



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE  
Dave A. Chokshi, MD, MSc  
*Commissioner*

**Testimony**

of

**Dave A. Chokshi, MD, MSc  
Commissioner  
New York City Department of Health and Mental Hygiene**

Before the

**New York City Council**

**Committees on Health and Hospitals**

on

**Vaccine Hesitancy and Equity in NYC**

September 30, 2021  
Virtually  
New York, NY

Good morning Chairs Levine and Rivera, and members of the committees. I am Dr. Dave Chokshi, Commissioner of the New York City Department of Health and Mental Hygiene (DOHMH). Thank you for the opportunity to testify today and provide an update on the City's efforts to address vaccine confidence and equity. I am joined today by my colleague Dr. Andrew Wallach from NYC Health + Hospitals (H+H).

It has been a long, challenging 18 months to say the least. I'd like to take a moment to thank our City's municipal workers and health care workers who have endeavored tirelessly throughout this pandemic – without them, we would not be where we are today in terms of progress on increasing vaccination rates. And I'd like to thank the community groups who have similarly worked around the clock to serve the needs of their neighbors and members. And thank you to Council – you all have been through this with us, many of you and your families affected personally – lending your voices and platforms to share critical information about COVID-19 transmission and vaccines, hosting events, and organizing townhalls where our experts can answer questions from your constituents.

And though there is still more to be done, we should take a moment to acknowledge that almost 5.3 million New Yorkers are fully vaccinated, and as of today, over 82% of adults and over 72% of 12-17 year-olds have received at least one dose of the vaccine. This is a monumental achievement when you consider the size and diversity of this city, and the adversity we have all faced. It highlights what we all already know about our City – New Yorkers care about their families, we look out for our communities, and we believe in science. Together, we have saved so many lives and prevented so much suffering. A study that the Health Department partnered on with Yale University scientists estimated that the City's vaccination campaign prevented an estimated 250,000 cases, 44,000 hospitalizations and 8,300 deaths related to COVID-19 through July 1 – and these are almost certainly conservative estimates, since the time period studied does not yet account for cases, hospitalizations, and deaths prevented after July 1, when the more transmissible delta variant was dominant in New York City.

Beyond these bottom-line outcomes, a core focus of our historic vaccination campaign, from its inception, has been equity – and we are continually working hand-in-hand with the City's Taskforce on Racial Inclusion and Equity (TRIE) to address the disparities we have seen in vaccine uptake thus far. We are doing this via an equity strategy that includes increasing access by locating City vaccine sites, engagement, and media in communities that need it most – with a focus on the 33 Taskforce neighborhoods. And our strategy is bearing fruit! We are seeing equity gaps closing – the vaccination rate among Latinos is now 9% higher than white New Yorkers; Black New Yorkers are now experiencing the fastest percentage growth in vaccination rates; and about 60% of first and single doses in August and September have been administered to Black and Latino New Yorkers. This is remarkable progress, but we are not done. The Health Department, and I personally, am committed to further closing the gap for neighborhoods that have been hardest hit by the COVID-19 pandemic.

The City has pulled out all stops to ensure that all New Yorkers have access to vaccines. We stood up a massive vaccine access infrastructure through City-run brick-and-mortar sites and supported over 3,000 providers in getting vaccine into their facilities. We've facilitated over 12,000 free rides to vaccine sites citywide, vaccinated over 27,000 people in their homes, and created a program where community partners were able to help people make appointments over the phone. We've broken down language access barriers by bringing translators and translated materials to vaccine sites, and we have entire vaccine vans staffed end-to-end in-language.

And we have “met people where they are” by deploying mobile vaccine via tent, van, and bus to over 1,100 locations across the City where people live, work, dine, commute, go to school, and play. I'd like to

note in particular the City's event-based campaigns with partners, including many of you – we've brought vaccine to locations identified by small businesses like restaurants, unions, over 700 schools, senior centers, NYCHA developments, and soon, movie theaters. I'd also like to take this moment to thank all of our incredible agency partners in this work – including our own staff at the Health Department, and our colleagues at the Vaccine Command Center, H+H, the Test and Trace Corps, NYCHA, DFTA, MOIA, and NYC Emergency Management, among so many others. We have been able to bring vaccine to New Yorkers because of this partnership and teamwork in pursuit of a shared goal.

We have also worked to build confidence in the vaccines, acknowledging that there are many New Yorkers who did not – and still do not – feel comfortable getting vaccinated against COVID-19. The reasons for this are vast – many are rooted in decades-long experiences with racism in the healthcare system, general mistrust in government, and misinformation about vaccines. Addressing these concerns takes time and there is no one-size-fits-all approach; above all, our outreach must be grounded in the evidence, in equity, and in empathy.

I've said this before - we need the truth about COVID-19 vaccines to spread faster than the virus itself, and our community partners have been at the heart of all this challenging work. They are trusted messengers in their communities. Through existing work and additional funding via the Public Health Corps, the City will support approximately 100 Community Based Organizations (CBOs) to conduct community engagement to provide current information on COVID-19 and the vaccines. These critical partners have been on the ground, in the communities they serve, helping to encourage and facilitate vaccination in languages, voices, and messaging that is known and trusted. A great example of this work has been our team's focused efforts in predominantly Caribbean communities. To address vaccine confidence and low uptake of vaccine in these communities, a dedicated group of Health Department staff of Caribbean ancestry got to work. The team provides one-on-one engagement and vaccination resources in partnership with CBOs and Federally Qualified Health Centers at Caribbean community events. They have also focused on working with home health aide associations to build vaccine confidence among staff. This engagement is meaningful and impactful – and I must say, often joyful – and we have already seen increased uptake in these communities. But as I said earlier, it takes time. Even single percent increase in vaccination rates week over week is progress – and represents prevented suffering.

In addition to this work, we regularly work with several hundred community-based and faith groups to disseminate information, hold events such as “community conversations,” on vaccination, and train leaders as vaccine navigators through over 150 Train the Trainer sessions. We have held over 5,000 events related to vaccine since December 2020. We know these conversations our partners are having about the tough issues – particularly around mistrust – will take multiple tries.

Regarding misinformation, based on surveys and anecdotal information that we systematically gather through events and community engagement, we know that misinformation about the vaccine is a driving force for those who still lack vaccine confidence. I'll take this opportunity to correct the record about some common pieces of misinformation. First, the vaccines are safe, they do not cause COVID-19, and they do not contain the virus. Second, the vaccines are still necessary, even if you've had COVID-19 or if you have antibodies for COVID-19. Third, it is safe to get the vaccines even if you are pregnant, breastfeeding, or trying to become pregnant. And finally, the vaccines are the best way to reduce the risk of getting COVID-19 and experiencing severe illness from it. To address the most common pieces of misinformation we have heard, we created our Truth About COVID Vaccines document, designed infographics on how the vaccines work, launched an entire COVID Facts website, and have a “You're Right, You Should Know” campaign to answer common questions about the vaccines. We have YouTube

video series, talking points for our community partners, and a call center staffed by nurses and public health experts that people can call to ask questions about COVID-19 vaccines.

And you might have seen some of my public service announcements! In terms of media, the City has spent more than \$100M on citywide education campaigns about COVID-19 and the vaccines this calendar year alone. In addition to launching video series featuring City leaders, we have taken a multi-layered approach to our messaging, including using storytelling from everyday New Yorkers, from neighborhood providers to community members. And we have partnered with outside organizations like the New York Latino Film Festival to bring these real stories to life. These campaigns are designed to promote vaccine availability, address common drivers of misinformation and key confidence issues, and share timely information about news like booster eligibility.

Further, we know that people need to hear from their own clinical providers about the vaccines – they want to hear it's safe and that their doctor recommends it. For instance, I think about one of my recent patients, who had been delaying getting vaccinated because he was worried that the side effects would be too disruptive to his life. I heard him out, shared my own story of getting the single-dose Johnson & Johnson vaccine (and my experience with mild side effects), and also conveyed my sincere worries about his health in the context of the delta variant, particularly because he had multiple chronic conditions. By the end of our visit, I hadn't quite convinced him to get vaccinated on the spot. But I was relieved when he came back a couple of weeks later and chose to get the J&J shot for himself. It's conversations like this that clinicians have been engaging in throughout our vaccination campaign, bolstering New Yorkers' confidence in the COVID-19 vaccines.

To this end, we have worked tirelessly to engage providers and ensure they not only have a supply of vaccine to give to patients, but also have the most current information about vaccine safety, where patients can get vaccine outside their offices, facts to counter misinformation, and information about City incentive programs. The Health Department has engaged over 2,000 provider offices since February through remote technical assistance and our boots-on-the-ground public health detailing program. And we recently launched a \$35M program to compensate providers for vaccine counseling that we believe could be a model for the nation. Further, earlier this month, I issued a Commissioner Advisory to strongly urge health care providers serving patients in New York City to offer information at every patient visit on the efficacy, availability, and administration of COVID-19 vaccination – the latest salvo in our 'Use Every Opportunity' campaign, launched specifically for clinical providers in May.

In addition to lowering access barriers and building vaccine confidence, the City developed an incentives program to encourage more New Yorkers to get the vaccine, which – in addition to offering free tickets to sports events and museums, gym memberships, and more – now offers \$100 for New Yorkers vaccinated at specific sites across the City – or even in their homes. Another major component of our incentive programming is the NYC Vaccine Referral Bonus Initiative, which provides direct payments of \$100 per vaccine referral to civic, faith, tenant, and other associations. We've collected some great anecdotes from folks at vaccination sites about their experience with the incentives, and I'd love to share a couple here. First, an older woman came in to get vaccinated, and noted that her birthday was coming up and she wanted to get vaccinated so she could go to a restaurant and celebrate, and that she was going to use the incentive money to buy herself a birthday present. Other patients have remarked that the \$100 would mean being able to replace their broken TVs, pay their phone bills, and buy school supplies.

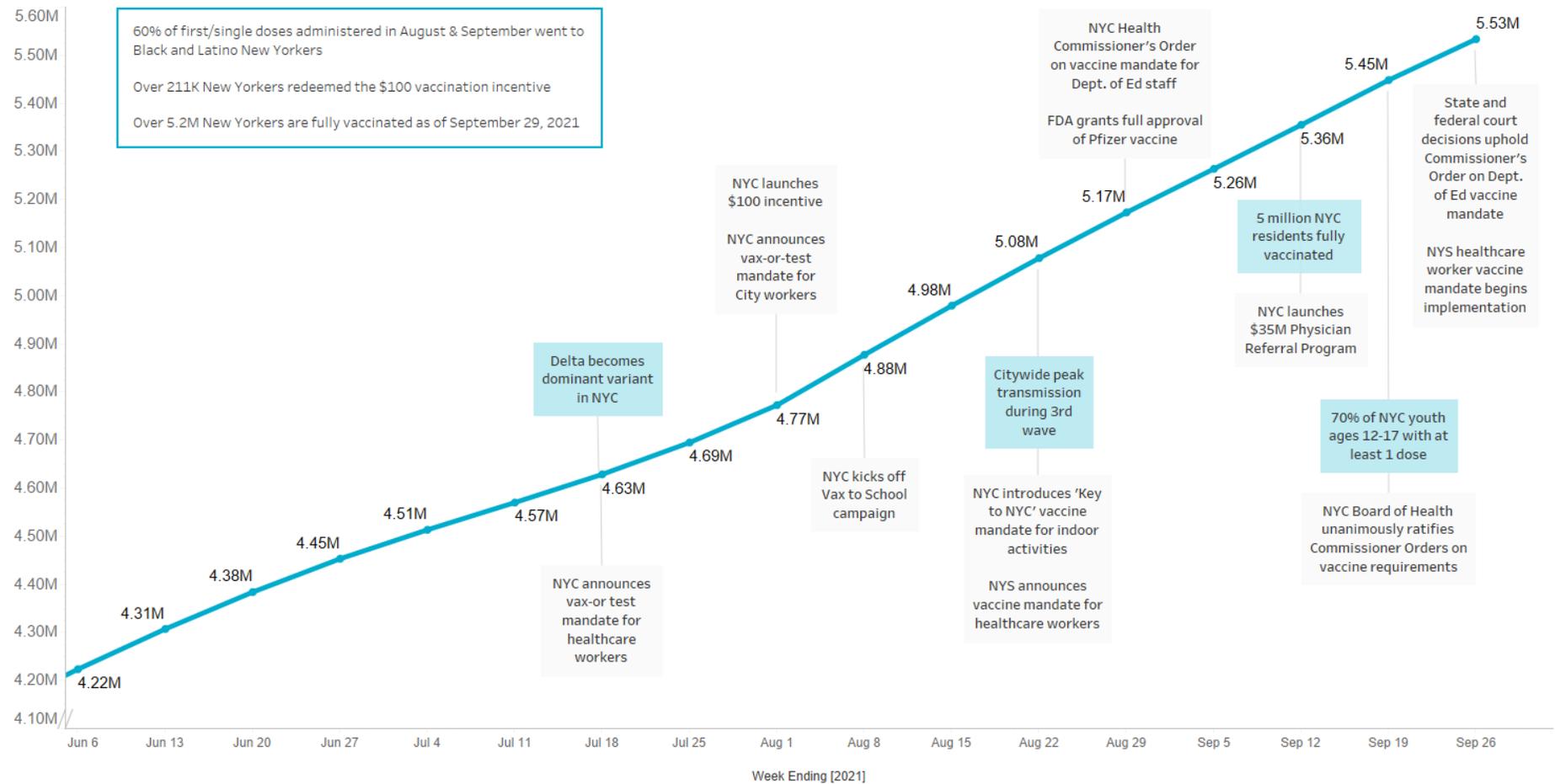
We know that vaccination is our most powerful tool for turning the page on the pandemic – and while the decision to get vaccinated is an individual choice, it has immense community consequence. Vaccination is how we return to school, recover our small businesses, and resume aspects of our life from the most memorable to the mundane. And in the face of the more dangerous delta variant, we knew stronger medicine was needed. The time has come to build upon the foundation we laid with broad access to vaccines, addressing confidence, and providing incentives. I am proud that New York City has led the nation in implementing vaccination requirements where they are warranted, from the Key to NYC for certain indoor activities to my Commissioner’s Order for all Department of Education staff to be vaccinated. Particularly during a global pandemic, there are no risk-free choices, just choices to take different risks. The City of New York, with the leadership of Mayor de Blasio, has chosen to markedly reduce risk by increasing vaccination. You can see for yourself – in the graph included with my written testimony – how our vaccine policies are correlated with increasing first and single dose administration from July through September. Vaccines work, and vaccine mandates work – particularly when they are paired with efforts to build vaccine confidence, lower access barriers, and provide incentives as we have in New York City.

Very quickly, I will turn to the legislation being heard today. The Health Department supports Intro 2373 and we are prepared to begin waiving fees for this specific type of death certificate change immediately. As this relates to the Federal program for funeral assistance, the Health Department has detailed information on its website to explain the options for accessing that program, including the option to make a change to the death certificate itself. This is something we have been working on internally and appreciate the Councilmember’s legislation and commitment to support New Yorkers who have lost loved ones due to COVID-19.

I want to thank Chairs Rivera and Levine for holding this hearing today and for being committed champions in the effort to stop the spread of COVID-19. Thank you for your partnership throughout this challenging year and half; I am happy to answer any questions.

# Appendix

Cumulative number of first and single doses administered to NYC residents, June - September 2021



60% of first/single doses administered in August & September went to Black and Latino New Yorkers  
 Over 211K New Yorkers redeemed the \$100 vaccination incentive  
 Over 5.2M New Yorkers are fully vaccinated as of September 29, 2021

Source: NYC DOHMH, Citywide Immunization Registry  
 Data as of 9/29/2021

**NYC Council Joint Committee on Health and Committee on Hospitals Oversight Hearing**

**Vaccine Hesitancy and Equity in New York City**

**September 30, 2021**

**Written Testimony submitted on behalf of the New York State Nurses Association**

The New York State Nurses Association (NYSNA) represents more than 40,000 registered nurses for collective bargaining across New York, including 9,000 nurses employed by the NYC Health + Hospitals system, and is a leading advocate for universal, equal access to health care services for all New Yorkers regardless of their background and ability to pay.

The toll of the COVID pandemic has been particularly hard on New York city residents. New York was the first major urban area to be hit by the pandemic, and the rates of infection, hospitalization and death were very high in the early months of 2020. The situation in NY City has improved markedly since the dark days of March and April of last year, thanks to safety protocols (distancing and mask wearing), more knowledge about how to treat COVID patients more effectively, and the widespread availability of vaccines. Mortality rates and hospitalizations are significantly reduced in NY City, particularly in comparison to other parts of the country which have experience much more severe outbreaks in recent months attributable to low vaccination rates, lack of safety measures and the prevalence of the more infectious “delta” variant.

Despite the relative improvement in the situation in the City, however, there are still areas of concern to our members that require additional efforts by the City to make the COVID pandemic more manageable.

**1. COVID Exposed Long-Standing Inequities in the Health Care System**

During the first year of the pandemic, the data on COVID infections, hospitalization and mortality revealed a clear pattern of inequality. Black and Latino communities were the hardest hit, with hospitalizations and deaths running at more than *twice* the rate for white communities. This pattern was evident in New York City and at the state and national level.

The reasons for this disparity were evident and easily discernible. Blacks and Latinos are more heavily represented in the low paying jobs that do not provide paid leave time, forcing them to continue to work even when sick and are more likely to be employed as essential workers (retail, hospitality industry, health care, etc.) who were forced to work in public facing settings throughout the pandemic. They are also more likely to lack regular access to health care or to rely on underfunded safety-net providers for their care.

## **2. Racial and Class Disparities Continue to Affect Vaccine Acceptance**

This pattern of inequity was apparent in the initial rollout of the COVID vaccination program. According to data compiled by the State of New York through February 2, 2021, for example, nearly 50% of vaccinations were received by white New Yorkers, even though they are only about 34% of the City population. During this initial phase of vaccinations, when availability was still constricted, white communities were receiving a disproportionate share of vaccines, at the expense of Black and Latino communities that were being hospitalized and dying at significantly higher rates.

The City's efforts to address these glaring inequities, increase the availability of vaccines, and conduct more robust education and outreach have had significant impact in getting vaccines to communities that want them. These efforts, however, have not been enough to erase the legacy of disparities in our health care system.

According to the most recent data, vaccination rates in the Asian (82%) and Latino (62%) communities have outpaced rates in the white community (53%). The vaccination rate in the black community, however, continues to lag behind other racial groups (47%).

Given the widespread availability of vaccines (that often go unused), the low rate of vaccination in Black communities indicates the need for more resources, educational efforts, and outreach to overcome lingering doubts about the vaccines and a lack of access to or faith in the fairness of the broader health care system.

It should be further noted that class or income disparities also play a role in ongoing vaccine hesitancy and low vaccination rates in many communities. There is a clear correlation between income levels and vaccination rates in many communities. Zip codes with the lowest vaccination rates across the City also tended to have much lower median household incomes than high-vaccination Zip codes (for example, Zip Code 10005 in downtown Manhattan has a median household income of \$179,044 and a 95% vaccination rate, while Zip 10030 in Harlem has a median income of \$42,348 and a 55.5% vaccination rate).

The City clearly needs to intensify its efforts to reach out to low-income and minority communities that have traditionally been medically underserved.

## **3. Strengthening Safety Net Providers Is Key to Improved Vaccination Rates**

The impact on these communities was best illustrated in the example of Elmhurst Hospital in Queens. This public Health + Hospitals facility serves a predominantly Latino, high density community that relies heavily on this hospital. During the worst phase of the pandemic in March-April, the hospital was inundated with COVID patients, putting enormous strains on the staff and the facilities. Nurses and physicians responded heroically to these extreme conditions, but did so in the face of endemic and chronic underfunding. These health care workers were relative understaffed and had less access to respirators and other PPE than were available in more financially profitable academic medical centers.

In the context of continued vaccine hesitancy, the role of the NYC Health + Hospitals system and other safety-net community providers is vital. A key factor contributing to the lingering resistance to vaccination in many communities is a lack of access to medical care and trusted sources of information.

In many communities, local safety net providers are a trusted institution that the community looks to for their care and information about vaccines.

In this context, it is imperative that the City provide more resources and access to basic health services in these communities through the existing safety net providers. This means that the City and the City Council must provide more resources for these vital services and expand their reach deeper into underserved communities.

#### **4. Vaccination Is Not a Panacea – Other Protections are Necessary**

Vaccination rates throughout the city, the state and the country remain far short of herd immunity levels, particularly in the face of more contagious variants and the incidence of “breakthrough” cases among the vaccinated (albeit, with significantly lower levels of transmission and very low levels of hospitalization and death).

In the context of continued vaccine hesitancy, the Council must continue to press the City to maintain the full range of other measures to reduce the spread of the virus. This will require continue active public health measures to protect health care and essential workers in the workplace, to minimize exposure in business, schools, mass transit and other public settings, and to provide enhanced safety through continued use of social distancing, masks and other PPE, and improved engineering controls in interior spaces.

In conjunction with continued efforts to increase vaccination rates, the City should also implement or require the following additional public health measures:

- Ensure the widespread availability and use of free testing on a frequent basis;
- Improve contact tracing and the availability of information on outbreaks to workers and visitors/customers/users of services;
- Improving mental health services for workers and the broader community to address the trauma of the pandemic;
- Ensure that masks, N95 respirators and other PPE are readily and amply available in all healthcare and business settings, as well as to the general public;
- Require local employers and business to implement infection control protocols as required by the recently enact NY Heroes Act;
- Implement mandatory air filtration, air circulation and other engineering control programs to improve safety in workplaces and businesses;
- Increase enforcement of existing social distancing, masking and other safety measures.

Testimony- New York City Council  
Joint Hospitals and Health Committees  
Oversight – Vaccine Hesitancy and Equity in NYC  
Clerical-Administrative Employees Local 1549  
By Ralph Palladino, 2<sup>nd</sup> Vice President  
for President Eddie Rodriguez  
September 30, 2021

Local 1549 represents 14000 employees of the City of New York in all agencies, the New York Police Department (NYPD), New York Health and Hospitals (NYC H+H) and the Metro Plus HMO. Our members perform front line duties in most agencies directly face to face with the public, by phone/texting in Call Centers and in back offices away from the public.

Local 1549 believes that the safety and health of all those who work for the city should be protected. This includes those who are vaccinated. The health and safety of the public and our members is our concern. The entire Executive Board of Local 1549 is vaccinated.

We do not support the politicking of not getting vaccinated for the alleged “constitutional freedom” to refuse vaccination. All workers and the public must be kept safe at worksites.

We do know that vaccinations work, and the risks are extremely minimal. Religious and medical reasons for not getting vaccinated can be reasonable.

The state could allow NYC H+H to reassign personnel who are not being vaccinated, mandate they wear masks and get tested regularly instead of termination. This is what they already do to those who refuse the influenza vaccine.

We do believe vaccinations are key in defeating this pandemic. We also believe that clean, adequately ventilated worksites with systems that have MERV 13 filters, masking in all common and shared spaces, and safe distancing of at least three feet are also extremely important.

A large portion of Local 1549 members in agencies where they were required to work normal work week schedules at the worksite throughout the pandemic. They include NYC H+H, NYPD and DOITT-311. In some other agencies they were required to rotate working at their office and from home.

There are roughly thirteen hundred 911 operators in the NYPD. Two hundred and thirty nine of them contracted COVID and three died. While no one knows how and where these workers contracted COVID it is certainly possible they did so on the job. It is impossible to socially distance at the Call Centers. The NYPD has worked with the Local and DC 37 in making the centers as safe as possible.

DOITT-311 has the same issues of not being able to properly distance due to the configuration of their worksites.

NYC H+H has worked cooperatively with Local 1549 in dealing with the safety and health of our clerical members including proper PPE’s, many of whom work on the front lines in the ER, ICUs, Ambulatory Care, Outpatient Financial Counselling, etc.

We believe that these employees along with those performing eligibility duties in SNAP, HASA and Medicaid Recertifications who perform duties face to face with the public are heroes in the pandemic fight.

In the Office of Payroll Administration (OPA) our payroll members made sure all city employees were paid on time throughout the pandemic. They did so mainly from their offices.

**All these public service workers who worked during the pandemic from their offices in unsafe conditions, whether in emergency services or not, deserve to receive the PREMIUM PAY promised and paid for by the federal government for such work but unfairly is being withheld by the city**

**The main issues that are universal for Local 1549 are:**

- 1- ventilation inadequacies. The latter being most problematic given how COVID can be spread. No one can answer the question of whether the ventilation systems have been cleaned properly and continue to be monitored and cleaned regularly. In addition, no one can answer what the MERV rating is in each work site's ventilation system in all the offices including in the NYPD and DOITT 311.
- 2- Lack of enforcement of required masking, regardless of vaccination status, in all common or shared spaces.
- 3- Social distancing requirements are not enforced.
- 4- Absence of clear and consistent communication of policies relating to COVID.
- 5- Legitimate questions about having to return to work areas daily in areas where productivity was not reduced by COVID when performing work duties from home. Members feel they are being placed in way needlessly.

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**REPORTS FROM SOME CITY AGENCIES**

I refer you to the reports received from three agencies that worked from home during the pandemic and the current situation which is problematic. Ironically, one is from the Department of Environmental Protection. They are as follows:

**MOST COMMON COMPLAINT FROM ALL AGENCIES**

Employees are receiving requests for Medical information by people they do not know. So members feel their rights to confidentiality are being violated.

**REPORT FROM DEPT OF SOCIAL SERVICES-HRA**

Early on the staff representatives were in the rushed RTO walk-throughs. There were safety measures put in place by facilities so that our members returned to a safe clean (somewhat anyway) environment i.e., the physical distancing and directional markers on the floors, physical distancing in the laboratories, pantry, lounges, lunchrooms, and conference rooms.

Most of those safety measures have been removed since the mayor's order for staff to return to the office at 100%.

The trains and buses that our members must utilize to get to and from work locations daily are as crowded as they were pre-Covid.

Members have returned with high anxiety as the fear mongering continues leaving many in a state of confusion as to how to deal with these issues, they now face daily for both the vaxed and un-vaxed.

Other venues have returned bringing scores of people in crowds (only for those who are vaxed) yet there are many who have been fully vaxed that are still being hospitalized and some who have died, leading to further confusion.

## **HRA – SNAP-HASA- MEDICAID RECERTS.**

### **Members issues about the RTO are as follows:**

- Air quality in some locations (100%)
- No RTO walk-through (in various locations)
- Removal of CDC physical distancing 6ft guidelines
- Lack of high touch surface cleaning
- Absence of management staff (most are still working from home)
- Lack of vacation schedule process
- Lack of clear direction from management
- Poor communication from management
- Overtime mandates creating safety issues for members leaving sites late to complete mandated O/T
- Managements negative harsh treatment continues (even for those managers who have not returned)
- Members are unclear as to how to move forward to do their jobs in some centers where they engage clients
- Issues with child-care when there are classroom/school closures (management lack of knowledge when it comes to FFCRA provision)
- Crowded elevators (no physical distancing)
- Some locations are just filthy (vermin & dust)

### **REPORT FROM DEPARTMENT OF ENVIRONMENTAL PROTECTION**

- The concern has been around social distancing or more accurately the lack of it.
- There is not enough plexiglass, and they refuse to add more.
- Complaints from people who were not informed about whether someone who works in close vicinity has recently tested positive for covid.
- We share the building at 59-17 Junction Blvd and 96-05 Horace Harding with police officers and other tenants that do not wear masks or are not mandated to do so. We share elevators and bathrooms with such tenants. Many DEP employees are upset and do not feel comfortable in this environment.

After working from home and knowing that we can get the job done, members at DEP are upset that we are not at least employing a hybrid work commute system where we spend some days at home and some days at work. We know that 100% capacity at work is unnecessary, and some people have two fares or three fares in their commute on crowded public transportation.

### **REPORT FROM NYPD-Precincts**

Uniformed officers and supervisors are walking around unmasked. It is not known who is vaccinated and who is not.

### **ASK**

We hope that the city administration and the City Council consider our report and fix what is broken in the system. Our safety, health and lives of our public services workers and the public is at risk if they are not.

THANK YOU



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**Testimony of Allie Bohm  
On Behalf of the New York Civil Liberties Union  
Before the New York City Council Committees on Health and Hospitals  
Regarding Oversight – Vaccine Hesitancy and Equity in NYC?**

**September 30, 2021**

The New York Civil Liberties Union (NYCLU) is grateful for the opportunity to submit the following testimony regarding oversight of vaccine hesitancy and equity in New York City. The NYCLU, the New York state affiliate of the American Civil Liberties Union, is a not-for-profit, nonpartisan organization with eight offices across the state and over 180,000 members and supporters. The NYCLU defends and promotes the fundamental principles and values embodied in the Bill of Rights, the U.S. Constitution, and the New York Constitution through an integrated program of litigation, legislative advocacy, public education, and community organizing.

When Mayor De Blasio began announcing citywide vaccine mandates, he insisted that the City had done everything it could to achieve voluntary vaccination.<sup>1</sup> This assertion is demonstrably inaccurate.

The initial vaccine roll-out strategy focused on mass vaccination sites and the pharmacy network for vaccine delivery, a network that the City well knew was woefully inadequate in the neighborhoods hardest hit by COVID-19. To provide but one illustration, District 16 in Brooklyn, which is home to the highest percentage of New York City’s population living below the poverty line, until very recently, had zero vaccination sites.<sup>2</sup> Indeed, vaccine rollout sidelined community-based organizations (CBOs), safety-net providers, senior centers, and others who are trusted providers for our Black, Latinx, brown, immigrant, disabled, and low-income communities and who know how to meet those communities where they are.

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<sup>1</sup> *Ask The Mayor: Vaccine Mandates, COVID Safety In Schools, Street Vendors And More*, THE BRIAN LEHRER SHOW, July 23, 2021, <https://www.wnyc.org/story/ask-mayor-0722/>.

<sup>2</sup> *E.g.* Natasha Williams, Haleigh Tutrow, Paulo Pina, et al, *Assessment of Racial and Ethnic Disparities in Access to COVID-19 Vaccination Sites in Brooklyn, New York*, JAMA NETWORK OPEN 1 (2021) (“The median (range) number of vaccination sites (4 [0-5]) among districts with less than 40% White (non-Hispanic) race/ethnicity was less than the number of vaccination sites (6 [3-8]) among districts with greater than or equal to 40% White (non-Hispanic) race/ethnicity . . . Of note, district 16 had the highest percentage of the population below the poverty threshold (29.4%) and has 0 vaccination sites.”).

To this day, problems with vaccine distribution persist. For example, CBOs and others wishing to hold vaccine events and requesting mobile vaccine vans often do not know whether they will be able to secure a van until a couple of days before the event – when it is too late to effectively recruit.<sup>3</sup>

Even when vaccination sites are available, too many New Yorkers fear that there will be negative immigration consequences associated with receiving a vaccine.<sup>4</sup> Others, whether for fear of criminalization, having their children taken away, or any other reason, worry about sharing personal information with the government or private companies to receive a vaccine. Although the City has broadcast messages about immigration status on LinkNYC kiosks, the City and State have done precious little when it comes to implementing legally binding privacy protections.<sup>5</sup>

In addition, too many people have been turned away from vaccination sites, because they lack identification.<sup>6</sup> And, some low-income New Yorkers remain unvaccinated because they cannot afford to take time off from work to recover from vaccine side effects, which most often occur the day after vaccination.<sup>7</sup>

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<sup>3</sup> *E.g.* COUNCILMEMBER BROOKS-POWERS, NEW YORK CITY COUNCIL COMMITTEES ON HEALTH, AGING, AND TECHNOLOGY ON OVERSIGHT – VACCINE HESITANCY & EQUITY IN NYC? (2021).

<sup>4</sup> *See* Press Release, Kaiser Family Foundation, Vaccine Monitor: Unvaccinated Hispanic Adults are Twice as Likely as White Adults to Want a COVID-19 Vaccine ASAP, Highlighting a Key Outreach Opportunity for Vaccination Efforts (June 14, 2021) (<https://connect.kff.org/vaccine-monitor-unvaccinated-hispanic-adults-are-twice-as-likely-as-white-adults-to-want-a-covid-19-vaccine-asap>) (“4 in 10 unvaccinated Hispanic adults (39%) say they are concerned that they might be required to provide a Social Security number or government-issued identification to get vaccinated, and about a third (35%) are concerned that getting a vaccine might negatively affect their own or a family member’s immigration status.”); Rachel Roubein & Dan Goldberg, *Rush to close vaccination gap for Hispanics*, POLITICO, June 27, 2021, <https://www.politico.com/news/2021/06/27/hispanic-vaccination-gap-covid-barriers-496394> (“One-third of unvaccinated Hispanics said they believed receiving a Covid vaccine could complicate immigration status for themselves or their family, despite the Biden administration’s assurances that it would not, according to a national survey from the African American Research Collaborative and the Commonwealth Fund . . .”).

<sup>5</sup> For example, vaccine confidentiality, A.7326/S.6541, 2021-2022 Reg. Sess. (N.Y. 2021) passed the State Assembly unanimously, but the Senate failed to take up the legislation; *see generally* NYCLU, TESTIMONY BEFORE THE NEW YORK CITY COUNCIL COMMITTEES ON HEALTH AND HOSPITALS REGARDING OVERSIGHT OF NYC’S COVID-19 TESTING AND CONTACT TRACING PROGRAM, PART II (2020); NYCLU, TESTIMONY BEFORE THE NEW YORK CITY COUNCIL COMMITTEES ON HEALTH AND HOSPITALS REGARDING OVERSIGHT OF COVID-19 VACCINE DISTRIBUTION & ACCESSIBILITY IN NYC (2021).

<sup>6</sup> Conversation with Melissa Baker, Chief Operating Officer, National Black Leadership Commission on Health (June 17, 2021).

<sup>7</sup> *See* Press Release, Kaiser Family Foundation, Vaccine Monitor: Unvaccinated Hispanic Adults are Twice as Likely as White Adults to Want a COVID-19 Vaccine ASAP, Highlighting a Key Outreach Opportunity for Vaccination Efforts (June 14, 2021) (<https://connect.kff.org/vaccine-monitor-unvaccinated-hispanic-adults-are-twice-as-likely-as-white-adults-to-want-a-covid-19-vaccine-asap>) (“Among all unvaccinated Hispanic adults, nearly two thirds (64%) are concerned about missing work due to side effects”). Although New York grants workers four hours paid leave to receive a vaccine, *Paid Leave for COVID-19 Vaccinations*, NEW YORK DEPT OF LABOR, May 2021, <https://dol.ny.gov/system/files/documents/2021/05/cd6-paid-leave-for-covid19-vaccinations-5-18->

As if those hurdles were not enough, vaccine sign-ups have taken place primarily in English and primarily online when many in New York’s most marginalized communities do not speak English or have access to the internet.<sup>8</sup> Even during today’s hearing, witnesses reported that vaccination sites still lack reliable interpretation and that their members are not always sufficiently technologically savvy to access remote interpretation services.<sup>9</sup>

The City has also been aware of well-founded vaccine skepticism, rooted in a long history of medical experimentation, forced sterilizations, and other medical mistreatment in Black, American Indian, Latinx, brown, immigrant, disabled, and low-income communities in the United States. Many, particularly in the Black community, remember the Tuskegee syphilis study – when, in the 1930s, the U.S. government studied the trajectory of untreated syphilis in hundreds of Black men, both concealing the nature of their research and withholding effective treatment after one had been identified – as well as surgical experimentation on enslaved people.<sup>10</sup> To individuals who still face stark disparities in the U.S. health care system,<sup>11</sup> Tuskegee feels ever-present. Black patients suffering from appendicitis, broken bones, and other serious conditions are less likely to be offered painkillers than white

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21.pdf#:~:text=Every%20employee%20shall%20be%20provided,by%20the%20employer%2C%20to%20be, that time applies only to receipt of the actual vaccine and not to recovery time for side effects.

<sup>8</sup> About 30 percent of Latinx and Black New Yorkers lack broadband internet access, compared with 20 percent of white New Yorkers. SCOTT M. STRINGER, CENSUS AND THE CITY: OVERCOMING NYC’S DIGITAL DIVIDE IN THE 2020 CENSUS 5 (July 2019). Nationwide, half of all adults ages 65 and older do not have home internet access, and one-third of that population reported in 2019 that they had never used the internet. Jessica Fields, *We are leaving older adults out of the digital world*, TECHCRUNCH, May 5, 2019, <https://techcrunch.com/2019/05/05/we-are-leaving-older-adults-out-of-the-digital-world/>. Forty-six percent of New York City households living below the poverty line – a category that disproportionately includes essential workers – also lack home internet access. *Mayor de Blasio and Taskforce on Racial Inclusion and Equity Announce Accelerated Internet Master Plan to Support Communities Hardest-Hit by COVID-19*, NYC, July 7, 2020, <https://www1.nyc.gov/office-of-the-mayor/news/499-20/mayor-de-blasio-taskforce-racial-inclusion-equity-accelerated-internet-master>. See generally NYCLU, TESTIMONY BEFORE THE NEW YORK CITY COUNCIL COMMITTEES ON HEALTH, AGING, AND TECHNOLOGY ON OVERSIGHT - COVID-19 AND SENIORS: ADDRESSING EQUITY, ACCESS TO THE VACCINE, AND SCHEDULING VACCINATION APPOINTMENTS ONLINE IN NYC (2021); Letter from COVID-19 Working Group to Dr. Howard Zucker, Commissioner, New York State Department of Health, Dr. Dave A. Chokshi, Commissioner, New York City Department of Health & Mental Hygiene, & Dr. Mitchell Katz, President & Chief Executive Officer, New York City Health + Hospitals (Feb. 12, 2021) (<https://static1.squarespace.com/static/5e6fd0a65abcc54f238eae48/t/602b288efc027e852f7129/1613441167335/Vaccine+Equity+Sign-on+Letter+2-11-21.pdf>).

<sup>9</sup> KAVERI SENGUPTA, COALITION FOR ASIAN AMERICAN CHILDREN & FAMILIES, NEW YORK CITY COUNCIL COMMITTEES ON HEALTH, AGING, AND TECHNOLOGY ON OVERSIGHT – VACCINE HESITANCY & EQUITY IN NYC? (2021).

<sup>10</sup> Peter Jamison, *Anti-vaccination leaders fuel [B]lack mistrust of medical establishment as covid-19 kills people of color*, WASH. PO., July 17, 2020, [https://www.washingtonpost.com/dc-md-va/2020/07/17/black-anti-vaccine-coronavirus-tuskegee-syphilis/?hpid=hp\\_hp-banner-main\\_black-antivax-940am%3Ahomepage%2Fstory-ans](https://www.washingtonpost.com/dc-md-va/2020/07/17/black-anti-vaccine-coronavirus-tuskegee-syphilis/?hpid=hp_hp-banner-main_black-antivax-940am%3Ahomepage%2Fstory-ans).

<sup>11</sup> Khiara M. Bridges, *Implicit Bias and Racial Disparities in Health Care*, 43 ABA HUMAN RIGHTS MAGAZINE (2018).

patients,<sup>12</sup> and in 2016 researchers found that half of white medical students surveyed “were willing to entertain one or more false statements about biological differences based on race, such as the notion that African Americans have less-sensitive nerve endings than whites.”<sup>13</sup> In fact, COVID-19 researchers are using a cell line that originated from Henrietta Lacks, a Black woman whose cells were harvested without her knowledge and consent. And, although research done with so-called HeLa cells “underpin[] much of modern medicine . . . [n]one of the biotechnology or other companies that profited from her cells passed any money back to her family.”<sup>14</sup>

Indigenous Americans, too, have survived “significant unethical research and medical care” since colonization.<sup>15</sup> Latinx New Yorkers remember that between the 1930s and the 1970s, approximately one-third of Puerto Rican women and girls were forcibly sterilized.<sup>16</sup> This history feels strikingly present as immigrants detained in ICE facilities in Georgia in the last year reported forced hysterectomies.<sup>17</sup> Against this backdrop, it is no wonder that some communities are skeptical of vaccines, particularly if pushed too forcefully upon them when the vaccine is new.<sup>18</sup>

Once again, the City failed to prioritize cultural and linguistic competence and meaningful community engagement, relying instead on external contractors and agencies rather than utilizing local expertise and building community-level capacity – even though we know that

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<sup>12</sup> Peter Jamison, *Anti-vaccination leaders fuel [B]lack mistrust of medical establishment as covid-19 kills people of color*, WASH. PO., July 17, 2020, [https://www.washingtonpost.com/dc-md-va/2020/07/17/black-anti-vaccine-coronavirus-tuskegee-syphilis/?hpid=hp\\_hp-banner-main\\_black-antivax-940am%3Ahomepage%2Fstory-ans](https://www.washingtonpost.com/dc-md-va/2020/07/17/black-anti-vaccine-coronavirus-tuskegee-syphilis/?hpid=hp_hp-banner-main_black-antivax-940am%3Ahomepage%2Fstory-ans).

<sup>13</sup> *Id.*; Sandhya Somashekhar, *The disturbing reason some African American patients may be undertreated for pain*, WASH. PO., Apr. 5, 2016, <https://www.washingtonpost.com/news/to-your-health/wp/2016/04/04/do-blacks-feel-less-pain-than-whites-their-doctors-may-think-so/>.

<sup>14</sup> *Henrietta Lacks: science must right a historical wrong*, NATURE, Sept. 1, 2020, <https://www.nature.com/articles/d41586-020-02494-z>.

<sup>15</sup> See Felicia Schanche Hodge, *No Meaningful Apology for American Indian Unethical Research Abuses*, 22 ETHICS & BEHAVIOR 431 (2012).

<sup>16</sup> Katherine Andrews, *The Dark History of Forced Sterilization of Latina Women*, UNIV. OF PITTSBURGH, Oct. 30, 2017, <https://www.panoramas.pitt.edu/health-and-society/dark-history-forced-sterilization-latina-women>.

<sup>17</sup> Caitlin Dickerson, Seth Freed Wessler, & Miriam Jordan, *Immigrants Say They Were Pressured Into Unneeded Surgeries*, N.Y. TIMES, Sept. 29, 2020, <https://www.nytimes.com/2020/09/29/us/ice-hysterectomies-surgeries-georgia.html>.

<sup>18</sup> *E.g.* Desi Rodriguez-Lonebear, PhD (@native4data), Twitter (Nov. 25, 2020), <https://twitter.com/native4data/status/1331818437211955204>. Nearly half of Black people in the U.S. say they will avoid a vaccine “even if scientists deem it safe and it is available for free,” and 40% of Hispanic adults expressed skepticism about getting vaccinated while “two-thirds of white people said they would definitely or probably get vaccinated.” Press Release, Kaiser Family Foundation & The Undeclared, New Nationwide Poll by the Kaiser Family Foundation and The Undeclared Reveals Distrust of the Health Care System Among Black Americans (Oct. 13, 2020) (<https://www.kff.org/racial-equity-and-health-policy/press-release/new-nationwide-poll-by-the-kaiser-family-foundation-and-the-undeclared-reveals-distrust-of-the-health-care-system-among-black-americans/>).

just as community members have been more effective at convincing their neighbors to wear masks and adhere to social distancing,<sup>19</sup> community members and organizations are more likely than outsiders to know how to listen to and answer their neighbors' legitimate concerns and convince their neighbors to get vaccinated.

But, it did not have to be like this. Myriad CBOs, safety-net providers, senior centers, and community members have offered to assist in ensuring that pandemic response generally and vaccines, specifically, reach their communities. They have done so in testimony before this body, in Community Advisory Board meetings, and in private and public letters to and meetings with the Department of Health and Mental Hygiene, Health + Hospitals, and City Hall.<sup>20</sup> The City should finally take them up on their offer.

In particular, the City should consult with CBOs on the placement of vaccination sites and other strategic decisions; partner with and fund CBOs to engage harder to reach populations; pair every vaccination site with CBOs or connector organizations to facilitate effective outreach; employ and resource CBOs to staff outreach teams; work with CBOs to design funding opportunities to reach smaller grassroots CBOs that do not have the capacity to find, write, administer, and report on large grants themselves; incentivize and support well-connected and larger CBOs to work with smaller CBOs with strong community ties; provide support to smaller CBOs seeking vaccine allocations; and increase CBO influence on and access to the placement of mobile vaccination units.

The City's mistakes have cost countless lives and caused untold suffering. The City cannot undo that harm, but it can – and must – change course going forward. A pandemic recovery that includes all of our communities depends on it.

The NYCLU thanks the Committees for the opportunity to provide testimony and for their consideration of this critically important issue.

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<sup>19</sup> Ashley Southall, *Police Face Backlash Over Virus Rules. Enter 'Violence Interrupters.'*, N.Y. TIMES, May 22, 2020, <https://www.nytimes.com/2020/05/22/nyregion/Coronavirus-social-distancing-violence-interrupters.html>.

<sup>20</sup> *E.g.* NEW YORK CITY COUNCIL COMMITTEES ON HEALTH, AGING, AND TECHNOLOGY ON OVERSIGHT - COVID-19 AND SENIORS: ADDRESSING EQUITY, ACCESS TO THE VACCINE, AND SCHEDULING VACCINATION APPOINTMENTS ONLINE IN NYC (2021); NEW YORK CITY COUNCIL COMMITTEES ON HEALTH AND HOSPITALS ON OVERSIGHT - COVID-19 VACCINE DISTRIBUTION & ACCESSIBILITY IN NYC (2021); Letter from COVID-19 Working Group to Dr. Howard Zucker, Commissioner, New York State Department of Health, Dr. Dave A. Chokshi, Commissioner, New York City Department of Health & Mental Hygiene, & Dr. Mitchell Katz, President & Chief Executive Officer, New York City Health + Hospitals (Feb. 12, 2021) (<https://static1.squarespace.com/static/5e6fd0a65abcc54f238eae48/t/602b288efcff027e852f7129/1613441167335/Vaccine+Equity+Sign-on+Letter+2-11-21.pdf>).



**Testimony of  
Kevin Jones  
AARP New York**

**New York City Council  
Committee on Health jointly with Committee on  
Hospitals Oversight Hearing**

**COVID-19 Vaccine Hesitancy and Equity**

**September 30, 2021**

**Remote Hearing  
New York, New York**

**Contact: Kevin Jones (646) 668-7550 | [kjones@aarpp.org](mailto:kjones@aarpp.org)**

Good morning Chairs Levine and Rivera, and members of the Committees on Health and Hospitals. My name is Kevin Jones and I am AARP New York's Associate State Director for New York City, where about 750,000 residents 50+ are AARP members. Thank you for providing AARP New York with the opportunity to testify at today's oversight hearing to discuss the issue of COVID-19 vaccine hesitancy and equity in New York City.

Ever since the first COVID-19 vaccine received emergency use authorization from the FDA, AARP New York has been advocating to ensure New Yorkers have easy and equitable access to the COVID-19 vaccine. We have also worked hard to ensure that our members have access to the most accurate and reliable information on the COVID-19 vaccines.

In the early stages of New York City's COVID-19 vaccine rollout, AARP voiced a number of our members' concerns to the City Council and City Hall regarding the City's vaccine appointment portal. We highlighted how the process to schedule an appointment disadvantaged large portions of older New Yorkers from getting a vaccine, largely due to the fact many older adults did not have access to reliable internet services, nor did they have the technological literacy needed to schedule an appointment.

Over the course of the winter and spring of this year, we also advocated for the passage of Council Member Levine's Intro 2236 to create a more unified vaccine scheduling system in New York City, called on the City and State to develop plans to provide vaccinations to homebound New Yorkers, and urged the federal government to increase the overall vaccine supply distributed to New York in order to meet the high demand for appointments.

Since then, AARP has been focused on providing our members with readily accessible information on how and where they can schedule their vaccine appointments across New York, including how to request in-home vaccinations for homebound seniors and answering a number of frequently asked questions to ensure that their vaccine appointments are as smooth and easy as possible.

While 76% of New York City residents above the age of 65 are now fully vaccinated and 81% have received at least one dose, we have seen an overall slowdown in the vaccination rate among this population in recent months – similar to the rest of the [United States](#), in which 10 million older adults have still not received their full series of COVID-19 vaccinations.

As most of us at this hearing already know, many public health experts and officials have cited vaccine hesitancy – which encompasses a wide and complex range of concerns and beliefs about the vaccine – as one of the primary causes for this slowdown among older adults.

As a national organization, AARP has done considerable research on the issue of vaccine hesitancy among older adults, both amid the COVID-19 pandemic and in years prior. While this topic has garnered much attention over the past year and a half because of the seriousness of the ongoing pandemic, we have found that hesitancy towards vaccines in general has been fairly common among a large portion of older adults in the United States for a myriad of reasons.

According to one of our [studies](#) prior to the pandemic, we found that only 45% of adults above the age of 50 reported they had gotten all of the vaccinations that their doctor or health care provider recommended, and 26% reported that they had gotten few or none of the vaccines that were recommended to them. When we surveyed individuals about why they were not likely to get the flu vaccine, 41% of those surveyed cited that they were concerned about the side effects of the vaccine. Additionally, more than half of those surveyed stated that they did not know who to trust for reliable information on the flu vaccine.

In the fall of 2020, prior to the completion of the first COVID-19 vaccine and emergency use approval by the federal government, AARP conducted another [survey](#) among older adults on the issue of vaccine hesitancy towards the COVID-19 vaccine. While sentiments have likely changed since the time that survey was released, it found that 47% of older adults above the

age of 50 said it was unlikely that they would get the COVID-19 vaccine, and a large portion of adults surveyed cited an overall lack of trust in the government and concerns about the potential side effects as the list of reasons for their hesitancy towards the vaccine.

Simply put, older New Yorkers need honest, factual, and consistent information from a trusted messenger in order to overcome hesitancy towards the COVID-19 vaccine.

AARP New York has worked hard to serve as a trusted messenger and source for reliable information on the COVID-19 vaccine for our members. We have sought to provide our members with accurate and consistent information on the COVID-19 vaccine while also addressing and combating the [misinformation](#) about the vaccine being spread throughout the internet and in person.

We believe that the City can do more in this moment to address the sentiments of vaccine hesitancy and continue to improve the current vaccination rate among older New Yorkers.

We encourage the City to lean upon its network of senior centers and community-based organizations and expand the frequency of the on-site COVID-19 vaccination events happening citywide. We believe that the deployment of mobile COVID-19 vaccine vans to senior centers and other related initiatives is an excellent way to reach more older New Yorkers, who have yet to receive their vaccine, in a setting that is much more accessible and familiar. Additionally, the City's network of senior centers and community-based organizations are often seen by older New Yorkers as more trusted and reliable sources for information than other messengers in media or government settings.

Additionally, we also urge the City to ensure that educational materials on the COVID-19 vaccine are designed and drafted to ensure that older New Yorkers who are not proficient in English can easily access such information and to address their concerns about the vaccine.

Thank you for providing me with the opportunity to testify today. I am happy to provide additional information as needed.



COMMUNITY HEALTH CARE ASSOCIATION of New York State

**NYC Council Committees on Health and Hospitals  
Written Testimony: Vaccine Hesitancy and Equity in NYC  
Thursday, September 30 @ 11 am**

The Community Health Care Association of New York State (CHCANYS) submits this testimony on behalf of the 38 community health center (CHC) organizations headquartered across New York City. We thank the NYC Council Committees on Health and Hospitals for their continued oversight of the COVID-19 vaccine distribution process and for their work to ensure that all New Yorkers have access to safe, effective, and lifesaving COVID-19 vaccines.

Community health centers serve 1.2 million New Yorkers in the communities hardest hit by COVID-19. Over 93% of our NYC patients are low income, 83% are people of color, 12% are uninsured, and 62% are enrolled in Medicaid or Child Health Plus. Due to pervasive structural inequities in the healthcare system that our patients regularly encounter, they are at the highest risk for severe negative health consequences resulting from COVID-19. Many patients have lost family, friends, and community members during this pandemic. To alleviate the inequities in access to care, CHCs have worked doubly hard to ensure that their patients are able to receive the COVID-19 vaccine whenever and wherever they are willing to receive it.

However, vaccine misinformation continues to penetrate communities nationwide, and the communities where CHCs operate are not immune to vaccine misinformation. Community health centers need to overcome steep barriers in misinformation and accessibility to fulfill our mission to ensure that all patients and staff have swift access to vaccination in a trusted setting. We applaud the City Council for focusing on how to best to ameliorate vaccine hesitancy to ensure all New Yorkers are successfully vaccinated.

**State Vaccine Mandate for Health Center Staff**

One element of CHCs that makes them so trusted in their communities is that they hire individuals who live in the communities they serve. The providers, nonclinical staff, and patients use the same grocery stores, have children who go to school together, and ride the same transit lines. In communities of color, especially the Black community, historical medical exploitation has led to vaccine distrust. Taking that into consideration, most CHCs did not institute vaccine mandates for staff prior to the state issued mandate that will take effect on October 7, 2021. Many health centers remain concerned that the vaccine mandate will result in additional workforce shortages as staff leave the health care sector for other jobs to escape the mandate, rather than motivating staff to become vaccinated. Health centers are especially concerned that the staff most likely to leave the clinic are people of color, meaning that the impacts on workforce could be amplified as health centers have fewer people that are truly representative of their communities working with vaccinated and unvaccinated patients. CHCANYS is currently collecting data on the impact of the vaccine mandate on health care workforce and will share that data with the NYC Council and Department of Health and Mental Hygiene (DOHMH) once it becomes available.

It is imperative that NYC continue to work with CHCs to improve education about the vaccine. Community health centers are working to ensure that New Yorkers understand the safety and efficacy of the approved vaccines, even as data is showing that over time more patients and staff have become secure in the decision to take the vaccine. Our members' experiences have shown that it takes time, explanation, and empathy to get even health care staff comfortable with taking the vaccine. Community health centers are using these communication efforts not just with employees, but also with patients. Our members hope to



COMMUNITY HEALTH CARE ASSOCIATION of New York State

continue to partner with the City to implement a strong and supportive outreach and education effort, which is critical to the success of the vaccination program. CHCANYS supports and promotes DOHMH's "Take Every Opportunity" campaign.

### **Incentivizing Patients and Community Members to Get Vaccinated**

According to CHCANYS' August 2021 data of about 52 NYS health centers, about 68% of vaccines have gone to CHC patients and about 32% have gone to other community members, indicating that health centers are taking a sizeable responsibility for vaccination beyond their four walls and extending well into their communities. Among the health center patients, the data showed that Black patients are underrepresented among the vaccinated population as compared to their representation across the patient population. While Black/African American individuals represent about 22.4% of the patient population across the 52 CHCs, they only represent about 16.6% of those patients who have received their first dose. This is in contrast to white patients (42.8% of patient population, 47.1% of first doses) and Hispanic/Latinx patients (29.2% of patient population, 29.9% of first doses).

With funding from the Altman Foundation, New York Community Trust, New York State Health Foundation, and Mother Cabrini Health Foundation, CHCANYS provided grants to a number of CHCs to pilot vaccine promotion programs in an effort to reduce vaccine hesitancy and increase the number of CHC patients successfully vaccinated. While that pilot program has not yet finished nor has it been officially evaluated, the preliminary results are promising. Participating health centers have offered outreach and education as well as a variety of incentives to their patients to get vaccinated, including: gift cards (some increasing in value with a second dose), fresh produce bags, metro cards, raffle tickets, and lottery drawings. Health centers have also increased the availability of walk-in vaccination appointments and increased their marketing presence on social media, local TV/radio, and via partnerships with local businesses. Among the preliminary results, participating health centers shared that incentives, paired with increased marketing, **do** seem to drive up vaccination rates among CHC patients.

Thank you for the opportunity to comment on vaccine hesitancy and health equity in New York City. Clearly, there is more work to be done to ensure all New Yorkers are successfully vaccinated. Community health centers are proud of their work to date to get the vaccine out to communities in need and will continue their work with the NYC Council and DOHMH to help NYC reach full vaccination.

Please reach out to Marie Mongeon, Senior Director of Policy, at [mmongeon@chcanys.org](mailto:mmongeon@chcanys.org) with any questions or follow-up.

**Testimony re: Vaccine Equity and Hesitancy**

Submitted to  
New York City Committee on Health

Submitted by  
Tydie Abreu, Policy Analyst at Hispanic Federation

September 30, 2021

My name is Tydie Abreu and as the Policy Analyst for Hispanic Federation, I am here to advocate for Latinos across New York City. Nearly 30% of the NYC population is Latino. The pandemic wreaked havoc on our city, but most impacted communities of color. Latinos experienced COVID-19 hospitalizations and deaths at an alarming rate. Many served as essential employees working low paying jobs doing manual labor, food service and cleaning in hospitals, supermarkets, public transportation, and delivery services — these jobs required their presence. They put their lives at risk to serve others and to provide for themselves and their families. Latinos have also suffered food and housing insecurity and unemployment at far higher rates than white New Yorkers since the start of the pandemic.

For months, NYC has struggled to improve vaccination rates in communities of color, however recent data illustrates a stark difference. According to the NYC Test and Trace Corps, 50.8% of Latino residents have received at least one dose of the vaccine as of mid-August vs. 49.52% of white residents. This is a vast improvement from earlier this summer when just over a third of Latino residents received the vaccine and white residents were about ten points ahead. However, nearly 50% of Latinos still do not have the vaccine and the pace of vaccination is lagging in predominantly Hispanic neighborhoods in Brooklyn, Queens, the Bronx and upper Manhattan.

A recent poll from the Kaiser Family Foundation indicated that among those vaccinated since June 1<sup>st</sup>, 36% were motivated by knowing someone who became seriously ill or died from COVID-19. The city must ensure that another fatal wave of the pandemic isn't what encourages individuals to get vaccinated – instead, comprehensive and linguistically relevant education campaigns and access to medical care can increase the rates of vaccinations.

As the city undergoes historic vaccination efforts, the mistrust and hesitancy of many Latinos must be addressed through meaningful funding and programming. The NYC Vaccine for All Campaign has been a great push to broadcast the effectiveness and safety of the vaccines. Cultural competency is crucial when implementing programs for the Latino community. In an effort to meet this need, the Hispanic Federation launched the VIDA Initiative which provides community-based health care facilities with funds to increase COVID-19 vaccine awareness, education and access. HF has awarded \$515,000 to fifteen community-based organizations across nine states, in addition to New York and Puerto Rico.

Targeted outreach has proven to be an effective vaccination strategy; Hispanic Federation hosted a special COVID-19 outreach and vaccination event co-sponsored by the NYS Department of Health,

Mayor's Office of Immigrant Affairs, and one of our member agencies, Vision Urbana. In the span of just a few hours, forty-eight residents at the NYCHA Baruch Houses in the Lower East Side received their first dose of the COVID-19 vaccine and were given appointments for a second dose. Hundreds of households in each building received critical bi-lingual informational brochures and event flyers. In addition to the vaccine, we also provided groceries for over five hundred families.

In mid-September, Hispanic Federation launched an 8-week public education campaign called “La Vacuna Para Todos” or “The Vaccine For All” with the goal of addressing widespread misinformation and providing vaccine education that is both culturally and linguistically competent and accessible where Latinos live. The campaign encompasses television, radio, digital, and includes an LED Display Vehicle that drives around specific communities with our ads that include HF’s *Linea Informativa* Hotline number, which is available to our community to answer any questions individuals may have about the vaccine. We also use geotargeting to reach specific zip codes with low vaccination numbers. Through this campaign we estimate a reach of 16,784,184 people.

Hispanic Federation partnered with New York State to facilitate re-granting to community-based organizations that can help expand vaccinations in Latino neighborhoods. Through this initiative, HF will provide grants to 40 organizations throughout NYS – 29 in NYC – to partner in this targeted campaign to address the disproportionate and devastating toll COVID-19 has had on Latino and other BIPOC communities in New York State. The agencies applied for the service areas as follows:

- COVID Vaccine Education and Awareness
- COVID Vaccination Case Management and/or
- Establishment of COVID-19 Community Vaccination and Education Sites

Lastly, the Ad Council, in partnership with the Eva Longoria Foundation, the National Hispanic Leadership Agenda (NHLA), Unidos US, the League of United Latin American Citizens (LULAC), the Hispanic Federation, and the Justice for Migrant Women, hosted a virtual event with various faith leaders, including the Pope, to amplify vaccine outreach and drive further education on COVID-19 vaccines.

Hispanic Federation is strongly committed to ensuring our community is educated and vaccinated. We urge the City Council to continue supporting efforts to debunk myths about the vaccine and to vaccinate as many residents as possible. With NYC schools now back to full-time in-person learning and infection rates rising, City Council needs to further expand efforts to educate Latinos about the vaccine to minimize hesitancy. When the vaccine becomes available to young children, accessible information disseminated by credible messengers is crucial for parents and guardians to feel comfortable vaccinating their kids.

To equitably address the vaccination rates of Latinos in our city, we must address access to healthcare. Prioritizing preventative health will safeguard Latino residents that commute regularly using the MTA and work in situations that prevent safe social distancing. Many Latinos share that they feel much more comfortable with the vaccine once they speak to their healthcare provider for themselves or a pediatrician for their children. It is those thoughtful one-on-one conversations with providers that makes a magnitude of difference. We must ensure Latinos and other communities of color have access to the healthcare they need to keep them protected from COVID-19.

Lastly, accurate information about the booster shot must be readily available and widely distributed. Although the city has made efforts to disseminate information about the vaccine, confusion persists. For instance, when it comes to booster shots, there is uncertainty about which shots currently require the booster (Pfizer, Moderna, or J&J). Education campaigns need to start incorporating messaging about vaccine boosters especially since many unvaccinated individuals believe that boosters are a sign that the vaccines are not working.

Now is not the time to let up on our education campaign efforts surrounding the vaccine; it is time to double down on these efforts so we can ensure the health and wellness of Latinos and all New Yorkers and one day confidently say that we truly live a post COVID-19 world. Hispanic Federation strongly believes that these recommendations can support this vision. We look forward to working with you and we thank you for hearing our testimony today.



## TESTIMONY

**New York City Council Committee on Health  
Jointly with the Committee on Hospitals  
Oversight Hearing on the Mandated COVID-19 Vaccinations and Testing**

**Thursday, September 30<sup>th</sup>, 2021**

Submitted by:  
Michelle Jackson  
Executive Director  
Human Services Council of New York

Good morning, Chair Levine, Chair Rivera, and members of the New York City Council Committee on Health and Committee on Hospitals. My name is Michelle Jackson, the Executive Director of the Human Services Council (HSC), a membership organization representing over 170 human services providers in New York City. HSC's role is to act as a coordinating body, advocate, and intermediary between the human services sector and government. I am here today to testify in support of the vaccine and testing mandate, which also directly impacts the human services sector alongside municipal workers. **HSC members overwhelmingly support this measure to ensure the health and safety of our communities and continue to work with government partners to ensure our workers and the people we serve our following public health mandates and guidance.**

Since the vaccine rollout began, providers have been close partners with the City by acting as a trusted and culturally competent information sources for New Yorkers who are vaccine-hesitant and providing venues for permanent and pop-up vaccine sites. **Following the vaccine and testing mandate is not a simple task and comes with its own unique set of challenges. These are challenges providers are willing and ready to take on but ask the City to continue to work in close collaboration to ensure it can be as seamless as possible with minimal impact on essential services.**

The roll out of the vaccine mandates- to test or vaccinate or requiring vaccination- has not been easy. Providers had different dates of when to come in to compliance, and early guidance was not available, not complete, or changed. We are all on this ride together but going forward the sector needs the City to release these mandates with clear guidance for the sector and time for implementation. The Mayor's Office of Contract Services and the Office of the Deputy Mayor for Health and Human Services have worked with HSC and our members on a regular basis to answer questions and address concerns, and we appreciate their partnership.

One of the major concerns of human services providers has been clarity on how to comply. Many of New York City's human services providers received funding from city, state, and federal contracts, all of which have different guidelines and rules for compliance. **While we understand that the de Blasio administration and City Council do not have control over state and federal regulations, we ask that you work to streamline the process and clearly communicate to**

**providers where there are differences between the city's guidelines and those from the state and federal government to make it as easy as possible to comply.**

There is also the open question about how the vaccine and testing mandate will impact staffing levels and deliverables. Many human services nonprofits are already struggling with high vacancy rates, with an estimated average vacancy rate around 11% as of March 2021. The chronic underfunding of the sector has also led to low salaries, leading to high turnover even before this mandate was put into place. Because of this, there are growing concerns about maintaining services if staff decide to walk away because of the vaccine and testing mandate. This is especially the case for jobs like administrative staff, security, and building services workers who can easily find a job outside of the sector where a vaccine mandate is not in place. This is also the same workforce that was denied a 3 percent cost-of-living adjustment in the FY22 City budget. **City human services agencies need uniform direction to work with providers to decrease caseloads or deliverable if there are not enough staff, and be flexible in spending if providers propose bonuses, higher salaries, or other benefits to attract or retain workers. As long as providers are working within the budget of their contract, we need to let them make crucial personnel decisions so they can meet program demands.**

Human services nonprofits support our city's children, seniors, those experiencing homelessness, people with disabilities, individuals who are incarcerated or otherwise involved in the justice system, immigrants, and individuals coping with substance abuse and other mental health and behavioral challenges. **Not taking scientifically proven and necessary steps to ensure the safety of human services clients, workers, and communities members runs counter to the mission of these organizations.** These workers showed up throughout the pandemic, and the organizations they work for have met each and every guidance and mandate with diligence and partnership. There has been no legal challenge from our members, only questions about how to get where we need to go. The sector are also contracted workers, and so should not be held to a higher standard than workers employed directly by the City. The sector asks that any vaccine policy is consistent with municipal workers of all types across the City, both for fairness but also to reduce turnover.

HSC and our members also support the vaccine or test mandate because it provides flexibility for organizations to make choices based on their unique communities and workforce. While we stand behind the science of vaccines, medical racism continues to cast a long shadow on many communities. Providers are working with staff from these communities, as well as navigating staff-although few- with legitimate medical exemption needs. Allowing providers to give a testing option helps them navigate the needs of their staff. The many legal challenges and delays of a mandate only makes it difficult to implement a standard and consistent way forward, so the vaccine or test mandate remains crucial for the time being.

This vaccine mandate is an is a necessary step to protect our communities from COVID-19. We look forward to working with the city to ensure compliance guidance is clear and addressing any impact this mandate can have on services. Thank you for the opportunity to testify.

Michelle Jackson  
Executive Director, Human Services Council of New York  
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## Commitment to Improve the Quality of Life

September 30, 2021

To: New York City Council Committee on Health & Committee on Hospitals  
From: India Home, Inc.  
Re: Oversight: - Vaccine Hesitancy and Equity in NYC

Dear Committee Chair,

We thank the Chair and members of the Committee on Health and Hospitals for giving the opportunity for India Home submit testimony. India Home is the largest nonprofit organization dedicated to serving New York City's South Asian older adults. We have also taken part in robust community wide outreach for COVID-19 safety and vaccine education as a Test & Trace CBO.

Over time, with continued education and advocacy, the community knowledge on vaccines and the accessibility of vaccines has increased. However, there is still vaccine hesitancy in the populations that we are working with and doing in-person outreach with. There are still individuals that believe there needs to be insurance, and that they need to pay out of pocket for the vaccine. People with issues or concerns about their immigration status have concerns about showing an ID, and have voiced concerns about whether the information they would have to give to get the vaccine will hamper their immigration process. Even after hearing more information combatting the misconceptions, these individuals are hesitant because they do not want to risk jeopardizing their status. There are hesitancies regarding the efficacy of the vaccine and worries about breakthrough cases as well. People wonder what the point is when there are people testing positive who have gotten the vaccine. We have been educating community members with relevant information accordingly.

Currently, there are concerns especially for children under 12. Parents are worried about how their children can be safe, with their not having access to vaccines, and cases rising, along with people's reluctance to wearing masks. It is essential we equip whoever is eligible with the right culturally tailored information, provide targeted campaigns to address misinformation and myths, and increase knowledge on the topic in a way to increase confidence. India Home has continued to inform communities with our Test & Trace work. We have focused on low vaccine rate zip codes especially in Jamaica and Richmond Hill to provide as much information to community members as possible.

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## Commitment to Improve the Quality of Life

CBO's like India Home are on the ground and are essential partners in the efforts to inform our communities. We ask for continued partnership from the City to provide accessible knowledge and deliver information directly to our City's residents amidst the surplus of information out there.

Sincerely,

Shaaranya Pillai  
Deputy Director, India Home

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Updated quarantine policy

To whom it may concern,

I am writing with regard to the changes in COVID quarantine policy as outlined further below.

• **Updated quarantine policy.** Also starting **Monday, September 27**, in accordance with the latest guidance from the Centers for Disease Control and Prevention (CDC), we will no longer close an entire classroom when there is a positive case in the classroom. Unvaccinated students who are masked and at least three feet distanced from a student who tests positive are not considered close contacts under CDC guidelines and will not have to quarantine. This new policy applies to all students in any grade.

I am very unsettled by this decision to cease quarantining unvaccinated students under 12 (who are not eligible for the COVID vaccine) in the same class as a child who has tested positive.

The facts are that children are eating lunch indoors in enclosed and poorly ventilated spaces and are also eating snacks in their classroom. Is it even possible to ensure that children maintain a 3ft distance considering all the movements they make between classrooms, the cafeteria, etc., during the day?

Can the DOE confirm that it will notify all caregivers whose children share a classroom if even one student in that class tests positive for COVID? For caregivers that wish to quarantine their children who are exposed to COVID, how will this work? Will all children be tested after a positive case has been confirmed?

Regards,  
M Mc Cullagh