

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH JOINT WITH
COMMITTEE ON HOSPITALS

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September 30, 2021
Start: 11:06 a.m.
Recess: 1:46 p.m.

HELD AT: Remote Hearing (Virtual Room 1)

B E F O R E: Mark Levine
CHAIRPERSON - HEALTH

Carlina Rivera
CHAIRPERSON - HOSPITALS

Corey Johnson
SPEAKER

COUNCIL MEMBERS:
Keith Powers
Oswald Feliz
Robert F. Holden
Selvena N. Brooks-Powers
Darma V. Diaz
Mathieu Eugene
Alicka Ampry-Samuel
Inez Barron
Diana Ayala
Francisco Moya
Alan N. Maisel

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

Dave Chokshi, Commissioner
New York City Department of Health and
Mental Hygiene

Dr. Andrew Wallach
New York City Health and Hospitals

Andrew Van Ostrand, Head of Government
Affairs
One Medical

Tydie Abreu, Policy Analyst
Hispanic Federation

Chris Norwood, Executive Director
Health People

M.J. Oakma [sp?], on behalf of Michelle
Jackson
Human Services Council

Dr. Sarah Becker, Chair
Vaccine Education Taskforce
Jewish Orthodox Women's Medical
Association

Kaveri Sengupta, Education Policy
Coordinator
Coalition for Asian American Children and
Families

Kevin Jones, Associate State Director for
Advocacy
AARP

Allie Bohm, Policy Counsel
New York Civil Liberties Union

3 SERGEANT-AT-ARMS: Computer is started.

4 SERGEANT-AT-ARMS: Thank you.

5 SERGEANT-AT-ARMS: Recording to the cloud.

6 SERGEANT-AT-ARMS: Thank you.

7 SERGEANT-AT-ARMS: Backup is rolling.

8 SERGEANT-AT-ARMS: Thank you. And good
9 morning, everyone, and welcome to today's remote New
10 York City Council hearing for the Committee on Health
11 jointly with the Committee on Hospitals. At this
12 time, would all panelists please turn on their video
13 for verification purposes? To minimize disruptions,
14 we ask you to please place all electronic devices to
15 vibrate or silent mode. If you would like to submit
16 testimony, please send via email to
17 testimony@Council.NYC.gov. Again, that is
18 testimony@Council.NYC.gov. Thank you for your
19 cooperation. Chair Levine and Chair Rivera, we are
20 ready to begin.

21 CHAIRPERSON LEVINE: Thank you so much,
22 sergeant. We are going to get started.

23 [gavel]

24 CHAIRPERSON LEVINE: I am Mark Levine,
25 Chair of the City Council's Health Committee. I am

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2 thrilled to be co-chairing today's hearing with Chair
3 Carlina Rivera and, also, very happy that we are
4 joined by Speaker of the City Council, Corey Johnson.
5 And if you are ready, Mr. Speaker, I would love to
6 cue you for an opening statement.

7 SPEAKER JOHNSON: Thank you. Thanks,
8 Mark. Good morning. Thank you all for being here
9 today and thanks to Chairs Levine and Rivera for
10 holding this important hearing. They have both done
11 incredible work throughout the pandemic to provide
12 oversight over the administration's efforts to reduce
13 the spread of COVID 19. Council member Levine pushed
14 for racial disparity data on the disease and science-
15 based decisions and Council member Rivera helped
16 secure an additional \$9 million for community-based
17 vaccine education in the city's budget. They have
18 both worked tirelessly to help New Yorkers navigate
19 this crisis and I am incredibly proud of both of them
20 and grateful to both of them. This is the Council's,
21 I believe, fourth hearing on the city's vaccination
22 efforts and we have passed two pieces of legislation
23 to increase access to vaccines, including a plan to
24 provide vaccines to homebound seniors. Council
25 members are also working closely with community

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2 groups to help overcome vaccine hesitancy. We have
3 made good progress on vaccination rates over the last
4 few weeks and I am pleased to see that the city's
5 vaccination numbers have been trending up. Citywide,
6 70 percent of New Yorkers have received at least one
7 dose of a vaccine. I strongly support the Mayor's
8 vaccine requirements and the key to the city program.
9 It is the right thing to do from a public health
10 perspective, and we are proving to the rest of the
11 country that mandates work. But we have got a ways
12 to go. As everyone knows, the delta variant has
13 taught us that we can't take our foot off the gas.
14 Until we reach herd immunity through vaccinations, we
15 will continue to live with the specter of future
16 outbreaks, possible restrictions, and a further delay
17 in returning to what normal was before the pandemic.
18 And we have a real problem with vaccine hesitancy.
19 We are seeing discrepancies across geographic,
20 racial, political, and even professional lines. The
21 city's workforce itself is seeing massive differences
22 in vaccination rates. Overall, only 65 percent of
23 city workers had received at least one dose of the
24 vaccine. 92 percent of the staff at the Conflicts of
25 Interest Board, COIB, are vaccinated, but for the

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2 Department of Sanitation, the rate is only 44
3 percent. The rates for first responders are
4 particularly concerning-- just 57 percent of the
5 FDNY is vaccinated and only 53 percent of the NYPD is
6 vaccinated. Getting these numbers up might be the
7 most important task we have as a city. Our economy
8 and the health and safety of New Yorkers depends on
9 it. I know the administration has been working
10 incredibly hard at this around the clock, so I really
11 want to thank folks in the administration that are
12 here today. I know that we're going to hear in a few
13 minutes from our health Commissioner, Dr. Dave
14 Chokshi. And there are other folks. I know that Dr.
15 Andrew Wallach is here from Health and Hospitals.
16 I'm grateful to all of their hard work. I know that
17 we will have some questions for you today and I know
18 that we have the same goal together which is we want
19 to make sure that we partner with you to make sure we
20 can do anything we can to ease vaccine hesitancy and
21 I look forward to having this hearing today. And I
22 turn it back to you, Chair Levine.

23 CHAIRPERSON LEVINE: Thank you so much,
24 Speaker Johnson, for those remarks and for your
25 leadership throughout this crisis. I'm really

2 grateful for all you're doing. Again, I'm Mark
3 Levine, Chair of the City Council's Committee on
4 Health. Today, we are holding a hearing on the
5 critical issue of vaccine hesitancy and equity in New
6 York City. We will also be hearing a bill today,
7 sponsored by our colleague, Council member Rafael
8 Salamanca, that would require the Department of
9 Health and Mental Hygiene to waive the \$40 fee for
10 applicants requesting to amend a death certificate to
11 list the cause of death is COVID 19 or health
12 complications caused by COVID 19. On December 14th,
13 2020, Nurse Sandra Lindsay begin the first person in
14 the United States to receive the COVID 19 vaccine in
15 New York's LIJ Medical Center. The same day, New
16 York City began Phase I A of vaccine distribution.
17 Today, all individuals in New York City age 12 and
18 over eligible to receive a COVID 19 vaccine we have
19 come a long way. Vaccines are readily available for
20 anyone who would like one and almost 75 percent of
21 our population is now fully vaccinated. This level
22 of vaccination is a significant achievement and puts
23 us ahead of many other parts of the country, but in
24 the age of delta, it is not enough. That is why it
25 remains critical that we reach those New Yorkers who

2 are still unvaccinated so that they take the
3 lifesaving step of getting their shots. Those who
4 remain unvaccinated cite a variety of reasons for
5 their hesitation. Lack of trust in the healthcare
6 system, a perception of low risk from disease, a
7 desire to wait and see, concerns about the speed at
8 which the vaccines were developed. We also
9 understand that a long history of racism and neglect
10 in the American medical system has led to the lack of
11 trust in the vaccine in communities of color, in
12 particular, among black New Yorkers. These
13 challenges have been exploited by a pernicious torrent
14 of misinformation and outright lies online which has
15 fueled resistance to vaccines, often based on belief
16 and wild conspiracy theories. So, let's be clear.
17 The COVID 19 vaccines are remarkably effective and
18 safe. They dramatically improve your chances of
19 avoiding serious illness, hospitalization, and death.
20 And they are incredibly safe. As safe,
21 approximately, as aspirin and they have been
22 scrutinized now to degree that might exceed any
23 vaccine in history with billions of doses
24 administered globally. So, everyone should get
25 this vaccine for their own sake, to protect their

2 family, to protect their communities, and to protect
3 New York City. The way to inform people about the
4 facts of the COVID vaccine is not to humiliate them
5 more shame then or demonize them. It is to patiently
6 and respectfully listen to people's concerns and
7 offer the facts. This is most effective when done by
8 people with deep connections to and credibility with
9 impacted communities. Community-based organizations,
10 or CBO's, are uniquely suited for the work of
11 overcoming hesitancy. Thanks, in part, to their
12 cultural and linguistic competence. We need to
13 mobilize a huge network of these organizations to
14 take on this critical work for the sake of equity and
15 for the sake of the broader public health of our
16 city. In the meantime, we have an obligation to
17 minimize COVID risk by ensuring that people in
18 sensitive professional sectors and public venues are
19 vaccinated. The early results on this front in New
20 York City making clear that vaccine mandates do
21 indeed work. I look forward to hearing from DOHMH
22 about their equity action plan to advance vaccination
23 in marginalized communities and how they are using
24 population specific strategies to reach unvaccinated
25 New Yorkers. I want to thank the entire team at the

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2 Department of Mental Health and Mental Hygiene for
3 what they've done over the past 19 months working
4 almost around-the-clock in the face of this pandemic.

5 I incredibly grateful for your efforts and I remain
6 extremely proud of New York City's health department.

7 And I also want to thank my colleagues from the

8 health committee for being here today. So, want to

9 acknowledge-- if I missed any, forgive me. Council

10 member Alan Maisel, Council member, I believe, Keith

11 Powers. Forgive me here-- You know, I'm not seeing

12 the whole list here, so I am going to come back after

13 Chair Rivera's remarks. Wait. I do see it. Now,

14 forgive me. Council member Darma Diaz, Council

15 member Holden, Council member Feliz, Council member

16 Brooks-Powers, and if I have missed any of you,

17 forgive me. I'll come back to you in a moment. And

18 now, would-- Oh. Forgive me. In one last thing. I

19 want to thank the staff of the Health Committee who

20 have worked incredibly hard throughout this pandemic

21 and very hard to get ready for this hearing. A big,

22 big shout out to Harbani Ahuja, one of our committee

23 councils who really burned the midnight oil ahead of

24 this hearing. Of course, our committee counsel, Sara

25 Liss, for her continued incredible work. Our

2 wonderful policy analyst, Ann Balken, and finance
3 analyst, Lauren Hunt, who have done such great work
4 throughout this pandemic. And now, I would like to
5 cue my co-chair in this hearing, Carlina Rivera, for
6 her opening remarks.

7 CHAIRPERSON RIVERA: Thank you so much.

8 Good morning, everyone. I Council member Carlina
9 Rivera, Chair of the Committee on Hospitals and we
10 are all here today to discuss vaccine hesitancy and
11 equity in New York City. It was not so long ago that
12 the Committee and Hospitals, along with the Committee
13 on Health, held hearings regarding the COVID 19
14 vaccine and its distribution and accessibility in New
15 York City. At the time, there was a shortage of
16 vaccines and we were focused on ensuring that we were
17 prioritizing New Yorkers who were most at risk and
18 making the vaccine as accessible as possible for
19 hard-to-reach New Yorkers. Now, just months later,
20 we are again meeting to discuss vaccine equity, but
21 from a different perspective. Our city now has more
22 than enough vaccine supplied to vaccinate all New
23 Yorkers. Appointments are readily available at any
24 number of locations and New Yorkers can even choose
25 which vaccine they prefer and get vaccinated in their

2 own homes. We have made significant progress and,
3 for that, I also want to commend the city's health
4 department in healthcare workers for their efforts in
5 improving access to vaccinations for New Yorkers.
6 Nevertheless, there is still more work to do. As of
7 September 27th, 69.1 percent of New York residents of
8 all ages had received at least one dose of the COVID
9 vaccine while 82 percent of adult New Yorkers had
10 received at least one dose. However, some
11 populations within the city have lower vaccination
12 rates than others. For example, New Yorkers aged 85
13 years and older have the lowest vaccination rates of
14 all age groups with only 58 percent fully vaccinated.
15 Similarly, black New Yorkers have some of the lowest
16 vaccination rates with only 39 percent fully
17 vaccinated. We know that, for many communities of
18 color, immigrant communities, and religious
19 communities, vaccine hesitancy has been attributed to
20 a history of racist or discriminatory medical
21 experimentation by the government, fostered by
22 ongoing discrimination against people of color in the
23 healthcare system and other barriers that limit
24 access to healthcare. To be blunt, New York City is
25 no exception. DOHMH has acknowledge the differences

2 in health outcomes and vaccination coverage among
3 racial and ethnic groups are due to long-term
4 structural racism. But vaccine hesitancy cannot
5 simply be drawn along racial or ethnic lines. There
6 are many other reasons for vaccine hesitancy which we
7 enjoy and cover throughout this hearing. Today, we
8 hope to hear from the administration about what these
9 reasons are, how they are addressing vaccine
10 hesitancy in New York City, and how they are engaging
11 in public outreach and education to reach hard-to-
12 reach communities. We look forward to hearing more
13 about DOHMH's equity action plan and other methods
14 the city is utilizing to address vaccine hesitancy
15 and inequity. Thank you, of course, to the
16 administration, to everyone who was present to
17 testify today, to our Speaker Cory Johnson. And I
18 also want to thank the hospital committees staff.
19 Counsel Harbani Ahujah, policy analyst, Ann Balken,
20 finance analyst, Lauren Hunt, data analyst, Rachael
21 Alexandroff. Of course, my whole team, the
22 sergeants, and everyone else who made this hearing
23 happen. And for everyone for giving time today to
24 make sure that their comments are on the record.

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2 Thank you so much to all of you and, with that, I
3 turn it back over.

4 COMMITTEE COUNSEL: Thank you, Chair
5 River. And we are going to have Council member
6 Salamanca give an opening right now if he is ready.

7 COUNCIL MEMBER SALAMANCA: Can you
8 unmute? Ah. Can you hear me? Thank you. Thank
9 you. Thank you, Chair Levin and Rivera, for holding
10 today's hearing which is extremely important and I
11 think you for allowing me to speak on my bill. I
12 join you today to ask for your support on
13 Introduction to 373, a bill that word require the
14 Department of Health and Mental Hygiene to waive the
15 \$40 fee for applicant seeking to amend a death
16 certificate to list the causes of death as COVID 19
17 or health implications caused recognizing the
18 devastation caused by the pandemic, New York City,
19 the state of New York, and the federal government
20 began offering funeral assistance programs to help
21 families with you unexpected costs of burying their
22 loved ones. As people begin submitting applications
23 for assistance, New Yorkers realized their loved
24 one's death certificates were indicated natural death
25 as the cause of death as opposed to COVID 19

2 designation. As a result, FEMA held up funding
3 applications since death certificates had to indicate
4 deaths were, quoted, caused by or was likely a result
5 of COVID 19 or COVID 19 symptoms. To correct the
6 issue, New York City residents were being forced to
7 pay a \$40 nonrefundable processing fee to DOHMH to
8 apply for death certificate amendment application.
9 Appearing to be a prevalent enough issue, DOHMH on
10 website includes a tablet labeled "how do I end the
11 death certificate so that it shows COVID 19 as the
12 cause of death?" Amongst its frequently asked
13 questions page. Losing a loved one is hard enough.
14 Placing an additional financial burden to correct an
15 issue made by medical professionals is wholly
16 inappropriate, in my opinion. This is why I
17 introduced Intro 2373. I want to thank the 22
18 Council members who have already signed on as
19 cosponsors and I hope the rest of my colleagues will
20 consider supporting this measure. Thank you.

21 CHAIRPERSON LEVINE: Thank you so much,
22 Council member Salamanca, for leading on this
23 important legislation which I pull used to support.
24 And thank you for being here today. We have also
25 been joined by Council member Moya, Council member

2 Ayala, and Council member Barron. And now, I would
3 like to turn it back to our committee counsel, Sara
4 Liss, took over some procedural matters.

5 COMMITTEE COUNSEL: Thank you, Chair
6 Levine. Good morning, everyone. I am Sara Liss, the
7 counsel to the Committee on Health for the New York
8 City Council. I will be moderating today's hearing.
9 Before we begin, I wanted to go over a couple of
10 brief procedural matters. I will be calling on
11 panelists to testify. I want to remind everyone that
12 you will be on mute until I call on you to testify,
13 at which point you will be muted by the host. Please
14 listen for your name to be called and for everyone
15 testifying today, please know that there may be a few
16 seconds of delay after you are unmuted and we thank
17 you in advance for your patience. At today's
18 hearing, the run-up show will be as follows: the
19 first panel will be the administration, followed by
20 Council member questions and then the public will
21 testify. During the hearing, if Council members
22 would like to ask a question, please use the zoom
23 raise hand function and I will call on you in order.
24 The first panel of the administration will include
25 Dr. Dave Chokshi, Commissioner of the Department of

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2 Health and Mental Hygiene, and Dr. Andrew Wallach,
3 Ambulatory Care Chief for Health and Hospitals. I
4 will first administer the oath and, after, I will
5 call on each panelist here from the administration to
6 individually respond. Do you affirm to tell the
7 truth, the whole truth, and nothing but the truth
8 before this committee and to respond honestly to
9 Council member questions. Commissioner Chokshi?

10 COMMISSIONER CHOKSHI: Yes. I do.

11 COMMITTEE COUNSEL: Thank you. Dr.
12 Wallach?

13 DR. ANDREW WALLACH: Yes. I do.

14 COMMITTEE COUNSEL: And, Commissioner,
15 you can begin as soon as you are ready.

16 COMMISSIONER CHOKSHI: Thank you so much
17 and good morning, Chairs Levine and Rivera, and
18 members of the committees. I am Dr. Dave Chokshi,
19 Commissioner of the New York City Department of
20 Health and Mental Hygiene. Thank you for the
21 opportunity to testify today and provide an update on
22 the city's efforts to address vaccine confidence and
23 equity. I pleased to be joined by my colleague, Dr.
24 Andrew Wallach from New York City Health and
25 Hospitals. It has been a long, challenging 18 months

2 now-- 19 month-- to say the least. I would like to
3 take a moment here at the top to thank our cities
4 municipal workers and healthcare workers who have
5 endeavored tirelessly throughout this pandemic.
6 Without them, we would not be where we are today in
7 terms of progress on increasing vaccination rates.
8 And I would like to thank the community groups who
9 have similarly worked around the clock to serve the
10 needs of their neighbors and members. And thank you,
11 also, to the Council. You all have been through this
12 with us. Many of you and your families were affected
13 personally, I know, lending your voices and platforms
14 to share critical information about COVID 19
15 transmission and vaccines, hosting events, and
16 organizing town halls where experts can answer
17 questions from your constituents. Though there is
18 still more to be done, we should take a moment to
19 acknowledge that almost 5.3 million New Yorkers are
20 fully vaccinated and, as of today, over 82 percent of
21 adults and over 72 percent of 12 to 17 year olds have
22 received at least one dose of the vaccine. This is a
23 monumental achievement when you consider the size and
24 diversity of this city and the adversity we have all
25 faced. It highlights what we all already know about

2 our city. New Yorkers care about our families. We
3 look out for our communities and we believe in
4 science. Together, we have saved so many lives and
5 presented so much suffering. A study that the health
6 department partnered on with Yale University
7 scientists estimated that the city's vaccination
8 campaign prevented an estimated 250,000 cases, 44,000
9 hospitalizations, and 8300 death related to COVID 19
10 through July 1st. These are almost certainly
11 conservative estimates since the time period studied
12 does not yet account for cases, hospitalizations
13 prevented after July 1st when the more transmissible
14 delta variant was dominant in New York City. Beyond
15 these bottom line outcomes, a core focus of our
16 historic vaccination campaign from its inception has
17 been equity and we are continually working hand in
18 hand with the city's Taskforce on Racial Inclusion
19 and Equity, the TRIE, to address the disparities we
20 have seen in vaccine uptick thus far. We are doing
21 this via an equity strategy that includes increasing
22 access by locating city vaccine sites, engagement,
23 and media in communities that need it most with a
24 focus on the 33 Taskforce neighborhoods. And our
25 strategy is bearing fruit. We are seeing equity gaps

2 closing. The vaccination rate among Latinos is now
3 nine percent higher than white New Yorkers. Black
4 New Yorkers are now experiencing the fastest
5 percentage growth in vaccination rates and about 60
6 percent of first and single doses in August and
7 September have been administered to black and Latino
8 New Yorkers. This is remarkable progress but we are
9 not done. The Health Department and I, personally,
10 am committed to further closing the gap for
11 neighborhoods that have been hardest hit by the COVID
12 19 pandemic. The city has pulled out all the stops
13 to ensure that all New Yorkers have access to
14 vaccines. We stood up a massive vaccine access
15 infrastructure through city run brick and mortar
16 sites and supported over 3000 providers in getting
17 vaccine into their facilities. We have facilitated
18 over 12,000 free rides to vaccine sites citywide,
19 vaccinated over 27,000 people in their homes, and
20 created a program where community partners were able
21 to help people make appointments over the phone. We
22 have broken down language access barriers by bringing
23 translators and translated materials to vaccine sites
24 and we have entire vaccine vans staffed end to end in
25 language. And we have met people where they are by

2 deploying mobile vaccine via tent, van, and bus to
3 over 1100 locations across the city where people
4 live, work, dine, commute, go to school, and play. I
5 would like to note, in particular, the city's event-
6 based campaigns with partners-- including many of
7 you. We've brought vaccines to locations identified
8 by small businesses like restaurants, unions, over
9 700 schools, senior centers, NYCHA developments, and,
10 soon, movie theaters, as well. I would also like to
11 take this moment to thank all of our incredible
12 agency partners in this work, including our own staff
13 at the Health Department and our colleagues at the
14 Vaccine Command Center, H&H, the Test and Trace
15 Corps, NYCHA, DFTA, MOIA, and New York City Emergency
16 Management among so many others. We have been able
17 to bring vaccines to New Yorkers because of this
18 partnership and the teamwork in pursuit of a shared
19 goal. We have also worked to build confidence in the
20 vaccines, knowledge an that there are many New
21 Yorkers who do not in still do not feel comfortable
22 getting vaccinated against COVID 19. The reasons for
23 this are vast. Many are rooted in decades long
24 experiences with racism in the healthcare system,
25 general mistrust in government, and misinformation

2 about vaccines. Addressing news concerns takes time
3 and there is no one-size-fits-all approach. Above
4 all, our outreach most being grounded in the
5 evidence, in equity, and in empathy. I've said this
6 before. We need the truth about COVID 19 vaccines
7 spread faster than the virus itself and our community
8 partners have been at the heart of all of this
9 challenging work. They are trusted messengers in
10 their communities. Through existing work in
11 additional funding via the public health core, the
12 city will support approximately 100 community-based
13 organizations, or CBO's, to conduct community
14 engagement and provide current information on COVID
15 19 and the vaccines. They use critical partners have
16 been on the ground in the communities they serve
17 helping to encourage and facilitate vaccination in
18 the languages, Voiceovers, and messaging that is
19 known and trusted. A great example of this work has
20 been our teams focused efforts in predominantly
21 Caribbean communities. To address vaccine confidence
22 and low uptake of vaccines in these communities, a
23 dedicated group of health department staff of
24 Caribbean ancestry got to work. The team provides
25 one-on-one engagement and vaccination resources in

2 partnership with CBO's and federally qualified health
3 centers and Caribbean community events. They have
4 also focused on working with home health food
5 associations to build vaccine confidence among staff.
6 This engagement is meaningful and impactful and I
7 must say often joyful, as well. And we have already
8 seen increased uptake in these communities. But,
9 also said earlier, it takes time. Even a single
10 percent increase in vaccination rates week over week
11 is progress and it represents prevented suffering.
12 In addition to this work, we regularly work with
13 several hundred community-based and faith groups to
14 disseminate information, hold events such as
15 community conversations on vaccination, and train
16 leaders as vaccine navigators through over 150 train
17 the trainer sessions. We have held over 5000
18 averments related to the vaccine since December 2020.
19 We know these conversations are partners are having
20 about the tough issues, particularly around mistrust,
21 will take multiple tries. Regarding misinformation,
22 based on surveys and anecdotal information that we
23 systematically gather through averments and community
24 engagement, we know that misinformation about the
25 vaccine is a driving force for those who still work

2 vaccine confidence. I will take this opportunity to
3 correct the record about some common pieces of
4 misinformation. First, the vaccines are safe. They
5 do not cause COVID 19 in the do not contain the
6 virus. Second, the vaccines are still necessary,
7 even if you have heard COVID 19 or if you have
8 antibodies for COVID 19. Third, it is safe to get
9 the vaccines, even if you are pregnant,
10 breastfeeding, or trying to become pregnant. And,
11 finally, the vaccines are the best way to reduce the
12 risk of getting COVID 19 and experiencing severe
13 illness from it. To address the most common pieces
14 of misinformation we have heard, we created our Truth
15 About COVID Vaccines document, designed infographics
16 on how the vaccines work, launched an entire COVID
17 Facts website, and have a You're Right, You Should
18 Know Campaign to answer come questions about the
19 vaccines. We have YouTube videos series, talking
20 points for our community partners, and a call center
21 staffed by nurses and public health experts that
22 people can call to ask questions about COVID 19
23 vaccines. A new might have seen some of my public
24 service announcements. In terms of media, the city
25 has spent more than \$100 million on citywide

2 education campaigns about COVID 19 in the vaccines
3 this calendar year alone. In addition to launching
4 video series featuring city leaders, we have taken a
5 multilayered approach to our messaging, including
6 using story telling from everyday New Yorkers-- from
7 neighborhood providers to community members. And we
8 have partnered with outside organizations like the
9 New York Latino Film Festival to bring these real
10 stories to life. These campaigns are designed to
11 promote vaccine availability, S common drivers of
12 misinformation, and key confidence issues and to
13 share timely information about news like booster
14 eligibility. Further, we know that people need to
15 hear from their own clinical providers about the
16 vaccines. They want to hear it is safe and that
17 their doctor recommends it. For instance, I think
18 about one of my recent patients who had been delaying
19 getting vaccinated because he was worried that the
20 side effects would be too disruptive to his life. I
21 heard about, shared my own store getting the single-
22 dose Johnson & Johnson vaccine and my experience with
23 mild side effects and also conveyed most sincere
24 worries about his health in the context of the Delta
25 variant-- particularly because he had multiple

2 chronic conditions. By the end of our visit, I had
3 not quite convinced him to get vaccinated on the
4 spot, but I was relieved when he came back a couple
5 weeks later and chose to get the J&J shot for
6 himself. It is conversations like this that
7 clinicians have been engaging in throughout our
8 vaccination campaign, bolstering New Yorkers'
9 confidence in the COVID 19 vaccines. To this end, we
10 have worked tirelessly to engage providers and ensure
11 they not only have a supply of vaccines to give to
12 patients, but also have the most current information
13 about vaccine safety, where patients can get vaccines
14 outside of their offices, facts to counter
15 misinformation, and information about city incentive
16 programs. The Health Department has engaged over
17 2000 provider offices since February through remote
18 technical assistance and our boots on the ground
19 public health detailing program. And we recently
20 launched a \$35 million program to compensate
21 providers for vaccine counseling that we believe
22 could be a model for the nation. Further, earlier
23 this month, I issued a commissioners advisory to
24 strongly encourage healthcare providers serving
25 patients in New York City to offer information at

2 every patient visit on the efficacy, availability,
3 and administration of COVID 19 vaccines-- the latest
4 salvo in our Use Every Opportunity Campaign-- which
5 was launched specifically for clinical providers in
6 May. In addition to lowering access barriers and
7 building vaccine confidence, the city developed an
8 incentives program to encourage more New Yorkers to
9 get the vaccines which, in addition to offering free
10 tickets to sports events and museums, gym
11 memberships, and more, now offers \$100 for New
12 Yorkers vaccinated at specific sites across the
13 city-- or even in their homes. Another major
14 component of our incentive programing is the NYC
15 Vaccine Referral Bonus Initiative which provides
16 direct payments of \$100 per vaccine referral to
17 civic, faith, tenant, and other associations. We've
18 collected some great anecdotes from folks at
19 vaccination sites about their experience with the
20 incentives and I'd love to just share a couple here.
21 First, an older woman came in to get vaccinated and
22 noted that her birthday was coming up and she wanted
23 to get vaccinated so she could feel safe in going to
24 a restaurant and celebrate and that she was going to
25 use the incentive money to buy herself a birthday

2 present. Other patients have remarked that the \$100
3 would mean being able to replace their broken TV's,
4 pay their phone bills, and buy school supplies. We
5 know that vaccination is our most powerful tool for
6 turning the page on the pandemic and, while the
7 decision to get vaccinated is an individual choice,
8 it has immense community consequence. Vaccination is
9 how we return to school, recover our small
10 businesses, and resume aspects of our life from the
11 most memorable to the mundane. And in the face of
12 the more dangerous delta variant, we knew stronger
13 medicine was needed. The time has come build upon
14 the foundation we laid with broad access to vaccines,
15 addressing confidence, and providing incentives. I
16 am proud that New York City has lead the nation in
17 implementing vaccination requirements where they are
18 warranted. From the Key to NYC for certain indoor
19 activities to my Commissioner's Order for all
20 Department of Education staff to be vaccinated.
21 Particularly, during a global pandemic, there are no
22 risk-free choices, just choices to take different
23 risks. Allow me to say that again. During a global
24 pandemic, there are no risk-free choices, just
25 choices to take different risks. The city of New

2 York, with the leadership of Mayor DeBlasio, has
3 chosen to markedly reduce risk by increasing
4 vaccination. You can see for yourself in the graph
5 included in my written testimony how our vaccine
6 policies are correlated with increasing first and
7 single dose administration from July through
8 September. Vaccines work and vaccine mandates work--
9 particularly when they are paired with efforts to
10 build vaccine confidence, lower access barriers, and
11 provide incentives as we have in New York City.

12 Very quickly, I will turn to the
13 legislation being heard today. The Health Department
14 supports Intro 2373 and we are prepared to begin
15 waiving fees for this specific type of death
16 certificate change immediately. As this relates to
17 the Federal Program for Funeral Assistance, the
18 Health Department has detailed information on its
19 website to explain the options for accessing that
20 program, including the option to make a change to the
21 death certificate itself. This is something we have
22 been working on internally and very much appreciate
23 the Council member's legislation and commitment to
24 support New Yorkers who have lost loved ones due to
25 COVID 19. I want to thank Chair Rivera and Levine

2 for holding this hearing today and for being
3 committed champions in the effort to stop the spread
4 of COVID 19. Thank you so much for your partnership
5 throughout this challenging year and a half and I'm
6 happy to answer any questions. Thank you.

7 CHAIRPERSON LEVINE: Thank you,
8 Commissioner. I believe you're going to start with
9 questions from Speaker Johnson.

10 SPEAKER JOHNSON: Thank you, Chair Levine.
11 Thank you, Commissioner Chokshi, for that testimony.
12 I really appreciate your time and all you have done
13 for the city during this really, really challenging
14 time. He laid out the numbers related to African-
15 American New Yorkers, Hispanic and Latino New
16 Yorkers, white New Yorkers, and the vaccination rates
17 of each one of those groups. You have detailed
18 those. Can use big and let us know if you are
19 targeting strategies that you are using by race, by
20 age, by location? I want to understand how much we
21 are drilling down into why a particular subset of the
22 population is hesitant and if we have sort of
23 individual strategies for those populations to try to
24 increase the vaccination numbers for folks that are
25 still feeling some level of hesitancy?

2 COMMISSIONER CHOKSHI: Thank you so much,
3 Mr. Speaker, for the question and for your committed
4 leadership over the entire COVID 19 response. With
5 respect to your question, yes. Our vaccine equity
6 strategy is oriented around specific interventions
7 which, you know, I have thought about as age, race,
8 and place. Thinking, you know, very specifically
9 about each of those categories and knowing that, you
10 know, our methods to reach out to older New Yorkers
11 will have to be different than for younger New
12 Yorkers. I spoke a little bit about the ways in
13 which we have thought about race explicit strategies
14 to close the racial equity gaps that we have seen in
15 vaccination rates and some promising progress in
16 recent weeks related to that and then, importantly,
17 also bringing to bear place-based approaches. We've
18 done this in a variety of ways, making sure that the
19 local strategies that we bring to bear are informed
20 by community members themselves, but with all of
21 this, taking a data-driven approach to look at where
22 we may be seeing lagging vaccination rates and
23 painting a complete picture for us to be able to
24 address that. you know, the ways in which we have
25 done this-- I gave a couple of examples of them,

2 but, often, it means actually bringing all of those
3 pieces together of age, race, and place so that we
4 have very specific strategies for very specific
5 neighborhoods in New York City which, of course, the
6 people who live in those neighborhoods know the best
7 and whom we are partnering with for them.

8 SPEAKER JOHNSON: Thank you. Thank you
9 for that. You know, as you mentioned in your
10 testimony, there is still resistance, of course, and
11 hesitancy across racial groups, but if we speak
12 particularly about black New Yorkers and black women,
13 in particular, they often have or have had good
14 reasons to be skeptical of the medical community and
15 it's not just a historic problem. Maternal morbidity
16 rates for black women are still three times higher
17 than those for white women. So I would love to hear
18 how the city is working to address the concerns of
19 those who have been historically mistreated by
20 healthcare systems in our country and even in our
21 city.

22 COMMISSIONER CHOKSHI: Thank you very
23 much. This is a fundamentally important question.
24 We cannot have equity without racial justice and it
25 starts with an acknowledgement of all of the ways in

2 which the disparities, the inequities that we are
3 seeing today, unfortunately have a long history in
4 the many ways in which various groups, but,
5 particularly, black New Yorkers have not been well
6 served by government or by the healthcare system.
7 But as you are pointing out, it is not solely a
8 historic problem. Those issues reverberate in our
9 healthcare system and in our approaches to government
10 intervention here today. With respect to how we are
11 addressing it, it starts by making sure that we do
12 have race explicit strategies in our outreach, in our
13 engagement, making sure that the ways in which we
14 have lowered barriers to access also take this into
15 account. So some of the engagement that we have
16 done, particularly with clinicians, with healthcare
17 providers across the city that public health
18 detailing that I mentioned where Health Department
19 teams go out and sit with providers to empower and
20 equip them with what they need to serve their
21 patients. Much of that has focused in our taskforce
22 neighborhoods and, particularly with community
23 providers who are serving black and brown New
24 Yorkers. So that is one very tangible example. The
25 other one relies on our community based organizations

2 and the partners that we have in specific
3 communities. I mentioned our Caribbean engagement
4 campaign as one example of how we have done that in
5 specific neighborhoods across the city--
6 particularly in Brooklyn and Queens-- and there are
7 countless other examples where our approach has been
8 for use to take a step forward in addressing these
9 racial inequities. It actually means the Heal
10 Department and city government take a step back and,
11 instead, invest in those community based
12 organizations and empower partners to be able to
13 serve the people whom they have been serving in many
14 cases for decades.

15 SPEAKER JOHNSON: Commissioner, I mean, I
16 think you're getting at this, but can you just be a
17 little bit more explicit and specific about what are
18 we doing and what can we do to establish trust with
19 these communities who, rightfully and understandably,
20 have mistrust given the history of what happens, as I
21 mentioned, and also the current inequities that
22 exist. What are some of the tangible, specific
23 things that we are doing to establish that trust in
24 the face of sort of rightful fears that people have?

2 COMMISSIONER CHOKSHI: Yes. You're
3 absolutely right and thank you for allowing me to
4 elaborate a little bit more. For me, trust is very
5 similar to the ways in which I try to build trust in
6 my own exam room when I'm taking care of patients.
7 We have to start by listening with humility. And so,
8 that's what, you know, the engagement that we've done
9 with the thousands of events and town halls where
10 it's not just about disseminating information, but
11 it's also about listening about concerns that are
12 emanating from the community. Understanding the
13 questions that people have and sitting with them,
14 rather than immediately leaping to try to provide
15 answers to that. So, that's one piece of it.
16 Another piece is the specific types of community
17 partnerships. For example, with faith leaders who
18 are often more trusted in communities than government
19 representatives are and ensuring that faith leaders
20 have the information that they need, that we partner
21 with them on vaccination events. You know, we have
22 now had hundreds of pop up vaccination events at
23 churches, temples, synagogues across the city. I
24 mentioned some of what we're doing with respect to
25 engaging clinicians around the city with a particular

2 focus on racial inequities and we've also seen in
3 recent weeks that, you know, the provision of
4 incentives, particularly the \$100 incentive for
5 vaccination, has also had robust uptick within
6 specific communities. So, all of these things taken
7 together, you know, I'll be the first to admit there
8 is not a silver bullet for, you know, for redressing
9 the centuries of structural racism that have existed
10 in our country, but it does mean that we have to
11 bring to bear all of these approaches, all of these
12 interventions at once to try to extend the protection
13 of vaccination to the people in the communities who
14 can most benefit from it.

15 SPEAKER JOHNSON: Commissioner, are there
16 any other cities or states that you know of or the
17 department has identified that are having more
18 success in reaching groups with low vaccination rates
19 or are you working with Health Departments in other
20 parts of the country to help develop new strategies
21 based off of success that certain municipalities or
22 states are seeing given some of the strategies that
23 have been brought to bear?

24 COMMISSIONER CHOKSHI: Yes. Thank you for
25 the thoughtful question, Mr. Speaker. I, myself,

2 with fellow health commissioners, particularly in
3 other large municipalities in regular contact to be
4 able to learn from them, again, with humility.

5 Again, we take a lot of pride in being at the
6 Vanguard here in New York City, but we will also
7 shamelessly adopt, you know, any ideas where people
8 seem to have been out in front. And, you know, some
9 of those strategies, particularly with respect to how
10 we have refined our local approaches, you know, the
11 specific types of partnerships that we engaged in,
12 whether it is with faith leaders or with community-
13 based organizations that are providing social
14 services, those have certainly been refined through
15 those conversations. I will also say that, you know,
16 you do say bidirectional conversation and we got him
17 particularly good feedback from other municipalities
18 who have learned from our approach to in-home
19 vaccinations. We were one of the first cities to
20 expand our in-home vaccination program to every one
21 who is eligible to get vaccinated. We were one of
22 the first cities to provide that \$100 incentive and
23 many of the vaccine requirements that I described.

24 And so, there is a nice cross-pollination that occurs
25 with our colleagues around the country.

2 SPEAKER JOHNSON: Okay. I have a lot of
3 questions. I not going to get to all of them being
4 because the Chairs have questions and there are a lot
5 of members here today, as well with questions. So, I
6 going to try to chose quickly rifle through a bunch
7 of them and if you could-- I'm happy. I like your
8 full answers, but if there is a way to sort of just
9 quickly answer some of these questions so I can get
10 to the chairs and the other members that are here
11 today, that would be great. Okay? So I going to
12 harp pride in. What percentage of New Yorkers to we
13 need to be vaccinated to achieve heard immunity in
14 the city and do you think that we will ever get
15 there?

16 COMMISSIONER CHOKSHI: Thanks. I'll try
17 to be sent on this one, but it is a nuanced question
18 and that the threshold for heard immunity is very
19 different in the context of the Delta variant. In
20 the short answer is we need to get as many New
21 Yorkers vaccinated as possible. So, there is no
22 threshold or even upper limit that I would point to
23 other than to say that the Delta variant makes it
24 even more urgent for us to close the gaps that we
25

2 have talked about and raise our vaccination rates the
3 size they can possibly go.

4 SPEAKER JOHNSON: So, you won't give a
5 specific number?

6 COMMISSIONER CHOKSHI: Mr. Speaker, you
7 know, there is no specific number. You know, based
8 on what we know about herd immunity and the fact
9 that the Delta variant is even more contagious, what
10 it means is that we have to push our numbers as high
11 as they can possibly go.

12 SPEAKER JOHNSON: Okay. Do you think that
13 there is a significant portion of the unvaccinated
14 population that just isn't persuadable?

15 COMMISSIONER CHOKSHI: While, from the
16 data that we have, the answer is yes. There is
17 likely to be, you know, some portion of the
18 population that will couldn't who knew to refuse
19 vaccination, but I strongly believe that that number
20 is relatively small and we have seen just over the
21 last, you know, a few months that people who were
22 initially reluctant to get vaccinated, because of all
23 of the different approaches that I have talked about
24 in the iterative approach, you know, to engaging

2 them, that more and more people have chosen to get
3 vaccinated.

4 SPEAKER JOHNSON: Do you have any
5 estimation of what you think that number is? The
6 folks that are chose not persuadable?

7 COMMISSIONER CHOKSHI: Over the eligible
8 population, you know, I would estimate it at around
9 15 percent or less know you think that we should
10 drive that number as low as it can possibly go.

11 SPEAKER JOHNSON: Do you think it is
12 possible to effectively counteract the anti-vaxer
13 movement and the vaccine misinformation movement that
14 has really sprung up on social media and other
15 sources that has undermined public health efforts?
16 Do you think that it is possible to effectively
17 counteract that?

18 COMMISSIONER CHOKSHI: Yes, Mr. Speaker.
19 It's not just possible, it is imperative for us to do
20 this. And there are ways in which, you know, we have
21 successfully addressed a lot of the misinformation
22 that is circulating, but it takes all of us. This is
23 not, you know, solely a Health Department
24 responsibility or even a city government
25 responsibility. It means everyone working in concert

2 to ensure that it is the scientific facts that are
3 lifted up and that people hear about them not just
4 from authorities, including medical authorities, but
5 from their neighbors, you know, from other people
6 whom they know and trust.

7 SPEAKER JOHNSON: I'm sure you have run
8 into this. He mentioned the same your testimony.
9 You personally are a doctor. You still see patients.
10 When you have to talk to someone who is supposed to
11 getting the vaccine, what would you say? In 45
12 seconds, we shared a doctor be saying? What should
13 someone who is not a clinician be saying to someone
14 who is supposed to getting vaccinated? Word is sort
15 of the elevator pitch to them on why they showed get
16 vaccinated and tried to move them away from the place
17 of residency to a place of potential saying, okay. I
18 open to this now?

19 COMMISSIONER CHOKSHI: Well, yes. Thank
20 you for the question and I will see you my colleague,
21 Dr. Wallack, wants to chime in on this. He also
22 takes care of patients at Bellevue Hospital as I do.
23 Mr. Speaker, but I have to admit, if I only have 45
24 seconds, usually I'm spending that was mainly the
25 patient rather than talking and, you know, that has

2 been so unfortunate in my own experience to build
3 trust with the people that I taking care of. But
4 after that, what I focus on is, number one, should
5 knowledge some of the concerns that they may be, you
6 know, bringing to the conversation. Number two, to
7 make a very clear and strong recommendation for
8 vaccination that is born from my concern of the my
9 patients health and for them to hear from me directly
10 how important it is, something that I think and
11 protect them and maybe even save their life. And the
12 last thing that I often to use I will talk to them
13 about, you know, what activities they think may
14 become safer if they were to get vaccinated which I
15 find often on lock so different, you know, part of
16 the conversation where people begin to appreciate how
17 fundamentally tied in the COVID 19 pandemic
18 vaccination is to the activities that they love and
19 cherish.

20 SPEAKER JOHNSON: Okay. Again, I'm not
21 going to get to all my questions. I just want to ask
22 one final question. I know that Chairs Levine and
23 Rivera are likely going ask about our city workforce
24 and the low numbers that I mentioned before amongst
25 certain city agency workforce places where we want

2 the number to come up. But I have one just sort of
3 final question because I don't want to take up too
4 much time. Would you support a full vaccine mandate,
5 no testing option, for the entire city workforce?

6 COMMISSIONER CHOKSHI: I do support
7 vaccine requirements, you know, where they are
8 warranted and we have been very supportive, as the
9 Mayor has said, climbing the ladder. It is important
10 to make sure that we do this in a methodical and
11 staged way to bring people along to make sure that
12 people do get their questions answered. And so, I
13 was a strong supporter of the vaccination or testing
14 mandate that we have rolled out and we have to
15 continue to watch the situation as it evolves and it
16 may be the case that a full vaccine mandate is
17 warranted in the future. But right now, I would say
18 that I support the vaccination or testing mandate and
19 moving towards full vaccine mandates in specific
20 segments as we have seen for healthcare workers and
21 for Department of Education staff.

22 SPEAKER JOHNSON: What about for first
23 responders? Showed first responders-- showed their
24 beautiful vaccine mandate without a testing option
25 for first responders?

2 COMMISSIONER CHOKSHI: I want to get as
3 many first responders fully vaccinated as quickly as
4 possible and I think there's great work that is
5 already ongoing to raise those rates and we will have
6 to see if that is, you know, another area where
7 climbing the ladder is necessary to get the rates as
8 high as they can possibly go.

9 SPEAKER JOHNSON: Okay. Thank you,
10 Commissioner. I'm going to turn it back to Chairs
11 Rivera and Levine.

12 CHAIRPERSON LEVINE: Thank you so much,
13 Speaker Johnson, for those excellent questions and
14 for your ongoing leadership on COVID inequity.
15 Commissioner, I appreciate your comments. In the
16 opening statement on the number one issue I hear from
17 the hesitants which is, well, I had COVID and,
18 therefore, I don't need to get the vaccine. Could
19 you explain why that logic doesn't hold?

20 COMMISSIONER CHOKSHI: Yes. And, again,
21 allow me to say thank you so much, Chair Levine, for
22 everything you have done during COVID response and,
23 particularly, to get information out across the city.
24 I and the Health Department are truly grateful for
25 all of your efforts, as well. And, as usual, you get

2 to the heart of the matter with respect to, you know,
3 the most salient questions. This is one that we have
4 heard, you know, time and again with respect to
5 people who have been previously infected with COVID
6 19 and whether vaccination is needed for them. And
7 the answer is an unequivocal yes. We do know that
8 there is some immunity that is provided, you know,
9 through prior infection, but what we don't know if
10 the precise strength and duration of that immunity.
11 And the real world choice that people who have been
12 previously infected face is whether or not to get
13 vaccinated and we have rigorous science that shows
14 that the right choice among those is for people to
15 get vaccinated because it strengthens immunity and
16 may extend the duration of immunity, as well. The
17 CDC published a specific study showing that the risk
18 of reinfection was over 2.3 times as high among
19 people with prior infection who remained unvaccinated
20 compared to people with prior infection who have been
21 vaccinated. So, to put it all together, it's my
22 strong recommendation, if you have had COVID 19 in
23 the past, you know how serious and significant it can
24 be and take the step to get additional protection by
25 getting vaccinated.

2 CHAIRPERSON LEVINE: Thank you. Chair
3 Rivera raised some excellent questions about vaccine
4 take up rate among New Yorkers aged 85 and older--
5 and I'm sure she'll ask questions about that. I want
6 to ask about the younger cohort which is New Yorkers
7 aged 12 to 17. I have not seen a racial breakdown on
8 vaccine rates in that age category. I wonder if you
9 could comment, first of all, where we're at citywide.
10 What's the rate of full vaccination among
11 adolescents? And could you talk about equity issues
12 you might see in the data considering, I think,
13 anecdotal information that we all have that there is
14 extremely wide variation in the vaccine take up rates
15 among different sociodemographic groups for young
16 people?

17 COMMISSIONER CHOKSHI: Yes. Thank you for
18 this important question. So, overall, we are
19 approaching a 73 percent of 12 to 17 year olds with
20 at least one dose of the vaccine. I don't have at my
21 fingertips the proportion that is fully vaccinated,
22 but I'm sure we can get that shortly. And we do
23 follow, you know, not just race and ethnicity
24 breakdowns within this data, but also geographic
25 breakdowns with respect to differences by borough.

2 This is on the Health Department's website at
3 NYC.gov/COVIDdata, but, briefly, where we are seeing
4 relatively high vaccination rates among adolescents
5 is among Asian and Native Hawaiian and Pacific
6 Islander, as well as Hispanic Latino adolescents.
7 Where we are seeing lower rates is among black and
8 white teenagers. And so we do have more work to do
9 to ensure that, you know, that the youngest New
10 Yorkers who are currently eligible for vaccination
11 continue to increase those rates, as well.

12 CHAIRPERSON LEVINE: So, are there young
13 people specific strategies reaching out to black
14 teenagers and it's interesting to hear that you
15 identify white teenagers, as well, that are focused
16 on youth specifically?

17 COMMISSIONER CHOKSHI: Yes. We have had
18 specific outreach campaigns to youth. I will just go
19 over them very briefly. You know, a lot of this is
20 through our media where we have done, you know, focus
21 groups and testing on specific messages that, you
22 know, most resonate with youth. There's a particular
23 social media aspect to that and knowing, you know,
24 how much-- perhaps too much-- adolescents are
25 using, you know, social media to communicate with

2 their friends and information. And then, very
3 importantly, we have an extremely strong push in the
4 next leading up to the first day of school and what
5 was called our Vax to School Campaign were working
6 with her Chancellor and the Department of Education,
7 we did a whole slate of events with youth, after that
8 places where we knew they would be excited to get
9 back to, whether it was had a football practice, you
10 know, or people who are gathering the get back to
11 their dance classes. You know, doing things to
12 answer the questions that youth specifically have
13 about vaccination and providing ready access to the
14 vaccine, as well. We to that starting in early
15 August through the first two weeks of September and
16 then, during the first week of school, I'm very proud
17 to say, we are the only large city that was able to
18 accomplish having a vaccination clinic at over 700
19 schools that was every single school building that
20 had children who were eligible to get vaccinated. We
21 had an on site vaccine clinic to provide ready
22 access, as well. So, there has been quite a bit of
23 activity, but we are not done yet and we want to
24 reach as many young people as possible to get them
25 vaccinated, too. Yes.

2 CHAIRPERSON LEVINE: I was very happy
3 that you offered vaccinations and so many schools the
4 first week, but it was, I think, only that week. Is
5 there plans to have another week? Another Vax to
6 School event where you get people second shot if now
7 they are ready?

8 COMMISSIONER CHOKSHI: Yes. We are
9 continuing, you know, vaccine clinics, particularly
10 around second shots to ensure that people--

11 CHAIRPERSON LEVINE: I met second chat.
12 Poorly chosen words. I mean, people might not have
13 been ready to get the vaccine first week of school,
14 but now maybe they are around classmates move so, I
15 got my shot. It's fine. There might be folks that
16 are not ready.

17 COMMISSIONER CHOKSHI: Yes. We are doing
18 that, as well. It won't be in every single school
19 building, but it will still be, you know, at a scale
20 where access will be widespread and ready. You know,
21 we have our school-based health centers that are
22 often, you know, very useful sites to provide not
23 just COVID vaccination, but all of the other, you
24 know, suite of presented services that teenagers need
25 and which over the last 18 months, you know, they

2 haven't had a chance to actually take advantage of
3 whether we are talking about reproductive health or
4 dental services. So, I will just say that, yes. We
5 will continue those efforts. And I should say,
6 beyond those school-based vaccine clinics, we are
7 also working hand-in-hand with pediatricians across
8 the city and making sure that they have supplies of
9 vaccines and they have been of particular focus of
10 the public health detailing efforts and are going,
11 you know, physically boots on the ground in making
12 sure that we have engaged clinicians in our
13 vaccination efforts, as well.

14 CHAIRPERSON LEVINE: Thank you. We've
15 been talking so far in the area about the first two
16 shots or, in the case of Johnson & Johnson, the first
17 shot. Demos were is undoubtedly our number one
18 priority. We want everybody. Everybody who is
19 eligible to get therefore first two shots or first
20 shot of J&J. But now boosters are widely available
21 in New York City to all variety of groups and for
22 people who are vulnerable or risk, not yet the
23 general population, but for those specific groups,
24 the booster shots are important and I worry that we
25 will have equity challenges in the booster

2 administration, as well as we have in the broader
3 vaccine effort. I wonder if you could share with us
4 data on the take up rate of booster shot so far and
5 if you are seeing any trends related to equities so
6 far?

7 COMMISSIONER CHOKSHI: Yes. Thank you for
8 this important question. If you will allow me, I
9 will just reiterate the important point that you made
10 at that which is our foremost priority remains on
11 first doses and then the second dose to complete for
12 vaccination. Getting people who remain unvaccinated
13 vaccinated remains the single most public health
14 intervention for this stage of the pandemic. With
15 that said, you are absolutely right. Booster doses
16 to confer additional protection, you know, in certain
17 circumstances. Right now, for people who received
18 their second dose of Pfizer at least six months ago,
19 there are select groups that are eligible for a third
20 dose of the Pfizer vaccine. That is particularly
21 people who are 65 years and older or people who are
22 adults, have an underlying health condition or
23 otherwise, you know, at high risk for severe COVID 19
24 do so use. For them, we are, excuse me, monitoring
25 uptake closely. We are still quite early, as you

2 know, in, you know, administering booster doses. It
3 is only about 12 to 13,000 booster doses that are
4 been administered thus far, but we will follow
5 patterns by age, race, and place, as I mentioned
6 earlier to ensure that equity is a core pillar over
7 strategy for administering boosters, as well. Two
8 more brief points, if you will allow me. One news we
9 are also working with long-term care facilities like
10 nursing homes and that is also a core part of our
11 equity strategy related to the booster rollout
12 because we know that that is where there is some of
13 the greatest benefit with respect to the protection
14 that additional doses can confer. And then, the
15 second point is distinguishing booster doses from
16 third doses for people who are moderately and
17 severely immunocompromised. This means, you know,
18 people who have cancer and are undergoing active
19 chemotherapy or people who have had a kidney
20 transplant and are on immunosuppressive medications.
21 Third doses for both the Pfizer and Moderna vaccines
22 are available for that category of New Yorkers and we
23 have seen over 70,000 of those third doses be
24 administered and that is also particularly important,
25 particularly for people who are medically vulnerable.

2 CHAIRPERSON LEVINE: Thank you. Can you
3 just clarify whether maternal recipients can get the
4 booster as a third dose or can they get out Pfizer
5 booster? Are there circumstances where the physician
6 could prescribe that and is there any help for those
7 of us who got the Johnson & Johnson does to get
8 clarity on the need for either an mRNA booster to a
9 second J&J?

10 COMMISSIONER CHOKSHI: Thank you. This is
11 something we are following very closely and I want to
12 give you the short and simple answer for which is,
13 for people who were seeing to the Moderna and Johnson
14 & Johnson vaccines, boosters are not currently
15 recommended and I do not recommend that people who
16 received those vaccines received boosters at this
17 time. The reason is that we are still waiting on
18 additional data and we always want to be able to
19 follow the scientific evidence that confirms safety
20 into casino booster doses among Moderna and Johnson &
21 Johnson vaccine recipients. You know, certainly
22 understand this myself as someone who got a J&J
23 vaccine. I know that people are anxious to learn
24 when they may qualify for a booster and I want to
25 speak, you know, unequivocally to people who did

2 receive other vaccines. You know, I hear you and we
3 are also eager to expand eligibility, but we always
4 want to do that with the strength of scientific
5 evidence behind us. I expect that that will be
6 forthcoming within weeks, rather than months and, of
7 course, we will keep New York City posted about that.

8 CHAIRPERSON LEVINE: Thank you. Most
9 since only based on anecdotes is that the take-up
10 rate for third shots for people with
11 immunocompromised in New York City has been
12 disappointingly low. I don't know if you can comment
13 on that cohort and whether the 12 to 13,000 number
14 that you said earlier is inclusive of that group.

15 COMMISSIONER CHOKSHI: Thank you. No. I
16 don't believe it has been disappointingly low as you.
17 You know, we have over 70,000 people who are immune
18 know compromised who have received the third dose.
19 You know, we estimate around 150,000 may be eligible
20 based on the definition of moderate and severe
21 immunocompromised. So, we still do have some work to
22 do and it is important, you know, get that additional
23 protection for people who are immunocompromised, that
24 I think that we are making good progress. I will
25 say, you know, sort of more as a clinical matter,

2 often these locations are already in care and may be
3 in care, you know, with the specialist with whom they
4 want to have a conversation about vaccination and so
5 it is a little bit different than, you know, the
6 overall vaccination effort where we are encouraging
7 people to go to your nearest pharmacy or, you know,
8 one of our city vaccine science. Rather, people, you
9 know, really value that conversation with their own
10 healthcare provider even more so. So, that is what I
11 would say about that. and then, the 12 to 13,000 is
12 not inclusive of the third doses for moderately in
13 severely immunocompromised.

14 CHAIRPERSON LEVINE: Those are much
15 better numbers than I expected on immunocompromised.
16 So, you know, good news on that front. I wanted to
17 ask about the vaccination rate at the Department of
18 Health and Mental Hygiene amongst your-- I think it
19 is 6000 staff. I should know that number, but I know
20 you have a mandate in place for people who have
21 clinical duties at the department, but I think that
22 is a pretty small portion of your total workforce.
23 What is your vax rate overall? How was the mandate
24 working for clinical staff? Have you lost staff who
25 have refused? And what strategies are you using to

2 overcome hesitancy amongst your own workforce and, I
3 guess, finally, why not put a mandate in place at
4 least for all staff in the Department of Health while
5 we, as to say, climbed the ladder for other city
6 agencies?

7 COMMISSIONER CHOKSHI: Thank you for these
8 questions, as well, Mr. Chair. This is something
9 that I think about, you know, very hard and that I
10 care about because it is about the safety of my own
11 team members and my own staff. I am pleased that we
12 have made good progress. We are at about 84 percent
13 of staff who have received at least one dose. And
14 most of those, the vast majority of them are already
15 fully vaccinated. I believe it is about 80 or 81
16 percent come from the last numbers that I had seen.
17 We want to get those numbers still hire because it
18 matters, you know, with respect to the safety of our
19 workplace, as well as for the safety of our people
20 whom we are serving. And so, we're taking additional
21 steps, as you alluded to, for clinical staff. You
22 know, these are the staff in our sexual health
23 clinics or tuberculosis clinics who are taking care
24 of patients. Everyone from, you know, the clerk also
25 should and the custodian to the clinicians will be

2 required under New York State mandate should be fully
3 vaccinated, as well. Then that is well on its way.
4 We well, you know, along with the rest of the city
5 workforce, see if there are other things that we need
6 to do to climb the ladder, you know, with respect to
7 additional vaccine requirements to get our numbers
8 still hire. One thing that I will highlight is, you
9 know, you asked about specific approaches that we're
10 using to address vaccine confidence among team
11 members and I'm so proud of the ways in which the
12 Health Department has been thoughtful about doing
13 those. I will just highlight two specific elements:
14 one is what we call it immunization justice workgroup
15 which formed several months ago really to foster the
16 conversations, you know, particularly among our team
17 members of color to talk about reasons for reluctance
18 to get vaccinated into make sure that people had a
19 forum, you know, for those conversations. In the
20 second idea that I wanted to highlight is that we
21 have enlisted some of our best convince others, you
22 know, our persuaders-- the clinicians who are not
23 just working to get all of New York City vaccinated,
24 but hold office hours with our own staff so that they
25 can hear from a nurse or doctor themselves and have

2 those more in-depth conversations with people that
3 they already trust.

4 CHAIRPERSON LEVINE: Thank you,
5 Commissioner. Dr. Wallach, I wonder if you could
6 update as although vaccine requirement in the H&H
7 system and the progress you are making on vaccination
8 this week. I understand that, on Monday, there were
9 about 5000 H&H team members that were unvaccinated,
10 but that number has really gone down pretty
11 significantly so far over the week. And just give us
12 a sense on how operations are going in light of the
13 staff that are not able to work because they have
14 been vaccinated.

15 DR. ANDREW WALLACH: Great. Thank you
16 very much for the question, Mr. Chair. I will say,
17 overall, 92 percent of our public Health Center is
18 vaccinated. For particular workforce, we know that
19 nurses make up a very large component and I'm happy
20 to report that over 95 percent of our nurses,
21 specifically, have been vaccinated against COVID 19.
22 However, we did have about 500 nurses who were
23 unvaccinated and, therefore, not working in our
24 facilities, but we planned for this in advance and
25 have brought any agency nurses that have been trained

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2 and are now part of our team to pick up that slack.

3 As a result, all of our hospitals are fully
4 operational and are doing well at this time.

5 CHAIRPERSON LEVINE: That is great news.
6 I can you just up to dose on any search vaccinations
7 this week? Again, I think you were at 5000
8 unvaccinated Monday. Do you know that number is
9 today?

10 DR. ANDREW WALLACH: Yeah. So, we
11 absolutely are solid increase the week prior to the
12 mandate going in, as well. In fact, we been about 85
13 percent of our workforce made vaccinated and, as I
14 mentioned, that went up to 92 percent. Once the
15 vaccine mandate went live on Monday, we have had some
16 increase in staff who have presented to work and
17 decided to go ahead and get vaccinated. I don't have
18 that specific number in front of me right now, but we
19 are definitely seeing folks changing their mind and
20 getting vaccinated.

21 CHAIRPERSON LEVINE: I'd be curious to
22 know that if you can get it for us. For me, the
23 H&H--

24 DR. ANDREW WALLACH: Yes, sir.

25

2 CHAIRPERSON LEVINE: is real validation
3 for how important the vaccine mandates are and the
4 fact that they work because--

5 DR. ANDREW WALLACH: Yep.

6 CHAIRPERSON LEVINE: We have had people
7 get vaccinated and your operations are continuing
8 which is critical. So, very happy. Kudos on that.
9 finally, Commissioner, I just want to ask about
10 vaccination in the childcare context. There is a
11 mandate for childcare staff in agencies which are, I
12 guess, directly contracted by the city, but it is
13 something of a patchwork sector and there's lots of
14 childcare agencies which are not directly contracted
15 by the city, but they are all regulated by the
16 Department of Health and I think you even mandate flu
17 vaccines for that population. Why not just go for a
18 more broad mandate for the whole sector?

19 COMMISSIONER CHOKSHI: Yes. Thank you for
20 that thoughtful question and it's a particularly
21 important one and the reason that we have done the
22 childcare requirements that we have already is in
23 part because younger children are not eligible to get
24 vaccinated right now as you well know. And this is
25 something that I care about not just as a doctor, but

2 also as the father of a young child myself. So it is
3 something that we are actively looking at among, you
4 know, the various options for climbing the ladder
5 with additional vaccine requirements. We wanted to
6 start with the groups that were directly contracted
7 with the city and, you know, in coming weeks, we will
8 see if that warrants expansion, as well.

9 CHAIRPERSON LEVINE: Thank you so much,
10 Commissioner. Thank you, Dr. Wallach. And now I'm
11 going to pass it over to my partner in this hearing,
12 Chair Rivera.

13 CHAIRPERSON RIVERA: Thank you, Chair
14 Levine. Awesome line of questioning. Thank you,
15 everyone, for being here. Okay. I will jump rated
16 because I know we also have many of our colleagues
17 who are also queued up. First, let me say that I
18 have seen the marketing campaign. I truly appreciate
19 it. The commercials on TV, on the radio in very
20 different radio stations in terms of constituencies,
21 so I appreciate that. And I appreciate that you have
22 taken vaccine hesitancy and turned it into the phrase
23 vaccine confidence. I do appreciate that. So, I
24 guess, let me start with can you please share how
25 hospitals have supported equitable vaccine

2 distribution particularly since our last hearing on
3 vaccine access at the beginning of the year?

4 COMMISSIONER CHOKSHI: Yes. Certainly. I
5 will start and I will turn to Dr. Wallach because H&H
6 has been such a vital partner in this. In the short
7 answer is that we have found hospitals, particularly
8 Health and Hospitals in the independent safety net
9 hospitals to be absolutely vital partners with
10 respect to meeting her equity goals. The reason for,
11 I know, is familiar to you, Madam Chair. It is
12 because black and brown New Yorkers are more often
13 cared for by those facilities. They already have
14 relationships at those hospitals and with the
15 clinicians who work in those hospitals. So, the
16 numbers have borne that out. We have worked with
17 them, you know, very carefully to ensure that they
18 have the vaccine supplies that they need, that we
19 give them the science-based information that they need
20 to communicate with their patients and have, you
21 know, at every corner, churning to work with them to
22 actually get beyond the four walls of the hospital
23 into the communities that they are serving, as well.
24 I will turn it to Dr. Wallach if he wants to add
25 anything about H&H.

2 DR. ANDREW WALLACH: Thank you,
3 Commissioner. Thank you for the question, Madam
4 Chair. I will say, indeed, to the Health Department
5 for keeping us well supplied with vaccine which has
6 really been tremendous. We have done very active
7 outreach to our patients through multiple modalities.
8 We reach out through our patient portal system,
9 through text messages, through emails to our
10 patients, and, of course, phone calls. But, as the
11 Commissioners said earlier in his testimony, perhaps
12 one of the most powerful mechanisms is that one-on-
13 one with the provider. I am a primary care physician
14 and every single one of my patient encounters
15 sessions begins with the status of the patient with
16 regard to COVID and having that conversation.
17 Answering questions and building that confidence in
18 the vaccine. In addition, we have worked with our
19 Office of Emergency Management in have put together
20 multiple materials in many different languages. We
21 have also put together guidance for hours stone up on
22 how to speak to your patient about COVID hesitancy.
23 And so, really, are very proud of the work that we
24 have done equity is out the top of our lowest those

2 we think about vaccines you in New York City and with
3 our patients.

4 CHAIRPERSON RIVERA: Thank you. I
5 wanted to ask about a culture of humility in a
6 second. But unlike during our January 2021 hearing
7 on vaccine equity, vaccines are now widely available
8 to New Yorkers. So, how is the city working to
9 ensure that communities with historically less access
10 to healthcare are included in outreach efforts. And,
11 specifically, can you speak to efforts on reaching
12 New Yorkers in multiple languages, communities that
13 have limited digital literacy and who may not utilize
14 Internet, smart phones, or television individuals
15 that are undocumented.

16 COMMISSIONER CHOKSHI: Thank you so much
17 for those important questions. And you are able.
18 Now though vaccine supply is no longer the limiting
19 step, it has meant that we have had to focus even
20 more on decentralized access and, you know, not just
21 in helps like hospitals, but in family doctor offices
22 in through the pop-up events, for example, at NYCHA
23 developments, and barbershops and salons, and the
24 places where we know, you know, people are
25 frequenting further reasons. Pharmacies, etc. And

2 so, you know, we've worked to create that
3 decentralization and pair it with our efforts to
4 build vaccine confidence. So, when you actually have
5 vaccination available in, you know, place where
6 someone is going to, you know, to worship or were
7 they are going to work or were they are going for
8 recreation, that is the way to combine our efforts to
9 build trust and confidence with ready access to the
10 vaccine. I spoke a little bit about the ways in
11 which we have sought to surmount various health
12 literacy barriers and thank you for laying them out
13 thoughtfully. It is not just about language,
14 although that is very important. It is also about
15 digital literacy and it's about fear and anxiety that
16 many of our undocumented neighbors also feel. So, a
17 little bit about each of those, in turn. You know, I
18 mentioned the ways in which we have made all of our
19 materials accessible and the most common languages
20 spoken by New Yorkers, but also all of the things
21 that we are providing with respect to, for example,
22 telephonic services, whether it is 877-VAX-4NYC or
23 our nurse phone lines. All of those do have, you
24 know, interpretation options available. I am so
25 proud of the ways in which our Health Department

2 staff who are multilingual have held multiple events
3 in their own native languages. And, you know, that
4 is everything from Spanish to Bengali to Mandarin,
5 but also less commonly spoken languages such as
6 indigenous central American languages, as well. So,
7 that is a little bit of what we after on the language
8 front. With respect to digital literacy, this is
9 something that we have thought about, you know,
10 carefully and it all relies on the human touch and
11 that one-on-one conversation. We have done so much
12 canvassing. And, again, I have to acknowledge Test
13 and Trace and Health and Hospitals who's been leading
14 in this way. We have not gone on millions of doors.
15 We've had, you know, so many ways in which we are not
16 relying on the phone or the TV or the internet, but
17 actually a face to face encounter even during, you
18 know, a global pandemic. And then, finally, with
19 respect to undocumented immigrants, I have to start
20 by saying that this is a place where community-based
21 organizations have really shined. There are so many
22 CBO's who have dedicated, you know, all of their work
23 to better serving undocumented New Yorkers and so we
24 have worked in partnership with them on our outreach
25 efforts, on vaccination overtones. They have given

2 notes, you know, and tell about what people are
3 particularly fearful of where they are more
4 comfortable in seeking vaccination and less
5 comfortable, and so that does been a really
6 productive relationship for us to tried to surmount
7 those many barriers that exist.

8 CHAIRPERSON RIVERA: Yeah. And I would
9 say, of course, there community-based organizations,
10 the faith-based groups, advocates, community
11 providers, mean, they are, you know, the most
12 important in delivering culturally humbled care,
13 specifically in the context of addressing vaccine
14 confidence. And so, the sounds like the strategy has
15 somewhat evolved since January 2021, but our
16 confidence does remain in our CBO's. And so, you
17 mentioned T2 and so H&H recently announced that T2
18 will continue as a public health corps, funded at \$50
19 million to address community-based healthcare needs
20 building off of the COVID 19 response infrastructure.
21 The community-based organizations funded through T2
22 are currently involved in steering outreach and
23 policy recommendations via a community advisory
24 board, the CAB, created as part of T2 and H&H. So,
25 what role will use CBO's play in the public health

2 corps and how will their feedback and expertise be
3 implemented moving forward?

4 COMMISSIONER CHOKSHI: Thank you so much
5 for this very important question. Well*and then turn
6 to Dr. Wallach, again, for anything to add. And if
7 you or me, Madam Chair, I want to say just a word
8 about the Public Health Corps because it is an idea
9 that I am so passionate about, the Public Health
10 Corps is our once in a generation opportunity to
11 reimagine public health for New York City. It is a
12 partnership, you know, lead withing city government
13 between the Health Department and Health and
14 Hospitals, but as you alluded to, is really only as
15 good as our partnerships with community based
16 organizations. So the Public Health Corps will build
17 upon all of the work that has been done during COVID
18 19 response where we have worked with about 65
19 community based organization partners to date. That
20 includes the T2 CBO's as well as additional CBO's
21 that we have engaged during an initiative called the
22 Vaccine Equity Partner Engagement Initiative. And
23 building upon that strong foundation to extend it
24 still further and going from 65 community based
25 organizations to nearly 100 CBO's in the full fledged

2 version of the Public Health Corps. We have
3 allocated \$60 million on the work to date to
4 community based organizations and, again, we will
5 build upon that, you know, with additional funding in
6 the months and years ahead through the Public Health
7 Core. So, the community advisory board has been, you
8 know, a particularly important part of T2. There are
9 countless examples where we've gotten direct feedback
10 where, you know-- through that mechanism that has
11 been informed our strategies whether on testing or on
12 vaccination, and so that is also something that we
13 will continue with, you know, in some form with
14 respect to ensuring that community feedback and
15 accountability is central to the Public Health Corps.
16 I will turn it to Dr. Wallach if he wants to add
17 anything.

18 DR. ANDREW WALLACH: Yeah. Thank you,
19 Commissioner. I would just reiterate what you said
20 of the importance of our partnerships with these
21 CBO's who have boots on the ground and are very
22 pleased as we move forward with the Public Health
23 Corps here in the city. So, nothing more to add.

24 CHAIRPERSON RIVERA: So, how can the
25 city support CBO's who continue to respond to an

2 exceptionally high demand for their services during
3 this transition from T2 to the Public Health Corps?
4 Is the city considering extending T2 contracts?

5 COMMISSIONER CHOKSHI: Dr. Wallach, do you
6 want to start on that one? I think he is waiting to
7 be unmuted.

8 DR. ANDREW WALLACH: Yes. Thank you for
9 unmuting. Apologies for that. Indeed, we feel that
10 it is very important to have the role, I said, of the
11 CBO's and make sure that patients are connected with
12 those organizations and can continue to support their
13 work. I don't have specific information about the
14 details of ongoing contracts, but, again, we just
15 emphasize the importance of the raw in connecting
16 patients to care.

17 COMMISSIONER CHOKSHI: And, Madam Chair,
18 I'll just add briefly to say that, you know, I know
19 that Health and Hospitals had already amended the
20 contract scope, you know, for T2 CBO's to include
21 vaccination among the deliverable. So, it's a very,
22 you know, tangible example of the ways in which this
23 spoon dynamic as part of the needs of those they
24 arrive during COVID 19 response. We are already
25 built on the T2 CBO infrastructure through that

2 program that I mentioned: Vaccine Equity Partner
3 Engagement Program which allocated additional \$9
4 million to our CBO partners. And, as I said, the
5 Public Health Corps will give us the chair is to
6 extend this even further.

7 CHAIRPERSON RIVERA: Thank you for that.

8 And so, some of, you know, the population that we
9 are, clearly, trying to reach our oldest New Yorkers
10 or elders and, as I mentioned in my earlier remarks,
11 New Yorkers age 85 years and older have the lowest
12 vaccination rates of all age groups with only 58
13 percent fully vaccinated. What are the greatest
14 challenges in reaching this population?

15 COMMISSIONER CHOKSHI: Yes. Thank you for
16 this important question, as well. It is one that we
17 have had a lot of concerted attention paid to because
18 we know just how important vaccination is for older
19 New Yorkers, in particular, given that age, along
20 with vaccination status, are the two most important
21 risk factors for severe outcomes from COVID 19
22 doozies. There several ways in which we have worked
23 to improve these vaccination rates. One is the home
24 vaccination program that I mentioned which has
25 reached over 27,000 New Yorkers now. Many of them

2 are the ones who have, you know, limited mobility,
3 weren't able to get to our vaccination sites, even
4 though we now have a vaccination site within a half
5 mile of every New Yorker. In some cases, you know,
6 particularly for oldest New Yorkers, it would be even
7 difficult, you know, to navigate that far to the
8 site. So, our in-home vaccination program has been
9 critically important from that perspective. We have
10 also worked with geriatricians around New York City.
11 Geriatricians, as you well know, are the doctors who
12 specialize in taking care of our oldest New Yorkers.
13 So, we worked in partnership with them to make sure
14 they know how to access vaccination, supplied them
15 with vaccines so that they can. So leave their own
16 patients when they see them in clinic, and also ask
17 about him for, you know, additional input on what
18 else we can do to reach them. Finally, also you
19 that, you know, we have done proactive nurse outreach
20 to our oldest New Yorkers. We find that,
21 particularly, because older New Yorkers are likely to
22 have health conditions, they often have very specific
23 clinical questions about those underlying health
24 conditions and whether or not vaccination is
25 recommended. I want to be very clear here that, in

2 virtually all cases, the COVID 19 vaccine is strongly
3 recommended and, in fact, is even more important for
4 people who have underlying health conditions, but
5 that conversation and, you know, being able to ask
6 detailed questions to a nurse and having access to
7 Dr. when needed, as well, has also been critically
8 important. So, you know, we do want to get that rate
9 up as high as it possibly can, but those are some of
10 the ways in which we have tried to address it.

11 CHAIRPERSON RIVERA: Of course. And,
12 you know, anyone who, you know, can be vaccinated, we
13 hope that they will be. I guess my last question is
14 what is the city doing to adjust stigmatizing,
15 shaming, polarizing, or scapegoating of people that
16 are unvaccinated?

17 COMMISSIONER CHOKSHI: Thank you. This is
18 an important question then is becoming, you know,
19 more salient, particularly with the advent of vaccine
20 requirements. My starting point, again, is very
21 similar to the way that I approach my own patients
22 who are unvaccinated. We have to start with empathy.
23 We have to start with humility, as you have said, as
24 well. There are often valid reasons why people have
25 deferred vaccination and we have to listen and sit

2 with that and understand people's values and
3 preferences even after we do take a strong approach
4 to getting news many people vaccinated as possible.
5 I do believe that this is emblematic of New York City
6 in so many ways, you know, to have that empathy, but
7 also be pioneering with respect to making sure that
8 we do bring to bear vaccine requirements to get more
9 New Yorkers vaccinated. So these are two things that
10 we will have to hold in our hands together at the
11 same time, but I am confident that we can reach even
12 more unvaccinated New Yorkers through the approaches
13 that we have described.

14 CHAIRPERSON RIVERA: Agreed. I think
15 this is incredibly important. So, want to thank you
16 for answering my questions. Absolutely, we are your
17 partners and we want to do what is best for the city,
18 of course, IN the mission of public service. So,
19 thanks, again, to all of you for being here and, with
20 that, will turn it back over to committee counsel.

21 COMMITTEE COUNSEL: Thank you so much,
22 Chair Rivera. And we will next turn to Council
23 members for their questions. I just want to remind
24 Council members that if they have a question, please
25 use the zoom raise hand function and I will call you

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2 in the order that you have raised your hand. We are
3 also going to be limiting Council member questions to
4 five minutes and the sergeant-at-arms will keep a
5 timer to let you know when your time is up. For
6 Council member questions, the order that I have is
7 Council member Salamanca followed by Council member
8 Levin who, I believe, jumped off for a minute and
9 came back on, and then Council member Brooks-Powers.
10 So, Council member Salamanca, when you're ready, you
11 can begin.

12 SERGEANT-AT-ARMS: Starting time.

13 COUNCIL MEMBER SALAMANCA: How are you?

14 Thank you. Good afternoon, Commissioner.

15 Commissioner, my question is, was between committees
16 diluted get to hear your entire statement regarding
17 my bill regarding the waving of the fee for that
18 death certificates. Is that something that your
19 agency is supportive or not supportive of?

20 COMMISSIONER CHOKSHI: Yes, Council member
21 Salamanca. The Sade answer is yes. We strongly
22 support your bill, 2373,, We are prepared to begin
23 waiving fees for this specific type of death
24 certificate change that you have raised immediately.
25 This is something that we have been working on

2 internally and I am grateful for your leadership in
3 moving forward with their Council.

4 COUNCIL MEMBER SALAMANCA: Now, you know,
5 and their you said those bill came up, because I
6 explained move silos going through with my dad when
7 he passed from COVID received his death certificate.
8 My question is, you know, is it natural or is it
9 consistent that, whenever someone passes and move
10 pass from, let's say, a heart attack or to move
11 babies or another kind of something else that on
12 their death certificate it is indicated that they
13 died of natural causes, opposed to actually writing
14 what they physically pass from?

15 COMMISSIONER CHOKSHI: Well, first of all,
16 I'm so sorry for your loss, Council member, and, you
17 know, too many families like yours have had to suffer
18 over the course of this pandemic. And I'm grateful
19 that you are raising these issues because I know that
20 for grieving families, you know, it's the last thing
21 that they want to navigate the challenges, you know,
22 of the paperwork of death certificates. So, with
23 respect to your specific question, the way that death
24 certification works, it stats, you know, with the
25 physician who, you know, pronounces the patient and

2 based on, you know, clinical experience, they fill
3 out the death certificate in terms of the causes of
4 death. You know, rarely will it be solely the notion
5 of natural causes. Usually, there is a specific
6 clinical reason that is delineated that is thought to
7 be, you know, most associated with the death of a
8 given patient.

9 COUNCIL MEMBER SALAMANCA: All right.

10 Well, thank you very much, Commissioner. I am
11 excited to hear that, you know, your agency is
12 supportive of this. Hopefully, we can get this
13 passed as soon as possible and we can start with the
14 process of waiving the fees so that families can not
15 have to worry about this financial burden and get the
16 proper documentation because, as you know, FEMA is
17 not releasing any funds to these families unless
18 their documentation is very specific on a COVID
19 related death.

20 COMMISSIONER CHOKSHI: Thank you, again,

21 Council member.

22 COUNCIL MEMBER SALAMANCA: Thank you,

23 Commissioner. Thank you, Mr. Chairs.

24 COMMITTEE COUNSEL: Thank you, Council

25 member Salamanca. We will next turn to Council

2 member Levin followed by Council member Brooks-

3 Powers. Council member Levin, you can begin when you
4 are ready.

5 COUNCIL MEMBER LEVIN: Thank you very
6 much, Commissioner, for your testimony today and for
7 answering our questions. First off, I want to
8 comment on the efforts of the Department of Health
9 and the city for the public information campaign that
10 you all have been doing in recent weeks. I've seen
11 the ads. I think they are very effective using real
12 people's experiences. The first question I have is
13 what is the-- this came up during one of the ads
14 that the patient was waiting to hear from their
15 primary care physician. So my question is what is
16 the outreach looking like among primary care
17 physicians and communities where we are seeing a low
18 vaccination rate or on the low-end of the vaccination
19 rate of like what are we asking of them, what are
20 they asking of the city, the primary care physicians,
21 and what is the relationship or what are the efforts
22 looking like to make sure that they are giving that
23 message? Because, I mean, there are trusted
24 messengers, there's clergy, but primary care
25 physicians, I think, are the most trusted.

2 COMMISSIONER CHOKSHI: Thank you, Council
3 member Levin, and thanks, you know, for the kudos on
4 the public information campaign. The Health
5 Department team has dedicated so much time and energy
6 to it. It's something that we take extraordinarily
7 seriously in terms of our responsibility during the
8 pandemic. With respect to primary care physicians,
9 you said it very well, from the history of
10 vaccination campaigns that provide a strong
11 recommendation that is often the single greatest
12 factor in being able to change someone's mind about
13 vaccination and that's why we have had a real focus
14 on this, you know, really starting several months ago
15 in terms of engaging not just physicians and not just
16 primary care physicians, but clinicians and healers,
17 including nontraditional healers more broadly because
18 we know that they are the holders of trusted
19 relationships with their own patients. So we did
20 this, you know, first in May and June. We launched
21 our Use Every Opportunity campaign which gave
22 providers a tool kit, it gave them the information
23 they needed, but also very specific information about
24 how to have effective vaccine conversations with
25 their own patients. But we didn't rest with just

2 putting that information, you know, out in other
3 world. We took a very boots-on-the-ground approach.
4 We visited over 2000 practices over the course of our
5 vaccination campaign and actually sat with providers,
6 particularly primary care doctors and family
7 physicians to say what are you hearing, what do you
8 need, you know, how can we help? And to give them
9 both supply of vaccine, but also, you know, any other
10 resources that they need to be able to speak with
11 their patients. The last thing that I'll say is
12 that, you know, we recently announced a \$35 million
13 physician referral program which is the latest salvo
14 in our Use Every Opportunity Campaign which,
15 essentially, reimburses providers for having vaccine
16 conversations with their patients who remain
17 unvaccinated. This is something that really, you
18 know, the state or federal government should be
19 doing--

20 COUNCIL MEMBER LEVIN: Ought to be doing.

21 COMMISSIONER CHOKSHI: Yeah. But I am
22 proud that the city has led the way with it.

23 COUNCIL MEMBER LEVIN: Fantastic.

24 Commissioner, have about a minute and I have two
25 questions. So, first question is you said this in

2 your testimony and I want you to reiterate it. Do
3 vaccine mandates work? Now that we have some
4 evidence, do they work and have they worked here?

5 COMMISSIONER CHOKSHI: Yes. Vaccine
6 mandates work.

7 COUNCIL MEMBER LEVIN: Right. Okay. I
8 think that that is a really important message that
9 needs to get out. I was listening to New York Times
10 podcast where the title of the podcast was, Do
11 Vaccine Mandates Work? And it seemed like the
12 consensus of the podcast was that, no. They don't
13 work. And so, I think that it is very important
14 that, I think, opinion makers out there, you know, in
15 the media and in our communities understand just
16 exactly how effective these mandates have been with
17 that we now have that you can show. And then, before
18 I go here, Commissioner, I Chair the General Welfare
19 Committee. I'm very concerned about single adults in
20 congregate shelters in the DHS system. And I am not
21 sure if-- my understanding--

22 SERGEANT-AT-ARMS: Time expired.

23 COUNCIL MEMBER LEVIN: that it is DHS or
24 DSS staff that has largely been doing the work of
25 vaccines access within the congregate shelters. I'll

2 ask you what is DOHMH doing and can we please do more
3 involving the Public Health Corps now to be out there
4 on site. I mean, I went to Wards' Island a couple of
5 weeks ago and I asked the providers, which was Help
6 USA, you know, what's the regimen here? And they
7 said, well, somebody should be coming out in a couple
8 of days, you know, and like no. There's got to be
9 somebody on-site where you have been in Congaree IT
10 settings, you know, 20 guys in the dormitory setting.
11 There's got to be somebody that is on site all the
12 time having moves one-on-one conversations with just
13 everything you've been talking about which is that,
14 you know, listening in hearing what they are saying--
15 because the vaccination rates, I think, I mean, I
16 don't know if you could tell me what the vaccination
17 rate is among single adults in shelter, but it is not
18 high enough, as we know.

19 COMMISSIONER CHOKSHI: Yes. Well, thank
20 you for raising this incredibly important issue. And
21 it is one that the Health Department has been working
22 with our colleagues in DHS to improve vaccination
23 rates, you know, among people experiencing
24 homelessness and, in particular, people who were in
25 shelter. Oh well say, you know, I will defer to DHS

2 on the latest numbers, but I do know that those
3 numbers have improved in recent weeks and that has
4 been through concerted efforts both to improve access
5 to vaccination in our colleagues at Test and Trace
6 have been vital for that. But, also, in terms of
7 building vaccine confidence and bringing, as you
8 heard me say before, you know, those two halves
9 together. So, we have done, you know, number of
10 specific outreach events. We have had vaccination on
11 site and that happens on a revolving basis, you know,
12 DHS shelters, but our work is not done, to your
13 point. And so, we will continue to make sure that
14 this remains a priority for us. One thing that I
15 will mention is that we do have an open RFP now
16 called COVID vaccine confidence educators. This is
17 in partnership with the Department of Almost Services
18 and leaves are, you know, contracts for CBO's to
19 offer education against COVID 19 vaccine
20 misinformation to both residents and staff at DHS
21 congregate facilities, particularly shelters and safe
22 havens to improve vaccine confidence across the
23 shelter system.

24 COMMITTEE COUNSEL: X like Council

25 member Levin has his hand up, but we can come back

2 for second round. We will next turn to Council
3 member Brooks-Powers who has her hand up and I just
4 want to remind any Council member that has a
5 question, to please use the zoom raise hand function
6 at this time. Thank you. In Council member Brooks-
7 Powers, you can begin when you are ready.

8 SERGEANT-AT-ARMS: Starting time.

9 COUNCIL MEMBER BROOKS-POWERS: Thank
10 you. Thank you. So, good afternoon and thank you to
11 DOHMH and Health and Hospitals for being here to
12 testify today from this morning. I would like to
13 also thank the committee Chairs, Council member
14 Rivera and Levine, for convening this important
15 hearing. The issue of vaccine equity have seriously
16 impacted the health of my constituents for the entire
17 time I've been in office. And it has been and
18 continues to be a top concern. Our city has made
19 great progress and, as of this week, 63 percent of
20 New Yorkers are foil vaccinated. But, unfortunately,
21 my district, only about 47 percent of my constituents
22 are fully vaccinated. ZIP Code 11691 in Far Rockaway
23 has the lowest fall vaccination rate in the city at
24 41 percent. These low rates are result of a long-
25 standing combination of conditions in our district

2 such as systemic inequity and healthcare access.

3 Vaccine hesitancy her nose a tendency to miss trust

4 and the struggle to ensure the equitable distribution

5 of government resources. COVID continues to threaten

6 our community, which is why the city urgently needs

7 to reevaluate its approach to reaching out vaccinated

8 people in protecting our most honorable neighbors.

9 I'm eager to hear from DOHMH and Health and Hospitals

10 and understand how these agencies are working to

11 renew their vaccine efforts and, especially, because

12 my office has been working extremely hard to

13 coordinate with Health and Hospitals and I find that

14 there is a lot of issues in trying to make that

15 connection in my district. In before I get to the

16 questions, I just briefly would like to speak in

17 support of Council member Salamanca is bill, Intro

18 2373 for which I a proud cosponsor and I have

19 received calls from constituents asking for help in

20 obtaining these amended certificates and we have seen

21 firsthand the difficulty many people are facing,

22 especially early in the pandemic before COVID was

23 more fully understood. Many death certificates were

24 released without COVID 19 rightfully listed as the

25 cause of death and, as a result, when FEMA began

2 distributing funeral reimbursements earlier this
3 year, many people were denied financial support for
4 their loved ones' funerals because they could not
5 show COVID as the cause of death and some have been
6 facing administrative delays. They are unable to get
7 prompt help and they have struggled to obtain both
8 the financial compensation and the closure they are
9 looking for. I think this bill is the right thing to
10 do to the families who have lost loved ones due to
11 COVID and I encourage my colleagues to sign on and
12 help pass this legislation. So I'm going to jump
13 into the questions and look forward to hearing the
14 responses. The first one is how-- and I'll ask all
15 of them together just so I can maximize my time. So,
16 how does DOHMH's Equity Action Plan differ from their
17 past outreach efforts? What specific engagement
18 initiatives are DOHMH in Health and Hospitals using
19 to reach uniquely vulnerable and vaccine hesitant
20 populations? What will the agencies do to target
21 efforts in specific areas of the city where
22 vaccination rates are lagging? Can DOHMH or Health
23 and Hospitals provide information on the
24 effectiveness of the cities vaccine van program? How
25 agencies are prioritizing events in those vaccinated

2 areas of the city versus those that have more? And
3 then, do they agencies track how many vaccinations
4 are administered at each event? And I will say,
5 before allowing responses to those questions, the
6 concern that I had with my office engagement with
7 Health and Hospitals right now has been the inability
8 to secure enough vaccine videos in my district. I
9 hear, you know, the need for racial justice. I hear
10 the deed for a campaign to target low vaccinated
11 communities. But that action I do not see think it
12 is highly problematic and disingenuous to put forth
13 the perception that we are doing all that we can to
14 create access to the vaccine when I have not seen
15 that in action. When the vaccine first came aboard,
16 my were noticed to be mobilized to Your College 40
17 minutes outside of our community. The only permanent
18 vaccine site was in mind neighboring Council--

19 SERGEANT-AT-ARMS: Time expired.

20 COUNCIL MEMBER BROOKS-POWERS: members'
21 district which was not where we needed it. Were
22 11691 was the second deadliest sip code. So, the
23 fact of the matter remains that the city continues to
24 fail to provide adequate resources to my constituency
25 and constituencies such as my that really need to

2 have proper access to these resources. So, thank you
3 so much.

4 COMMISSIONER CHOKSHI: Thank you, Council
5 member and, you know, so here the urgency and the
6 passion in your remarks. And so, overwhelm me to try
7 to cover some of your questions, at least, you know,
8 with my response. In the starting point is really,
9 you know, motor reaffirm just how important equity is
10 as a pillar of our vaccination campaign. The Health
11 Department recognized this early on in our COVID
12 response. It is why the Equity Action cup client
13 that you mentioned was released to June 2020, but
14 then we followed that up with a vaccine equity
15 strategy that was released in December 2020 at the
16 very inception of our vaccination campaign. In that
17 laid out, you know, the core pillars of our approach
18 which were around proving access, ensuring uptake,
19 particularly boatbuilding vaccine confidence, but
20 that holding ourselves accountable to the bottom line
21 outcomes, particularly in the places and among the
22 demographic groups aware vaccination rates were
23 lower. What we have found is that the way to address
24 this is by taking a data-driven approach in combining
25 it with a very, you know, local way of delivering

2 resources to the ground and, by resources, I mean
3 that very broadly. I'm talking about vaccines, but
4 also, you know, the outreach in the canvassers that I
5 mentioned, the phone calls, the materials, and then,
6 you know, science-based information and then working
7 hand-in-hand with community partners as you have
8 already heard me talk about. I will just say a
9 little bit more about the way in which our community
10 engagement and outreach teams work and, particularly,
11 to highlight the ways in which, you know, we have
12 taken place-based approaches across the entire city.
13 For example, sometimes through our neighborhood
14 Health Action Centers, which, you know, is
15 particularly emblematic of our commitment to
16 marginalized communities and ensuring that we are
17 building from a foundation that is not just in times
18 of crisis, but is actually there between crises, as
19 well. You know, for your constituents and for the
20 specific ZIP Code that you mentioned, that has been a
21 particular focus with respect to lowering barriers to
22 access and, particularly, working with community-
23 based physicians in that ZIP Code, as well. We have
24 also brought to bear our incentives, ensuring that
25 people know about our in-home vaccination program,

2 bringing transportation, you know, for people who are
3 not able to get to the site, as well as having
4 several community conversations, you know, among
5 groups in the area that you represent, as well as
6 pop-ups with houses of worship. So, hopefully that
7 gives you a little bit of a sense of the work that
8 has happened, but you have my commitment and, I'm
9 sure, Dr. walks, as well, to continue those efforts
10 so we can get as many people vaccinated as possible.
11 I will turn it to Dr. Wallach if he wants to add
12 anything from the Health and Hospitals side.

13 DR. ANDREW WALLACH: Thank you,
14 Commissioner. And, thank you, Council member for
15 your thoughtful question, indeed. I apologize that
16 you feel that we have not had adequate mobile
17 variance in your ZIP Codes and happy to follow up
18 with that. I will say that the Testing and Trace
19 Corps here in New York City has over 30 mobile vans
20 and that there are no additional tent demands through
21 some of our sister agencies that are out on the
22 streets every day providing vaccines to those who
23 needed and, to Dr. Chokshi's point, we really use
24 information based on vaccine rates in particular
25 neighborhoods to help us come up with our schedule on

2 a weekly basis. So, absolutely happy to take that
3 back. But rest assured we are committed to making
4 sure that vaccines getting do the arms of those that
5 are most vulnerable and needed. So, thank you.

6 COMMISSIONER CHOKSHI: And I will just
7 stand briefly that, you know, I know that Dr. Tori
8 and Easterling who serves as the chief equity officer
9 and first Deputy Commissioner for the Health
10 Department is in your ZIP Code. It is in 11691 this
11 afternoon for an event with Borough Pres. Richards,
12 as well. And we are happy to partner further on over
13 to answer anything else that may help.

14 COMMITTEE COUNSEL: Thank you, Council
15 member Brooks-Powers. And it appears that both
16 Council members Levin and Brooks-Power how very brief
17 follow-up questions. So, we will put a two minute
18 call grinding you can both ask questions very
19 quickly. Council member Levin, you can begin as soon
20 as you're ready.

21 SERGEANT-AT-ARMS: Time starts now.

22 COUNCIL MEMBER LEVIN: Thank you so much.
23 Commissioner, just wanted to mention that it might be
24 helpful in that open RFP to make sure that
25 organizations that to healthcare for the homeless

2 population in New York City are aware that open RFP.

3 So, floating hospital, care for the homeless--

4 Coalition for the Homeless-- back, I think, would be

5 very important. Another homeless services providers

6 that may be interested in this. But I just wanted to

7 emphasize this how important it is to make sure that

8 somebody is on-site at regular times for extended

9 periods of time so that people that are residing in

10 this congregational turn, you know, have more than

11 just one sure opportunity to get vaccinated. I am

12 very concerned about the dangers of Delta. You know,

13 as you know, if you go to Ward's Island, you will see

14 that, you know, the beds are not six feet apart,

15 obviously, nobody can sleep with a mask on, and there

16 is, you know, 20 guys per room. These are big rooms,

17 but it is a safe situation and, frankly, like the

18 decision to move people back into congregate from the

19 hotels was made prior to Delta and was kind of a

20 different situation. So, you know, I think that it

21 is really important that we tried to get those

22 vaccination rates higher. Do you know if the top.

23 With the vaccination radios for single adults in

24 shelter?

25

2 COMMISSIONER CHOKSHI: Thank you, Council
3 member Levin. No. That is something that I will
4 have to defer to our Department of Homeless Services
5 colleagues. I do know that it has improved in recent
6 weeks, you know, things to some of the efforts that I
7 mentioned. But your point is very well taken. You
8 know, we have to get vaccination rates as high as
9 they possibly can. And, again, I know from my own
10 clinical practice that people experiencing
11 homelessness are, you know, at higher risk of severe
12 outcomes from COVID 19 and so, that lends even more
13 urgency to the efforts that you are calling attention
14 to. And thank you also for the feedback on the RFP.
15 I do know that we work closely with many of the
16 organizations that you mentioned, but we will
17 certainly confirm or redouble our efforts to make
18 sure that they are aware of it.

19 COUNCIL MEMBER LEVIN: Street outreach
20 teams, as well. So, that would be, you know, CUCS
21 and Breaking Ground. Okay. Thanks so much. Thank
22 you, Commissioner.

23 COMMITTEE COUNSEL: Thank you, Council
24 member Levin. And we will briefly now turn back to
25

2 Council member Brooks-Powers for a two minute follow-
3 up.

4 SERGEANT-AT-ARMS: Time starts now.

5 COUNCIL MEMBER BROOKS-POWERS: Thank
6 you. And just wanted to and off by saying thank you
7 both for your response. I will say, though, I would
8 like to have a commitment from you both to have your
9 appropriate staff work with my staff to really
10 implement a plan where we may have to come back into
11 the fine-tuning if it doesn't work. I know I hope in
12 working closely with your team which, in some cases,
13 have been extremely helpful and, in some cases, some
14 is not been. So, want to cut through the road to so
15 that we can get the shot in the arm for people in my
16 district who would like that. So, I really would
17 like to have a firm commitment on that. And, off-
18 line, if you can have someone reach out so that we
19 know the appropriate contact is. We have changed and
20 had iterations a couple of times and, you know, my
21 office, we have even launched toward is called
22 [inaudible 02:03:11]. It's something that I kicked
23 off over the summer and it has not been able to be as
24 effective as I think it could be because each weekend
25 we'll know if we are going to get a van, no matter

2 how early advance we give that information to and
3 sometimes we will find out on the Friday before the
4 Sunday, not giving the faith-based leader enough time
5 to promote it into their community. Also, I am
6 hearing from local organizations in terms of the RFP
7 opportunity that we should, if possible, remove that
8 red tape open RFP when you have partners that, the
9 beginning of the testing in the vaccine that you were
10 located in some of these facilities and working with
11 some of these community partners to make them then
12 have to go jerk way through RFP process when they
13 have been partners from the beginning. It seems a
14 bit unfair and so I did want to use this opportunity
15 to bring that up on their behalf, as well. Thank
16 you.

17 COMMISSIONER CHOKSHI: Thank you, Council
18 member. And the answer is yes. Without hesitation--

19 SERGEANT-AT-ARMS: Time.

20 COMMISSIONER CHOKSHI: You have our
21 commitment and we will certainly do everything that
22 we can to work with you. And I just want to thank
23 you for your conviction, you know, and addressing
24 vaccination rates in your community. Thank you.

1 COMMITTEE ON HEALTH JOINT WITH COMMITTEE ON
HOSPITALS

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2 COUNCIL MEMBER BROOKS-POWERS: Thank
3 you.

4 COMMITTEE COUNSEL: Thank you, Council
5 member. And seeing no further questions from Council
6 members, I next want to turn to Chair Levine and then
7 Rivera for closing remarks for this panel.

8 CHAIRPERSON LEVINE: Well, thank you to
9 our colleagues for those excellent questions and
10 thank you, Dr. Chokshi and Dr. Wallach, for being
11 with us today and for your work on these shows.
12 Excellent discussion which we look forward to
13 continuing. Thank you so much. Chair Rivera?

14 CHAIRPERSON RIVERA: Thank you to offer
15 being here. I know you mentioned a lot of things in
16 terms of next steps and how to avoid polarizing
17 conversations and stereotypes. So, looking forward
18 to working with you just going forward. Thank you so
19 much.

20 COMMITTEE COUNSEL: Thank you very
21 much, Chairs. And thank you very much to the
22 administration for this panel. We will next turn to
23 the public. I would like to remind everyone that all
24 public testimony will be limited to three minutes.
25 After I call your name, please wait a brief moment

2 for the sergeant-at-arms to announce that you may
3 begin before starting your testimony. Please note
4 that the panelists will be able to register for about
5 another 50 minutes for this hearing. The first panel
6 will be Andrew Van Ostrand followed by Tydie Abreu
7 followed by Chris Norwood followed by Michelle
8 Jackson. And Andrew, you can begin as soon as the
9 sergeant cues you.

10 SERGEANT-AT-ARMS: Time starts now.

11 ANDREW VAN OSTRAND: Thank you so much.

12 I hope everybody can hear me and I want to thank the
13 Council, the Commissioner, Department of Health and
14 others city leadership for not only this hearing, but
15 for their continued dogged appreciated work on all
16 these important issues. I am head of government
17 affairs within organization called One Medical. I
18 don't have a lot of time, so I will give you a brief
19 overview of who One Medical is for those who may not
20 be familiar. We operated a brakes and mortar primary
21 care offices in about 15 states throughout the
22 country. In addition to employing thousands of
23 primary care doctors, as well as NPs, PAs, mental
24 health providers, and other clinicians, we also
25 operated a virtual and telehealth technology enabled

2 network that reaches patients who knew all 50 states.
3 New York is our second largest market. We have been
4 in New York operating primary care clinics now for
5 the better part of a decade. We have 17 bricks and
6 mortar offices in Manhattan and Brooklyn with six
7 focused pediatric offices which we also called family
8 offices. We have four new offices in the works right
9 now which we hope will be built and fully operational
10 by the end of the first quarter of 2022. In New York
11 City, we've served over 150,000 New York residents as
12 patients, meaning that there primary care is grounded
13 with a clinician at one of our offices and, even in
14 the midst of the pandemic, up through the end of July
15 of this year, we are averaging about 18,000 in person
16 visits a month. From our perspective, this is a
17 huge, huge opportunity to help the city meet their goal
18 of expanding vaccinations, not only COVID
19 vaccinations and potentially boosters in the third
20 shot, but also routine vaccinations enabling
21 childhood, back-to-school vaccinations, and ensuring
22 folks are receiving in accessing the deferred care
23 that they may have put off because so very real
24 concerns related to the pandemic. The simple
25 reality, however, is that we have not been able to

2 get the access to COVID vaccines as we would have
3 liked. We only have given about 500 COVID vaccines
4 in our offices even though we've been asking for
5 additional vaccines, as well as testing supplies and
6 have continued to raise our hand to do more to help
7 ensure all of those issues that I have just mentioned
8 and that we are being part of that solution. I will
9 highlight that, earlier in the year, we do partner
10 with the city on getting 7000 shots, as well as
11 thousands of COVID tests within the New York City
12 shelter population, something we are very proud of
13 and something we would love to do more of. The city
14 decided to go in a different direction by
15 consolidating some of the other partners and vendors
16 that they were using, but it's an example of the work
17 that we stand ready to help the city with and the
18 services that we are able to provide if given the
19 opportunity. I will say that primary care, Council
20 member Luen and Dr. Wallach have mentioned, these are
21 the entrance to conditions that can help build
22 confidence in vaccines and we would love to put our
23 clinicians and sites to work for the city and
24 continue to be seen as a partner. Thank you.

2 COMMITTEE COUNSEL: Thank you very
3 much. We will next turn to Tydie Abreu and you can
4 begin as soon as the sergeant cues you.

5 SERGEANT-AT-ARMS: Time starts now.

6 TYDIE ABREU: Thank you to Chair Levine and
7 to the Council members present. My name is Tydie
8 Abreu and, as the policy analyst for the Hispanic
9 Federation, I'm here to advocate for Latinos across
10 New York City. For months, NYC has struggled to
11 improve vaccination rates in communities of color,
12 however, recent data illustrates a stark different.
13 According to the NYC Test and Trace Corps, 50.8
14 percent of Latino residents have received at least
15 one dose of the vaccine as of mid-August versus 49.52
16 percent of white residents. This is a vast
17 improvement from earlier this summer when just over a
18 third of Latino residents received the vaccine and
19 white residents were about 10 points ahead. However,
20 nearly 50 percent of Latinos still do not have the
21 vaccine and the pace of vaccination is lagging,
22 particularly in predominantly Hispanic neighborhoods
23 in Brooklyn, Queens, the Bronx, and Upper Manhattan.
24 In effort to meet this need, Hispanic Federation has
25 engaged in several initiatives and, for the sake of

2 time, I will just explain to them. So, targeted
3 outreach has proven to be an effective vaccination
4 strategy and Hispanic Federation has posted a special
5 COVID 19 outreach in vaccination evident that was
6 cosponsored by the New York State Department of
7 Health, the Mayors Office of Immigrant Affairs, and
8 one of our member agencies, we [inaudible 02:10:33]
9 and in the span of just a few hours, we were able to
10 vaccinate about 50 residents in the NYCHA [inaudible
11 02:10:41] Houses the Lower East Side. They received
12 their first dose of the vaccine and were given
13 appointments for second doses. Additionally,
14 hundreds of households in each of these buildings
15 received critical bilingual informational brochures
16 and event flyers. And besides also administering the
17 vaccine, we were able to provide groceries for over
18 500 families. Just last week, Hispanic Federation
19 also launched in a week public education campaign
20 called [speaking foreign language] or the Vaccine for
21 All with the goal of addressing widespread
22 misinformation in providing vaccine education that is
23 both culturally and linguistically accessible where
24 Latinos live. The campaign encompasses television,
25 radio, digital, and includes an LED display vehicle

2 that drives around specific communities with our
3 notes that includes HF's hotline number which is
4 available to our community to answer any questions
5 individuals have about the vaccine. We also used
6 geo-targeting to reach specific ZIP Codes with low
7 vaccination numbers. Hispanic Federation is strongly
8 committed to ensuring our communities educated and
9 vaccinated. We urge city Council to continue
10 supporting efforts to continue to debunk myths about
11 the vaccine and to vaccinate as many residents as
12 possible. When the vaccine becomes available to
13 young children, accessible information disseminated
14 by credible messengers is crucial for parents and
15 guardians to feel comfortable vaccinating their kids.
16 And to equitably address the vaccination rates of
17 Latinos in our city, we must address access to
18 healthcare. For the sake of time, will conclude my
19 comments. Thank you so much for hearing our
20 testimony.

21 COMMITTEE COUNSEL: Thank you so much.

22 And just a reminder to everyone, you can submit a
23 lengthy written testimony and it will be included in
24 the record, as well. We were on the call on Chris

2 Norwood who can begin as soon as the sergeant cues
3 you.

4 SERGEANT-AT-ARMS: Time starts now. You
5 are still-- There we go.

6 CHRIS NORWOOD: Thank you very much,
7 everyone. Wait. I am Chris Norwood, executive
8 director of Health People in representing communities
9 driving recovery. The Test and Trace Corps which H&H
10 and the Health Department form, they deserve great
11 credit for doing that. It is an extraordinary
12 correlation of 35 community groups across the
13 boroughs. It built a community infrastructure that
14 is unique and never existed before which has been
15 vital to New York City's high level of COVID testing,
16 prevention, and the increased focus on vaccination.
17 Having these groups already in place is also vital to
18 COVID recovery. These are CBO's already organized
19 into a health mission which H&H in the health
20 department and with local staff representing a range
21 of populations, neighborhoods, and languages who can
22 rapidly be trained and mobilized to start the fight
23 against the city's massive ill health, especially
24 diabetes and the chronic diseases that so clearly and
25 so fatally fueled this epidemic. New York City had a

2 356 percent increase in diabetes deaths in the first
3 COVID surge, triple anyplace else in the nation, but
4 the city is still not funding well proven diabetes
5 prevention and self-care programs in new stricken
6 neighborhoods. We need not just vaccine equity. We
7 need equity in recovery and that cannot happen
8 without enabling communities to start effective
9 programs to slash chronic disease. There is no more
10 terrible historical mistreatment in health and public
11 health in the failure to do word is really, really
12 possible to slash this chronic disease. The Test and
13 Trace groups totally need to be recognized as part of
14 the cities public health core. I don't think we
15 received a conclusive answer this morning when
16 Council member Rivera asked. On the one hand, it
17 seemed Dr. Chokshi was saying that would happen, but
18 there was not a clear insert from H&H in those
19 contracts must be extended through H&H because that
20 is where they are now. I want to just give one
21 example from my own group of what can happen in what
22 we can do. We seem to have no real-- It is so hard
23 to recognize what has drastically happened to the
24 health of this city. My own group in the South Bronx
25 who special federal funding, which no longer exist,

2 engage almost 2000 people on Medicaid in the diabetes
3 self-management course, a six session course that
4 helps reduce everything from blood sugar and
5 complications to depression. Early reports in the
6 epidemic made it very clear that it wasn't having
7 diabetes that killed with COVID. If blood sugar was
8 in control, people did fairly well. The higher the
9 blood sugar, the more deaths. I think how many
10 people with those 2000 people were protected and we
11 didn't even know it at the time, but now we know it
12 and we are still not doing anything. But I can
13 assure you that work in the South Bronx was done by
14 the community.

15 SERGEANT-AT-ARMS: Time expired.

16 CHRIS NORWOOD: It was done by.
17 Education. I will stop almost immediately. But we
18 can ensuring groups across the city to do the same
19 thing and the community will come out and do it
20 itself just like they did in the South Bronx when
21 they had the opportunity. Thank you.

22 COMMITTEE COUNSEL: Thank you so much.
23 And our final panelist for this panel will be
24 Michelle Jackson. You can begin as soon as you are
25 ready.

2 SERGEANT-AT-ARMS: Time starts now.

3 M.J. OAKMA: Good morning. Good

4 afternoon, Chairs Rivera and Levine. My name is M.J.

5 Oakma, filling in for Michelle Jackson who is the

6 executive director of the Human Services Council, a

7 membership organization representing over 170 human

8 services providers. Since the vaccine rollout began,

9 human service providers have been close partners with

10 the city by acting as trusted and culturally

11 competent information sources for New Yorkers who are

12 vaccine hesitant in providing venues for permanent

13 and pop up vaccine science. Our members

14 overwhelmingly support the vaccine and testing

15 mandate and will always stand behind the science and

16 the necessity of these vaccines, medical racism

17 continues to cast a long shadow on many of our

18 communities. Because of this, for now, having the

19 vaccine or testing mandate helps provide flexibility

20 for organizations based on their unique community

21 workforces. However, there been real challenges in

22 implementation. Providers were given different dates

23 on when to come into compliance in early guidance was

24 either not available or not complete. Clarity about

25 how to complies especially needed for those who

2 received funding from city, state, and federal
3 contracts which all have different sets of guidances.
4 Additionally, many human services providers were
5 already struggling with high vacancy rates in
6 turnover before this mandate due to low wages and
7 chronic underfunding. Those growing concern about
8 how to maintain services if staff decides to walk
9 away because of the vaccine and testing mandate,
10 especially for jobs like administrative staff,
11 security, and building services workers who can more
12 easily find jobs outside the sector where mandate is
13 not in place. City and human services contracting
14 agencies need uniform direction to work with
15 providers to decrease caseload and deliverables if
16 there is not enough staff to maintain them and also
17 allow them to be flexible in spending if providers
18 propose offering bonuses, higher salaries, or other
19 benefits to attract and maintain workers. These
20 essential workers deserve fair wages under city
21 contracts and this shows that it is an equity issue,
22 but it is also an equity issue for our communities.
23 We look forward to looking with the city on this
24 important issue and are thankful for the Council,
25 MOCS, and the Office of the Deputy Mayor of Health

2 and Human Services for creating spaces like this for
3 feedback and partnership on such an important issue.
4 Thank you so much for the opportunity to testify.

5 COMMITTEE COUNSEL: Thank you very
6 much. And we will now turn to Rivera who has
7 questions for this panel.

8 CHAIRPERSON RIVERA: I wanted to just
9 thank you all, well, for being you and for being
10 honest about what we can do to improve. And, of
11 course, we are here because we are supposed to
12 provide oversight over the agencies that serve New
13 Yorkers. So, I guess I want to ask you and maybe Ms.
14 Norwood or whoever, how can this city support
15 community-based organizations in ensuring they have
16 both the capacity and resources to serve their
17 respective communities and, if it is a matter of
18 finding, is this conversation with target communities
19 a long-term conversation requiring findings spread
20 out over time versus large one-time infusions or
21 contracts?

22 COMMITTEE COUNSEL: We can begin with
23 M.J. as they are no longer on mute and then we will
24 turn to Chris.

2 M.J. OAKMA: Yeah. Thank you, Chair area,
3 for that question. I think when it comes to
4 maintaining staff like when there is times of crisis
5 like we had seen during the COVID 19 pandemic, I
6 think it is an issue of long-term funding in kind of
7 the chronic low wages that human services workers get
8 under city and state contracts which makes it a
9 little bit harder, you know, when things get more
10 difficult for folks to want to stay in those
11 positions. So, I think there is an answer long-term
12 funding when it comes to, you know, resources needed
13 to implement this mandate and like respond in the
14 moment now when we work on those long-term solutions.
15 I think, you know, if the city could really work to
16 provide really close and consistent guidance across
17 all agencies, you know, the city is able to do some
18 of the work of comparing city, state, and federal
19 guidances and being very clear the provider is--
20 when they differ over which one has precedence over
21 the other and how we can be in full compliance so
22 that each individual organization doesn't have to do
23 that work themselves, that would be really helpful in
24 just making sure that people and providers know that

2 they have the right information in a are complying in
3 accordance to all the different guidances.

4 COMMITTEE COUNSEL: Thank you, M.J. and
5 we will turn to Chris now to answer the question
6 followed by Tydie.

7 CHRIS NORWOOD: Yes. Yes. I think it
8 is long-term and that is why I sincerely hope that
9 all these T2 CPO workers still all get fired at
10 Christmas this year which will be a real blow in
11 looking at what they did and that it wasn't
12 appreciated. But now certain things are in place and
13 if we can keep them in place-- and I really
14 appreciate this hearing because it is focused on
15 that-- if we can keep them in place, we can go
16 forward to do this other work. We are still saving
17 you. The city is so much sicker than it was before
18 the epidemic. Type II diabetes has even doubled
19 among people under age 20. That is not supposed to
20 happen. They will be on dialysis before they are out
21 of their 20s and we have to all focus, keep
22 employees, and stabilize these organizations and go
23 forward into the work they can really do. Thank you.

2 COMMITTEE COUNSEL: Thank you. And we
3 will now turn to Tydie to answer the question, as
4 well.

5 TYDIE ABREU: And so I echo what the other
6 two panelists said. Definitely long-term funding is
7 needed and there needs delineated timelines for the
8 funding. For instance, the Hispanic Federation has
9 a partnership with New York State where we are doing
10 the granting to our member agencies that are doing
11 this work, you know, throughout communities in New
12 York City and the state and we are able to give them
13 funding for 18 to 24 months to continue doing this
14 work and they know that they can utilize this funding
15 not just for the programing, but also to hire staff
16 to sustain this work. And so, you know, they have
17 the confidence that they will have enough capacity to
18 really serve their communities and ensure that they
19 are being educated about the vaccine and receiving
20 the vaccinations.

21 COMMITTEE COUNSEL: Thank you so much.
22 I think you to this entire panel. We will now turn
23 to our next panel which includes the Jewish Orthodox
24 Women's Medical Association and we don't have a name
25 associated with that organization, so, when you

2 testify, please make sure to include your name for
3 the record followed by Kaveri Sengupta followed by
4 Kevin Jones followed by Allie Baum. In the Jewish
5 Orthodox Women's Medical Association, you can begin
6 as soon as the sergeant cues you.

7 SERGEANT-AT-ARMS: Time starts now.

8 DR. SARAH BECKER: Good afternoon and thank
9 you for this opportunity. My name is Dr. Sarah
10 Becker and I am the Chair of JOWMA's COVID 19 vaccine
11 education task force. The Jewish Orthodox Women's
12 Medical Association, or JOWMA, is comprised of women
13 physicians from across the Jewish Orthodox continuum
14 who volunteer their time to provide health education
15 to the Jewish community. To that end, we have been
16 working with the Orthodox communities around
17 vaccination since our inception in 2019. During the
18 measles epidemic, in partnership with New York City
19 Department of Health and the CDC Foundation, we
20 created a vaccine hotline to answer questions and
21 arrange for in-home vaccination. This led to the
22 birth of the preventative health education series
23 which, to date, has had over 20,000 podcast downloads
24 and thousands of calls to our hotline where talks are
25 available to those without Internet access. With the

2 advent of the COVID 19 vaccines, our organization
3 continues its work encouraging vaccination within
4 Orthodox communities. In addition to releasing
5 scores of talk with vaccine experts on our platforms,
6 since March, we have cohosted a virtual town halls to
7 answer COVID 19 vaccine questions. Live participants
8 for each about a range from hundreds to thousands of
9 viewers with many more real watching on YouTube.
10 Topics covered include vaccine development and
11 mechanism of action, safety and efficacy, in
12 debunking the infertility myth, to name but a few.
13 Additionally, we have used print advertisement and
14 social media for education, including videos
15 promoting vaccination which have garnered over
16 800,000 views since they were released in September
17 2021 and we have released him recently mailed out
18 posters and brochures to medical offices in Orthodox
19 ZIP Codes across New York City with the help of the
20 DOH. Our latest project is a confidential hotline
21 where community members can call in 60s Owego to have
22 their questions answered anonymously biomedical
23 professionals. There is an age-old expression that a
24 like and get halfway around the globe while the truth
25 is still putting on shoes. We were fortunate to have

2 gotten out our message early about vaccine safety and
3 efficacy, but, unfortunately, the growing and well-
4 funded in TiVo next movement has specifically
5 targeted our community with antibiotics
6 misinformation. Countless mailings have been sent to
7 various Jewish Orthodox communities downplaying the
8 COVID 19 virus is just a called in a hoax and
9 claiming serve you. Permanent side effects from
10 vaccination. The top questions we continue to
11 receive our about vaccine safety, specifically does
12 the vaccine cause infertility or damage pregnancies
13 and, additionally, why should I vaccinate if I
14 already had COVID? There really is a strong lead for
15 culturally sensitive education in additional
16 resources to combat misinformation in our
17 communities. Funding and support from New York City
18 are critical at this time. Thank you for your
19 attention and assistance.

20 COMMITTEE COUNSEL: Thank you very
21 much, Dr. Becker. And we will now turn to Kaveri
22 Sengupta and you can begin as soon as the sergeant
23 cues you.

24 SERGEANT-AT-ARMS: Time starts now.

2 KAVERI SENGUPTA: Good afternoon. My name
3 is Kaveri Sengupta. The education policy coordinator
4 at CAACF, the Coalition for Asian American Children
5 and Families. Thank you to Chair Levine, Chair
6 Rivera, and members of their Communities on Health
7 and Hospitals for giving us this opportunity to
8 testify. Bringing together over 70 Asian American
9 and Pacific Islander led in serving organizational
10 members and partners for almost 35 years, CAACF has
11 led the fight in New York City for improved and
12 equitable policy systems and services to support
13 those most marginalized in AAPI communities. AAPIs
14 are the fastest growing population in New York City
15 with initial results from the 2020 census data
16 revealing that we comprise nearly 16 percent of the
17 city. To address ongoing issues of vaccine equity
18 and confidence and by extension other health needs of
19 the AAPI community, we recommend that the city take
20 four key steps. First, implement data disaggregation
21 across city agencies involved in health outreach,
22 especially on languages spoken. Although the overall
23 vaccination rate for New York City residents
24 identifying as Asian is 71.4 percent, which is
25 leading all racial groups in the city, the data that

2 we have access to about our community is mostly
3 aggregated meaning that the diversity of disparities
4 within our communities are often shrouded by the
5 catchall category of Asian, failing to shed light on
6 the various unique struggles amongst specific Asian
7 ethnic communities. Without disaggregated data, we
8 don't know who in the remaining 20.6 of Asian New
9 Yorkers may not be accessing vaccines. CAACF also
10 participated in H&H's Test and Trace Community
11 Advisory Board and saw that much of the data from H&H
12 erases our AAPI communities completely. When we
13 don't have data that accurately reflects our diverse
14 communities, it is difficult to trust the vaccine
15 data presented. According to an analysis into the
16 impacts of COVID 19 on the API community in New York
17 City conducted by the NYU Center for the Study of
18 Asian American Health last year, residents so Chinese
19 docent had the highest mortality rate from COVID 19
20 in New York public hospital system. South Asian New
21 Yorkers experience the second-highest rates of
22 positivity and hospitalization. These findings,
23 based on the systematic analysis of surnames of
24 patients, not on granular disaggregated data by race,
25 ethnicity, and languages spoken, should leave us all

2 skeptical of the current overall vaccination rate for
3 Asians in New York City. Secondly, it is critical
4 for the city to support the development of high
5 quality consistent, accessible multimedia materials
6 in multiple languages including those supported by
7 AAPI populations. This includes low incident
8 languages that lie outside of the top 10 languages
9 spoken in New York City. Throughout our work, our
10 organized additional members, especially smaller
11 CBO's working in low incidence language communities,
12 we learned about the lack of culturally competent
13 translated materials available. Because of this,
14 many CBO's are left to create their own in language
15 materials to communicate info on vaccines. In seeing
16 this gap, CAACF partnered with CBO's to produce a
17 vaccine related outreach materials in Chinese
18 Mandarin and Cantonese, Korean, Punjabi, Urdu,
19 Bengali, Vietnamese, Arabic, Nepali, and Japanese.
20 In this bane, to better reach all AAPI communities,
21 the city must utilize its resources to expand the
22 diversity of in language translated materials and
23 always work in--

24 SERGEANT-AT-ARMS: Time expired.

2 KAVERI SENGUPTA: with the CBO's. Do you
3 mind if I just wrap up quickly? Thanks. The city
4 must also utilize its resources to expand the
5 diversity of in language translated materials and
6 always work in partnership with CBO's for planning
7 and strategy all the way to implementation. We also
8 need the city to ensure consistent access to high-
9 quality interpretation services have vaccination
10 sites throughout the city to help answer questions
11 that non-English-speaking AAPI may have to guide them
12 through the vaccination process. It's also important
13 to recognize that digital divide that exists for the
14 AAPI community were certain populations are unable to
15 access remote interpretation services due to lack of
16 digital literacy. And, finally, the city's response
17 to vaccine inequities and confidence and also the
18 longer-term recovery and healing of our communities
19 must be rooted in community led approach. As other
20 folks have said, we join with the communities driving
21 recovery campaign and many other health advocates to
22 ask the critical CBO's, many who are part of the T2
23 efforts, are considered part of the forward thinking
24 public health cord to fight this pandemic into a
25 tackle many of the underlying social determinants of

2 health that had fueled the pandemic. Small CBO's in
3 our communities of color must have a productive role
4 in their capacities must be built to serve as such
5 for the equitable recovery of our communities. Thank
6 you so much.

7 COMMITTEE COUNSEL: Thank you very
8 much. And we will now turn to Kevin Jones. And you
9 can begin as soon as the sergeant cues you.

10 SERGEANT-AT-ARMS: Time starts now.

11 KEVIN JONES: Good morning, Chair Levine
12 and Chair Rivera. Cheers Levine and Rivera and
13 members of the Committees on Health and Hospitals.
14 My name is Kevin Jones. I am AARP New York associate
15 state director for advocacy covering New York City
16 and we represented approximately 750,000 AARP members
17 across the five boroughs. Thank you for taking the
18 time to allow us to testify today on COVID 19 vaccine
19 hesitancy and equity in New York City. Ever since
20 the first COVID 19 vaccine received emergency to
21 ensure New Yorkers have easy and equitable access to
22 the COVID 19 vaccine. We have also worked hard to
23 ensure that our members have access to the most
24 accurate and reliable information on the COVID 19
25 vaccines. In the early stages of New York City's

2 COVID 19 vaccine rollout, AARP voiced a number of our
3 members concerns to the City Council and City Hall
4 regarding the city's vaccine appointment portal. We
5 highlighted how the process to schedule an
6 appointment disadvantaged large portions of older New
7 Yorkers from getting a vaccine, largely due to the
8 fact that many older adults did not have access to
9 reliable Internet service or the technological
10 literacy needed to schedule an appointment. Since
11 then, AARP New York has been focused on providing our
12 members with readily accessible information on how
13 and when they can schedule their vaccine appointments
14 across New York, including how to request in-home
15 vaccinations for homebound seniors and in answering a
16 number of frequently asked questions to ensure that
17 their vaccine appointments are as smooth and easy as
18 possible. While 76 percent of New York City
19 residents above the age of 65 are now fully
20 vaccinated and 81 percent have received at least one
21 dose, we have seen an overall slowdown in the
22 vaccination rate among this population in recent
23 months-- similar to the rest of the United States in
24 which 10 million order adults still have not received
25 their full series of COVID 19 vaccinations. As most

2 of us at this hearing already now, many health
3 experts and officials have cited vaccine hesitancy
4 which encompasses a wide and complex range of
5 concerns and believes about vaccines as one of the
6 primary causes for the slowdown among older adults.
7 As the national organization, AARP has done
8 considerable research on the issue of vaccine
9 hesitancy among older adults, both amid the COVID 19
10 pandemic and in years prior. While this topic has
11 garnered much attention over the past year and a half
12 because of the seriousness of the ongoing pandemic,
13 we have found that the hesitancy towards vaccines in
14 general have been fairly common among a large portion
15 of older adults in the United States for a myriad of
16 reasons. According to our studies prior to the
17 pandemic, we found that only 45 percent of adults
18 above the age of 50 were reported that they had
19 gotten although vaccinations that their doctor or
20 their healthcare provider recommended and 26 percent
21 reported that they gotten few or none of the vaccines
22 that were recommended to them. When we surveyed
23 individuals about why they were not likely to get the
24 flu vaccine, for example, 41 percent of those
25 surveyed cited that they were concerned about side

2 effects of the vaccine and, additionally, more than
3 half of those surveys stated that they did not know
4 who to trust for reliable information, even about the
5 flu vaccine. In the fall 2020, prior to--

6 SERGEANT-AT-ARMS: Time expired.

7 KEVIN JONES: I am going to skip to the
8 end, but I'm going to submit a longer portion. I
9 just want to say that we believe the city can do more
10 to address those sentiments of vaccine hesitancy and
11 we continue to improve the current vaccination rate
12 among New Yorkers. This would include utilizing a
13 network of senior centers and community-based
14 organizations and, again, happy to take questions and
15 I will submit a longer version of this online, as
16 well. Thank you for your time.

17 COMMITTEE COUNSEL: Thank you so much.

18 And before we turn to our next and final panelist,
19 Allie Bohm, I just want to take a minute to remind
20 everyone that, if we have inadvertently missed you,
21 please use the zoom raise hand function if you plan
22 to testify in our host will also be confirming that
23 we have no additional registrants. So, with that, we
24 can turn to Allie and you can begin as soon as you
25 are ready.

2 ALLIE BOHM: Thank you. My name is Allie
3 Bohm. I am a policy counsel at the New York Civil
4 Liberties Union. When Meir de Blasio began
5 announcing citywide vaccine mandates, he insisted
6 that the city had turned everything it could to
7 achieve voluntary vaccination. This assertion is
8 gallingly true. The initial vaccine rollout strategy
9 focused on mass vaccination sites in the pharmacy
10 network for vaccine delivery, and network that the
11 city well-known was woefully inadequate in
12 neighborhoods hardest hit by COVID 19. To provide
13 but one illustration, district 16 in Brooklyn, which
14 is home to the highest percentage of New York City's
15 population moving below the poverty line, until very
16 recently had zero vaccination sites. Indeed, the
17 initial vaccine rollout sidelined community based
18 organizations, safety net providers, senior centers,
19 and others who are trusted providers for black, Latin
20 X, brown, immigrant, disabled, and low income
21 communities and who know how to meet those communities
22 where they are. Even when vaccination sites are
23 available, too many New Yorkers fear that there will
24 be negative immigration consequences associated with
25 receiving a vaccine. Others, whether for fear of

2 criminalization, having their children taken away, or
3 any other reason, fear sharing personal information
4 with the government or private companies to receive a
5 vaccine. Although the city has broadcast messages
6 about immigration status on the Link NYC kiosks, the
7 city and state have done precious little when it
8 comes to implementing legally binding privacy
9 protections. In addition, too many people have been
10 turned away from vaccination sites because they lack
11 identification, and some low income New Yorkers
12 remain unvaccinated because they cannot afford to
13 take time off from work to recover from vaccine side
14 effects. The city has also been aware of well-
15 founded vaccine skepticism rooted in a long history
16 of medical experimentation, forced sterilizations,
17 another medical mistreatment in black, indigenous,
18 Latin X, brown, immigrant, disabled, and low income
19 communities in the United States, a history that
20 feels over present to individuals who still face
21 stark racial disparities in the US healthcare system.
22 Once again, the city failed to prioritize cultural
23 and linguistic competence and meaningful community
24 engagement, relying instead on external contractors
25 and agencies rather than utilizing local expertise in

2 building community level capacity. Even though we
3 know that justice community members are more
4 effective at convincing their neighbors to wear masks
5 and it appeared as social distancing, community
6 members and organizations are more likely than
7 outsiders to know how to listen to and in answer
8 their neighbors legitimate concerns and convince
9 their neighbors to get vaccinated. But it did not
10 have to be like this. Myriad of CBO's, safety nets,
11 providers, senior centers, and community members have
12 offered to assist in ensuring that the pandemic
13 response generally and vaccines, specifically, reach
14 their communities. They have done so in testimony
15 before this body, in CAB meetings, and in private and
16 public letters to meetings with DOHMH, H&H, and City
17 Hall. The city should finally take them up on their
18 offer. The city's mistakes have cost countless lives
19 and caused untold suffering. The city cannot undo
20 this harm, but it can and must change course going
21 forward. The pandemic recovery that includes all
22 of--

23 SERGEANT-AT-ARMS: Time expired.

24

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2 ALLIE BOHM: our communities depends on
3 it. Thank you for the opportunity to testify and I
4 am happy to answer questions.

5 COMMITTEE COUNSEL: Thank you so much
6 and thank you to this entire panel. We have received
7 confirmation from the host that there are no
8 additional registrants and, seeing no hands raised, I
9 will now turn back to Chair Rivera for closing
10 remarks and to gavel out the hearing.

11 CHAIRPERSON RIVERA: I just want to
12 thank everyone for being here today. I know we have
13 come a long way since our vaccine shortage and, which
14 because of everything that we have gone through, it
15 certainly feels a lot longer than just a few months
16 ago. I think it has been made clear that we must
17 ensure that there is a high priority of New Yorkers
18 who are most at risk-- those who have been
19 historically underserved, those who face challenges
20 in digital literacy who have good reason to mistrust
21 our government because of our troubling medical
22 history and, of course, because of how we serve low
23 income families and people of color. I want to thank
24 the administration for being here and answering
25 questions to the best of their ability and, of

2 course, the community-based organizations who have
3 gone above and beyond in every single moment in our
4 history when it has been the most challenging to
5 serve the people who needed the most. With that, I
6 want to thank the entire Council staff, every single
7 person who made this hearing possible, and I look
8 forward to our partnership with every single person
9 who has participated today to make sure that we can
10 make New York City, of course, a healthier place.
11 Thank you so much and, with that, we adjourned this
12 hearing.

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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 October 15, 2021