 percent Latinx and about 14 percent Asian. And  
18 yet, half of all New York City residents, or nearly  
19 half sorry, I shouldn't exaggerate, of all of New  
20 York City residents ages 65 plus who have received  
21 vaccines and whose race is known and there is a huge  
22 problem with the reporting, 2 are White, only 15  
23 percent are Latinx and only 12 percent are Black, 13  
24 percent are Asian.

25

2 By now, we are all familiar with the barriers.

3 Everyone has testified to them today. The vast  
4 majority of vaccine signups take place online.

5 Although the city has developed a hotline for New  
6 Yorkers to make appointments, that phoneline is often  
7 overwhelmed, frequently only delivers an automated  
8 recording that no appointments remain and moreover  
9 only accommodates English and Spanish speakers.

10 Ineffectively only online only registration  
11 systems specifically disadvantage the seniors.  
12 Nationwide half of all adults ages 65 plus do not  
13 have home internet access and one-third of that  
14 population reported in 2019 that they had never used  
15 the internet.

16 Those seniors lucky enough to be internet savvy  
17 or to have family or friends who can help must  
18 navigate to each providers website to try to register  
19 for one of the precious B vaccinations last, often  
20 answering the same intake questions over and over  
21 again with each new attempt. The time intensive  
22 process that favors those who have the advantages of  
23 more flexible time and greater internet savvy.

24 Many who have been able to make an appointment  
25 face transportation barriers to arriving at that

2 appointment and when they do arrive, find that none  
3 of the workers on sites speak their language. City  
4 Council can and must fix these problems. We are  
5 pleased to see Chair Levine's proposal to require  
6 DOHMH to create a unified scheduling system in all  
7 designated citywide languages. This is an important  
8 first step but it is not enough because the digital  
9 divide remains a persistent barrier.

10 New York City must develop an effective language  
11 accessible means for individuals to sign up for  
12 vaccination appointments by phone. This call center  
13 should also arrange transportation for those who need  
14 it. The city has begun pilot programs that give  
15 local community groups blocks of vaccine appointments  
16 to fill with qualifying residents. These programs  
17 must continue and must be expanded.

18 In addition, each vaccination site must have  
19 staff onsite that speak the language prevalent in  
20 their neighborhoods. They must further have access  
21 to a language line to provide appropriate and timely  
22 translation for those who speak less common languages  
23 and to reduce the need for transportation. The  
24 vaccination pods and hubs, particularly those located  
25 in low-income neighborhoods should give priority to

2 local residents. The city must do more to ensure  
3 that all seniors are able to access -

4 SERGEANT AT ARMS: Time expired.

5 ALLIE BOHM: COVID-19 vaccines. Thank you and I  
6 am happy to answer questions.

7 COMMITTEE COUNSEL: Thank you so much for your  
8 testimony. Uhm, that concludes this panel, so I am  
9 going to turn it over to the Chairs for questions.  
10 Chair Levine? Chair Chin, any questions?

11 CHAIRPERSON LEVINE: I apologize, I was on mute.  
12 I will just very quick and then I will pass it to  
13 Chair Chin. I just, I also want to thank all of your  
14 organizations for what you are doing for older adults  
15 here in New York City and uhm and I guess my question  
16 would be whether any of you have looked at the home  
17 programs to deliver that vaccination to homebound  
18 seniors in other parts of the country? And whether  
19 there is any models that we can draw on here in  
20 designing our program for New York City.

21 TARA KLEIN: Chair, I have not personally looked  
22 yet but I am eager to and I know there was some great  
23 ideas that came out today. I know Borough President  
24 Brewer also mentioned some other places that she had  
25 looked at. So, we are happy to pull some of those

2 resources together and share them back with you.

3 You are still muted.

4 CHAIRPERSON LEVINE: There we go, thank you,  
5 sorry we were having a technical issue here. Uhm,  
6 thank you Tara and to all of you for the work you are  
7 doing and for fighting for seniors who are getting  
8 hit so hard by this pandemic. We have got to have a  
9 better solution to get them appointments easily that  
10 doesn't require technology and we are with you in  
11 this fight. Thank you. I am going to pass it to  
12 Chair Chin who I am sure has important comments and  
13 questions.

14 CHAIRPERSON CHIN: Yeah, thank you Chair Levine.  
15 Yeah, I just want to also thank this panel and your  
16 recommendation suggestion does make sense. I mean  
17 that's what the city should be doing, setting aside  
18 appointments for seniors and making sure that the  
19 service provider can help seniors make the  
20 appointment online and uhm I mean not online by the  
21 phone call. I mean, you are already calling them, so  
22 just help them set it up and uhm the representative  
23 from the Isaac House, yeah, senior centers are ready  
24 and willing to participate. We just got to get the  
25 Administration to feel this urgency that the

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2 infrastructure is there and they are ready to help.  
3 Just get them the vaccine. So, I think that's really  
4 the most critical part. I mean, just like same thing  
5 with the Get Food program. They ended up relying on  
6 our infrastructure, the senior center, the senior  
7 providers and CBO to help get the word out and help  
8 seniors register. So, they should do the same thing  
9 with this vaccine.

10 So, we will continue to pressure City Hall and I  
11 thank you for all the great work that all of you have  
12 been doing for our older adult population. Thank  
13 you.

14 COMMITTEE COUNSEL: Thank you Chair Chin. Chair  
15 Holden?

16 CHAIRPERSON HOLDEN: Yes, I just want to thank  
17 this panel and I just want to throw this out there  
18 for the panel. Maybe the senior centers can get back  
19 to the Committee to – if they can just poll the  
20 obviously the clients, your clients and see how many  
21 have been vaccinated and uh so we can get an idea and  
22 bring that to the Mayor and say, you know, here is  
23 where we have to really open up the senior center so  
24 they could participate in the vaccine as a  
25 distribution center.

2 So, I want to thank the panel again and thank you  
3 to all for staying on this long.

4 COMMITTEE COUNSEL: Thank you Chair Holden. I am  
5 not seeing any other Council Member questions. I  
6 would like to thank this panel for their testimony.  
7 At this time we have concluded public testimony but  
8 if we have inadvertently missed anyone that has  
9 registered to testify and has not yet been called,  
10 please use the Zoom raise hand function now and you  
11 will be called on in the order that your hand has  
12 been raised.

13 Seeing no hands, I am going to turn it back to  
14 the Chairs for closing remarks. Chair Levine?

15 CHAIRPERSON LEVINE: Well, I want to thank  
16 everyone who spoke as witnesses on this important  
17 topic on these topics, whether it is doing right by  
18 our seniors and other vulnerable communities who need  
19 to have these barriers to accessing vaccines removed.  
20 We have to do better. Those of you who spoke on the  
21 imperative of preventing the Medicaid carveouts that  
22 really will do deep damage to vulnerable New Yorkers  
23 in the midst of a pandemic and those of you who spoke  
24 up about the unacceptable level of racial inequality  
25 and how vaccination has been conducted so far in the

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2 city and the undeniable need for the city to address  
3 it through some of the policies we have advocated  
4 today.

5 And to all of you who spoke today, thank you and  
6 I also want to offer a special thank you to the Staff  
7 of this Committee, of these three Committees who have  
8 done such amazing work to prepare for this hearing  
9 and to run it today. Thank you and I will pass it  
10 off to my wonderful Co-Chairs starting with you Chair  
11 Chin.

12 CHAIRPERSON CHIN: Yes, I also wanted to thank  
13 everyone for testifying today. For spending your  
14 time to help us advocate. To make sure that there is  
15 equity in our city for all the communities and also  
16 for our older adults. Just hearing from the  
17 testimony, it's just really unacceptable that there  
18 is no coordination between the city and the state and  
19 the different departments across the city. I know  
20 there are a lot of hard working staff that's working  
21 at the Vaccine Command Center. I mean right now; the  
22 biggest issue is the supply but we know that the  
23 supply is coming and we have to be ready with the  
24 plan in terms of getting the vulnerable population

25

2 vaccinated and the infrastructure is there. Let's  
3 utilize them.

4 And then the whole thing about look, just like  
5 get rid of all the Eagles and whatever. Let's work  
6 together. It doesn't make sense that we, as New York  
7 City, we cannot even put up a good website or  
8 language line with multiple languages and since we  
9 have all the different cultures across the city and  
10 utilizing our senior centers, senior service  
11 provider. They are there, they are there for the  
12 older adults. Utilize them. Get them involved and I  
13 think that we really need the administration to hear  
14 it loud and clear. That there has got to be better  
15 coordination and enough you know, with the talk about  
16 all the delay and not enough vaccines. Vaccines are  
17 coming. Get the plan in place and we want to work  
18 with you. The Council, we want to be your partner  
19 and all of the advocates and all the service  
20 providers, we are here to help.

21 So, just get everyone vaccinated so that we can  
22 recover our city and we just need everyone to work  
23 together. So, thank you again to Chair Levine, Chair  
24 Holden, all the Committee Staff that work on

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2 preparing for this hearing and all the Sergeants.

3 Thank you to all of you.

4 CHAIRPERSON HOLDEN: Thank you, my Co-Chairs,  
5 wonderful Co-Chairs. It was a great hearing. I just  
6 want to just thank the wonderful staff but I just  
7 hope that the Administration starts to listen because  
8 after our last hearing, uhm, with my Co-Chair Chin,  
9 we didn't uh – we didn't hear anything. I don't know  
10 if your Committee heard anything but I didn't hear  
11 anything that they were thinking about the senior  
12 centers using as a vaccine site, which is so  
13 important. I think you heard that probably 40 times  
14 on this call today that everyone is onboard with  
15 that.

16 So, we expect hopefully within the next week to  
17 hear from the Administration that they are going to  
18 do it and if they don't, I think all the senior  
19 centers have got to get together and we all as – and  
20 the Council and hold a hearing again to just you  
21 know, drive that home. Because this is not just you  
22 know the Council Members speaking on a whim or senior  
23 centers wanting to you know do the best for their  
24 clients.

25

2 This is a matter of life and death and there are  
3 so many things that are going on and the COVID is  
4 exploding still and it's again the number one target  
5 for the COVID is the older population. So, that  
6 should have been a priority of this Administration to  
7 use the senior centers, to use the infrastructure  
8 like my Co-Chairs have said that already exists to  
9 deliver the vaccines and also to deliver information.

10 If people, our seniors, don't want the vaccine,  
11 they should be educated as to how it will save – it  
12 could save their lives obviously. But where to get  
13 it and how to get it and get it as quickly as  
14 possible. So, I just want to thank the wonderful  
15 Committee Staff and my Co-Chairs for a great hearing  
16 and all the people, all the people that testified  
17 today on behalf of the organizations and for the  
18 senior population. Thanks so much.

19 COMMITTEE COUNSEL: Thank you Chair Holden and  
20 back to Chair Levine to close the hearing.

21 CHAIRPERSON LEVINE: Okay, this weird pandemic  
22 world I think I have to improvise for gaveling. So,  
23 we are going to close this hearing [GAVEL] and thank  
24 you all very, very much for joining us. Be safe  
25 everyone.

1 COMMITTEE ON HEALTH JOINTLY WITH THE COMMITTEE ON  
AGING AND THE COMMITTEE ON TRANSPORTATION 214

2 SERGEANT AT ARMS: Thank you all. Hearing is now  
3 closed out.

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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 March 14, 2021