



Testimony

of

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Commissioner
New York City Department of Health and Mental Hygiene

before the

New York City Council

Committee on Health

and

Committee on Hospitals

on

New York City's Response to 2019 Novel Coronavirus

March 5, 2020
City Hall – Council Chambers
New York, NY

Good afternoon Speaker Johnson, Chairs Levine and Rivera, and members of the committees. I am Dr. Oxiris Barbot, Commissioner of the New York City Department of Health and Mental Hygiene. I am joined by colleagues from New York City Emergency Management, NYC Health + Hospitals, Department of Education, and Department for the Aging. I will testify today on the City's response to the 2019 Novel Coronavirus, or COVID-19.

As you know, the situation is rapidly changing, as is our understanding of COVID-19. But let me start with the basics. Coronaviruses are a large family of viruses that cause illness ranging from the common cold to more severe diseases like pneumonia. A novel Coronavirus is a type of Coronavirus that has not been previously found in humans. The 2019 Novel Coronavirus began as an outbreak of respiratory disease centered in Wuhan, Hubei province, China, and was first identified in December 2019. Reported illnesses have ranged from asymptomatic to mild to severely ill, and symptoms can include fever, cough and shortness of breath. The virus spreads between people who are in close, regular contact with one another, and through respiratory droplets produced when an infected person coughs or sneezes. While 80 percent of cases have been classified as mild, the virus can be severe and even fatal. Currently, those at greatest risk of infection are persons who have had prolonged and unprotected close contact with a patient with confirmed COVID-19 who is symptomatic, and those with recent travel to affected geographic regions with widespread or sustained community transmission or contact with anyone with confirmed COVID-19 within 14 days. At present, the affected geographic region includes mainland China, Japan, South Korea, Italy and Iran. However, there is person-to-person transmission globally, and in New York City, so this situation is changing rapidly. Scientists are studying this closely, and the details are unfolding in real time.

International update

On January 21, the World Health Organization (WHO) declared COVID-19 a Public Health Emergency of International Concern, and on January 31, the United States (U.S.) Department of Health and Human Services declared the outbreak a U.S. public health emergency. Flights from China have been restricted to only 11 U.S. airports, including JFK and Newark, and many airlines have suspended all flights to and from China. As of today, there are more than 95,000 cases worldwide, including 129 cases in the United States. In New York City, 33 individuals have been tested for COVID-19; 3 individuals have tested positive and 6 test results are pending. These include both travel-acquired and community-acquired cases.

U.S. Response

The U.S. State Department and Centers for Disease Control and Prevention (CDC) have issued clinical and travel guidance that have guided the national response to COVID-19. Foreign nationals, except for lawful permanent residents and immediate family of U.S. citizens and lawful permanent residents, who have visited China or Iran in the past 14 days are prohibited from entering the U.S. American citizens, lawful permanent residents, and their families who have been in China in the past 14 days will be allowed to enter the United States,

but will be redirected to one of 11 airports, including JFK, to undergo health screening. Depending on their health and travel history, they will have some level of restrictions on their movements for 14 days from the time they left China. This week, that same 14-day quarantine was extended to travelers from Italy, Iran, Japan and South Korea.

CDC has also issued clinical criteria regarding the evaluation of persons under investigation for COVID-19, including under what combinations of clinical features and epidemiological risk criteria testing is warranted. This week, the CDC also expanded the guidance for health care providers, so anyone can be tested for COVID-19, regardless of symptoms, exposure or travel history, at the discretion of the clinical provider. Viruses don't respect borders and this broader definition will help us cast a wider net to detect the virus. As the mayor indicated this morning, we are urgently seeking the CDC provide New York City with further testing kits so we can meet the growing demand for testing and quickly diagnose patients. Identifying individuals with COVID-19 early is critical to our ability to appropriately isolate them, identify close contacts and ultimately halt further transmission. We cannot let the supply of testing kits become a limiting factor in our response.

I want to be very clear: We expect the number of cases under investigation to grow. We're entering a period where we'll see new cases daily, and false scares that raise New Yorkers' anxieties. We're going to confront this with transparency, full information and science-based strategies that help us protect people. I do want to emphasize: the risk to New Yorkers of contracting COVID-19 remains low.

New York City response

New York City has rapidly mobilized to respond to this outbreak, working in close concert with our state and federal partners. Within the City, Health Department is in the constant communication with our sister agencies at New York City Emergency Management (NYCEM), NYC Health + Hospitals (H+H) and the Department of Education (DOE), the Fire Department and EMS and every other agency that has congregate spaces or frontline interaction with New Yorkers. We maintain situational awareness to better understand the virus and inform our preparedness and response activities. We monitor the evolving worldwide situation daily, including the latest data on transmissions, new cases and guidance. The Health Department activated our Incident Command System to respond to COVID-19 on January 31. Our on-the-ground response plan includes three major components: identifying people who may have been exposed to the virus; investigating and monitoring potential cases; and informing and engaging health care providers, community partners and the public about the virus and prevention and response efforts.

I'm thrilled that the city's Public Health Laboratory can now test for COVID-19. The test kits initially sent to us by the CDC had demonstrated performance issues and could not be relied upon to provide an accurate result. After asking the CDC for weeks, they have finally sent us new kits that will allow us to run the CDC's test locally. And on February 29, the FDA approved our application to develop our own test for COVID-19. This means that our Public Health Laboratory can currently test specimens upon receipt, and get results back in a matter of hours, not days. Quick detection is vital to stopping the spread of the virus, and this development will help the experts do their job to protect New Yorkers. This week, we lowered the threshold for people who get tested in

order to detect person-to-person transmission. We also began implementing an early detection system at three health systems – NYC Health + Hospitals (H+H), NYU and New York Presbyterian – to obtain high-quality data and information about COVID-19, its prevalence and transmission in the community. We lowered the threshold for testing to test individuals that may have been missed by previous CDC testing guidance. Since implementing this change, we have detected local transmission in NYC. Currently, NYC has a maximum capacity of 120 tests per day. This could easily be increased if the FDA expedites approval of devices at 3 medical equipment companies – which we are calling on them to do today.

The health care system is ready to test and accept patients. There are nearly 20,000 hospital beds in the city, of these, over 1,200 are at the highest level of isolation. H+H is well prepared in the event that a patient with flu-like symptoms presents at or is transported to one of its emergency departments. The H+H Emergency Operations Center is activated to virtually monitor the ongoing outbreak and provide support to all sites as needed, and system leadership is in constant communication with local, state, and federal public health partners. H+H is also rehearsing high usage scenarios to prepare. Every H+H facility will run through a high demand practice scenario to ensure operations, clinical, communications and other staff teams are well prepared to respond to a potential surge of patients, and a system-level “tabletop exercise” is planned. Additionally, all sites have surge management plans in place, which include utilizing traditional and non-traditional spaces to treat patients, including over 300 negative pressure rooms, working with the Medical Reserve Corps to bolster staffing and expanding the systemwide ambulance contract to increase transportation capacity of patient transfers. Frontline H+H staff have up-to-date public health clinical information on the COVID-19 virus, including infection prevention and control, personal protective equipment usage and practices, instructions on specimen collection, and in-service trainings on using personal protective gear. Finally, H+H has embedded travel screening into the electronic health record system to ensure that any patient walking into one of its facility is promptly identified and isolated.

The City is also implementing the federal mandatory quarantine order mentioned previously for certain travelers arriving at JFK airport, and facilitating at-home self-monitoring for those who meet that criteria. For individuals under quarantine, there is a secure, safe and comfortable site, staffed 24/7 by clinical and mental health staff. We are working to make their time with us as comfortable as possible, including providing basic services, such as laundry and food. The Health Department has also developed quarantine guidance materials including home isolation cards, which have been translated into multiple languages. We recognize these necessary procedures pose a significant disruption in people’s lives and aim to minimize the stress and discomfort that quarantine and at-home self-monitoring may cause.

The City’s Situation Room at NYC Emergency Management has been activated, and multiple interagency crisis planning workgroups have been established to focus on containing the spread of coronavirus. These workgroups are responsible for reviewing current plans, identifying gaps that could arise if there were a significant increase in COVID-19 activity in the City and planning to address those gaps. NYCEM and the Health Department

are also working closely with our private sector partners. We have engaged close to 800 organizations that are the City's "Partners in Preparedness" that focus on supporting organizations in preparing their employees, services and facilities for emergencies and conducted multiple calls with our private sector partners which encompasses building owners and managers, real estate industry, university and independent schools, and airlines, to address concerns about the potential impacts of COVID-19 to their operations. NYCEM continues to work through potential escalations and different scenarios by executing practice plans and have recently hosted two tabletop exercises that brought together our leading health experts and officials from dozens of City agencies to rehearse City wide coordinated responses. NYCEM is also closely monitoring the supply chain and working with the Department of Citywide and Administrative Services to plan for mitigating the effects of any disruptions to Agency resource needs. In addition, NYC Emergency Management is working with City, State and federal partners to prioritize and coordinate resource requests for any personal protective equipment.

In recent weeks, we have accelerated our efforts to disseminate critical information to health care providers, community organizations and other partners, and the public. NYC Emergency Management, along with multiple city agency partners, opened the Joint Information Center on Tuesday. The Health Department has issued guidance and FAQ documents for health care professionals across NYC to provide up to date information on COVID-19, including the latest information on the prevalence of the virus, guidelines for testing and treatment, recent national and international guidance, and instructions to reach out to public health authorities with new information. We have established a provider call center to make sure that health care workers can resolve questions and access the latest information. We are cohosting weekly provider conference calls with the State Health Department and have hosted teleconferences with the Greater New York Hospital Association and the Chinese American Medical Society. We are also working closely with DOE regarding potential impact to school communities and are communicating updated guidance to principals and families. DOE has provided guidance to custodial engineers regarding daily cleaning with special attention to horizontal surfaces in school building's common areas, classrooms and bathrooms, as well as frequently contacted items, and they will be conducting Systems Quality Controls to ensure that new cleaning protocols are being implemented. They also increased deep cleanings to two times per week, including disinfecting surface areas, and have ensured all 1,800 schools have adequate hygiene and cleaning materials. Their top focus is the safety and health of students and school communities, and they are working on guidance for schools on how to address health-related absences on attendance records. The most important message we can communicate to parents, is that if your child is sick, they should stay home from school.

The Health Department and our sister agencies have also been working to create and distribute educational messaging in multiple languages, to provide critical information for the public about COVID-19, including information on protective measures, common symptoms, criteria for testing, and what to do if they feel unwell. Yesterday, we announced a subway, digital and multi-media ad campaign encouraging hygiene and seeking care when symptomatic. We are working with community-based organizations (CBOs) to reach their constituencies

with these facts and learn what they are hearing from people in the community. Some of this outreach is targeted specifically to the Chinese community and other relevant immigrant communities, and we've been working with healthcare providers, CBOs and elected officials who serve these communities to distribute information to their networks and refer anyone seeking additional information to our website. If you or your constituents are looking for information regarding COVID-19, please visit the Health Department website or call 311.

As this situation evolves, we may call for greater cooperation from the public. Any additional measures put in place will depend on the number of people affected and the severity of illness we experience in our city. We recognize that this could cause a disruption in people's lives, and we will continue to communicate openly with New Yorkers about other steps they should take to remain vigilant and stay healthy. In the meantime, New Yorkers should take the same precautions that you would during cold and flu season – get a flu shot, frequently wash your hands with soap and water or alcohol-based hand sanitizer is not available, avoid touching your face, cover your mouth if you cough or sneeze and stay home if you are sick with cold-like symptoms. If you have fever, cough and/or shortness of breath, and recently traveled to an area with ongoing spread of coronavirus or have been in close contact with someone who has recently traveled to any of those areas, go to your doctor. If you have these symptoms, but no relevant travel history, stay home and call your doctor. If you need connection to a health care provider, call 311.

As we confront this emerging outbreak, we need to separate facts from fear, and guard against stigma. I want to be clear, this is about a virus, not a group of people. There is no excuse for anyone to discriminate or stigmatize anyone. I am here today to urge all New Yorkers to continue to live their lives as usual, practice good hygiene and stay alert for updates.

Thank you to Speaker Johnson, Chairs Levine and Rivera, and the City Council for their partnership in this work. I am happy to answer any questions.



**TESTIMONY OF
THE UNITED FEDERATION OF TEACHERS
PRESIDENT MICHAEL MULGREW**

**BEFORE THE
NEW YORK CITY COUNCIL
COMMITTEES ON HEALTH AND HOSPITALS**

REGARDING NYC'S PREPARATION FOR CORONAVIRUS/COVID-19

MARCH 5, 2020

My name is Michael Mulgrew, and I am the President of the United Federation of Teachers (UFT). On behalf of the more than 190,000 UFT members, I would like to thank Speaker Corey Johnson, Chairs Mark Levine and Carlina Rivera and all of the members of the Committees on Health and Hospitals for holding today's hearing about the city's efforts to protect our families and children from the impending spread of the coronavirus/COVID-19.

Not only are UFT members responsible for educating New York City's (NYC) 1.1 million students every day, but they also often serve as a first line of defense in many emergency cases while students are in school. This is especially true, in this particular case, of our school nurses who have recently been made responsible of triaging and managing students and school staff that may need medical attention in the event that they have come in contact with the coronavirus.

While the communication that has been shared with schools to help minimize the spread of the coronavirus in our schools is strong, we believe more needs to be done around notifying the families of students in schools where a student or school staff members is identified as having been exposed to the coronavirus, and the Department of Health and Mental Hygiene (DOHMH) must be held accountable for properly enforcing testing protocols put in place by the city administration.

Communication to UFT Membership

First, I would like to inform the members of this legislative body that on the evening of Sunday, March 1 we sent out a unionwide email sharing the guidelines drafted by the Center for Disease Control and Prevention (CDC) on how the virus is transmitted, what symptoms they should be on the lookout for, who was at risk, and guidance on prevention and treatment.

The communication additionally included guidelines for school nurses and a clear message to the membership that the union would be working with the Department of Education (DOE) and DOHMH to develop a strategic plan in the event that there is a confirmed case in a New York City public school.

Strategic Plan to Prevent Spread

Since our communication to the UFT membership on the evening of Sunday, March 1, four specific messages have been shared with our public schools via the DOE and DOHMH on guidelines for Principals and exact procedures School Nurses and Custodian Engineers must follow.

1. The first is dated Tuesday, March 3, 2020, titled “Principal Guidelines for 2019 Novel Coronavirus (COVID-19)” containing: background information on the virus; the most recent updates from the CDC; general preparedness protocols calling on principals to follow standard infection control precautions; an emphasis on ensuring bathrooms are stocked with soap and paper towels; a call for announcements to be made on the importance of covering coughs and sneezes; and a mandate for custodial engineers to regularly disinfect common areas and to keep the school building properly ventilated.
2. The second is dated Tuesday, March 3, 2020 to all custodial engineers with subject line: Updated COVID-19 AKA Novel Coronavirus Cleaning Procedure. This notice mandates that they disinfect all exposed surfaces in their assigned buildings every Monday and Thursday evening utilizing an anti-viral disinfecting cleaning product.
3. The third dated Tuesday, March 3, 2020 was included in Chancellor Carranza’s P-Weekly message to all Principals providing information on the guidelines.
4. The fourth is dated Wednesday, March 4, 2020, titled “School Medical Room Guidance for Triaging and Managing Students with Symptoms and Travel History Consistent with COVID-9” and provides explicit instructions schools, in particular school nurses, should follow to establish a medical room in every school and manage students who exhibit known symptoms of the coronavirus.

We agree with the notifications that have been disseminated across the school district. We believe they contain up-to-date information and useful procedures our schools can follow to help minimize person-to-person spread of the virus if a student or staff member in a school shows any symptoms.

Testing for Coronavirus is Essential

It is imperative during this time that we collect all of facts before acting. As per the “School Medical Room Guidance for Triaging and Managing Students with Symptoms and Travel History Consistent with COVID-9” report issued by DOHMH, it’s important to have exact knowledge of whether a student or staff member exhibiting any COVID-19 related symptoms have either recently traveled to an affected geographical area or has been in close contact with a person known to have COVID-19.

In the event that the school can confirm having the aforementioned knowledge, the student or staff member should immediately be isolated in a medical room and then be removed from the school and transported directly to a medical facility with the ability to test for whether they contracted the virus. Following the removal of the student or staff member, all other staff members and parents and guardians of students exposed to the student or staff member removed from the school grounds should be notified that they may have been exposed to an individual showing symptoms of the coronavirus and should immediately seek testing.

Custodial engineers should continue to follow the existing procedures of disinfecting the school every Monday and Thursday, and in addition be required to completely disinfect the school building following the removal of any student or staff member from school grounds. Students and staff members that test positive for coronavirus should not be allowed to come back into the school building until they are completely asymptomatic.

School closures should be a tool of “last resort” and should be considered on a school building by school building case. Again, it is important to have a full understanding of the facts before any significant action is taken.

Address School Nurse Shortage

It is our understanding through our internal data that approximately 137 schools across the city, enrolling some 71,000 students, do not have a permanent full-time school nurse or school-based health clinic. And while there is a system in place to fill school nurse vacancies using temp agencies to hire school nurses, it is not completely effective as currently we estimate that about 25 schools every day go without a medical professional in the building.

Our recently instituted medical room and triage procedure is dependent on having a reliable and registered school nurse in every school. I strongly urge the administration and City Council to immediately address this shortage and fill in the vacancies where they exist. This is not the time to allow for cracks in our system to put our children and families at risk.

Closing Thoughts

It is almost inevitable that the coronavirus will become an issue in New York City and in our public schools. We don't know how serious a problem it will be, but we do know that panicking won't help. What will help is a determination to do all that we can to be prepared and make sure our students and school staff members are safe. We need to make sure every single school has a registered school nurse; principals, custodial engineers, and school nurses are well versed in their school plan to provide accurate information, have access to the supplies they need to clean and disinfect our schools, and have an established plan to triage and manage students and staff members that show symptoms of COVID-19; and most importantly we need to make sure that our City administers a test to every single individual that is identified as a possible carrier.



An Equitable Healthcare System for All!

In 2019, Governor Cuomo angered and shocked community health groups by cutting \$65 million in State Article 6 matching funds to vital NYC public health programs, many led and run by community-based organizations and hospital providers. We responded by creating the Save NY Public Health Campaign (SNYPH-C) and were able to advocate for the Mayor and City Council to identify city funds to cover the state loss. The Campaign is a growing coalition that continues to demand the full restoration of the City reimbursement rate.

We oppose:

- Across-the-board Medicaid cuts and a self-imposed 3% growth spending cap for Medicaid.
- Additional \$18 million cut to Article 6 Funding
- Creation of a new Medicaid Redesign Team (MRT) that has been instructed to find \$2.5 billion in cuts to the state's Medicaid budget.
- Adverse restrictions on the Consumer Directed Personal Assistance Program (CDPAP)

The Impact

- \$1.1 billion cost shift to NYC.
- Medicaid recipients will have their access to medical and social services reduced or eliminated.
- Community-based organization will have decreased capacity in staff and other resources to successfully provide a range of vital public health programs
- Additional community hospitals and clinics will be forced to close, especially in low-income, immigrant and communities of color.
- Until MRT II releases their proposals, it not yet clear the full impact. However, the first time the MRT was formed, of the 73 MRT recommendations that made it into the State budget, a large majority of them were harmful to people on Medicaid and low-income New Yorkers.
- The change proposed to CDPAP mean reduction in wages for the healthcare aides and reduced access to services for elderly and people with disabilities.

Our Demands

Medicaid and Public Health Funding

- Stop the cuts to Medicaid.
- Restore last year's funding and reject further cuts to Article 6 funding.
- Identify and recommend revenue enhancements, including new taxes or levies.
- Allocate \$532 million to create a state-funded Essential Plan for ALL New Yorkers (introduced as A5974/S3900).

For more information

Reed Vreeland, Housing Works at 917-573-6328 or R.Vreeland@housingworks.org Anthony Feliciano, Commission on the Public's Health System at 646-325-5317 or afeliciano@cphsnyc.org

- Promote a principle of shared sacrifice. Create an assessment on placing a cap on salaries of hospital executives.
- Pass the New York Health Act in 2020.
- The state should also reject or at least increase the annual growth cap for Medicaid.
- Improve and create fair reimbursement rates for healthcare providers providing Medication-Assisted Treatment (MAT).

Medicaid Redesign Team II

- Establish governance that is more democratic, representative and dominated by the patients and communities that rely on Medicaid.
- Extend the timeline for MRT II for a more thoughtful review and comment period.
- Ensure that the charge of the MRT II looks at cost saving measures that do not impact access and eligibility but instead looks at where real waste is happening (i.e. Administrative or overhead expenses).
- Empower the MRT II to identify and recommend revenue enhancements
- Develop an MRT process that goes beyond a few public hearings and an online submission process for receiving recommendations from the public.
- Require all public hearings to be accessible by geography and transportation. This includes access for people with all types of visual, mental and physical disabilities.
- Guarantee timely and better postings of notices of public hearings.
- Foster provisions at public hearings and meetings for language and Interpretation to people with limited English and sign language for people with hearing and speech impairments.
- Require that all MRT II meetings be open to the public in full compliance with the NYS Open Meetings Law.
- Insist that an MRT scoring system be created on proposals through a set of agreed upon criteria. The scoring should include the full dollar value of the cuts, a full analysis of the benefits of the proposal, an analysis of the expected or possible effect on access to care and on the quality of care, especially to low-income communities, immigrants, communities of color, people with disabilities, women, children, and people with chronic illnesses, and full opportunity for inclusion of dissenting analyses, positions and alternative proposals to be included in the final report.
- Urge the MRT to call for the removal of prior authorization on all MAT drugs to save lives and improve care.

Protect the Safety-net

- Pass legislation that redirects state and federal funding to the health care safety net, which provides needed services for the uninsured and Medicaid patients in hospital care. A.6677B (Gottfried) S5546A (Rivera).
- Minimize the impact of across the board cuts to Medicaid to health care safety-net providers.

Conclusion: This would not only harm the people needing medical and other social services but would also have serious economic repercussions that would make the fiscal crisis worse. Any MRT must be focused on saving lives & providing care above cost savings.

For more information

Reed Vreeland, Housing Works at 917-573-6328 or R.Vreeland@housingworks.org Anthony Feliciano, Commission on the Public's Health System at 646-325-5317 or afeliciano@cphsnyc.org



ADVANCING OUR
COMMUNITY

Chinese-American Planning Council, Inc.
Testimony at the New York City Council Joint Health and Hospitals Hearing
Honorable Mark Levine and Honorable Carlina Rivera, Chairs
March 5th, 2020

Thank you Chairs Levine and Rivera and the Members of the City Council for the opportunity to testify today. The mission of the Chinese-American Planning Council, Inc. (CPC) is to promote social and economic empowerment of Chinese American, immigrant, and low-income communities. CPC was founded in 1965 as a grassroots, community-based organization in response to the end of the Chinese Exclusion years and the passing of the Immigration Reform Act of 1965. Our services have expanded since our founding to include three key program areas: education, family support, and community and economic empowerment.

CPC is the largest Asian American social service organization in the U.S., providing vital resources to more than 60,000 people per year through more than 50 programs at over 30 sites across Manhattan, Brooklyn, and Queens. CPC employs over 700 staff whose comprehensive services are linguistically accessible, culturally sensitive, and highly effective in reaching low-income and immigrant individuals and families. With the firm belief that social service can incite social change, CPC strives to empower our constituents as agents of social justice, with the overarching goal of advancing and transforming communities.

To that end, we are grateful to testify about issues that impact the individuals and families we serve, and we are grateful to the Council for their leadership on these issues.

The Chinese-American Planning Council (CPC) remains committed to provide quality health services and information to the public during the Novel Coronavirus (COVID-19) outbreak. CPC stands against harmful sentiments that target Chinese and other Asian American and Pacific Islander (AAPI) groups. CPC encourages New Yorkers to recognize that this is a public health issue, not a racial, ethnic, or immigrant issue.

As news of Novel Coronavirus cases spreads, CPC reminds the public that New Yorkers are statistically more likely to catch the common cold or seasonal flu than contract coronavirus. CPC urges our communities to practice the same personal hygiene and flu prevention strategies that restrict the spread of diseases-- regularly washing hands with soap, covering sneezes and coughs, disinfecting household surfaces and regularly used items, and staying home and avoiding contact with others if sick. CPC is available to support community members who are seeking to enroll in a health plan or who are looking for health services and programs should visit one of CPC's three community centers in Manhattan, Brooklyn, or Queens.

CPC is also concerned about the impact of bias on the Asian American and Pacific Islander community. Since the news of Coronavirus has escalated, AAPIs have been hit hard by the dangerous 'perpetual foreigner' myth that already hurts our community. Small businesses and workers have been hit particularly hard, with many Chinatown restaurants experiencing a

decline in business of 50% or more, other small businesses seeing decreased foot traffic, and cab drivers reporting that their fares refused to enter the car once they saw that someone that presented as East Asian was a driver.

We are grateful to the Mayor and the Council for the rapid response to this issue, and for your support of the AAPI community and Chinatown businesses. CPC has the following recommendations to ensure that our community members and the organizations that serve them are prepared for any potential public health issues, as well as the impacts of Coronavirus-inspired bias.

- 1) Support community based organizations and contracted agencies through creating guidance tailored to program (seniors, meals on wheels, home care, early childhood etc). CBOs have been spending significant time and resources researching best practices on how to handle each program and sort through differing advice from City Agencies. It could be beneficial to convene small working groups that include social services providers and healthcare experts to create this guidance
- 2) Ensure that any guidance or mandates from City agencies includes funding to implement the guidance (time off for self quarantine, flexibility for rate based and attendance based programs, funding for supplies and cleaning), and that contracts are adjusted accordingly.
- 3) Appoint a key City contact person for contracted CBOs to communicate with about Coronavirus. This would be an expert to help with HR, operations, and programmatic questions, regardless of what City agency the contract is with.
- 4) Coordinated community education: conduct outreach to AAPI and other communities at large to dispel myths (for example around mask usage) and counteract biases. Ensure that this education is translated into multiple languages and culturally competent.
- 5) Create guidance on how to advise families, young people in schools, and community members who are out there and who are victims or potential victims of bias harassment or attacks. Establish a hotline (or direct to 311) to report any incidents.
- 6) Be proactive and preventive around hate crimes, especially given recent physical attacks on the subway in other cities. We recommend the City Council and Mayor state that any violence will be charged as a hate crime.
- 7) Create an emergency relief program for small businesses and workers that are suffering because of Coronavirus inspired bias. CPC is willing to advise on this if created.

Thank you again to the City Council for your proactive work to address this issue and support of our communities. CPC appreciates the opportunity to testify.

If you have any questions, please contact Carlyn Cowen at ccowen@cpc-nyc.org

February 28, 2020

Statement on Governor Cuomo's Proposed FY 2020-21 Budget and Medicaid Funding

New York's Medicaid program is a lifeline for millions of New Yorkers and their families. It ensures that low-income New Yorkers receive appropriate care that allows them to live healthier lives with basic financial security. As the progressive leader of the nation, New York has thoughtfully built a Medicaid program to be proud of and should not impose cuts without meaningful community and legislative deliberation.

We, the above organizations, respectfully call on Governor Cuomo and the State Legislature to bear the following principles in mind:

- This year's Medicaid budget should not be handled through a Medicaid Redesign Team (MRT) process, but rather through the more transparent legislative process wherein the Governor proposes, the Legislature responds via one-house bills, and three-way negotiations and conference committees finalize an agreement. This process allows the public to provide comments directly to their duly elected officials.
- The Medicaid "global cap" should be eliminated and replaced with a transparent and accountable global budgeting process that appropriately considers demographic shifts, inflation and other relevant factors. Likewise, the 2% annual growth cap for the overall state budget should also be eliminated.
- The counties' "local share" should not be increased. Rather, the state should continue to take over more and more of the financing of Medicaid from counties, as it has been doing in recent years.
- The Governor and Legislature should fill in any budget deficit by raising new revenues or spending existing reserves. They should do so in ways that do not fall upon everyday New Yorkers, but rather require large corporations and the ultra-rich who have benefited from decades of state and federal tax cuts to once again "pay their fair share" of taxes. The Budget Justice for New York campaign has come up with a variety of suggestions worthy of serious consideration. Additional revenues must be considered to inoculate New York State from any further impact from Federal decisions that will negatively impact revenue for our Medicaid program.

We support a publicly accessible MRT process with an extended timeline for thoughtful review and public comment. An MRT process outside the budget session should be governed under the following conditions:

- A diversity of consumers and consumer advocates have an equal share of roles as true stakeholders who have a vested interest in the outcome of any MRT process.

- The MRT's work should not be driven by bottom-line budget concerns, but rather focused on what's actually needed by people who are enrolled in Medicaid.
- All MRT meetings must be open to the public in full compliance with the NYS Open Meetings Law, or at the minimal all MRT meetings and public comment sessions must be announced at least 7 days in advance, including hours and locations. Evening and weekend times should be prioritized, and public comment sessions must be held in various regions across the state and accessible via public transportation.
- Public hearings and meetings should ensure full engagement of all New Yorkers, especially provisions for language and interpretation for people with limited English proficiency and sign language for people with hearing and speech impairments. In addition, assistive technologies should be used to enable people with disabilities to fully participate in the MRT process either in person or remotely. All meeting notices must state that reasonable accessibility accommodations will be made for anyone who needs them.
- Any MRT scoring system of proposals must be created through a set of agreed upon criteria. The scoring should include the full-dollar value of any funding cuts, a full analysis of the benefits of the proposal, an analysis of the expected or possible effect on access to care and on the quality of care, and full opportunity for inclusion of dissenting analyses, positions and alternative proposals to be included in the final report.

New York is rightfully proud of the work we have done to dramatically reduce the number of uninsured and underinsured residents of this state. Much of that effort has been focused on enrollment in Medicaid. New York's Medicaid program has always stood as a standard for the rest of the nation to strive toward, we cannot blame the very growth we are lauding to create a false narrative of deficits.

If we want to reflect New York's progressive values, we must protect Medicaid and make any changes in an open, transparent process that protects the core benefits of the program millions of individuals and families rely on for basic services. As organizations, and advocates, we call on the Governor and Legislature follow the above principles in order to protect our state's vital Medicaid system.

[Preliminary sign-ons. Additional organizations are joining this list.]

Abraham Omeyoma
 Acacia
 ADAPT Capital Region
 African Services Committee
 AIM Independent Living Center
 Albany Damien Center
 Alliance for Positive Change
 Alliance for Positive Health

Amida Care
Apicha Community Health Center
Argus Community, Inc.
ARISE Independent Living Center
Arthur Ashe Institute for Urban Health
Bailey House, Inc.
BOOM!Health
BRIDGES
Bronx Independent Living Services
Brooklyn - Queens Long Island Area Health Education
Center
Brooklyn Center for Independence of the Disabled
Brooklyn Perinatal Network, Inc
Burd Home Health LLC
BWICA Educational Fund
Callen-Lorde Community Health Center
Campaign for New York Health
Caribbean Women's Health Association, Inc.
Catskill Center for Independence
Center for Disability Rights, Inc.
Center for Elder Law & Justice
Center for Independence of the Disabled, NY
Children's Defense Fund-New York
Children's Health and Research Foundation
Citizen Action of New York
Citizens' Committee for Children of New York
Coalition for Asian American Children and Families
Coalition on Positive Health Empowerment
Commission on the Public's Health System
Community Health Action of Staten Island
Community Health Care Association of New York State
Consumer Directed Personal Assistance Association of
NYS
Coverage4All Campaign
Damayan Migrant Workers Association, Inc
Directions In Independent Living Inc.
Disabled in Action of Greater Syracuse Inc.
District Council 37, AFSCME
Economic Opportunity Council of Suffolk, Inc.
Emerald Isle Immigration Center
Empire Justice Center
Empire Liver Foundation
Evergreen Health
Finger Lakes Community Health
Finger Lakes Independence Center
Fort Greene Strategic Neighborhood Action Partnership

Foundation for Integrative AIDS Research (FIAR)
Gay Men's Health Crisis
Good Shepherd Services
Grand St. Settlement
Grassroots Action NY
Greater New York Labor Religion Coalitipn
Hand in Hand: The Domestic Employers Network
Harlem Independent Living Center
Harlem United
Harm Reduction Coalition
Health Foundation for Western and Central New York
Health Policy Advisory Center
Hispanic Federation
Hispanic Health Network

Housing Works
iHealth
IMPACCT Brooklyn
Independent Living Center of the Hudson Valley, Inc.
Independent Living Inc
Interfaith Impact of NYS
Kings Against Violence Initiative
Korean Community Services of Metropolitan NY., Inc.
Latino Commission on AIDS
Latinos for Healthcare Equity
Legal Action Center
Long Island ADAPT
Long Island Center for Independent Living, Inc.
Lupus and Allied Diseases Association, Inc.
Make the Road New York
Mediamatic Inc
Medicaid Matters New York
Metro New York Health Care for All
NAACP New York State Conference
National Black leadership Commission on Health
National Working Positive Coalition
New York Association on Independent Living
New York Immigration Coalition
New York School-Based Health Alliance
New York Self-Determination Coalition
New York State Nurses Association
New York StateWide Senior Action Council
Northern Regional Center for Independent Living, Inc.
Richard Gottfried, NYS Assembly Health Chair
NYC Coalition to Dismantle Racism in the Health System
Oasis Day Care
Palliative Home Care of Niagara Inc

Physicians for a National Health Program - NY Metro
Chapter
Polonians Organized to Minister to Our Community, Inc.
(POMOC)
Project Safety Net NY
Putnam Independent Living Services
Sakhi for South Asian Women
Samaritan Daytop Village, Inc.
Save NY Public Health Campaign
Schuyler Center for Analysis and Advocacy
Southern Tier ADAPT
Southern Tier AIDS Program
Southern Tier Independence Center
Staten Island Center for Independent Living, Inc.
Supporting Our Youth & Adults Network
Taconic Resources For Independence, Inc.
Tanenbaum
The Alliance of TBI & NHTD Waiver Providers
The Children's Agenda
The Hepatitis C Mentor and Support Group, Inc. -
HMSG
The HIV League
The Legal Aid Society
The Lesbian, Gay, Bisexual and Transgender Community
Center
The New York City Anti-Violence Project
The People's Budget Coalition
Treatment Action Group
Tri-Lakes Center for Independent Living, Inc
Unity Housing
Upper West Side MoveOn/Indivisible Action Group
Uptown Progressive Action
Vibrant Emotional Health
Voices Of Community Activists and Leaders (VOCAL-
NY)
Westchester Independent Living Center, Inc.
Western New York Independent Living
Young Invincibles



TESTIMONY OF GABRIEL S. OBERFIELD
SENIOR VICE PRESIDENT, CONTINUING CARE LEADERSHIP COALITION
HEARING OF THE NEW YORK CITY COUNCIL
THE COMMITTEE ON HEALTH AND THE COMMITTEE ON HOSPITALS
OVERSIGHT: NEW YORK CITY'S PREPARATIONS FOR CORONAVIRUS/COVID-19

MARCH 5, 2020

Introduction

Good afternoon, Speaker Johnson, Chair Rivera, Chair Levine and Members of the Committee on Hospitals and the Committee on Health. I am Gabriel S. Oberfield, Senior Vice President, Policy and Operations, for the Continuing Care Leadership Coalition, and I appreciate the opportunity to testify today.

CCLC is a trade association that represents not-for-profit and public long term care providers throughout New York City and in the broader metro region. Our members provide the full continuum of long term care services, including skilled nursing care, home health care, adult day health care, respite and hospice care, rehabilitation and sub-acute care, community based services, senior housing and assisted living, and continuing care services to special populations.

CCLC deeply values its close working relationship with the Greater New York Hospital Association (GNYHA), which also is testifying today. I come to you with experience of my own in City government, having served in the City's Department for the Aging as the Commissioner's Chief of Staff, and during that tenure also served on assignment to the Mayor's Office in response to Superstorm Sandy.

This testimony will address three key points:

1. CCLC members and the broader New York City long term care community have worked to deepen their preparedness capacities over time: these efforts put New York City on improved footing to fight COVID-19.
2. CCLC furnishes its membership and related stakeholders with critical information from relevant agencies and healthcare leadership - positioning

them to keep their patients and residents safe, and to contribute to response efforts.

3. Because of COVID-19's specific risks for older adults and those with underlying vulnerabilities, we must keep New York City's long term care community well supplied and resourced while also recognizing the group's clinical strengths - thus allowing hospitals and health systems to focus on the most critically ill.

Preparations for COVID-19 Effectively Began Many Years Ago

CCLC has focused on members' emergency preparedness for a generation - with activities involving Y2K, September 11th, Hurricane Irene in 2011 and Superstorm Sandy in 2012, among many others. Throughout, CCLC has held key operational and liaison relationships with governmental partners including the New York City and New York State departments of health and those jurisdictions' offices of emergency management. CCLC is a regular presence in Emergency Support Function-8 (Health and Medical) activities and a regularly invited partner to NYCEM's emergency operations center.

Simultaneously, CCLC has worked closely with the New York City Department of Health and Mental Hygiene (DOHMH) to implement a multi-pronged applied curriculum to boost the broader long term care sector's emergency preparedness knowledge and capacities, which has integrated the sector more deeply into the City's preparedness and response fabric. As examples, CCLC-led emergency preparedness conferences and tabletop exercises have involved all of New York City's approximately 170 nursing homes for five years, running, and have tested abilities to tolerate coastal storm surge, cybersecurity threats, and supply chain limitations, among other challenges. We believe this work - which recently has grown to include the City's approximately 80 adult care facilities - has strengthened long term care providers for moments like the one we're facing. Indeed, CCLC members' preparedness efforts have been publicly cited this week: one was featured in a Tuesday piece on CBS This Morning. Other CCLC members are emphasizing calm resolve over panic, and moving swiftly to activate heightened infection prevention plans.

Ensuring Effective Flow of Information

CCLC supports emergency preparedness throughout the long term care sector in New York City by regularly communicating situational awareness to our local constituents. The advance of COVID-19 has been no exception. CCLC members are receiving regular updates from CCLC as the situation unfolds - typically through timely emailed member communications, often including content DOHMH recommends that we highlight. For instance, we have conveyed to members the importance of monitoring personal protective equipment (PPE), of limiting visitations when appropriate, of tracking travel histories

where relevant, and of staying true to their infection prevention protocols that build from their existing positioning in this ongoing flu season.

At CCLC's meeting of its Board of Directors on Tuesday morning, a CDC officer assigned to DOHMH senior leadership also presented on COVID-19 considerations. Throughout, CCLC has been directing members' requests for additional PPE by communicating closely and regularly with NYCEM and other partners.

Complementing those activities, I personally represent the long term care sector as an elected member on a citywide governance board (the New York City Healthcare Coalition), focused on emergency preparedness and situational awareness. The body brings healthcare services and governmental partners across the City under an umbrella that encourages information exchange and collaboration.

Resourcing the Long Term Care Sector in This Time of Need

As New York City scales up for COVID-19, nursing homes and other long term care sites need resourcing to protect and care for their residents and staff - which will have the ancillary effect of keeping pressures off hospitals so they can focus on the most acutely ill. We are heartened that many public health and elected officials recognize the critical role and important competencies of long term care providers, and we ask for the Council's continuing support to ensure long term care settings are acknowledged as key and capable components of our Citywide response.

We are confident the sector has prioritized preparations, is working to conserve resources, and, critically, is focused on assuring the safety of their residents and the dedicated health care workers who care for them. The group is equipped to navigate moments like this, through deep experience with influenza and other complex illness - but your help is appreciated because they are doing so with tight budgets that they must stretch daily.

Concluding Remarks

On behalf of CCLC, I thank you for this opportunity to testify, and I gladly will answer your questions.



FOR THE RECORD

**Oversight Hearing: New York City's Preparations for Coronavirus/COVID-19
New York City Council Committee on Health & Committee on Hospitals**

Community Healthcare Network (CHN) is pleased to submit testimony to the New York City Council Committees on Health and Hospitals for today's oversight hearing on New York City's Preparations for Coronavirus/COVID-19.

CHN is a non-profit network of 14 Federally Qualified Health Centers (FQHCs), including two school-based health centers and a fleet of medical mobile vans. We provide affordable, integrated primary care, behavioral health, dental, and social services to over 85,000 New Yorkers annually throughout Manhattan, Queens, Brooklyn, and the Bronx. We turn no one away.

Amid rising concerns about the spread of novel coronavirus throughout New York State, CHN is taking necessary precautions to prepare for an emergency response. As a community-based provider, we are often the first point of care for our underserved patients. We consider it our duty to prepare both patients and staff for any public health challenge threatening our communities.

As part of our efforts, we have identified a COVID-19 leadership team comprised of clinical and operations staff tasked with monitoring development of the disease. In addition to regular communications, the team meets weekly to ensure that CHN is keeping abreast of any challenges our front line staff may be facing and to prepare for a proactive response to possible infection within our communities.

We have also developed educational materials for both internal and external use regarding coronavirus symptoms, transmission, and prevention. We want our staff to be comfortable and familiar with the latest advisories from both the Centers for Disease Control and Prevention (CDC) and New York City Department of Health and Mental Hygiene (DOHMH), and we have provided our patient facing staff with appropriate messages to answer the many basic questions on the minds of New Yorkers. These materials have been made available throughout our health centers and disseminated among staff during group meetings and clinical huddles. Among the staff trained to provide proper information to our patients are, of course, providers, social workers, and nursing staff. In addition, all front desk staff at health centers, telephonic call center employees, and care coordinators also received training to address patient concerns.

Finally, we have established workflows for both intake calls and in-person appointments relating to COVID-19 inquiries. These include protocol on fielding patient concerns and controlling possible infection within our clinics. All of our employees – from providers to custodial staff to front desk managers – are prepared to proactively respond to an infectious disease emergency.

As a healthcare provider, CHN's primary goal is to prevent the spread of disease, expand access to care, and mitigate fear among our patients. This is especially important during a time when federal policies

seek to alienate many people in the communities we serve from needed access to public services. Our message to our patients is clear: we are here for you and we will take care of you.

CHN is pleased to work alongside fellow providers, community-based organizations, and the nation's largest public health system to respond proactively and effectively to this growing health crisis. We applaud the City Council's attention to this outbreak and welcome opportunities to collaborate on a coordinated response throughout the city.

Thank you for the opportunity to speak today.

PRESIDENT
George Gresham

SECRETARY TREASURER
Maria Castaneda

SENIOR EXECUTIVE VICE PRESIDENTS
Yvonne Armstrong
Veronica Turner

TESTIMONY OF NADINE WILLIAMSON, EXECUTIVE VICE PRESIDENT, ON BEHALF OF 1199 SEIU REGARDING COVID-19

March 5, 2020

EXECUTIVE VICE PRESIDENTS
Jacqueline Alleyne
Norma Amsterdam
Lisa Brown
George Kennedy
Maria Kercado
Steve Kramer
Tyrek Lee
Joyce Neil
Monica Russo
Rona Shapiro
Milly Silva
Greg Speller
Laurie Vallone
Estela Vazquez

Good afternoon. Thank you Speaker Corey Johnson, Chairpersons Carlina Rivera, Mark Levine and members of the Health and the Hospitals Committees for affording me this opportunity to testify. My name is Nadine Williamson. I am an Executive Vice President representing the 1199 SEIU Registered Nurses Division. We represent nurses in hospitals, nursing homes and rehabilitation facilities where residents are already suffering from underlying conditions and are susceptible to viruses, such as the flu and the coronavirus.

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Dale Ewart
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Barbara Rosenthal
Helen Schaub
Onika Shepherd
Allan Sherman
Katherine Taylor
Daine Williams

As with the Ebola crisis and the H1N1 flu pandemic before that, we are working very closely with management to ensure that risks to workers are minimized and that quality care is not negatively impacted. This is best accomplished by ensuring that workers receive proper training and have access to necessary gear, such as gloves, masks, and gowns, to protect them and patients, as well as their respective families.

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Ana Vazquez
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Margaret West-Allen
Nadine Williamson-Seals
Noreen Wray-Roach
Gladys Wrenick
Sui Ling Xu

As with any epidemic, the goal is to stop it from spreading. Currently, 21 members from a Westchester hospital are under home quarantine. Management is paying their salaries and continuing their benefits. In contrast, a home care member is under home quarantine without pay, which would normally signal loss of health benefits. Fortunately, our Home Care Benefit Fund Trustees are taking action to extend healthcare benefits for any member required to be homebound or quarantined because of the coronavirus.

In an epidemic resulting in a quarantine, particularly when such advice is documented by medical professionals, workers must be protected from job loss and economic hardship. We must recognize and address the reality that loss of income can prove catastrophic for many workers. Anything less will deter persons with symptoms from seeking medical care.

Another deterrent we must be aware of occurred at Maimonides Hospital in Brooklyn, where immigration enforcement officers interfered with treatment and care of a patient. The presence of immigration enforcement in healthcare facilities will prevent people from seeking care when needed. Steps must be taken to ensure that New Yorkers feel safe from persecution when they visit any healthcare facility.

1199 and our employers will continue to work together to ensure that workers and patients are kept as healthy as they can be. We are at the ready to confront this and any other medical crisis that might arise. Thank you.

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Center for Independence of the Disabled, NY

March 5, 2020

Testimony before the Committee on Health and
the Committee on Hospitals of the New York
City Council

Regarding Oversight - New York City's
Preparations for the Coronavirus/COVID-19

Susan M. Dooha, J.D.

Executive Director

Center for Independence of the Disabled, NY

Thank you for the opportunity to appear before you today to discuss issues related to New York City's preparation for Coronavirus/COVID-19. Our sincerest thanks to the Councilmember Carlina Rivera, Chair of the Committee on Hospitals and Council Member Mark Levine, Chair of the Committee on Health. We would like to address concerns about the existing guidance for higher risk populations in the community and the inclusion of people with disabilities.

The Center for Independence of the Disabled, NY (CIDNY) reached more than 50,000 New Yorkers during 2019. We have been a leading advocate for people across all disabilities for more than 40 years. We work with individuals one on one to help them create a roadmap to achieve their goals. We educate people with disabilities about their rights and the public to develop a deeper understanding of disability. Together with members of our community, we educate policymakers about barriers that impede access and that block the path towards greater equality.

I would like to begin by sharing the words of an expert on disability and emergency preparedness, June Kailes, who said "Disasters are always inclusive. Response and recovery are not unless we plan for it."

The majority of our Board and Staff are people with disabilities. Our staff and volunteers work with individuals with disabilities who are in nursing facilities, adult homes, homeless shelters, soup kitchens, the education system, public housing and other venues where individuals served are older or disabled and often have multiple chronic conditions. Thus, the people on our staff and that we work with in the community, in their homes, and in congregate settings include a large cohort of people who are classified as "higher risk."

Thus far, despite elaborate searches of CDC, State Department of Health, and the City Department of Health and Mental Hygiene, the State Office for the Aging websites and the City's web site that has guidance from each City agency, I have been unable to locate guidance for individuals who are at higher risk and living or working with people who are higher risk, apart from medical facilities. There is generic guidance for businesses, residents and visitors of facilities but no recognition that some organizations may have a preponderance of individuals with disabilities who are working who are at higher risk and working with people at higher risk.

We believe that there is a need for guidance for this population is warranted. Washington State has issued guidance for people who are at higher risk for serious illness related to COVID-19. However, it advises them to stay home and away from people. It does not consider that individuals who are older, who are immunosuppressed, who have underlying conditions associated with higher risk may be working or guide them and their employers of options short of going home.

We would like advice that helps us understand when we should limit contact with contact with the public, do meetings by phone, email or other technological solutions. When should we halt

in-person appointments, walk-ins, outreaches to higher risk venues? Should we close offices and telecommute?

We wish to exercise an abundance of caution. We also have the obligation to continue to be available for people who are at higher risk and wish to continue to assist them. However, without meetings for City Contractors or the Department of Health and Mental Hygiene, we are left to guess at appropriate actions that are in keeping with public health guidance.

This group and other people with disabilities need emergency planners to know:

- Persons with disabilities who are at higher risk and persons with disabilities in general rely on timely information on what specific steps they should take to minimize the risk of infection.
 - What actions may be taken by public health authorities that could affect their individual living arrangements;
 - If actions are taken that disrupt delivery of meals, housing, healthcare, in-home services and community support or employment, how will their needs be met.
 - If individuals with disabilities and their caregivers must be isolated or quarantined will this leave them without the services and support to maintain their health, safety and independence?
- Will people with disabilities both in the higher risk groups be able to see, hear and understand guidance they are to follow?
 - Will there be information in alternate formats? Will people know how to get those?
 - Will web sites and materials be screen reader accessible?
 - Will ASL interpreters be used for all public videos and televised announcements?
 - Will meetings for the provision of information be held in accessible locations?
- Will removal from an infected location to a quarantine lead to individuals being housed in locations that are segregated from the general population, or will institutionalization be relied on threatening individuals with unnecessary loss of independence?

During Tropical Storm Irene and Hurricane Sandy, the City did not create a Disaster Plan or Emergency Response that included people with disabilities. As a result they were forced into federal court and subsequently required to amend their approaches following a landmark ruling in federal court. We hope and expect that greater inclusion can be achieved without seeking to acquire inclusion through the Courts.

My sincerest thanks to the Committee Chairs and Council Members here today for the opportunity to share our concerns.



**Testimony
by Nancy Rankin
Vice President for Policy Research and Advocacy
Community Service Society of New York**

**Re: Oversight Hearing on New York City's Preparations
For Coronavirus/COVID-19
Committee on Health and Committee on Hospitals**

March 5, 2020

Thank you for the opportunity to testify today on New York City's preparations for Coronavirus.

My name is Nancy Rankin. I am Vice President for Policy Research and Advocacy at the Community Service Society of New York (CSS), a nonprofit organization that works to advance upward mobility for low-income New Yorkers. CSS has been a strong advocate for expanding health insurance to cover all New Yorkers and through our navigator and consumer assistance programs making sure that insurance meets their needs. We wish to commend Speaker Johnson and Council Member Mark Levine for their support of both the Access Health NYC and MCCAP programs, which support community-based organizations helping New Yorkers find and use health coverage or otherwise access care.

As we prepare for coronavirus, ensuring people have health coverage is obviously important. But having a Medicaid or insurance card in your hand is not enough; workers also need to be able to take paid sick leave. We thank Council Member Levine for introducing Intro. 1797, a bill that would create an ongoing informational campaign to raise awareness of workers' rights under New York City's earned safe and sick time act.

One of the main recommendations from the Centers for Disease Control and Prevention for preventing the spread of the coronavirus—and of seasonal flu—is to stay home from work if you are sick. Fortunately, most employees in New York City have the right to paid sick days thanks to the law originally passed by the City Council in 2013 and expanded twice since then by the Council and Mayor de Blasio. In addition, New York City's law

explicitly includes a provision that allows paid sick time to be used if a person's place of business, child's school or day care is closed due to a public health emergency. That's the good news.

The bad news is that too many low-income workers are unaware of their rights. CSS's 2019 survey of New York City residents, conducted with the professional polling firm Lake Research, found that 60 percent of low-income workers covered by the law had heard little about it; including 42 percent who had heard nothing at all. Lack of awareness hinders enforcement since it is driven largely by worker complaints.

Council Member Levine's bill, introduced at the request of Manhattan Borough President Gale Brewer, who was the lead sponsor of the original paid sick leave legislation, aims to rectify this. The legislation would provide for the distribution of posters and other educational materials, informing the public about their right to sick leave, that would be voluntarily displayed at pharmacies, and at hospitals and other health care locations throughout the city.

This is a simple, very low-cost, effective and timely way to raise awareness of the right to paid sick leave. It would reach people when they need the information. And widespread posters would also raise awareness among employers and the general public, making it harder for the most vulnerable workers to be denied their rights.

With the measles outbreak just behind us, the flu season still underway, and new health threats ahead of us, the urgency of ensuring that employees are aware of their rights to paid sick leave could not be greater.

We thank Council Member Levine for introducing this important legislation which already has 25 sponsors, including Hospitals Committee Chair Carlina Rivera and urge all the members of the Health Committee and the Hospitals Committee to join in supporting this bill.



Asian American Federation

Testimony Submitted to the New York City Council Joint Committees on Health and Hospitals

Preparations for Coronavirus/COVID-19

March 5, 2020

Thank you to Chair Rivera and members of the New York City Committee on Hospitals, and to Chair Levine and members of the Committee on Health, for giving us this opportunity to submit testimony. My name is Meera Venugopal, communications and development manager at the Asian American Federation (AAF).

AAF's mission is to raise the influence and well-being of the pan-Asian American community through research, policy advocacy, public awareness, and organizational development. We also come to you today on behalf of our network of nearly 70 member and partner organizations supporting the Asian American community with their work in health and human services, education, economic development, civic participation, and social justice.

AAF is deeply concerned about the impacts that the spread of COVID-19, known colloquially as Coronavirus, has had and may continue to have on New York City's pan-Asian community. We have been monitoring developments on this outbreak, which began inauspiciously on the eve of Lunar New Year, sending waves of panic through Asian communities. Since then, we have witnessed instances of anti-Asian discrimination and rhetoric both locally and worldwide, a drastic decline in customers supporting Asian-owned businesses, and increased fear and uncertainty among community members. These factors place additional strain on Asian-serving community organizations, which are already chronically under-resourced.

COVID-19 has the potential to directly AND indirectly affect the health and wellbeing of New York City's Asian communities.

According to our research on Asian American poverty in New York City, 1 in 4 Asian New Yorkers lives in poverty, a rate that exceeds that of any other group. Furthermore, a lack of status, limited English proficiency, and limited access to economic opportunities are social determinants that are more likely to negatively affect Asian Americans' health outcomes.

Immigrants, particularly those who are limited English proficient (40% of Asian New Yorkers) and living in poverty (25% of Asian New Yorkers), are less likely to have access to accurate information and are therefore more sensitive to news that are alarmist in nature.

The recent implementation last Monday of the federal public charge rule change is a prime example of how panic and misinformation only further marginalize vulnerable immigrants. The chilling effects of the public charge rule change, which subjects a small number of green card

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applicants to criteria that include the use of Medicaid, have created unwillingness in immigrant communities of using medical benefits they are eligible for. Compounding this with fears around coronavirus increases the likelihood that health issues in the Asian community may go unaddressed.

COVID-19 is exacerbating existing anti-immigrant sentiment, particularly against Chinese and other East Asian groups.

While COVID-19 was first detected a continent away, suspicion and backlash against Asians have far outpaced the virus' spread to the United States. Instances of anti-Asian discrimination have become commonplace, even in a sanctuary city like New York. These racist acts, which range from conspicuous avoidance in public spaces to outright verbal or even physical assaults, are rooted in assumptions that individuals of East Asians descent are more likely to have had contact through transnational and familial ties, ignoring the fact that the virus does not discriminate based on race, and that anyone is capable of transmitting the virus.

Fear and confusion around COVID-19 is interfering with regular services and operations at Asian-led community organizations.

The specter of the coronavirus is already interfering with operations at AAF, where our staff does most of our work through convening community members for advocacy, educational workshops, technical assistance, and civic engagement activities. One recent example is our advocacy campaign around e-bike legalization: coronavirus has put direct actions like rallies and press conferences on hold because of an unwillingness for low-income Asian delivery workers to congregate in public spaces, which delays the execution of many of the campaigns that seek to benefit this same group of individuals.

Furthermore, many social service organizations in our network are reporting heightened levels of fear among their clients and staff. Many of these Asian social service agencies are unsure of how to best prepare for the coronavirus and advise their clients about how to protect themselves, their families, and their communities. At least one organization has chosen to use their already scarce resources to purchase medical equipment that may or may not be necessary for addressing the issue, which also derails them from their mandate of delivering services.

COVID-19 is also creating a market shock that affects Asian small businesses, which are a major driver of neighborhood economics and job creation in New York City

Asian small businesses around the City are also seeing fewer customers and less foot traffic, which could threaten their survival. This could have an impact on the local economy: Asian small businesses accounted for about half of net new economic activity and half of net new employment from 2002-2012 in New York City, according to AAF's 2016 report on *NYC's Economic Engine: Contributions & Challenges of Asian Small Businesses*.

Recommendations:

1. **Require elected officials and staff to participate in a MANDATORY training on racial sensitivity and cultural humility.** The City must encourage elected leaders and community members to speak about this issue in calm, clear, and compassionate terms, and to promptly denounce instances of anti-Asian rhetoric and violence.

2. **Establish a system for delivering frequent, multilingual communications and resources to immigrants and immigrant-serving organizations.** Frequent updates on COVID-19 developments, health and safety resources, and educational materials on best hygiene and sanitation practices.
3. **Prepare hospital and health facilities for a potential outbreak and create a system for triaging patients who are at higher risk for health complications, including the elderly and those with autoimmune conditions.**
4. **Appropriate additional funding for Asian-serving community based organizations to cover the following emergency needs:**
 - a. Conducting health screenings, hold informational sessions, and increase rapid response capacity;
 - b. Computers, laptops, virtual meeting services, and other equipment to build an infrastructure for when/if we need to work from home;
 - c. Cleaning equipment and services (The clean-up isn't once a day; the clean-up is CONSTANT!);
 - d. Salaries for potential service workers who don't have paid time off for sick leave;
 - e. Loss of revenue due to fear/quarantine; and
 - f. Safety training and mental health services for frontline nonprofit staff.
5. **Lax the rules on city contract deliverables as clients are NOT coming to centers.**

We are one week away from the first round of Census information cards being mailed. While there is never a good time to deal with a major health crisis, the fact that we are on the eve of one of the most critical civic participation events in a decade, and trying to encourage community interaction and engagement, AAF is running various scenarios on how to best work under these conditions. The nonprofit community is the frontline, and we need help ASAP to protect our community, but also to protect ourselves in order to continue to do what we do best, which is to provide services to the most vulnerable New Yorkers. Thank you!

Testimony of Carol Wills
New York City Preparedness for Coronavirus

March 5, 2020

Good afternoon. My name is Carol Wills. I am a Certified Nursing Assistant at the Terence Cardinal Cooke Health Care Center (TCC). I am also a member of 1199 SEIU.

As a CNA, I work with HIV patients who are prone to infection. Whether it's the flu or any other virus, an important part of my job is to educate patients and their visitors about good hygiene, such as washing their hands when coming in from outside to avoid getting my patients sick.

At TCC, to provide the best of care, we are careful to take precautions to keep patients safe. We wear latex gloves, gowns and masks when needed. TCC is run by ArchCare. We are fortunate to have the support and cooperation of management who work with staff and provide the training needed to deal with potential epidemics.

Based on my interactions with patients and their visitors, I feel there needs to be more public awareness so that people understand the seriousness of this virus and what they need to do to prevent spreading it to others and to my patients.

Thank you.

Testimony of Kim Thompson, Home Health Aide New York City Preparedness for Coronavirus

March 5, 2020

My name is Kim Thompson. I am a home health aide and member of 1199. I am fortunate enough to have health care benefits and paid time off.

My most recent client is an Alzheimer's patient who resides in Manhattan. If I were to become ill, either with the flu or the coronavirus, it would be better for him if I did not go to work. However, that is not an easy choice for everyone to make. Many workers do not get paid time off or have benefits if they do not go to work and are more likely to sacrifice their health in order to pay rent and feed their families. In the case of an outbreak, they would be spreading a virus to others on the subway and at work.

There must be a system available to all workers who might encounter this situation. If we're sick, we should not have to worry about paying the rent next week, or if we're going to eat, or if our children will be taken care of. You may only be quarantined for 3 weeks, but 3 weeks can become longer, and they need help, financially and medically, so that they do not lose everything that they have worked so hard for. People should not be punished for getting sick.

Thank you.

My name is Jordany Bueno. I live in Upper Manhattan and have worked as a wheelchair agent at La Guardia International Airport for 8 years. I am here to thank you for standing with airport workers in our fight for the New York State Healthy Terminals Act, to ensure that airports workers can access health insurance during this public health crisis.

My colleagues and I serve, monitor, and protect New York's critical infrastructure – its airports. The Port Authority tells us that to protect them from security threats, airports need a stable and experienced workforce: workers like myself and my colleagues, who know the ins and outs of JFK and LGA.¹ This is the reason we go through such rigorous background checks before getting hired.² It's the reason that the Port Authority raised our minimum wage in 2018, to reduce turnover and retain experienced workers like me.

Getting that raise made a huge difference in my life. But it left out something important: health insurance. I do not qualify for Medicaid, but I cannot afford the insurance offered by my employer. So today, I am uninsured.

Because of this, I know that any illness or injury could wipe out the economic gains I have won. I know this from personal experience, as someone who suffers from epilepsy. In a year, I pay from my pocket over a thousand dollars for visits and medications, which I need to prevent another seizure. The last time I had a seizure, my ambulance and hospital bills were a big financial shock for me.

As a wheelchair agent, I am always in direct contact with people who are sneezing and coughing. Sometimes I have to clean up bodily fluids from the wheelchair. I love my job, but this scares me. I know that airports are the main entry point for diseases like COVID-19. In 2014, they were the main entry point for Ebola. It's even more likely that I could get the flu,³ which could send me home for weeks or even to the hospital. People like me without health insurance are less likely to get the flu vaccine.

I care about my job. I care about making sure my older passengers can get to their destinations and their families. I care that their families know they are in good hands, with me.

But my job needs to care about me too. What does it mean if I'm afraid to visit a doctor, because of the bill? What does it mean for my passengers' health, if I can't get medical tests and exams during a health crisis like COVID-19? COVID-19 is putting the spotlight on something that airport workers have known for decades: airport workers need health insurance. The current situation is unjust *and* unsafe.

The Healthy Terminals would provide access to insurance for thousands of airport workers, without costing anything to the state. We need the state legislator to pass it now. I am so grateful to the city council for holding this hearing today and taking leadership to protect New Yorkers from the current public health threat. We ask that you continue to stand with airport workers in our fight for the Healthy Terminals Act.

¹ Airport Worker Wages Analysis and Justification, September 2018. Port Authority of New York and New Jersey

² PANYNJ New Security ID process: Application Process. Available at: <https://www.panynj.gov/airports/en/AirportSecurityTab/new-applicant-process.html>

³ <https://www.cdc.gov/flu/about/burden/index.html>

Testimony of Annette Seye on The Coronavirus

March 5, 2020

Good afternoon. My name is Annette Seye. I work as a Certified Nursing Assistant (CNA) at the Terence Cardinal Cooke Health Care Center (TCC) and I am a member of 1199 SEIU.

I work strictly with HIV patients. My patients are both young and old, and all are very frail. To keep them as healthy as possible, we take precautions. We wear gloves and masks, and if needed, we also wear gowns. Masks and hand sanitizer dispensers are available at the visitor's desk, by elevators, on all floors and in the patient rooms.

TCC is run by ArchCare. There are two things that are very important. One is that management makes sure that every worker gets training on how to maintain a safe work environment; one where both the patients and the staff are safe. They teach us that it is every staff member's responsibility to keep everyone safe.

The other is that we have good benefits. If I am sick, I can see a doctor and if my doctor says I'm contagious and cannot go to work so as not to risk getting my patients sick, I get a doctor's note and can stay home until I am better.

As healthcare workers, we know it is easy to spread colds, the flu, or a virus like the coronavirus. For the sake of every New Yorker's health, more needs to be done for people who do not have insurance and do not see a doctor in time to prevent spreading a virus, and for those who won't stay home because they are afraid of losing their job.

Thank you for this opportunity.

New York City Council

Committee on Hospitals

Committee on Health

Hearing Testimony:
“Oversight: New York City’s Preparations for
Coronavirus/COVID-19”

Jenna Mandel-Ricci, Vice President, Regulatory, and Professional Affairs

GREATER NEW YORK HOSPITAL ASSOCIATION

Chair Rivera, Chair Levine, and members of the Committee on Hospitals and the Committee on Health, my name is Jenna Mandel-Ricci, Vice President, Regulatory, and Professional Affairs at the Greater New York Hospital Association (GNYHA). GNYHA proudly represents all hospitals in New York City, both not-for-profit and public, as well as hospitals throughout New York State, New Jersey, Connecticut, and Rhode Island.

Thank you for the opportunity to testify today about hospitals' preparations for and response to the novel coronavirus (COVID-19). GNYHA has supported members in emergency preparedness and response for over 20 years, and I have led the Association's efforts in this area for the last five years. Before joining GNYHA, I held various positions at the New York City Department of Health and Mental Hygiene (DOHMH), including my last position there managing the Bureau of Healthcare Systems Readiness within the Office of Emergency Preparedness and Response immediately after Hurricane Sandy.

GNYHA plays a unique and critical role in New York City's emergency response infrastructure. We augment our members' emergency preparedness and response efforts and serve as a conduit between the City, State, and Federal governments and New York City's 55 911-receiving hospitals and additional specialty hospitals. We have a permanent seat in the City's Emergency Operations Center within the Health and Medical Emergency Support Function, and participate in or lead many workgroups and initiatives designed to improve citywide health and medical coordination. For example, through a jointly led FDNY-GNYHA workgroup process, over the last several years, we have completely revamped communication protocols and pathways between FDNY EMS and 911-receiving hospitals related to mass casualty incidents.

Emergency response requires an extraordinary level of teamwork and coordination, none more so than infectious disease outbreak. Since my arrival at GNYHA in 2014, I have worked shoulder to shoulder with hospital members and agency colleagues on Ebola, Zika, and most recently measles. Each response has led hospitals to improve their systems related to identification, triage, and treatment; health care worker communication, education, and training; patient management including specimen collection and testing; and patient surge. Our systems and structures for citywide collaboration have similarly improved. We activated these robust and tested systems and structures after first learning of the COVID-19 outbreak in Wuhan province in January.

Today I will discuss how GNYHA is supporting our member hospitals and coordinating with the City and State. I will also detail how hospitals have been preparing for COVID-19 and approaching broader pandemic planning.

How GNYHA is Supporting Hospitals

GNYHA began supporting hospitals' preparations for COVID-19 cases early this year. On January 22, we held an informational webinar in conjunction with DOHMH to help hospitals to prepare for COVID-19 cases. The webinar included a description of the emerging outbreak in Wuhan Province, known information about symptomology and transmission, and screening recommendations and actions in the United States. Since then, we have promoted weekly webinars for providers held jointly by DOHMH and the New York State Department of Health (DOH). GNYHA continuously monitors the Centers for Disease Control and Prevention (CDC), DOH, and DOHMH websites and news releases for new or

updated guidance and other resources. We also participate in frequent informational calls held by these agencies. We synthesize this information into resource bulletins and share them with our hospital members. Since late January, we have shared six of these bulletins and made them available on our website. They include information on new and revised public health guidance, clinical and operational resources, and upcoming informational calls.

GNYHA also hosts routine information-sharing calls for key constituent groups within our hospitals, including Chief Medical and Nursing Officers, Directors of Infection Prevention and Control, and Emergency Managers. During these calls, hospitals share innovative strategies and surface issues that require greater attention at the City level.

How GNYHA is Coordinating with the City and State

For the last year, GNYHA has convened a monthly communicable disease call with City and State health officials to discuss ongoing and emerging infectious disease outbreaks worldwide. This proved critical to navigating the recent measles outbreak as well as staying abreast of other infectious disease concerns such as the ongoing Ebola outbreak in the Democratic Republic of Congo. Our longstanding relationships with City and State agencies and ability to harness both public health and health care delivery knowledge have positioned us to respond quickly to the current COVID-19 outbreak.

Since late January, GNYHA has participated in coordination calls with City and State emergency management and public health agencies. These calls provide situational awareness about the growing outbreak, and have been used to develop processes for supply chain requests and to align key approaches. Since mid-February, GNYHA has vetted all supply chain requests from New York City hospitals and passed them to NYC Emergency Management (NYCEM) for fulfillment from City or State emergency stockpiles. GNYHA also participated in two mayoral tabletop discussions hosted by NYCEM—one on January 24 and the other this Monday. We are participating in two workgroups formed earlier this week and led jointly by NYCEM and DOHMH. One workgroup focuses on critical resources, and the other addresses health care patient surge. We are also a standing member of the DOHMH-led New York City Healthcare Coalition, which identifies policy issues that require focused attention and ensures policy alignment among health and medical partners.

What Hospitals Have Already Been Doing

New York City hospitals already have strong systems in place to quickly identify and isolate patients who meet risk factors for an emerging infectious disease of concern. These identification and isolation processes are done in an environment that offers high-quality care to all members of the community seeking assistance, and rely on clinical guidance provided by City, State, and Federal health authorities to understand who may be a patient under investigation (PUI). As guidance has changed over the last several weeks, hospitals and health systems have continuously updated triage, isolation, and testing procedures and protocols, and ensured staff were appropriately trained. This involves close collaboration with public health authorities, development of clinical management protocols, and health care worker safety protocols, including the proper use of personal protective equipment (PPE).

Given the paramount importance placed on health care worker safety, the availability and proper use of recommended PPE is a major area of focus. A tightening of the health care supply chain, partly due to a

manufacturing decline in China, is complicating the current response. The most troubling shortages have been with N95 respirators, which are recommended when caring for an infectious or potentially infectious patient. Hospitals and health systems have been and continue to conserve supplies using a combination of strategies, including strong inventory management, reducing the number of providers exposed to an infectious patient, changing visitor policies, using alternative products, and implementing administrative and engineering controls to reduce the need for these items altogether. When necessary, hospitals have also been drawing down from City and State stockpiles. It is imperative that critical PPE supplies be prioritized for the health care workforce. Healthcare workers must *be* protected and *feel* protected in order to do their jobs effectively.

Hospital leaders are also laser-focused on staff availability. Under certain circumstances, if staff are exposed to an individual with confirmed COVID-19, either at work or outside of work, the staff person must be excluded from work for 14 days. Staff availability may also be compromised by ill family members, school closures, or an unwillingness to come to work due to fear. Many hospitals are actively working through staffing contingency plans that may rely on strategies such as curtailing elective surgeries and shifting staff, or bringing in staff from other parts of the health system such as ambulatory care clinics. Concerns about staff availability also underlie the decision by some systems to restrict staff business travel.

What Hospitals Have Begun to Do

Last week, when reports began to emerge of community transmission in several countries outside of China, as well as confirmed cases in the United States, New York City hospitals immediately and appropriately shifted toward pandemic planning. Most hospitals in the region have activated their Hospital Incident Command System, increasing their ability to coordinate internally and liaise with external partners. Hospitals are also developing staged surge plans, meaning a series of actions that can be taken as patient numbers meet various thresholds. The two areas of greatest concern for hospitals in developing these plans are the emergency department (ED) and the availability of critical care beds.

Government and hospitals must prevent EDs from becoming the front lines of this response. It is imperative that individuals with mild illness stay home, and those with moderate illness seek care at their doctor's office, a primary care clinic, or an urgent care center (but they should call ahead!). Only severely ill individuals should seek care at hospitals. GNYHA and our member institutions are working with the City and State to consistently deliver this message to the public. Given the known epidemiology of this disease, we must also understand the vulnerabilities faced by congregate health care settings, specifically long-term care facilities that often house frail and infirm individuals. As a community, we must work to protect these institutions and their vulnerable residents.

While we will do everything we can to discourage the “worried well” or moderately ill visiting EDs, GNYHA members are developing alternative triage and screening strategies to ensure that they can continue to meet the needs of their communities. In later stages, these strategies may include the use of tents, alternative spaces on a hospital campus, or outpatient clinics where individuals with less acute illness can be examined and treated.

Significant surge planning efforts are devoted to increasing the capacity of critical care units, which are best suited to care for individuals with severe illness from COVID-19. From what we have seen internationally and thus far in the U.S., these patients require care in an intensive care unit in an isolation room. It has been reported in the news that there are 1,200 beds in New York City to care for COVID-19 patients. This number refers to the estimated number of inpatient isolation rooms across New York City hospitals. It is important to note that many of these rooms are currently occupied by patients in critical condition who may require isolation for a variety of reasons, including seasonal flu. However, hospitals are working through plans to surge these spaces in a number of ways. Strategies employed at later stages of a pandemic may include cohorting patients in a single existing room and/or creating new isolation spaces through the retrofitting of existing spaces or use of decommissioned wings or areas of the hospital. In order to operationalize such plans, hospitals must purchase new equipment such as HEPA filters, physically modify spaces, and plan for additional staffing, equipment, and training. A known and serious concern for pandemic planning is the availability of ventilators and the workforce to use and maintain them.

Another area of focus is communication with hospital staff. Hospitals are using a variety of modalities to share critical information with staff about the epidemiology of the outbreak, worker protection and safety measures, the importance of having a personal preparedness plan, patient care protocols, hospital or health system policies, and the importance of avoiding stigmatization of patients and communities. Communication strategies include setting dedicated intranet sites, maintaining Frequently Asked Questions documents, streaming communications from hospital and health system leaders, and holding virtual town halls. To support these efforts, GNYHA is collaborating closely with 1199SEIU United Healthcare Workers East, which represents health care workers in hospitals, long term care facilities, and home care.

Early Lessons and Continuous Adaptation

The fluid, dynamic nature of this outbreak cannot be overstated. The actions of our member hospitals are directly shaped by emerging information, revised guidance, new capabilities such as expanded testing, and their own experiences in caring for PUIs and confirmed patients. GNYHA is working diligently to absorb and share these day-to-day changes and lessons, and help our members adapt with agility.

Conclusion

Thank you for the opportunity to testify before the City Council on this critically important issue. GNYHA and all of our member hospitals are committed to the well-being of every New Yorker, and we stand ready to work with the City Council to ensure that we continue to have a robust response to COVID-19.

I am happy to answer any questions you may have.

March 5, 2020

Richard Cotton
Executive Director

The Honorable Corey Johnson
Speaker, New York City Council
224 West 30th St, Suite 1206
New York, NY 10001

Dear Speaker Johnson:

This letter will outline actions that the Port Authority of New York and New Jersey has taken in response to the novel coronavirus (COVID-19). The Port Authority's top priority is the safety and well-being of travelers and others who use our facilities, and the agency is ready to take all appropriate actions based upon the guidance of health experts at both the New York and New Jersey State Departments of Health and the Centers for Disease Control and Prevention (CDC).

To that end, the Port Authority announced yesterday actions related to intensified cleaning protocols. These actions are set out in specificity within the enclosed press release. The agency has instituted increased cleanings of restrooms and all surfaces frequently touched by travelers at the region's airports, at the Port Authority Bus Terminal, at the George Washington Bridge Bus Station, at the Oculus World Trade Center Transportation Hub and at the PATH system including both stations and railcars. This cleaning will utilize EPA-approved and CDC-endorsed disinfectants. In particular, at the international arrivals areas at the region's airports, the Port Authority has instructed all terminal operators to apply intensified cleaning protocols. This effort includes increased cleaning of restrooms using EPA-approved and CDC-endorsed cleaning agents and increased wipe down of frequently touched surfaces such as doors, handrails on stairs and escalators, elevator cabs and buttons, touch screens, ticket vending machines, ticket counters, seating areas, charging stations, water fountains, etc.

With respect to screening of international travelers at the airports, all decisions regarding the screening of arriving international passengers are made by federal agencies including the CDC and US Customs and Border Protection (CBP). The Port Authority continues to provide support to assist these agencies with their screenings and to provide all support needed with respect to any ensuing referrals for quarantine in cooperation with state and city health authorities.

Finally, the Port Authority has also deployed health guidance communications prepared in consultation with the public health agencies in terminals and stations. These communications encourage all travelers to make themselves aware of the health and safety protocols established by CDC. We will continue to refer our employees and customers to the websites of the CDC and the New York and New Jersey state health departments for the latest news on the virus and for recommended health and safety protocols.

*4 World Trade Center
150 Greenwich Street, 23rd Floor
New York, NY 10007
T: 212 435 7271 F: 212 435 6670*

THE PORT AUTHORITY OF NY & NJ

I have instructed Justin Bernbach, Director of Government and Community Relations to provide you and your staff with any future public announcements from the agency on this subject and to respond to any questions you or your staff may have about the Port Authority's efforts. He can be reached at 212-435-6937 or jbernbach@panynj.gov.

Sincerely,



Rick Cotton
Executive Director
Port Authority of New York and New Jersey

cc:

Hon. Mark Levine, Chair – NYC Council Committee on Health
Hon. Carlina Rivera, Chair – NYC Council Committee on Hospitals



FOR IMMEDIATE RELEASE
March 04, 2020

Contact: The Port Authority of New York and New Jersey
212-435-7777

AT AIRPORTS, BUS TERMINALS, AND ON PATH, PORT AUTHORITY INCREASES PRECAUTIONARY MEASURES AGAINST CORONAVIRUS

*Agency to Enhance Cleanings of Surfaces and Restrooms for Passengers at its
Facilities Across the Region;*

*Airports, PATH System, Bus Terminal, Bus Station, and Oculus Will See Intensified
Sanitization with EPA-Approved Disinfectants;*

*Port Authority Has Been Collaborating with CDC, CBP & State Health Departments
Since January*

The Port Authority of New York and New Jersey today announced enhanced facility-wide cleaning and sanitizing protocols being implemented in response to the novel coronavirus (COVID-19). The Port Authority will increase cleanings of restrooms and surfaces frequently touched by passengers at the region's airports, at the Port Authority Bus Terminal, at the George Washington Bridge Bus Station, at the Oculus World Trade Center Transportation Hub, and in the PATH train system. All areas will be disinfected on a regular basis using EPA-approved and CDC-endorsed disinfectants. The Port Authority continues to consult with New York State Department of Health, New Jersey Department of Health, and the Centers for Disease Control and Prevention (CDC).

"Safety and security are the top priority for the Port Authority as we work every day to keep the region moving," said Port Authority Chairman Kevin O'Toole. "In consultation with federal and state health authorities the Port Authority is instituting an enhanced cleaning schedule effective immediately."

“As part of our commitment to the passengers at our facilities, the agency will increase cleanings in response to the coronavirus,” said Port Authority Executive Director Rick Cotton. “Across our facilities we are utilizing EPA approved, anti-viral cleaning agents to maintain the highest levels of sanitation.”

AIRPORTS

At the international arrivals areas at the region’s airports, the Port Authority has instructed all terminal operators to intensify cleaning protocols. This effort includes increased cleaning of restrooms using EPA-approved and CDC-endorsed cleaning agents and increased wipe down of frequently touched surfaces including doors, countertops, handrails on stairs and escalators, elevator cabs and buttons, information kiosks, ticket vending machines, ticket counters, seating areas, charging stations, water fountains, etc. The Port Authority has also directed terminal operators to deploy additional hand sanitizer units in the areas around federal inspection facilities.

All decisions regarding the screening of international passengers arriving to the United States are made by federal agencies including the CDC and U.S. Customs and Board Protection (CBP). As it has since January, the Port Authority is providing all necessary support for the screening currently being carried out by the CDC and CBP of passengers at our airports and any ensuing referrals for quarantine in cooperation with state and city health authorities.

BUS TERMINAL, BUS STATION, AND THE OCULUS

At the Port Authority Bus Terminal, George Washington Bridge Bus Station, and the Oculus World Trade Center Transportation Hub, the Port Authority will increase the frequency and intensity of all cleaning routines. All commonly touched surfaces in the public spaces will be sanitized on a regular basis with an EPA-approved and CDC-endorsed cleaning agent. This includes surfaces throughout the facilities such as doors, handrails on stairs and escalators, elevator cabs and buttons, information Kiosks, ticket vending machines, ticket counters, seating areas, charging stations, water fountains, etc.

PATH

On PATH, the Port Authority has implemented an enhanced cleaning procedure with an EPA-approved and CDC-endorsed cleaning agent for all PATH cars, stations, and the Journal Square Bus Terminal. In addition to routinely removing stains, soil and surface dirt, cleaners will be disinfecting commonly touched surfaces including seating, doors, handrails, turnstiles, emergency gates, elevators, information kiosks, SmartLink and MetroCard ticket machines, etc.

The Port Authority has also deployed health guidance PSAs in terminals and stations. The agency encourages all travelers to make themselves aware of the health and safety protocols established by the CDC. These include recommendations to:

- Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.
- Individuals who are experiencing symptoms and may have traveled to areas of concern or have been in contact with somebody who has traveled to these areas should call ahead to their healthcare provider before presenting for treatment.

Should you have questions or concerns about the coronavirus, please consult the CDC's website at: <https://www.cdc.gov/coronavirus/2019-ncov/index.html> or the respective New York and New Jersey state health department websites at <https://www.health.ny.gov/diseases/communicable/coronavirus/> and <https://www.nj.gov/health/cd/topics/ncov.shtml>

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Lillie Carino Higgins

Address: 330 W 42 St NYC 10036

I represent: 1199

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: Mar 5, 2020

(PLEASE PRINT)

Name: Dusty Berke

Address: 69 Charles St.

I represent: Westview News

Address: Corona Virus.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Nadine Williamson

Address: 310 W. 43 St 10036

I represent: 1199

Address: Same

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Annette Seyl

Address: 310 W 43 St, 10036

I represent: 1199

Address: Same

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Carol Mills

Address: 310 W 43 St 10036

I represent: 1199

Address: Same

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Kim Thompson

Address: 310 W 43 St, 10036

I represent: 1199

Address: Same

THE COUNCIL
THE CITY OF NEW YORK

15

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 03/05/2020

(PLEASE PRINT)

Name: Reed Vreeland

Address: 702 Ocean Parkway

I represent: Housing Works

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Michael Murphy

Address: 52 Broadway

I represent: UFT

Address: 52 Broadway, NY 10001

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 3/5/2020

(PLEASE PRINT)

Name: Michael Breco

Address: 125 Barclay St NY NY 10007

I represent: VP, 1.2507, DC37

Address: (EMS, Paramedics)

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

12

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Seongeun CHUN

Address: _____

I represent: NEW YORK IMMIGRATION COALITION

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: JORDANY BUENO

Address: _____

I represent: 32BJ SEIU

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Susan M. Dooka

Address: 10 NY 841 B'WAY NYC 10003

I represent: Center for Independence of the

Address: Disabled, NY

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Joel Kupferman

Address: 225 Broadway 2125 NY

I represent: ENV. JUSTICE INITIATIVE / LAW PROJECT.

Address: Same.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 3/5/20

(PLEASE PRINT)

Name: Kelly Sabatino

Address: 600 Madison Avenue, 5th FL, NY NY

I represent: Community Healthcare Network

Address: 600 Madison Ave, FL 5

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: MEERA VENUGOPAL, AAF

Address: 120 Wall Street, 9th Floor, NY, NY 10005

I represent: The Asian American Federation

Address: Same as above

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Jenna Mandel-Ricci

Address: 555 W 57th St

I represent: Greater New York Hospital Association

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Grabe Oberfield

Address: 555 W 57th St

I represent: Continuing Care Leadership Coalition

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1797 Res. No. _____

in favor in opposition

Date: March 5, 2020

(PLEASE PRINT)

Name: Nancy Rankin

Address: _____

I represent: Community Service Society

Address: 633 Third Ave, NY NY

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 3/5/2020

(PLEASE PRINT)

Name: Judith Arroyo

Address: 125 Barclay Street NY NY 10007

I represent: President, L. 436, DC37

Address: (Nurses, Epidemiologists)

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 3/5/2020

(PLEASE PRINT)

Name: Jeff Oshins

Address: 125 Barclay Street NY NY 10007

I represent: President, Local 3005, DC37

Address: (NYC Health Dept Technical + Prof Employees)

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Aza Leh Khalili

Address: _____

I represent: DFTA, Deputy Commissioner

Address: 2 Lafayette NYC

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: DR. Oxiris Barbot

Address: _____

I represent: Commissioner, DOHMH

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Richard Carranza

Address: _____

I represent: Chancellor, DOE

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: BENJAMIN STRONG

Address: 840 GRAND CONCOURSE

I represent: DFTA

Address: 2 LAFAYETTE

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 3.5.20

(PLEASE PRINT)

Name: Machelle Allen, M.D.

Address: Senior Vice President + Chief Medical Officer

I represent: N.Y.C. Health + Hospitals

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 3.5.20

(PLEASE PRINT)

Name: Dr. Mitchell Katz

Address: President + CEO

I represent: N.Y.C. Health + Hospitals

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: _____

Address: Andrew D'Amora

I represent: Office of Emergency Management

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: GUILLERMO CRUZ

Address: 2 LAFAYETTE ST., 8th FLOOR

I represent: NYC Dept for One Aging

Address: 2 Lafayette St

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Charlyn Cowen

Address: 150 Elizabeth St

I represent: Chinese American Planning Council (CPC)

Address: _____

Please complete this card and return to the Sergeant-at-Arms