NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Ashwin Vasan, MD, PhD
Commissioner

Testimony

of
Ashwin Vasan, MD, PhD
Commissioner
New York City Department of Health and Mental Hygiene

before the

New York City Council

Committee on Health
Committee on Hospitals
Subcommittee on COVID Recovery and Resiliency

on

Oversight – COVID-19 in New York City: Evaluating the Present Challenges

November 7, 2022
City Council Committee Room
New York, New York

Good afternoon, Chairs Schulman, Narcisse and Moya, and members of the Health and Hospitals Committees and the Subcommittee on COVID Recovery and Resiliency, I am Dr. Ashwin Vasan, Commissioner of the New York City Department of Health and Mental Hygiene. I am joined today by my colleague Dr. Celia Quinn, Deputy Commissioner of Disease Control, who will be supporting me in answering your questions. Thank you for the opportunity to provide an overview of COVID-19 in New York City, including where we are in the City's response and what may lie ahead.

On June 30, 2022, the Health Department deactivated its COVID-19 Incident Command Structure—833 days after it was initiated. This marked not the end of our COVID-19 work, but a new stage where COVID-19 programming would be folded into our regular agency functions. Doing so enabled us to better maintain routine operations—many of which were reduced or stopped entirely during the first two years of the pandemic. It also allowed us to respond to new challenges, such as poliovirus and MPV, and build programs and policies to help us emerge from the COVID-19 pandemic a stronger, healthier, more equitable city. This includes expanded work across our three mental health priorities: youth mental health, serious mental illness, and overdoses, as well as the City's strategic priorities, including work on birth equity, chronic disease prevention and lifestyle changes, and the impacts of climate change and environmental justice on health, just to name a few. Since I took office in March, and while combatting COVID-19 and other health emergencies—most recently the health needs of the tens of thousands of asylum seekers reaching our city—we have also undergone an extensive strategic planning process that seeks to make our organization more response ready; strengthen the bridge between healthcare and public health and, between prevention and care; and strengthen our data infrastructure, all with the goal of advancing our work as the City's health strategist, in service of the City's overall public health priorities as described above. This has been difficult, but necessary work, as we emerge from the worst of COVID-19 and create a stronger public health infrastructure in its wake.

As we look forward, it's also important to take stock and to reflect on some of what we, collectively, have achieved. New York City has one of the highest COVID-19 adult vaccination rates in the country—with an estimated 99% of adults receiving at least one dose and 89% having completed their primary series. The success of our COVID-19 vaccination program is due to bold policy decisions such as vaccine mandates and incentive programs, as well as a historic vaccination campaign that focused on reaching underserved populations working together with trusted messengers throughout New York City's diverse and dynamic communities. Over 18 million doses of COVID-19 vaccine have been administered in New York City, and we have significantly narrowed the gap in vaccination coverage by race. We have also made incredible gains in vaccinating younger New Yorkers, especially children ages 13 to 17 years old – an estimated 92% of whom have received one dose and 82% of whom are fully vaccinated.

We recognize there is more work to be done, including increasing vaccination coverage among children ages 12 and younger, and encouraging everyone ages 5 and older to receive a new bivalent booster dose. Improved COVID-19 vaccination coverage will be especially important as we head into the holiday season and winter months, which have previously seen a rise in COVID-19 transmission. This winter we face possible concurrent outbreaks, with early signs within and outside the United States pointing to a potentially high level of influenza and respiratory syncytial virus, or RSV. While most children will get RSV before the age of 2, and the vast majority will recover on their own, a small subset each year are hospitalized. Similarly, for most people who contract influenza, the flu is a self-limited condition for which they can recover at home. But each year, thousands of New Yorkers, and tens of thousands of Americans, do face complications and even death from flu and RSV, and although recent years have had lower than normal respiratory virus seasons because of the restricted movement and enhanced mitigation strategies, we anticipate that as we emerge from that period of time there will be unusually

high levels of these viruses. So, it's critical that I remind all New Yorkers to get their flu and COVID-19 vaccines NOW. Both vaccines are recommended for everyone ages 6 months and older, and the new bivalent COVID-19 boosters are recommended for everyone ages 5 and older. Many pharmacies and doctors' offices offer both the flu and COVID-19 vaccines, and it is safe to get them at the same time. So please get vaccinated—and get your children vaccinated—to help keep yourself and your family healthy this winter season. And for RSV, for which there isn't a vaccine, but also for all three of these viral respiratory conditions, it is essential that we practice good hand hygiene, that we stay away from others when sick, and that we wear masks around others if we're feeling unwell and have been amongst others, and when in crowded public settings.

As we look ahead, another very real challenge we are facing as a city is COVID fatigue. A survey by Kaiser Foundation in early 2022 found that over 70% of adults were "tired" or "frustrated" with the current state of the pandemic in the U.S. This sentiment is an understandable, a normal human response, after two and a half years of a pandemic that has unsettled and reshaped every facet of our lives. The CDC's relaxation of quarantine and masking recommendations, and similar steps taken by the City, is both a reflection of how far we have come in improving COVID-19 morbidity and mortality and a recognition of the palpable need to return to some sense of normalcy. COVID-19 is still here and is a part of our new reality, however, it is one for which we have strategies to manage.

Being exposed to COVID-19 no longer means missed work and school but can be managed instead with testing and mask use. Masks need not be an everyday, all the time measure for most New Yorkers, but worn where and when needed to protect oneself and others in times of increased transmission and where the likelihood of transmission is high. Wearing a mask *as necessary* should become routine. Getting a COVID-19 vaccine should be just one additional intervention received during a regular well-check exam or ordinary visit to the pharmacy. In this way COVID-19 prevention must be integrated into our everyday lives, rather than consuming our lives as it has for the last 2.5 years. What this means for the Health Department and the City is shifting toward a more focused, tailored approach targeting people at highest risk for severe COVID-19 due to age, underlying medical condition, or setting.

But as COVID has shown us, it is a nimble and tricky opponent, and we must be prepared to adapt quickly, as the situation changes. Indeed, this virus has continuously thrown us curveballs – new variants that may be more immune evasive or cause more severe illness remain a constant threat. The City, however, is poised to rapidly identify and respond to any increase in cases and hospitalizations. We continue daily monitoring of COVID-19 activity through our robust surveillance system, which includes monitoring case reports, syndromic data, and hospital capacity; sequencing specimens to estimate the prevalence of variants of concern; and wastewater testing. We also have maintained heightened monitoring in our schools to ensure they remain safe and open. This includes tracking COVID-19 case rates among students and staff, assisting with notifications following a school exposure, and a dedicated call line for school administrators. Even as at-home testing has increased, and become the go-to method of testing, we still have more than enough data for accurate surveillance and estimation of the state of COVID-19 transmission in our city.

Vaccination remains our number one weapon against COVID-19. It enabled us to reopen our City and high levels of vaccination—including booster doses—will be critical to our ongoing recovery. The Health Department has enrolled more than 3,500 providers in the COVID-19 Vaccination Program, thus integrating COVID-19 vaccination into our regular healthcare delivery system. We are conducting COVID-19 vaccination at community events, often alongside flu vaccine and other services. We continue widespread public messaging including ad campaigns, public service announcements, and social media

posts. It is hard to go a day without passing an image of our proud, vaccinated Lady Liberty high on a billboard or on the subway car wall. We will soon be launching our flu + COVID-19 booster campaign to remind all New Yorkers to roll up both sleeves and get both vaccines. This is complemented by text messages, emails, and other reminders. We are also urging all providers to encourage their patients, and to call their high risk patients and those above 65 years of age, to get vaccinated.

Testing also continues to be a central part of COVID-19 prevention. Every New Yorker should get tested right away if they have symptoms or were exposed to COVID-19 and before and after traveling or being in large gatherings—and separate from others if they test positive. To this end, the City has maintained diagnostic testing capacity through Health + Hospitals and Health Department facilities and at-home test kit giveaways at libraries, schools, and other venues, complimenting the many pharmacies, urgent care centers, federally qualified health centers, and individual providers that offer testing. To date, more than 62 million free, at-home tests have been distributed across the city.

Testing not only helps reduce transmission but is also the gateway to another tool in our arsenal—treatment. COVID-19 treatment, when begun early, can greatly reduce the risk of severe illness and hospitalization. People who test positive should contact their health care provider right away—any provider can prescribe treatment in New York City, and antiviral medicine currently remains free. People can also utilize Health + Hospitals mobile Test to Treat sites and the City's 212-COVID-19 hotline, which enable New Yorkers most at risk of severe COVID-19 to immediately initiate treatment following a positive test result. As with their other services, Health + Hospitals offers treatment to all New Yorkers, regardless of immigration status or ability to pay. The COVID-19 hotline, along with the City's covidtest and vaccinefinder websites, ensure New Yorkers know where they can access COVID-19 testing, vaccination, and care.

We continue to promote non-pharmacological prevention measures—such as wearing a mask in crowded, indoor settings especially this fall and winter when we know more COVID-19 virus will be spreading—and staying home when sick. These are steps every New Yorker can take to help keep our communities safe. And, importantly, we continue to work closely with our community-based organizations and leaders—trusted messengers who are crucial to reducing the inequities laid bare by the pandemic.

I want to close out by saying that while I am mindful of the challenges that lie ahead, I am also secure in the knowledge that we can and will rise to those challenges. The Health Department recently held a series of recognition and remembrance events to celebrate the extraordinary achievements of the over 4,400 Health Department staff who together worked over 3.5 million hours on the COVID-19 response over the last 2.5 years. While participating in these events, I was struck by the unwavering commitment of our staff—many of whom, like so many New Yorkers, were dealing with their own personal loss. They—alongside countless colleagues in other City agencies and the Administration—fought for the lives of every single New Yorker and continue to do so in their COVID-19 and other essential programming. I know we are in good hands.

Thank you for allowing me to share our work. I remain, as always, incredibly grateful for our partnership, and for the support City Council has given the Administration, and the Health Department in particular, throughout the COVID-19 response. We look forward to continuing to work collaboratively to protect the health of all New Yorkers. I look forward to hearing your questions and answering thoughtfully and to the best of my ability. Thank you once again for the opportunity to be here today.

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Testimony of Cara Liebowitz, Advocacy Coordinator, before the New York City Council's Committee on Health and Subcommittee on COVID Recovery and Resilience

November 7, 2022

I'm Cara Liebowitz, the Advocacy Coordinator for the Brooklyn Center for Independence of the Disabled (BCID), an Independent Living Center serving people with disabilities. Our mission is to ensure that people with disabilities can live safely in their own homes and communities with the support they need.

The COVID pandemic continues to be a mass disabling event. People with disabilities, particularly those who are developmentally disabled and/or immunocompromised, have been uniquely vulnerable during this pandemic, especially as many precautions are rolled back. And every day, hundreds of people join the disability community as they struggle with the effects of Long COVID, making them even more at-risk if they get reinfected.

While all this is happening, the Administration and many city leaders have generally been pretending that the pandemic is over. That attitude doesn't do anyone any favors, particularly the disabled and immunocompromised New Yorkers who are as much a part of this city as anyone else.

The City needs to take a different approach. We have three recommendations for the Council:

- ***N95 mask distribution:*** **We urge the City Council to advocate for and, if necessary, distribute high-quality masks, free of charge, throughout the city.**

  We're heartened to see that masks are required during council meetings, but that's not enough. The Council and the Administration should actively be promoting mask wearing, a proven strategy to mitigate the harms of the pandemic.

Universal mask wearing, particularly with high-quality N95 masks, has been shown to reduce the spread of COVID significantly. The city's website instructs people to "[w]ear a high-quality mask in all public indoor settings and around crowds outside." Yet many people cannot afford to or don't know where to obtain high-quality masks. The Council must both press the Administration to distribute N95 masks and, if necessary do it yourselves.

- ***Mask mandate on public transportation:*** **The Council must push the MTA to reinstate the mask mandate on public transportation.** We realize the MTA runs the transit system, but the Council has an important oversight role.

  We've all had the experience on a crowded bus or subway of having people cough or sneeze directly into our faces, simply because there's nowhere else to go. A mask mandate just makes sense, not only during the ongoing pandemic, but as we head into flu season and public health experts raise alarms about other airborne viruses, such as RSV. The MTA claims it's deferring to health authorities, but the CDC itself still recommends wearing a mask on public transportation.

  For many people, especially people with disabilities who are unable to drive, public transportation is their only option for getting around the city. Your committees and the Council as a whole must reach out to MTA Chair Lieber and the City's MTA board members to tell them a mask mandate will protect everyone who rides our subways, buses and Access-A-Ride.

- ***Remote work:*** **Finally, we urge the Council to push back against the City's strict in-office work requirement.** If there is anything the pandemic has taught us, it is that remote work can work—something disabled people have said for years.

  But the City has been strictly enforcing the policy that its own workers need to report to the office in person, five days a week. We understand that in-person work may be the best arrangement for some City employees. But for many people with disabilities, remote work affords them the flexibility they need and should not require special dispensation. It can reduce travel woes and mean the difference between taking a job or not. The City must be more flexible, and the Council must press the Administration to change its policy.

  We look forward to working with you to make New York City a safe, healthy place for all.

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Testimony to the New York City Council Committee on Health, Committee on Hospitals. And Subcommittee on COVID Recovery and Resiliency

Oversight
COVID-19 in NYC: Evaluating the Present Challenges

November 1, 2022

Testimony by:
Heidi Siegfried, Esq.
Director of Health Policy
Center for Independence of the Disabled

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Good Afternoon. My name is Heidi Siegfried and I am the Health Policy Director of Center for the Independence of the Disabled, NY (CIDNY). CIDNY is a non-profit organization founded in 1978 with the goal to ensure full integration, independence, and equal opportunity for all people with disabilities by removing barriers to full participation in the community. Our mission is to help people access the care and services people with disabilities need to live independently in the community and not in institutions like nursing facilities, psychiatric centers, prisons, and other congregate settings. This right was solidified by Lois Curtis who passed away on Friday and who was the lead Plaintiff in *Olmstead v. L.C*.

We help people get employment, disability benefits, food access, health care, housing subsidies, transportation, heating assistance, prescription assistance and other Social Determinants of Health. We also help people learn about their rights to accommodations so they can advocate for themselves.

COVID-19 is an ongoing pandemic for people with disabilities as it is for all of us. Transmission rates continue to what used to be considered a "surge level" but are now considered a high plateau explained by NYC Health Commissioner Vasan as, "that was before the Omicron transmission surge of December 2021", which was an admittedly astronomical surge.

Unfortunately the "COVID is over" mentality and the "back to normal" approach is excluding people with disabilities and people who are immunocompromised who cannot expose themselves to the heightened risks posed by the City's abandonment of mitigation measures such as mask requirements.

CIDNY participates in the Access-A-Ride Reform Group which met with Access-A-Ride Vice President Chris Pangilan to ask for a return of the mask mandate for Access-A-Ride users due too immunocompromised conditions. Mr. Pangilan said that the MTA follows the CDC and that they stand by their decision with regard to mask usage by Access-A-Ride drivers and passengers.

Given the City, State, and Country's decision to accept and allow the higher plateau of transmission, we endorse the demand of many other people and organizations at this hearing today that the City make more N95 masks available to people whose health is jeopardized by it's transmission so that they can protect themselves.

CIDNY is also concerned about the continued transmission leading to more long-COVID survivors who will be joining the Disability community. The Brookings Institution called

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attention to this in August. The Census Bureau's June-July Household Pulse Survey found that 16.3 m. people of working age (age 18 – 65) or 8% have long COVID. Of these 2 to 4 m. are out of work due to long COVID. These are people who will need the expertise of Independent Living Centers to help them understand how to get the benefits, services, and rights they need to live their best lives in the community.

More recently the Federal Reserve Bank of New York attributed the increase of almost a million people with the disabilities in the workforce since 2020 to the increase in American's with long COVID. While we think that employers also understood almost overnight that people could work from home, an accommodation that they previously would not easily offer, that accommodation is now being withdrawn in this "back to normal" environment. People with long COVID joining the disability community will also need the advice of the many disability organizations, including CIDNY, to learn how to advocate for accommodations and to advocate for policies of inclusion.

Thank you for your consideration of our comments and those of our colleagues and thank you for whatever you can do to protect all New Yorkers.

COMMUNITY HEALTH CARE ASSOCIATION of New York State

NYC Council Committees on Health and Hospitals, and Subcommittee on COVID Recovery & Resiliency Oversight: COVID-19 in NYC: Evaluating the Present Challenges November 7, 2022

The Community Health Care Association of New York State (CHCANYS) is thankful for the opportunity to provide written testimony to the NYC Council Committees on Health and Hospitals, and Subcommittee on COVID Recovery & Resiliency. CHCANYS is the statewide primary care association representing New York's 70+ federally qualified health centers (FQHCs), also known as community health centers (CHCs).

Located in medically underserved communities, CHCs provide high quality primary care to everyone, regardless of ability to pay, insurance coverage, or immigration status. NYC's community health centers serve 1.2 million patients at 490 sites across the city. Community health centers are a vital safety net for quality affordable healthcare services for many New Yorkers who otherwise wouldn't have access to healthcare. CHCs historically serve populations failed by healthcare system, among NYC CHC patients, 40% are Hispanic, 33% are Black, 17% are White, and 10% are other people of color.

The Work to Advance Health Equity

CHCs are trusted by their communities, making them a high value source of care in communities who have a long history and good reason to distrust traditional healthcare systems. Communities trust health centers because they are community-run, with over 50% of Board members comprised of patients of the health center. Moreover, CHCs hire staff from the very communities they serve. The providers, nonclinical staff, and patients patronize the same grocery stores, have children who attend the same school, and ride the same transit lines. The trust between CHCs and the communities they serve has enabled CHCs to address health issues as they arise in the community.

Throughout the COVID-19 pandemic, CHCs went above and beyond to ensure that their patients could continue to access primary care and support services. CHCs know that because their patients regularly encounter longstanding and pervasive structural inequities, they are at the highest risk for severe negative health consequences resulting not only from COVID-19, but also from a lack of access to health care and social support services generally. COVID-19 only exposed and exacerbated these inequities that low-income communities, communities of color, and people with comorbidities have faced for years. For New Yorkers who otherwise wouldn't have access to healthcare services due to being uninsured or underinsured, their immigration status, or they lack the ability to pay, CHCs are trusted providers for timely, affordable, and high-quality health care. Still, more work must be done to advance health equity and ensure that all New Yorkers are connected to high quality comprehensive care.

NYC CHCs Rapidly Responded to COVID-19

Throughout the pandemic and into today, CHCs have conducted thousands of COVID-19 tests, provided patients and community members with COVID-19 vaccination and treatment, and served patients via the modalities that best suit their needs. CHCs have also partnered with New York City to stand-up high-volume testing and vaccination sites, often setting up sites at temporary locations within their communities to rapidly expand access to care.

However, New York City must continue and build on its partnership with community health centers. At the height of the pandemic, CHCs' ability to provide access to in person care was limited by the major supply shortages of personal protective equipment (PPE). This exacerbated existing access problems for CHC patients - the challenge to source and purchase adequate PPE to conduct in-person services and maintain a stockpile in the event of another surge hindered CHCs' ability to plan for delivery of healthcare services (i.e., in the case of dental services, PPE must be changed between each patient). Inadequate access to PPE also prohibited some CHCs from expanding community testing. While access to PPE is not currently a problem faced by health centers, the recent rise in COVID-19 and RSV cases reminds us that there must be a plan in place to ensure CHCs are prioritized if there were to be a PPE shortage in future pandemic response.

Challenges Continue to Persist as New Issues Arise

A. *Unprecedented Workforce Shortages Amidst Rising Patient Demand*

Community health centers re-invest in the communities where they are located by hiring individuals who live in the communities they serve. However, CHCs are facing difficulty in maintaining delivery of services due to the COVID-19 pandemic exacerbating existing healthcare provider shortages. According to CHCANYS' 2021 survey on workforce-related challenges and priorities, CHCs reported immediate staffing needs across occupations including Licensed Clinical Social Workers/Licensed Professional Counselors, Psychiatrists, Nurses, Family Physicians/Internal Medicine, Nurse Practitioners/Physician Assistants, Dental Providers, and Case Managers. CHCs also reported insufficient educational pipelines, uncompetitive wages, and high clinical/case load requirements as some of the reasons for recruitment and retention challenges.

Meanwhile, CHCs continue to take on new patients, many of whom may not have received care during the COVID-19 pandemic, in addition to performing outreach to reconnect existing patients to care to address their needs. CHCs are also delivering more behavioral health visits as compared to before the pandemic to keep up with increasing patient demand. Among these longstanding challenges, recently CHCs have partnered with DOHMH to provide care to asylees arriving to NYC from the Texas/Mexico border. Even in the midst of an unprecedented workforce crisis, demand for CHC services continue to rise.

Significant investment in healthcare workforce is required to ensure that CHCs can continue to provide quality accessible healthcare services for underserved communities and respond to rising challenges facing NYC. Investments could include funding for existing workforce programs, developing new loan repayment programs for nursing and behavioral health staff, especially in communities of color, expanding loan repayment programs for individuals living in medically underserved communities, and increasing workforce development opportunities in medically underserved communities and communities of color.

B. *Support Telehealth to Increase Access to Care*

Telehealth is a critical access point to healthcare for many low-income and underserved communities. During COVID-19, CHCs rapidly expanded their telehealth programs to ensure patients were able to

continue seeing their providers from the safety of their homes. Telehealth enabled CHCs to take care of many patients with coronavirus from home, keeping fewer sick patients out of the overwhelmed hospitals and reducing community spread of the virus. Moreover, both patients and providers have found that remote care decreases barriers that would usually inhibit patients' ability to visit a provider, such as lack of transportation, difficulty scheduling time off at work, and lack of childcare. Telephonic, or audio-only, is an especially useful modality for care, as it has decreased other barriers to entry like limited technology proficiency, poor or lack of internet connection, and lack of access to smartphones or camera devices. As a result, CHCs have reported seeing fewer no shows for remote visits, especially for behavioral health visits, and predict that patients will continue to request remote visits. For providers, the ability to deliver care through telehealth modalities is a much-welcomed flexibility. CHCs continually report that the ability to offer remote working options to their providers has increased their ability to recruit new providers who, without that option, would not be interested in working for the health center.

The future of telehealth is uncertain. The State's enacted budget requires a lower payment for services delivered when both a provider and patient are at home; a model that has allowed CHCs to expand access to behavioral health services without cutting into the ability to provide medical visits in their physical clinic space, and to recruit and retain providers. With lower payments, CHCs may not be able to continue their high caseloads of behavioral health visits, which already do not meet the demand for services. Telehealth payment parity beyond the pandemic, regardless of modality and regardless of patient and provider location, is needed to ensure that CHCs can continue to provide telehealth services, to recruit and retain providers, and to empower patients to choose the visit type that best suits their needs on a given day or for a given condition.

C. The Impending State Pharmacy Benefit Carve Out Will Reduce Access to Care

The Federal Public Health Service Act 340B drug discount program was enacted in 1992 by Congress to allow safety net providers, including CHCs, access to pharmaceutical drugs at reduced costs and to reinvest the savings to expand access to healthcare in medically underserved communities. Community health centers rely on the savings generated through the 340B program to fund life-saving programs and initiatives that have no other funding sources. Many CHCs use 340B savings to provide access to free or low-cost drugs and support programs that are not funded by Medicaid. Many CHCs used 340B savings to conduct vaccine related outreach and patient education, provide, vaccinations to staff of behavioral health organizations, and holding vaccination events in communities of color, often at the request of state and local health departments. Many of the beneficiaries of the 340B program have multiple chronic conditions and other risk factors – those most likely to visit a hospital emergency department or suffer serious complications from COVID-19.

However, the 340B program is currently under threat due to the State's proposal to carve the Medicaid pharmacy benefit out of managed care and into fee-for-service, which would result in an annual $61M lost across NYC's community health centers. The pharmacy benefit carveout will cause unprecedented disruptions for the safety net community and threaten not only the comprehensive public health response to the COVID-19 pandemic but also any future epidemics.

In 2021, the NYC Council adopted Res. 1529, calling on the New York State Legislature to pass, and the Governor to sign, S.2520/A.10960, legislation to protect New York State's safety net providers and Special Needs Health Plans by eliminating the Medicaid pharmacy carve-out. We look to the NYC Council to again protect community health centers by calling on the State to repeal the pharmacy benefit carve out.

D. Threats to CHC Financial Sustainability

The financial sustainability of community health centers is being threatened on multiple fronts. Many CHCs received COVID relief dollars from the federal government, which allowed them to increase wages to stave off some staff turnover and invest in programs to increase access to care, i.e. through telehealth expansion, creation of new access programs, testing and vaccination campaigns, opening of mobile clinics, pharmacy expansion, and more. However, that funding is set to sunset in spring 2023. At the same time, costs continue to rise across sectors and CHCs are no exception in experiencing inflation in wages, materials, and physical space. Combined with the end of the federal grants, lower payments in telehealth, removal of the Medicaid pharmacy benefit, likelihood of individuals falling off Medicaid enrollment when the public health emergency ends, and increased demands on CHCs to respond to rising issues like coordinating care for asylees, CHCs' financial sustainability and ability to rapidly respond to future public health crises is threatened.

Conclusion

CHCANYS is grateful for the opportunity to submit this testimony to highlight the impacts of COVID-19 on CHCs and NYC communities and the challenges that CHCs continue to face. For questions or follow up, please contact Marie Mongeon, Senior Director of Policy, mmongeon@chcanys.org.

Oversight Hearing - COVID-19 in NYC: Evaluating the Present Challenges

Good afternoon and thank you for the opportunity to testify today. I'm Nadia Chait, the Assistant Vice President for Policy, Advocacy & Communications at The Coalition for Behavioral Health. My testimony will focus on the unprecedented mental health and substance use crisis that New Yorkers are experiencing as a direct result of the COVID-19 pandemic. This is one of the most urgent concerns as our City works through COVID. The mental health impacts of this pandemic will be felt for years or even decades to come.

New Yorkers are Struggling

- Overdose deaths are skyrocketing. Overdose deaths increased 80% from 2019 to 2021.[i] More New Yorkers die of overdose in just three months than previously died from overdose in an entire year.[ii]
- 40% of New Yorkers reported they had poor mental health in 2021, and 32% had symptoms of depression and/or anxiety.[iii]
- Children and youth mental health is in crisis. Suicide rates are rising, particularly among Black youth.[iv] Emergency department visits for suicide attempts increased by 51% among girls 12-17 in 2021, compared to 2019.[v] A national emergency in child and adolescent mental health was recently declared by the American Academy of Pediatrics and two allied organizations, followed by the Surgeon General issued an Advisory on Youth Mental Health.

While many of these challenges began before COVID-19, the pandemic had the effect of pouring gasoline on these fires. The mental health challenges grew into a crisis that requires both immediate action and long-term solutions.

Access to Care is Limited

Tragically, this crisis comes at a time when access to lifesaving and life changing services is limited. Mental health and substance use professionals, facing low salaries and their own pandemic challenges, have left the field in droves. As the need for care has increased, fewer people are available to provide these critical services. Our members serve all New Yorkers, regardless of their ability to pay, their immigration status or anything else. They primarily serve New Yorkers with Medicaid or who do not have insurance. Low Medicaid rates, coupled with inadequate government contracts that often pay months after the service is delivered, have resulted in a workforce that is chronically underpaid. Our member agencies now report vacancy rates as high as 40%, with turnover rates to match.

The good news is that we know what to do to help New Yorkers in need and to build the mental health and substance use workforce. We urge the Council to explore the following recommendations as key strategies to help the City recover from the pandemic.

Invest in the Mental Health & Substance Use Workforce to Increase Access to Care

- The City should establish, fund and enforce an automatic annual cost-of-living adjustment on all mental health contracts
- The City should establish targeted incentives specifically for the mental health workforce, including:
  - Loan forgiveness and tuition assistance for individuals working or committed to working at non-profit mental health programs;
  - Funding for test preparation to assist staff in passing their licensure exams;
  - Salary scales on contracts that provide competitive wages for care managers, peers and other non-Masters level positions.
  - Incentives for staff who speak languages other than English and have cultural competency, including bonuses and higher salaries.
- Explore options to create a community behavioral health workforce, that could provide counseling and support without requiring extensive education, similar to Project Hope.

Expand Access to School Mental Health Services

- Work with providers to integrate additional mental health services into schools and develop robust referral pathways, for services including Child & Family Treatment and Support Services (CFTSS).
- Invest $28,500,000 to bolster funding for the over 200 existing school-based mental health clinics and to bring school-based mental health clinics into 100 new schools. Each school-based clinic should receive $75,000 in annual operating support to maintain and expand on-site mental health services for children.
  - Advantages of School-Based Mental Health Clinics
    - On-Site Mental Health Services: School-based mental health clinics provide on-site mental health services, including diagnosis and treatment, to children during the school day. As satellite locations of community providers, these clinics are able to serve the entire family, both in school and in the community. The clinics also offer psychiatry, including medication management, family peer support, and youth advocacy. School-based clinics integrate within the school, educating teachers on how to spot when a child needs help and teaching students about mental well-being.
    - Crisis Response: School-based clinics are able to provide crisis mental health services, ensuring children receive a compassionate response when they are in need and reducing the use of suspensions, detentions and other punitive measures.
    - Funding: clinics are primarily funded through revenue from billing health insurance, which is insufficient. Insurance does not cover school wellness activities, like mental health education and training. Medicaid does not cover services to children without a diagnosis. Commercial insurance

often does not cover the service at all, or pays a rate that is so low that it covers only half of the cost of service.
  - Leverage state & federal dollars: because school-based clinics can bill insurance, which the DOE largely cannot, an investment in clinics will result in an infusion of state & federal dollars into schools. The cost to the city for a school-based clinics is half the cost of DOE hiring a school social worker.

Expand Overdose Prevention Services & Access to Substance Use Treatment

- We strongly support the two Overdose Prevention Centers, which have saved hundreds of lives in the short time they have been open. The City should fund additional centers to meet the devastating overdose epidemic our communities face.
- Continue to expand access to overdose reversal drugs. The Council has already been a leader on this issue with your work to expand access to naloxone in nightclubs and bars. We encourage the Council to continue this work by passing Intro 304, to require that all parks enforcement patrol officers be equipped with opioid antagonists, and Intro 198, to require opioid antagonists in all school buildings.

These are just some of the approaches that must be taken to address the mental health and substance use impacts of the pandemic. New Yorkers need solutions now, to help them cope with the incredible trauma, grief and isolation of the pandemic.

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[i] Data for the first three quarters of 2021 (the most recent available, compared to the first three quarters of 2019. https://www1.nyc.gov/assets/doh/downloads/pdf/basas/provisional-overdose-report-third-quarter-2021.pdf

[ii] 709 overdose deaths in the 3rd quarter of 2021, compared to less than 700 deaths per year from 2007 through 2011. (2021 data: https://www1.nyc.gov/assets/doh/downloads/pdf/basas/provisional-overdose-report-third-quarter-2021.pdf) (2007-2011 data: https://www.nyc.gov/assets/doh/downloads/pdf/epi/databrief129.pdf)

[iii] NYS Health Foundation (2021, July). *Still Recovering: Mental Health Impact of COVID-19 Pandemic in New York State.* https://nyshealthfoundation.org/resource/still-recovering-mental-health-impact-of-the-covid-19-pandemic-in-new-york state/?utm_source=Mental+Health+Report+July+2021&utm_medium=email&utm_campaign=Mental+Health+Report+July+2021#anxiety-and-depression-among-new-yorkers-overall

[iv] https://www.cdc.gov/nchs/data/nvsr/nvsr69/NVSR-69-11-508.pdf and https://nyuscholars.nyu.edu/en/publications/trends-of-suicidal-behaviors-among-high-school-students-in-the-un

[v] https://www.cdc.gov/mmwr/volumes/70/wr/mm7024e1.htm?s_cid=mm7024e1_w

Dear New York City Council,

My name is Dr. Lucky Tran, and I am a scientist and public health communicator who works at Columbia's medical center, co-founded the March for Science, and organize with Mandate Masks NY. As someone who has been working non-stop over the last 3 years to help keep our communities safe from COVID, **I urge you to please push to reinstate the mask mandate, and provide more free N95 masks to the public.**

The CDC recommends requiring masks indoors and on public transportation during high community levels. Right now, 2 out of 5 boroughs are at high community levels and the rest are at medium. COVID transmission has been consistently high for months. We expect winter to be worse. Why is the city ignoring CDC guidelines? Where is the urgency? Where is the action?

There's a lot of disinformation about masks, but as a scientist I can tell you clearly, mask mandates work. Masks are most effective when everyone wears one, because every person masking reduces the amount of virus in the air, making the space safer for all. Studies show mandates significantly increase mask wearing, because most people are not opposed to masks, they simply don't know when it's important to wear one.

The pandemic is far from over. It is still causing significant disruption to daily lives of many Americans. Thousands are still dying each week. Millions are out of work due to long COVID. Essential workers are getting sick and losing wages.

And with current city policies, those at high risk for severe COVID including the immunocompromised, disabled, and elderly are being locked out of society, because without a mask mandate, indoor public spaces are unsafe. Our most vulnerable New Yorkers can't access public transport, groceries, pharmacies, healthcare and other essential services without seriously risking their health.

This is a huge moral crisis. How dare we ignore the people who are suffering the most from this pandemic? How dare we prevent them from participating in society?

New Yorkers are at our best when we all look out for each other. With virus levels still high, now is not the time to stop caring. Something that will instantly make New York so much safer and more accessible for everyone, especially those at higher risk, is to reinstate the mask mandate and provide more free N95 masks to the public. Please do the right thing. Thank you.

Sincerely,

Lucky Tran, PhD
Scientist and Public Health Communicator, Columbia University
Managing Director, March for Science
Organizer, Mandate Masks NY

Powering a
more equitable
New York

President and
Chief Executive Officer
David R. Jones, Esq.

Executive Vice President and
Chief Operating Officer
Steven L. Krause

Community Service Society of New York

Testimony before the
New York City Council Subcommittee on Covid Recovery and Resiliency and
the Committee on Health

COVID-19 in NYC: Evaluating the Present Challenges.
November 7, 2022

Good afternoon. My name is Ayaz Ahmed, Program Manager for the Managed Care Consumer Assistance Program at the Community Service Society of New York (CSS). CSS thanks the Chairs for this opportunity to testify on the present challenges of COVID-19 in New York City.

CSS has worked with and for New Yorkers since 1843 to promote economic opportunity and champion an equitable city and state. We power change through a strategic combination of research, services, and advocacy to make New York more livable for people facing economic insecurity. Our health programs help approximately 130,000 New Yorkers enroll in and use health insurance, negotiate medical billing, or otherwise access free or low-cost health care every year. We do this through a live-answer helpline and in partnership with over 50 community-based organizations (CBOs) throughout the City and State.

Our testimony describes some of the current challenges experienced by clients when accessing and paying for care related to COVID-19. Many of our COVID clients come through the NYC Managed Care Consumer Assistance Program (MCCAP), a consumer assistance program that helps people resolve health insurance problems and access care (including those who are uninsured).

Although the worst of the COVID-19 pandemic seems to be behind us, for many uninsured New Yorkers who get the virus and those who experience long-term effects (long COVID) after becoming infected, the struggles of accessing treatment are far from over. Furthermore, many who got tested for COVID-19 at the height of pandemic, under the assumption that the tests were free, are now shocked to find out that they are being billed for a portion of the test cost.

During the COVID-19 pandemic, MCCAP has provided much-needed advocacy assistance to these patients who have struggled to secure coverage,

medically necessary care, and social services. We have served over 8,000 people, most of whom are people of color and/or speak a language other than English at home, obtaining a favorable outcome for clients in 90% of the cases. The program operates through a network of 12 community-based organizations (CBOs). CSS acts as the hub with its live, toll-free helpline while CBO advocates serve as the spokes that provide in-person services in 15 languages and at 15 different locations across all five boroughs.

We have helped clients like Ranee, an 80-year-old COVID-19 survivor experiencing long-term respiratory and mental health complications. Long-COVID is a new and complicated illness that is difficult to diagnose and requires care from many different types of providers.[1] This exposes patients to high costs, both financially and in terms of the effort required to manage issues such as prior authorizations, insurance denials, and incomprehensible medical bills.[2] Through the South Asian Council for Social Services (SACSS), a MCCAP CBO, we have helped Ranee get her COVID vaccine and booster shot, organize care at rehab facilities, connect her to providers who understand her physical and mental health struggles. She is also aware that whenever she needs help with her healthcare services – whether it is finding providers, keeping or renewing insurance or other programs she may be eligible for, or to find supportive people in the community, we are there for her.

MCCAP has also been an invaluable resource for uninsured New Yorkers who are hesitant to get care after contracting COVID-19. That was the case of Duvan, a 37-year-old who was apprehensive about seeking medical attention because of his immigration status. Ineligible for health insurance and with limited income, Duvan resisted going to a doctor when he came down with COVID-19. A MCCAP advocate at Make the Road helped Duvan enroll in the NYC Care program, which offers individuals access to free or low-cost health services regardless of their immigration status. Within a short time, Duvan had a physical with a primary care doctor for only a very small fee and is relieved that now he knows where and how to access medical care.

Finally, MCCAP is currently monitoring a trend in cases in which clients are being balanced billed (the difference between the provider's charge and what the insurance agrees to pay) by providers for COVID-19 tests that were supposed to be free under the Families First Coronavirus Response Act and the CARES Act. These bills are often either for the test itself or for the "visit" to the medical office. In particular, our helpline and partner agencies have reported many incidents where CityMD has been sending bills to consumers for their co-pays or balances for covid tests or related visits. In those instances, we can work with these clients and their providers to find out if the client is in fact responsible for the bill and, if needed, assist them with filling out and submitting a complaint to the relevant authorities depending on what type of insurance they have.

[1] Caitlin Owens, "The coming coverage fight," Axios, May 7, 2022, https://www.axios.com/2022/05/07/long-covid-coverage.
[2] Ortaliza et al., "Most private insurers are no longer waiving cost-sharing for COVID-19 treatment," Petersen-KFF Health System Tracker, August 19, 2021, https://www.healthsystemtracker.org/brief/most-private-insurers-are-no-longer-waiving-cost-sharing-for-covid-19-treatment/.

Navigating our bureaucratic healthcare system is extraordinarily difficult. Now that the city seems to finally be coming out of the crippling effects of the pandemic, we cannot forget that there are many New York City residents who will still need help dealing with the long-term effects of the virus or accessing testing and treatment because of their immigration status. That's why we need trusted and experienced MCCAP advocates on their side who work in their communities, understand their culture and language, and can make a difference as to whether they receive the healthcare coverage and services they need.

Thank you for the opportunity to submit this testimony today. Should you have any questions, please do not hesitate to contact me at: 212.614.5362 or at aahmed@cssny.org.

GREATER NEW YORK HOSPITAL ASSOCIATION
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November
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Council Member Lynn Schulman
Chair, Committee on Health
New York City Council
250 Broadway, Suite 1866
New York, NY 10007

Council Member Mercedes Narcisse
Chair, Committee on Health
New York City Council
250 Broadway, Suite 1792
New York, NY 10007

Council Member Francisco Moya
Chair, Subcommittee on COVID Recovery and Resiliency
New York City Council
250 Broadway, Suite 1768
New York, NY 10007

RE: Statement for Hearing: "COVID-19 in NYC: Evaluating the Present Challenges"

Dear Council Members Schulman, Narcisse, and Moya:

Thank you for the opportunity to submit a statement on behalf of the Greater New York Hospital Association (GNYHA), which represents every public and voluntary hospital in New York City, as well as hospitals and health systems throughout New York State, New Jersey, Connecticut, and Rhode Island. GNYHA is proud to serve these hospitals and health systems which, along with dedicated caregivers that make them run, responded to the COVID-19 pandemic by undertaking the largest mobilization of health care resources in US history—saving thousands of lives and caring for hundreds of thousands of patients.

My statement covers the status of hospitals as they manage the ongoing COVID-19 pandemic and how they are preparing for the future.

Where Hospitals Are Now

New York City hospitals have survived through periods of immense challenge and relative normalcy throughout the nearly three years of the pandemic. As colder weather once again descends on New York City, people are spending more time indoors and near one another, providing more opportunities for viral spread. While this has contributed to an increase in new COVID-19 cases across the City, the increase is small—from a seven-day average of 1,774 on September 5 to 2,244 on October 28. Fortunately, hospitalizations remain low at 1,094 on October 28, far below the peak of 6,523 on January 11 at the height of the Omicron wave. While it is possible that this number will increase over the fall and winter, hospitals are prepared to treat everyone who comes through their doors and have the capacity to do so. Meanwhile, New Yorkers should adhere to public health recommendations and measures to slow the spread of new Omicron subvariants such as BQ.1 and BQ.1.1

Preparing for the Future

In recognition of declining hospitalizations, New York Governor Kathy Hochul allowed Executive Order 11 (EO 11) to expire on September 12. EO 11, which had been in place since December 2021, triggered the State's Surge and Flex system, allowing the State to order increases in hospital capacity, including by postponing non-essential elective procedures. Even during the worst of the pandemic, the emergency services and procedures that only hospitals can provide remained available, and we are making every effort to ensure that non-urgent services remain available during any potential future surges.

Hospitals across the City successfully managed several major COVID-19 waves and have become adept at rapidly expanding and reducing capacity as necessary. They can rapidly add beds, staff, and equipment to meet rising hospitalizations. Hospitals have also improved their safety and infection control protocols to contain and stop the spread of infectious diseases through environmental cleaning and disinfection protocols. These include strict adherence to Centers for Disease Control and Prevention guidance, including screening patients, visitors, and staff at entrances; testing; maintaining a State-mandated 90-day supply of personal protection equipment (PPE); and engineering controls such as adequate air exchanges.

The best way to fight COVID-19 is prevention. Vaccinations, therapies such as monoclonal antibodies, masking, and isolating when sick remain our frontline defenses against the virus' spread. Hospitals continue to administer vaccinations and booster shots to New Yorkers, combat vaccine misinformation, and build trust among underserved communities. Antiviral pills, ventilators, and other treatments and equipment are also in adequate supply to treat those who do get sick.

Nationally and in New York State, a shortage of health care workers is challenging hospitals. Hospitals are preparing for various scenarios this winter as staff call out sick due to the seasonal prevalence of COVID-19, influenza, and respiratory syncytial virus. It is therefore important that

everyone, including health care workers, receive their COVID vaccinations, boosters, and flu shots to ensure hospital capacity remains robust through the fall and winter.

Conclusion

While we hope the worst of the pandemic is behind us, New York's hospitals and dedicated health workers are working hard to make sure they are ready to meet new challenges that may arise. The most important things we can do to see us through to the end of the pandemic are to further invest in New York's heroic health care workforce, shore up chronically inadequate Medicaid reimbursement rates, and support struggling safety net hospitals. These issues predate the pandemic, but the strain it has placed on health care workers and hospital finances has only made addressing them more important. GNYHA continues to advocate in Albany for these investments and to defend against potential cuts, and would welcome the City Council's support in this endeavor. We look forward to working together to ensure that our health care system and New Yorkers emerge from the pandemic stronger and healthier than before.

If you have any questions, please contact David Labdon (dlabdon@gnyha.org) or Andrew Title (atitle@gnyha.org).

Sincerely,

David Labdon
Director, Government Affairs

MET COUNCIL
Feeding the hungry. Serving the poor.
Changing lives.

Metropolitan Council on Jewish Poverty (Met Council) would like to thank Chairs Schulman, Moya, Narcisse, and your fellow committee members for calling this pertinent hearing. My name is Jessica Chait, and I am the Managing Director of Food Programs and Policy at Met Council.

As direct service providers, Met Council is on the front lines helping communities still struggling with COVID-19 that exist within the new social and economic paradigm that the pandemic created for so many. This daily experience of extreme inflation, job loss, previously covered or deferred bills that have come due, and many other long-term effects that, while related to COVID-19, continue to exist within our city independent of the pandemic.

Our food programs are open and available to any New Yorker facing food insecurity, and our network focuses particularly on the provision of fresh and healthy, culturally responsive food that meets the needs of kosher- and halal-observant clients. We do this because New York is home to the country's largest Jewish and Muslim populations who have specific dietary requirements that come with significant additional barriers. These New Yorkers have fewer options when it comes to food, whether it is coming from grocery stores, benefits or school meals programs, or emergency food providers. While public food sources greatly lack available kosher and halal food commodities, private consumer-level sources of kosher and halal foods often cost significantly more. Jewish and Muslim New Yorkers also tend to live in larger, intergenerational households, where the needs of a given family unit are more diverse than in the average home. The combination of these circumstances leads to a food system with less available food at a higher cost for larger households with the diverse nutritional needs of multiple generations. The intersection of these complexities is where Met Council works.

At Met Council, we believe that all New Yorkers must have dignified and equal access to food regardless of their family composition or religiously informed dietary requirements. We are dedicated to serving fresh and healthy food to our food-insecure clients because they deserve the same dignity and respect as non-food-insecure New Yorkers. A recent New York Health Foundation (NYHF) report noted that food-insecure individuals rate their health lower at over double the rate of food-secure individuals. In addition, food insecure respondents reported a 10% higher instance of chronic mental or physical health issues; of these individuals, 21% delayed or skipped medical care. This report goes on to show that these individuals also face significant barriers to food access, with 53% of respondents reporting that it is difficult to access the food they need ("NYHealth Survey of Food and Health," August 2022). Met Council works daily to improve the health of the New Yorkers we serve by offering culturally relevant foods, lowering the barriers to access, and fostering client choice.

It is with this in mind that we implore this council to recognize that the economic reality of many New Yorkers is distinctly different than it was in 2019. It has been nearly 31 months since our city went into lockdown as COVID-19 swept through our city, forever altering the fabric of our communities and the work of the service providers like Met Council. While now many of us are back on the subway, in the office, and out enjoying our wonderful city, many New Yorkers are still struggling. At Met Council, we continue to see immense demand for emergency food. In fact, in the spring of 2022, we served more people than at any other time in the history of our food programs. We have continued to do this work while public and private funding has significantly diminished.

As the city has looked to move beyond COVID-19, the City Council has done great work to support emergency food service providers. In last year's budget, we were grateful to see that Community Food Connections (CFC, formerly EFAP) sought to incorporate fresh produce into their offerings; merging EFAP and the Pandemic Food Reserve Emergency Distribution Program (P-FRED) into one robust emergency food program. We were also encouraged that when many emergency food providers in our city spoke up about the lower-than-expected initial

budget for CFC, this council increased the emergency food budget, providing additional financial support for pantries throughout the five boroughs. With this new program also came a new vendor, offering a wider variety of fresh produce and kosher products than we had previously not been to access through HRA.

While we remain grateful for these significant improvements, we are worried about what the future holds. Met Council's DYCD discretionary funding has dropped significantly. In FY 22, Met Council was awarded nearly $6 million in DYCD discretionary funding, which allowed us to purchase emergency food for hundreds of thousands in need. As of October 27th, we have been awarded just over $700,000, an 88% reduction. In addition to lacking funding, CFC switched vendors at the start of FY 23. With this transition, allocations were delayed by months. This has significantly affected the amount of food Met Council and our partners can access for distribution. When these vendor delays and funding cuts hit our programs, the monthly pounds of food we delivered dropped -35% from June to July and an additional -12% from July to August, creating an overall -43% drop in the amount of food we were able to deliver. With this drop in available food, we saw a -45% decrease in the number of clients we were able to serve from June to July, with an additional -13% drop off from July to August, which combined for an overall reduction in clients served of -52% this summer.

Once this new system came online, we were again pleased to note a decent increase in the availability of kosher products but dismayed at the prices the new CFC vendor was charging for fresh produce options. We missed out on months of adequate allocations, lost significant dollars to spend on food products, and now the incorporation of fresh food, which should allow us to supply more healthy food, came at a much higher cost, directly limiting the amount of fresh and healthy food we are able to procure.

We urge the committees holding this hearing, and the whole of the New York City Council, to recognize that COVID-19 was more than just a horrible virus; it was a severe disruption in the lives of many New Yorkers. This disruption caused deep and lasting economic hardship for millions of our neighbors and community members, and these effects are not ending anytime soon. In addition to the direct effects on jobs, education, and healthcare costs, we are now seeing staggering rents across the city and record inflation, all while New York remains below the average job growth throughout the country.

We know from our experience that when bills are due, food is often the most flexible cost in a given household. Another NYHF report on food insecurity within families with children reported that 90% of food-insecure adults with children had skipped meals, 84% relied on low-cost foods, and 78% could not afford to feed their children balanced meals. This report went so far as to quote one respondent as saying, "After paying bills, there isn't much left to spend on food or anything else. So I buy food specifically for the kids," ("Food Insecurity in Families with Children," October 2022). Every single day New Yorkers facing food insecurity make difficult decisions. An individual may be forced to choose between paying rent or grocery shopping, a family may choose cheap, unhealthy food instead of a balanced meal, or a parent may go hungry to ensure their children are fed. None of these decision points should exist in a city with a budget reaching over $100 billion.

Our staff has worked tirelessly to ensure that we can provide healthy, culturally relevant food with dignity and efficiency across our city, and we humbly ask for the continued financial and technical support of the city government in doing so.

Thank you again for allowing us to share our feedback on the present challenges of COVID-19 in New York City's emergency food landscape.

Sincerely,
Jessica Chait
Managing Director
Met Council Food Programs and Policy

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Testimony of Allie Bohm
On Behalf of the New York Civil Liberties Union
Before the New York City Council Committees on Health and Hospitals and the Subcommittee on COVID Recovery and Resiliency
Regarding Oversight – COVID-19 in NYC: Evaluating the Present Challenges

November 7, 2022

The New York Civil Liberties Union (NYCLU) is grateful for the opportunity to submit the following testimony regarding oversight of COVID-19 in NYC: Evaluating the Present Challenges. The NYCLU, the New York state affiliate of the American Civil Liberties Union, is a not-for-profit, nonpartisan organization with eight offices across the state and over 180,000 members and supporters. The NYCLU defends and promotes the fundamental principles and values embodied in the Bill of Rights, the U.S. Constitution, and the New York Constitution through an integrated program of litigation, legislative advocacy, public education, and community organizing.

Two years and eight months into the COVID-19 pandemic, New York City has all but ended its community-based COVID mitigation strategies, such as universal masking.[1] For the last month, COVID, driven by new variants, has been on the rise in Europe,[2] often a harbinger of things to come in the United States. And, indeed, COVID positivity rates are now increasing in New York City.[3] The City's response, however, appears to be ignore it and hope it goes away.

[1] *E.g.* Marc Santia, *New York's Mask Mandate for Schools Ends, But Not for NYC Yet – What You Need to Know*, NBC, Mar. 2, 2022, https://www.nbcnewyork.com/news/local/new-yorks-mask-mandate-for-schools-ends-but-not-for-nyc-yet-what-you-need-to-know/3578953/; Emma G. Fitzsimmons, *Adams Ends Pandemic Mandates in new York City Amid Concern He Is Rushing*, N.Y. TIMES, Mar. 4, 2022, https://www.nytimes.com/2022/03/04/nyregion/nyc-mask-vaccine-mandate.html.
[2] Andrew Joseph, *From BQ.1.1 to XBB and beyond: How the splintering of Omicron variants could shape Covid's next phase*, STAT, Oct. 6, 2022, https://www.statnews.com/2022/10/06/bq11-omicron-variants-splintering-covid-next-phase/.
[3] *Compare COVID-19: Data*, NYC HEALTH, https://www.nyc.gov/site/doh/covid/covid-19-data.page#sum (last visited Nov. 3, 2022) *with COVID-19: Data*, NYC HEALTH, https://www.nyc.gov/site/doh/covid/covid-19-data.page#sum (last visited Oct. 25, 2022).

New York has had access to the new COVID bivalent booster shots since early September.[4] And while Pfizer-BioNTech have been advertising the new booster on repeat in CVSes and Duane Reades, their ads are only in English and risk being dismissed as profit-motivated. Moreover, the City's silence when it comes to promoting the new vaccines speaks volumes. Perhaps unsurprisingly then, the Kaiser Family Foundation reports that half of the public has heard little or nothing about the bivalent COVID boosters, and half of those who are vaccinated either do not know whether the new vaccine is recommended for them or believe it is not.[5]

Meanwhile, the federal government quietly announced that it will end its spending on COVID vaccines, tests, and treatments this fall, shifting costs to private insurers and leaving the uninsured to fend for themselves.[6] Rather than step in to fill this funding gap and ensure that all New Yorkers have access to COVID vaccines, tests, and treatments, we have heard that the City similarly has shuttered T2 grants and its COVID Community Advisory Board.[7]

Predictability, the impact of these policy changes is already falling hardest on New York's most marginalized communities: the disabled, communities of color, people whose primary language is not English, and economically disadvantaged New Yorkers. This is largely because health outcomes at the individual and community levels are deeply impacted by the interaction of factors in one's social environment (including income, education level, family and social support, and experience of discrimination), and one's physical environment[8] (including place of residence, crowding conditions, air and water quality, and transportation

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[4] *Stay Up to Date with Vaccines*, CDC, Nov. 1, 2022, https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html#:~:text=What%20You%20Need%20to%20Know,for%20people%20aged%205%E2%80%9311.

[5] *Half of Public Has Heard Little or Nothing About the New COVID-19 Booster Aimed at Omicron; Many Don't Know If the CDC Recommends That They Get the New Booster*, KFF, Sept. 30, 2022, https://www.kff.org/coronavirus-covid-19/press-release/half-of-public-has-heard-little-or-nothing-about-the-new-covid-19-booster-aimed-at-omicron-many-dont-know-if-the-cdc-recommends-that-they-get-the-new-booster/.

[6] Martha Lincoln and Anne N. Sosin, *Ending Free Covid Tests, US Policy Is Now "You Do You,"* THE NATION, Sept. 9, 2022, https://www.thenation.com/article/society/covid-tests-end-pandemic/.

[7] We understand that the City has convened a COVID-19 Recovery Roundtable and Health Equity Task Force, Press Release, NYC, Mayor Adams Announces COVID-19 Recovery Roundtable and Health Equity Task Force (Feb. 17, 2022) (https://www.nyc.gov/office-of-the-mayor/news/083-22/mayor-adams-covid-19-recovery-roundtable-health-equity-task-force), and a Public Health Corps, *NYC Public Health Corps*, NYC HEALTH, https://www.nyc.gov/site/doh/health/neighborhood-health/public-health-corps.page#:~:text=NYC%20Public%20Health%20Corps,includes%20about%2080%20community%20groups (last visited Nov. 7, 2022), that may include some former T2 grantees and Community Advisory Board members.

[8] Note that far too many New Yorkers live in food deserts where they are unable to readily access foods that support healthy dietary patterns and health outcomes. *See Access to Foods That Support Healthy Dietary Patterns*, OASH, https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-foods-support-healthy-dietary-patterns (last visited Nov. 4, 2022).

systems),[9] and New York City's COVID response has not sufficiently mitigated for these factors.

As a result of New York City's policy decisions, some immunocompromised people have felt their only viable option is self-imposed lockdown to avoid a disease that could prove to be a death sentence.[10]

And, despite experiencing higher COVID-19 mortality rates, nationwide – including in New York – patients of color have received monoclonal antibodies to treat COVID less often than white patients with Hispanic/Latinx patients receiving monoclonal antibodies 58% less than white patients, Black patients receiving monoclonal antibodies 22% less often, Asian American patients receiving them 48% less often, and other patients of color receiving them 47% less often.[11] In addition, Black and Hispanic/Latinx New Yorkers lag behind every other racial group when it comes to receiving a COVID-19 booster shot. Only 28% of Black New Yorkers and 30% of Hispanic/Latinx New Yorkers have been boosted compared with 41% of white New Yorkers and 63% of Asian/Native Hawaiian/Pacific Islander New Yorkers.[12]

While New York City has long stumbled in its COVID-19 response,[13] with the help of community-based organizations (CBOs) and community leaders, the City did come close to closing the gap between the Black and white primary series vaccination rates.[14] Indeed, New York City knows – or at least, it has been told many times – that to reach all of New York City's communities, particularly its most marginalized, it must prioritize cultural and linguistic competence and meaningful community engagement, because, just as community members were, in 2020, more effective at convincing their neighbors to wear masks and

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[9] NCHHSTP Social Determinants of Health, CDC, https://www.cdc.gov/nchhstp/socialdeterminants/index.html (last visited May 14, 2020); *see generally* NYCLU, TESTIMONY BEFORE THE NEW YORK STATE SENATE AND THE NEW YORK STATE ASSEMBLY REGARDING THE DISPROPORTIONATE IMPACT OF COVID-19 ON MINORITY COMMUNITIES (2020).

[10] *E.g.* Shruti Rajkumar, *Many try to return to a normal from COVID, but disabled people face a different reality*, NPR, July 14, 2022; Victoria Knight, *Covid Still Threatens Millions of Americans. Why Are We So Eager to Move On?*, KHN, Feb. 22, 2022, https://khn.org/news/article/covid-immunocompromised-safety-guidance/.

[11] Jennifer L. Wiltz et al., *Racial and Ethnic Disparities in Receipt of Medications for Treatment of COVID-19 — United States, March 2020–August 2021*, 71 MMRW 96, 96 (2022).

[12] *Vaccination by Demographic Group*, NYC HEALTH, https://www.nyc.gov/site/doh/covid/covid-19-data-vaccines.page (last visited Nov. 3, 2022).

[13] *See generally* NYCLU, TESTIMONY BEFORE THE NEW YORK CITY COUNCIL COMMITTEES ON HEALTH AND HOSPITALS REGARDING OVERSIGHT OF NYC'S COVID-19 TESTING AND CONTACT TRACING PROGRAM, PART II (2020); NYCLU, TESTIMONY BEFORE THE NEW YORK CITY COUNCIL COMMITTEES ON HEALTH AND HOSPITALS REGARDING OVERSIGHT OF COVID-19 VACCINE DISTRIBUTION & ACCESSIBILITY IN NYC (2021); NYCLU TESTIMONY BEFORE THE NEW YORK CITY COUNCIL COMMITTEES ON HEALTH AND HOSPITALS REGARDING OVERSIGHT – VACCINE HESITANCY AND EQUITY IN NYC (2021).

[14] *Vaccination by Demographic Group*, NYC HEALTH, https://www.nyc.gov/site/doh/covid/covid-19-data-vaccines.page (last visited Nov. 3, 2022) (62% of Black New Yorkers have completed their primary vaccination series compared with 64% of white New Yorkers).

social distance,[15] community members and organizations are more likely than outsiders to know how to listen to and answer their neighbors' legitimate concerns[16] and convince their neighbors to get vaccinated.

The City also knows that it must meet people in their neighborhoods. This is particularly important for those whose family-obligations prevent them from traveling to far-flung vaccination sites. And while Commissioner Vasan testified at today's hearing that the City is bringing mobile vaccination vans to adult day care centers, senior centers, and other locations around the City,[17] a Google search for mobile vaccination locations suggests that the City's mobile vaccination pop-ups ended October 1, and a link for the location of "Mobile Vaccine Bus Locations" redirects to the City's "General Vaccine Information" page.[18]

The City also knows that New Yorkers will avoid vaccination if they fear that there will be negative immigration consequences associated with receiving a vaccine.[19] They may also shy away if they worry about sharing personal information with the government or private companies, whether for fear of criminalization, having their children taken away, targeted advertising, or any other reason. That's why earlier in the pandemic, the City broadcast messages about immigration status on LinkNYC kiosks, messages that appear to have ceased.

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

[16] *See generally* NYCLU TESTIMONY BEFORE THE NEW YORK CITY COUNCIL COMMITTEES ON HEALTH AND HOSPITALS REGARDING OVERSIGHT – VACCINE HESITANCY AND EQUITY IN NYC (2021).

[17] DR. ASHWIN VASAN, COMMISSIONER, NYC DEP'T OF HEALTH & MENTAL HYGIENE, TESTIMONY BEFORE THE NEW YORK CITY COUNCIL COMMITTEES ON HEALTH AND HOSPITALS AND SUBCOMMITTEE ON COVID RECOVERY AND RESILIENCY REGARDING OVERSIGHT – COVID-19 IN NYC: EVALUATING THE PRESENT CHALLENGES (2022).

[18] *New York City Department of Probation and NeON Pop Up COVID Vaccination Clinics*, NYC PROBATION, https://www.nyc.gov/site/probation/about/dop-pop-up-vaccination-clinics.page (last visited Nov. 3, 2022); *General Vaccine Information*, NYC HEALTH, https://www.nyc.gov/site/doh/covid/covid-19-vaccines.page (last visited Nov. 3, 2022). It is unclear why NYC Probation was put in charge of pop-up vaccination sites for the general population.

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

But, Councilmembers can do more than post messages about immigration status on LinkNYC kiosks. At the end of the 2022 legislative session, the legislature passed, unanimously, vaccine confidentiality legislation that would ensure that personal information shared to receive a vaccine cannot be used to criminalize or deport anybody or take their children away.[20] The bill awaits the Governor's signature, and City Council should call on her to sign it immediately.

But the City can do more to protect New Yorkers from COVID than simply making it easier and safer for people to get vaccinated and boosted. New York can reduce COVID transmission indoors by promulgating stricter indoor air quality standards and ventilation requirements.[21] Making these changes would likely reduce the transmission and prevalence of other respiratory infections as well. This is particularly important in communities of color that were among the hardest hit by the pandemic. New Yorkers who have long lived in the shadow of power plants, highways, and waste transfer stations are 15% more likely to die from COVID-19 because of existing respiratory illnesses due to over-exposure to air pollution.[22]

And it is incumbent on New York City to act in this space: although the New York State HERO Act requires indoor air quality safety plans and actions, it does so only when there is a declared state of emergency related to airborne infectious disease outbreak, and the State ended COVID-19's designation as an airborne infectious disease that presents a serious risk of harm to the public under the HERO Act on March 17, 2022.[23]

New York City is unquestionably tired of COVID-19. But, until COVID-19 gets tired of us, the City must not abandon its role in preventing spread and protecting public health. Rather, in addition to calling on the Governor to sign vaccine confidentiality and improving indoor air quality and ventilation standards, the City must fill the shortfall left by the federal government and ensure that all New Yorkers can access COVID vaccines, testing, and treatment regardless of their insurance status or income level. It must collaborate closely with CBOs to make sure that information about the availability of the new bivalent vaccines reaches all of our communities – in the languages they speak – and it must work with CBOs on the placement of vaccination sites to ensure that all of our communities actually have

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[20] A.7326-A/S.6541-A, 2021-2022 Reg. Sess. (N.Y. 2022).
[21] *See* Jay K. Varma, *The Answer to Covid Fatigue Is Creativity, Not Surrender*, N.Y. TIMES, May 23, 2022, https://www.nytimes.com/2022/05/23/opinion/covid-masks-tests-vaccines.html; *Ventilation in Buildings*, CDC, June 2, 2021, https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html.
[22] Danielle Muoio Dunn, *An 'urgent' crisis: City's study of environmental inequities gains new momentum amid COVID*, POLITICO, Nov. 8, 2021, https://www.politico.com/states/new-york/albany/story/2021/11/08/an-urgent-crisis-citys-study-of-environmental-inequities-gains-new-momentum-amid-covid-1392421.
[23] *Health & Safety Precautions for Worksites*, NEW YORK STATE DEPARTMENT OF LABOR, https://dol.ny.gov/ny-hero-act (last visited Nov. 4, 2022).

access to those vaccines. And, it must partner with and fund CBOs to engage harder to reach populations and breakdown vaccine hesitancy.

The end of the pandemic cannot come soon enough. And, it is incumbent upon New York City to do the hard work to make sure not only that the pandemic ends, but that it ends for all of us, especially the most vulnerable.

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

New York City Council Hearing - Monday, November 7, 2022 @ 1:00 pm.
Committee on Health (jointly with the subcommittee on COVID Recovery and Resiliency and the Committee on Hospitals).

Testimony submitted by:
Gabriel San Emeterio, LMSW,
Cofounder of Strategies for High Impact (S4HI) and its Network for Long COVID Justice
LongCOVIDJustice.org
WRI alum and Adjunct Lecturer
Social Welfare Policy, Silberman School of Social Work at Hunter College (CUNY)
Email: gabrielhse@gmail.com

Dear New York City Council Members, my name is Gabriel San Emeterio. I'm a long time New York City resident and the cofounder of Strategies for High Impact and its Network for Long COVID Justice, our work centers disability justice and seeks to strengthen networks of people with long COVID and associated conditions.

I'm a proud LBTQIA+, genderqueer femme, Latiné immigrant living with the adverse health and economic outcomes that befall the intersecting identities that I embody.

It is a privilege to be able to write to the NYC Council as a member of the communities most affected by this crisis: Long COVID affects women, femmes, nonbinary and transgender people at higher rates than any other segments of the population. Hispanic adults are also more affected by Long COVID than other ethnic groups.

I humbly submit this testimony in solidarity with ALL immigrants, particularly those who are are undocumented, many of them women and femmes fleeing gendered violence, and whose grief over the loss of physical abilities, the decimation of our communities by COVID, as well as our Long COVID symptoms are overlooked and too often trivialized.

My story resembles what many people with Long COVID are experiencing now, including, but not limited to the gaslighting and dismissal of disabling symptoms by a multitude of doctors and specialists.

I've been living with Myalgic Encephalomyelitis or ME/CFS for many years, but it wasn't until 2017 that Dr. Susan Levine gave me a proper diagnosis. She is one of a handful medical professionals who specialize in ME/CFS. As a former Medicaid recipient, I had to, and continue to pay out of pocket to receive care and access one of the few treatments available to manage my ME/CFS symptoms. The medication that I take at a very low dose isn't FDA approved for ME/CFS and thus is not covered by any insurance. In fact, there are no FDA approved treatments for ME/CFS at all.

In addition to competent and compassionate medical care, the support from the organization ME Action, the ME/CFS community, and patient advocates played a vital role in helping me learn how to better manage symptoms that fluctuate in severity and are often disabling.

Whatever degree of stability that I had achieved managing my ME/CFS was taken away by a recent covid COVID infection, which became inevitable due to the abandonment of mitigation measures such as masking in indoor spaces and public transport.

The elimination of such measures will continue to put individuals and families in crisis. Everyone who gets COVID is at risk for developing Long COVID and more than half of the people living with Long COVID meet the diagnostic criteria for ME/CFS—many of them are homebound, disabled, and descending into poverty.

I had a successful career as a hairstylist but **ME/CFS took away my ability to work**, and despite many attempts over years, I was routinely denied disability benefits.

After losing my job, my savings, and my apartment, I was eligible to receive public assistance ONLY because I'm HIV positive. Just under $400 dollars a month in cash assistance, food stamps, Medicaid, and rent assistance provided by HASA—the HIV/AIDS Services Administration—helped me survive. However, these resources are not available to people with ME/CFS and/or Long COVID.

Because of my disability I was exempt from the mandatory work requirements that other public assistance recipients are forced to meet. This exemption gave me time to learn how to manage my chronic illnesses, and gain stability.

Eventually, I enrolled into community college despite the fear that it would jeopardize my benefits. When I transferred to Hunter College and connected with an organization that is the Welfare Rights Initiative (WRI), which is located in the College's Main Campus. WRI organizes students with firsthand experience of poverty (as I once was) through leadership training and legal advocacy to create and defend fair and just policies.

WRI thought me much, including that I had the right to receive Public Assistance as a college student. This realization was liberating and empowered me to finish my undergraduate studies and pursue a master's degree in social work. Thus, I continue to advocate for policies that expand access to education and help welfare recipients, like myself, succeed and become financially independent.

I cannot stress enough that I I was able to reenter the workforce because the pandemic made it possible for me to work from home. My ability to work part time is a privilege made possible by the formal education that I acquired while on welfare and without the threat of punitive sanctions.

Working remotely is not a luxury, it is a necessity that should be protected by law, for all New Yorkers to avoid contracting COVID, or to remain employed if they are already living with Long COVID or other disabilities.

Ironically, working part time was enough to lose my public assistance benefits, including Medicaid. Despite being in insurance limbo at the moment, I know that I can get culturally appropriate and gender affirming care at one of NYC's H&H Pride Centers. More importantly, I can continue to get my HIV medication without interruptions through the AIDS Drug Assistance Program ADAP. Living with HIV has shown me the abysmal difference in care systems and supports that exist for people living with HIV, while there is nothing for people living with ME/CFS and little is being done for people with Long COVID.

The Covid19 pandemic continues to cause death, disability, and crisis, but it has also given us an opportunity to see that access to benefits without sanctions for all welfare recipients is possible, and that we can build upon this practice to improve the quality of life of all New Yorkers living in poverty.

Thus, I encourage the City Council Members to work with State officials to creatively support New Yorkers before they fall into poverty by expanding eligibility criteria and eliminating asset limits to access benefits. For those currently living or slipping into poverty due to the impact of COVID and Long COVID, streamline access and increase benefits, in addition to eliminating sanctions. With 28 years of expertise, WRI is working with HRA and OTDA to come up with options to help parents and caregivers meet work requirements through activities that would benefit their children such as school parent engagement. I'd be happy to connect Council Members to WRI.

Moreover, the response to the HIV crisis has yielded models of care and prevention that can be replicated to address post viral complex chronic illnesses such as ME/CFS and Long COVID. For instance, implementing a HASA-like single application for cash assistance, housing, SNAP, and Medicaid would spare individuals and families the need to submit multiple applications, each laden with multiple layers of bureaucracy.

Accurate and accessible information on ME/CFS and Long COVID is sorely needed. As I mentioned before, at least half, if not more, of the people living with long COVID meet the diagnostic criteria for ME/CFS. On June 30th of 2022, Governor Hochul signed a NYS Public Health Law amendment that "[p]rovides for a myalgic encephalomyelitis/chronic fatigue syndrome ("ME/CFS") education and outreach program." Council Members should work with state officials to ensure that such legislation is implemented successfully to benefit people living with ME/CFS and Long COVID.

Lastly, let us be reminded that Long COVID is preventable through effective COVID mitigation measures such as work protections to stay home when sick, paid sick leave (for freelance and gig workers), access to free testing and N95 masks, and mandatory masking in public transportation and crowded indoor situations.

I call on the City Council, DHOMH, and other city agencies to reinstate measures to prevent community spread of COVID-19, and to use existing programs created to address the HIV crisis as a model to provide housing, health insurance, prescription coverage, and other supports and services to people living with Long COVID before they find themselves in abject poverty.

I am honored to be a part of Long COVID Justice NY, an activist group where I get to work along other patient advocates to change the systems that are failing New Yorkers. We want to work with you, our elected officials, to uplift and improve the lives of people living with complex chronic illnesses and disabilities including, but not limited to, people living with ME/CFS and/or Long COVID. Let's make New York a model of care and accessibility for the rest of the US to follow!

Please do not hesitate to contact me or our group at ny@longcovidejustice.org

Best regards,

Gabriel San Emeterio, LMSW
Pronouns: they, she, he
National Organizer and Co-founder of Strategies for High Impact (S4HI) and LongCOVIDJustice.org

Adjunct Lecturer
Social Welfare Policy
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Email: gabrielhse@gmail.com

Alexander Riccio

Testimony before the Subcommittee on COVID Recovery and Resiliency

Good afternoon.

My name is Alexander Riccio, and I have been working for nearly two years as a member of an international group of more than 80 doctors, engineers, scientists, and citizen activists, all working together on the covid response. We call ourselves "Team Airborne". I recently received a generous grant from Vitalik Buterin's anti-covid "Balvi" fund to continue my work no cost or profit.

Let me begin by saying I'm a bit disappointed to see a discussion of endemicity in the briefing paper. The same figures who claim this virus will soon be endemic, were also claiming that endemicity was just around the corner for the past seven waves. They claimed first that kids in schools don't transmit COVID, then claimed that kids never get sick from COVID, and now claim that the kids filling up our hospitals are there because they haven't been getting sick enough for the past two years. Perhaps we should stop listening to them.

It's entirely possible, maybe even likely, that COVID never becomes an endemic disease, instead causing several very deadly and disruptive surges every year. We must prepare for a future where COVID continues to be a serious deadly and disruptive problem for the city, not a mere nuisance.

There is a way off this nightmare rollercoaster.

COVID is predominantly airborne, in fine aerosols, and spreads very rarely by "respiratory droplets" or on surfaces. It is spread by people exhaling the virus in poorly ventilated spaces.

We have failed to control the pandemic because we tried measures that are only effective against respiratory droplets – blue surgical masks, plexiglass barriers, 6 feet of distance, hand

sanitizing. These measures are only minimally useful for preventing the spread of disease through smoke like aerosols.

Once we accept the reality of airborne transmission, we can actually begin to implement measures that protect New Yorkers without disrupting New Yorkers. Measures like N95s instead of baggy blue surgical masks for essential workers, nurses, the elderly, and the rest of us, but also enhanced ventilation and air filtration.

My small role in this large group of 80+ is to help understand the state of indoor air. We can get a very good idea of the COVID transmission risk in a space by measuring CO2 levels. Indoor CO2 has one source – exhaled human air.

I run a volunteer data tracking platform to collect CO2 measurements, and have collected more than 2000 data points from volunteers around the world. I can tell you that we have plenty of work to do here in NYC.

Should we have the political will, I recommend pilot programs monitoring and reporting CO2, and eventually council support for requirements to improve indoor air in shared spaces.

Alexander Riccio

Co2 Trackers/COVID CO2 Tracker (www.co2trackers.com), Team Airborne

Test35965@gmail.com

From: <Alexander G. Riccio> <test35965@gmail.com>
Sent: Monday, November 7, 2022 8:05 PM
To: Testimony
Subject: [EXTERNAL] Follow up testimony - COVID subcommittee

Dear staffers,

I'm working the polls *all day* tomorrow, so I really don't have a chance to write up everything I'd like to say. I'll add in a few things here and there before going to bed super early. I have to be up at *four AM* □😭.

The scientists I work with, and informally represent here, are among the most prolific, respected, and cited, scientists in their fields. They are easily some of the most impressive people I've ever met, let alone have the honor to work with.

Dr. Prather is on the National Academy Of Science AND the National Academy Of Engineering, in addition to being inducted as a member of the American Philosophical Society. Her career has been largely a matter of studying climatologically relevant oceanographic and atmospheric aerosols, which are governed by the exact same physics that govern the formation of aerosols in our lungs. She has been one of the strongest voices in opposition to medical guidance that only recommends n95s in the context of so-called Aerosol-generating medical procedures. She has, much more broadly, led our advocacy efforts, and worked extensively behind the scenes to slowly convince federal health officials about airborne transmission.

She's personally responsible for convincing top officials like Dr. Fauci that airborne transmission is a real and dominant phenomenon.

She was briefly mentioned in the big wired article on the pandemic, but was responsible for considerable work behind the scenes:
https://www.wired.com/story/the-teeny-tiny-scientific-screwup-that-helped-covid-kill

She's mentioned in literally hundreds of other news articles.

Dr. Jimenez is one of the most prolific atmospheric chemists in the field, and has spent the past year working out the deep mathematics governing aerosol transmission dynamics in various conditions. He leads various academic groups fleshing out the science of indoor transmission.

Dr. Don Milton and Dr. Kristen Coleman (both of U Maryland) are responsible for the finding that people emit 4x more aerosols while merely breathing, than emitted by patients undergoing so-called "Aerosol-generating medical procedures", which should soundly debunk he rationale that the hospital industry has used to deny airborne precautions for healthcare workers. They further found that the majority of all emitted virus is carried in ultra fine aerosols that linger and spread.

I presume this would be of most direct interest to councilmember Narcisse, as a former nurse. The actual experiments were done in late 2020 in Singapore and Maryland, and the research was initially published in Clinical Infectious Diseases in late 2021.

You can read their work here:

https://academic.oup.com/cid/article/74/10/1722/6343417

...and background on the n95/AGMP issue here:
revealnews.org/article/31000-and-counting/

In August, they were among the large group to publish the seminal paper on airborne transmission in the pandemic, a paper which I expect will be taught in our children's medical schools and universities:

https://onlinelibrary.wiley.com/doi/10.1111/ina.13070

They, and all of the others who I do not have time to mention, are united and vociferous in the need to radically improve indoor air. The objective we share is to defeat all airborne viruses like COVID in the same way we defeated waterborne diseases: with infrastructure and engineering. If we put our minds on it, we can absolutely do it.

I've heard councilmember Barron ask various specific questions about vaccine content before. I'm sure he has views on the matter that differ from mine, but someone should a least let him know that the actual source code for the vaccine is on GitHub!

It was published in WHO documentation, at the very beginning. Kinda surprising to me that all the answers he's gotten were so generic as to miss these basic facts. It's a fascinating read for anybody technically or biologically minded.

https://github.com/berthubert/bnt162b2/blob/master/reverse-engineering-source-code-of-the-biontech-pfizer-vaccine.md

From: Anna Pakman <annapakman@gmail.com>
Sent: Thursday, November 10, 2022 11:54 AM
To: Testimony
Subject: [EXTERNAL] COVID-19 Subcommittee Testimony

Dear Council Members,

Thank you for the opportunity to testify at Monday's meeting. I would also like to submit more detailed written testimony that addresses a few points that I could not in the two minute time limit we had to speak.

Like you, I am a public servant. Today, I am writing you in my personal capacity. I happen to have a disability that puts me at high risk of developing complications from COVID-19. Despite the availability of vaccines and treatments, the risk of getting infected by new immunity-evading variants that also happen to be more infectious is still very much real, and the risk of complications is a continued concern. Just yesterday, I learned that another friend with the same disability as me is now experiencing Long COVID despite receiving a bivalent booster days before her infection and taking a course of Paxlovid. Another friend was quite ill despite being bivalent boosted as well and the CDC director herself just returned to work after 17 days off post-infection, despite being bivalent boosted four weeks prior to her bout with COVID. Without more public health mitigations in place, the virus will continue spreading uncontrollably. When we first spoke on Monday, the citywide rate of transmission was 206.76 per 100,000 and just a few days later it's already at 226.43.

Vaccines and Paxlovid on their own will not stop or blunt the wave. We urgently need the reintroduction of universal masking on public transit and in indoor spaces. Dr. Vasan mentioned the need for New Yorkers to take greater care in crowded settings, pretty much the whole city is one big crowded setting. While the vaccines have done wonders to reduce deaths in the acute phase of the virus, they do not stop Long COVID, which the CDC estimates effects in 1 in 5 people who suffer a COVID infection, even those that are considered mild. COVID is a multi-system disease that results from the SARS-COV-2 virus attacking a variety of organs, including the heart, brain, nervous system, etc. Initially mild COVID infections have been linked to increases in heart attacks and strokes, brain damage, etc. A recent study on excess deaths in Singapore has shown that there were significant excess deaths due to helath conditions aggravated by COVID infection, deaths don't show up in the COVID death rates but quite likely would not have happened if not for an earlier SARS-COV-2 infection. Long COVID's list of symptoms includes cognitive issues and fatigue that make it impossible for thousands who have it to work. The negative outcomes of COVID can be disastrous, any downsides to mitigations like masking can be described as, at worst, a minor inconvenience.

Properly worn masks work. High filtration KF94/KN95/N95 work even better. The physics that allow these masks to trap particles don't change with the variants as the virus evolves, making it effective despite the ongoing mutation and alphabet soup of variants that are spreading right now. I wear high-filtration masks but my mask only does so much to protect me. Studies have shown that masking is more effective when everyone in an enclosed space wears one. As masks are no longer required in most settings, the number of places that I can safely go has decreased precipitously over the past year, getting worse as more and more requirements are pealed back. Because of the lack of masking on MTA services, I haven't used the bus in months and can no longer use Access-a-Ride vans, which quite ironically exclusively serve people with disabilities and the elderly–the most at-risk populations for COVID complications. I'm tired of feeling like I'm taking a life risk every time I need to run a mundane errand, like picking up some eggs from the grocery store, of being left out of cultural performances and events, and I most certainly cannot safely go to the pharmacy where people are maskless while taking COVID tests or picking up medicine for their active COVID infection.

Furthermore, the dropping of the mask mandates has had the secondary effect of making it more dangerous for me in places that still require masks, including and especially my own home. I am lucky enough to live in an apartment complex that has required masks be worn in elevators and other indoor public spaces since Spring 2020. Compliance had been high for the past 2+ years but took a marked turn for the worse after the MTA mask mandate was repealed in September. People look to government for guidance, and the message government has sent loud and clear is that masks are not necessary anywhere because they are not required in key public settings. Most people do not follow the daily rates or do their own research, so they have no idea they are putting themselves in danger or that they are creating an untenable situation for high-risk people like me and our elderly neighbors. Similarly, I have seen people simply ignoring the "mask-required" signs some businesses put on their doors because there is a similar lack of understanding that establishments can make their own stricter COVID safety rules if the government is saying masks are optional. It's great that the health department understands the risks and recommends masks, but a recommendation does not result in the same level of action and urgency that more widespread mandates do. This mandate would be even more effective if we required and the city distributed KN95/N95 grade masks, as Germany does on their public transport, and distributed these masks at little to no cost to ensure everyone has access to these tools regardless of their socioeconomic standing.

I urge the Council to advocate for the return of mask requirements for public transit and indoor spaces, with some common sense exceptions for restaurants and bars. Everywhere else, masking is easy to achieve and can barely be called an inconvenience. By excluding venues where the primary purpose is eating and drinking, a mandate will be more successful as the primary objections to past mandates were that they extended to settings where masking is not practical or enforceable. I can easily choose to eat on an outdoor patio and not expose myself to indoor dining, but I can't access the grocery store, pharmacy, or a whole host of businesses and venues by only sticking to the outdoors. By decreasing the amount of COVID-laden virus particles in a space, we can also keep workers safe and businesses open by nipping high transmission in the bud before it happens as we have seen the de facto shutdowns from the first Omicron wave. A healthy workforce is good for business and the economy in the long run and we cannot let short-term interests derail the city from doing the right thing.

We live in a densely populated city where our actions directly impact others around us, especially as far as communicable diseases go. We have yet to learn to live with COVID because living with COVID should not mean allowing mass infection, death, and disability to happen. It means coming together to institute protections so we can all participate in society together.

People with disabilities, the elderly, and the immunocompromised have a right to the same access to public spaces as everyone else. Universal masking helps achieve that. New York City is a world class city in every other aspect and we should lead the world in beating back the virus in a tangible way that ensures equity for all.

You can choose to do the right thing or you can be part of the reason thousands more needlessly die and become disabled. I hope you will choose to be part of the solution.

Thank you,
Anna Pakman

From: Anna Pakman <annapakman@gmail.com>
Sent: Thursday, November 10, 2022 1:28 PM
To: Testimony
Subject: [EXTERNAL] Re: COVID-19 Subcommittee Testimony

Hi,

I would like to add to my testimony a link to a scientific study that was just released today. Looking at large-scale data from the Dept of Veterans Affairs, that not only shows that post-acute sequelae present significant risk but that the risk of bad outcomes from a COVID infection increases the more times an individual is reinfected with the virus, which is becoming more common as new variants emerge: https://www.nature.com/articles/s41591-022-02051-3.

The risks are much greater than people are aware of and in addition to my other recommendations, I think a public awareness campaign similar to what was done for second-hand smoking risk would help encourage New Yorkers understand why universal masking is necessary in surges like the one we are heading into now.

Anna

On Thu, Nov 10, 2022 at 11:53 AM Anna Pakman <annapakman@gmail.com> wrote:

> Dear Council Members,
>
> Thank you for the opportunity to testify at Monday's meeting. I would also like to submit more detailed written testimony that addresses a few points that I could not in the two minute time limit we had to speak.
>
> Like you, I am a public servant. Today, I am writing you in my personal capacity. I happen to have a disability that puts me at high risk of developing complications from COVID-19. Despite the availability of vaccines and treatments, the risk of getting infected by new immunity-evading variants that also happen to be more infectious is still very much real, and the risk of complications is a continued concern. Just yesterday, I learned that another friend with the same disability as me is now experiencing Long COVID despite receiving a bivalent booster days before her infection and taking a course of Paxlovid. Another friend was quite ill despite being bivalent boosted as well and the CDC director herself just returned to work after 17 days off post-infection, despite being bivalent boosted four weeks prior to her bout with COVID. Without more public health mitigations in place, the virus will continue spreading uncontrollably. When we first spoke on Monday, the citywide rate of transmission was 206.76 per 100,000 and just a few days later it's already at 226.43.
>
> Vaccines and Paxlovid on their own will not stop or blunt the wave. We urgently need the reintroduction of universal masking on public transit and in indoor spaces. Dr. Vasan mentioned the need for New Yorkers to take greater care in crowded settings, pretty much the whole city is one big crowded setting. While the vaccines have done wonders to reduce deaths in the acute phase of the virus, they do not stop Long COVID, which the CDC estimates effects in 1 in 5 people who suffer a COVID infection, even those that are considered mild. COVID is a multi-system disease that results from the SARS-COV-2 virus attacking a variety of organs, including the heart, brain, nervous system, etc. Initially mild COVID infections have been linked to

increases in heart attacks and strokes, brain damage, etc. A recent study on excess deaths in Singapore has shown that there were significant excess deaths due to helath conditions aggravated by COVID infection, deaths don't show up in the COVID death rates but quite likely would not have happened if not for an earlier SARS-COV-2 infection. Long COVID's list of symptoms includes cognitive issues and fatigue that make it impossible for thousands who have it to work. The negative outcomes of COVID can be disastrous, any downsides to mitigations like masking can be described as, at worst, a minor inconvenience.

Properly worn masks work. High filtration KF94/KN95/N95 work even better. The physics that allow these masks to trap particles don't change with the variants as the virus evolves, making it effective despite the ongoing mutation and alphabet soup of variants that are spreading right now. I wear high-filtration masks but my mask only does so much to protect me. Studies have shown that masking is more effective when everyone in an enclosed space wears one. As masks are no longer required in most settings, the number of places that I can safely go has decreased precipitously over the past year, getting worse as more and more requirements are pealed back. Because of the lack of masking on MTA services, I haven't used the bus in months and can no longer use Access-a-Ride vans, which quite ironically exclusively serve people with disabilities and the elderly–the most at-risk populations for COVID complications. I'm tired of feeling like I'm taking a life risk every time I need to run a mundane errand, like picking up some eggs from the grocery store, of being left out of cultural performances and events, and I most certainly cannot safely go to the pharmacy where people are maskless while taking COVID tests or picking up medicine for their active COVID infection.

Furthermore, the dropping of the mask mandates has had the secondary effect of making it more dangerous for me in places that still require masks, including and especially my own home. I am lucky enough to live in an apartment complex that has required masks be worn in elevators and other indoor public spaces since Spring 2020. Compliance had been high for the past 2+ years but took a marked turn for the worse after the MTA mask mandate was repealed in September. People look to government for guidance, and the message government has sent loud and clear is that masks are not necessary anywhere because they are not required in key public settings. Most people do not follow the daily rates or do their own research, so they have no idea they are putting themselves in danger or that they are creating an untenable situation for high-risk people like me and our elderly neighbors. Similarly, I have seen people simply ignoring the "mask-required" signs some businesses put on their doors because there is a similar lack of understanding that establishments can make their own stricter COVID safety rules if the government is saying masks are optional. It's great that the health department understands the risks and recommends masks, but a recommendation does not result in the same level of action and urgency that more widespread mandates do. This mandate would be even more effective if we required and the city distributed KN95/N95 grade masks, as Germany does on their public transport, and distributed these masks at little to no cost to ensure everyone has access to these tools regardless of their socioeconomic standing.

I urge the Council to advocate for the return of mask requirements for public transit and indoor spaces, with some common sense exceptions for restaurants and bars. Everywhere else, masking is easy to achieve and can barely be called an inconvenience. By excluding venues where the primary purpose is eating and drinking, a mandate will be more successful as the primary objections to past mandates were that they extended to settings where masking is not practical or enforceable. I can easily choose to eat on an outdoor patio and not expose myself to indoor dining, but I can't access the grocery store, pharmacy, or a whole host of businesses and venues by only sticking to the outdoors. By decreasing the amount of COVID-laden virus particles in a space, we can also keep workers safe and businesses open by nipping high transmission in the bud before it happens as we have seen the de facto shutdowns from the first Omicron wave. A healthy workforce is good for business and the economy in the long run and we cannot let short-term interests derail the city from doing the right thing.

We live in a densely populated city where our actions directly impact others around us, especially as far as communicable diseases go. We have yet to learn to live with COVID because living with COVID should not mean allowing mass infection, death, and disability to happen. It means coming together to institute protections so we can all participate in society together.

People with disabilities, the elderly, and the immunocompromised have a right to the same access to public spaces as everyone else. Universal masking helps achieve that. New York City is a world class city in every other aspect and we should lead the world in beating back the virus in a tangible way that ensures equity for all.

You can choose to do the right thing or you can be part of the reason thousands more needlessly die and become disabled. I hope you will choose to be part of the solution.

Thank you,
Anna Pakman

Testimony Submitted to the NYC Council Committee on Health, Subcommittee on COVID Recovery, and Committee on Hospitals

In response to the Joint Hearing Conducted on Monday, November 07, 2022

Submitted by Bright Limm on Thursday, November 10, 2022

Dear Honorable Members of the NYC Council Committee on Health, Subcommittee on COVID Recovery, and Committee on Hospitals:

In order to mitigate the transmission of COVID-19 and thereby reduce the risk of both death for tens of thousands of New York City residents and the risk of long-term disability caused by Long COVID for all of the city's roughly eight and a half million residents, I write to ask you that each of you support the enactment, as quickly as practicable, of the following four (4) proposed measures by the NYC Council:

1. Enact legislation to instate – or where applicable, reinstate – mask mandates in all public indoor spaces, including both within all governmental premises and within all privately owned premises that are open to the general public.

2. Pass a Council resolution calling upon the governor and state legislature to (re)instate mask mandates as described in Point #1 at the statewide level.

3. At the next feasible budget modification process, negotiate with the mayor to allocate and distribute city funding for the installation or other provision of ventilation and filtration technology at key sites of significant transmission – particularly our public schools and, to the extent financially feasible, public workplaces – as well as the provision of carbon dioxide monitors (which provide useful proxy information about the risk of transmission in specific spaces) at these sites.

4. Hold regular and frequent Council hearings on the progress, or lack thereof, on the mitigation of the transmission of COVID-19 until the pandemic has truly ended, and reach out proactively to individual and organizational advocates on behalf of the immunocompromised and other disability justice communities to obtain their essential perspectives and advice to inform NYC policymaking processes.

If you would like to discuss the details of any of these proposed actions, please do not hesitate to reach out to me. Because this testimony is a FOIL-able matter of public record, I will not include my contact information in this document; however, many of your colleagues already have my number and personal email address – particularly those who were elected with the support of the NY Working Families Party – so please feel welcome to reach out to any of them..

Thank you very much for your time and, I hope, serious consideration of these proposals.

Sincerely,

Bright D Limm 임대중 **(he/they)**
146-08 Liberty Avenue
Jamaica, Queens NY 11435

November 9, 2022

Dear Members of the Committee on Health:

My name is Caroline Hugh. I am a born-and-raised New Yorker—a Chinese American from Dyker Heights. I have an MPH in epidemiology, and I also have a health condition that leads me to be at higher risk for worse COVID outcomes.

I'm sure many others have testified about the need for reinstating and enforcing COVID protections, especially the most obvious:

- the continuation of funds for addressing and preventing COVID
- free, accessible testing and vaccination
- free, well-sealed, high filtration masks (KN95, N95)
- mask and vaccine mandates for public spaces, especially health centers, transit, supermarkets, schools, libraries
- improved ventilation and air filtration of public buildings
- remote work options for all New Yorkers
- continued, consistent, evidence-based education about the continued risks of contracting COVID and suffering Long COVID

If we do even half of these recommended protective measures, NYC would be a much safer and healthier place. The burden is on the government to protect people, not for individuals to fend for themselves when this is a respiratory virus—meaning anyone can get it, even if they take as many precautions as they possibly could, especially if no one is masked around them.

As an Asian American, I also have to add: I have been harassed and felt endangered because of the color of my skin and because I still care to mask to protect myself and people around me. Right-wingers and anti-Chinese policymakers have decided to promulgate the myth that COVID = Chinese people. It is extremely disheartening, infuriating, frightening, and exhausting to deal with not only COVID, but the racist violence from COVID response—on the backs of me, my family, and people who look like me. No, I do not want more police. I want policies that fight against scientific misinformation and speech that foment hate. I want better, anti-racist education and awareness campaigns for the public, from K to 12 and beyond. I want Asian Americans—and all people of color, as we have all been marginalized due to racism—to be valued for who we are and for our contributions to the fabric of NYC, regardless of COVID. This includes language access, affordable health care, anti-poverty measures, self-defense classes and tools, funds to support Asian American businesses, and more. We deserve better from New Yorkers and especially from city government.

Thank you for reading.

Sincerely,

Caroline Hugh

My name is Cate, and I am writing to beg you to re-instate the mask mandate in public transit and in other non-discretionary settings (e.g. medical settings and the DMV). Republicans, and disappointingly, more and more democrats, have been clear and consistent on their messaging: masks don't work and we have to "learn to live with" repeated COVID infections. I am begging the city to be clear and consistent on counter messaging: air ventilation works, N95 masks work, and we can and must prevent death and long-term illness if we use them.

It must be emphasized that *two-way* masking works; one-way masking, when the un-masked person is infected, is still very high-risk. Too many people believe that "you do you" works for public health measures. I wish it did, I really truly do, but it doesn't and we, vulnerable people, need you to step in to help us. The public has received very inconsistent messaging, depending on politics more than medical advice. The lifting of minimally invasive measures like mask mandates may score political brownie points in the short term, but in the long-term it makes it difficult to re-impose mitigation measures when cases inevitably rise again. Masking is not the major inconvenience that anti-maskers make it out to be, and by sympathizing with and re-iterating that messaging rather than countering it (it can really be so easy), the city and the state are doing us a huge disservice.

I recognize that not every person will wear a mask, but the mandate communicates that masking is important. In Britain, we saw that when masks went from "recommended" to "required", compliance went from 20% to 80%. Broader compliance reduces risk. A strong recommendation also protects those of us who mask from harassment by anti-maskers. It is difficult to explain to people why I might want more distance from them if they are unmasked, when "the mask isn't required anymore".

I'm begging you about masks now, but I know other mitigations measures are soon to be abandoned: booster vaccine uptake is low, testing rates are low, and we are, as nation, contemplating putting both vaccines and tests on the private market. This is the opposite direction that we need. People already are not testing or isolating; they think it's "just a cold". You are putting those of us with health vulnerabilities at risk by doing *nothing* to counter the rampant misinformation that people are seeing online and right-leaning media like the NY Post and fox news. No individual can manage their risk alone. We need you to educate yourselves and the public about the long-term risks of COVID, which do not necessarily end when the acute infection is over, and require mitigation measures that can prevent spread.

As someone who was raised by people with immuno-compromised people and is predisposed to immune disorders, the kind that are sometimes triggered by major viral infections like COVID, I am disgusted and scared by the callousness of people who put their convenience over other people's health and lives. It breaks my heart to hear people say that vulnerable people should just leave the city or, better yet, die, as if we don't have deeply entangled lives here. I cared deeply about my ill family members, and my life was shattered when they passed. I am terrified for my own future, seeing how little the city has done to protect the elderly and immuno-compromised. Once a person becomes vulnerable to disease, our current society exiles them from public space when we deem it too inconvenient, expensive, or unpopular to provide accommodations in public spaces like trains and schools. What a grim, isolating future for anyone who already finds themselves burdened with an exhausting, life changing health condition.

Those of us who want to or need to protect ourselves cannot do so all alone. One way masking is not effective enough in preventing transmission. We don't have the support from all of our fellow New Yorkers which is why we're relying on you, the government to implement measures that protect our collective health, and do public health messaging that tells people that our lives matter, that it's not OK to say that we can just die.

I am a CUNY professor. My wife has a medical immune compromise that has made it hard for her to live a normal life after you lifted mask mandates. We cannot ride the subway, we cannot go to work safely, we cannot see friends and family or shop as easily.

At CUNY many people are still masking because they too are vulnerable or have a vulnerable family member at home. People are having a hard time attending classes and work because of this. It's ALL because you lifted mask mandates. But many are also giving up on mitigations because of the example you have set. Some people believe that now "We all just have to get sick all the time; this is our new life." I hear this every day. This is not the NYC I used to be proud of. We are supposed to be the smart ones, the ahead-of-the-curve crowd, not following the footsteps of Texas and Mississippi, catering to the right wing and the under-informed.

There are many studies coming out now that show that your premature dropping of mask mandates for schools and transportation have led directly to increased disease spread, disability and death. A new study in the *New England Journal of Medicine* found higher case rates in districts immediately following the removal of the mask requirement. "Approximately 12,000 cases, or 30% of all cases during the study period, were attributable to rescinding the mask requirement. The resulting illnesses led to substantial loss of in-person school days— an estimated minimum of 17,500 days of school absence in students and 6,500 days of staff absence—arguing for masks as a critical component of optimizing learning."
https://time.com/6231516/universal-masking-in-school-works-new-data-shows-how-well/

Please reinstate the mask mandate for indoor public spaces and public transit!

Christopher Alexander, PhD

From: Debbie Socolar <dsocol@gmail.com>
Sent: Thursday, November 10, 2022 4:01 PM
To: Testimony
Subject: [EXTERNAL] Oversight: COVID-19 in NYC: Evaluating the Present Challenges - 11/7/22 hearing in Health Committee

PREVENTION, PREVENTION, PREVENTION
To Reduce Still-Growing Harms and Need for Treatment and Support

Deborah Socolar, MPH
New York, NY 10027 / dsocol@gmail.com

10 November 2022

Testimony to the New York City Council
Committee on Health and Subcommittee on COVID Recovery and Resiliency
November 7, 2022 Hearing on
"Oversight: COVID-19 in NYC: Evaluating the Present Challenges"

Thank you for your attention to the vital and still devastating array of issues that the continuing COVID-19 pandemic presents for New York City. New York City is ill served by recent downplaying of COVID's continued challenges, including
* Congressional failure to provide continued funding for prevention, tests, treatment and support
* President Biden's widely-quoted assertion that the pandemic is over
* the CDC's numerous reckless decisions to focus only on vaccination, to radically cut other recommended protections, and even to reduce data collection
* the MTA's encouragement of callous irresponsibility with its "You Do You" ad campaign,
and much more.
So I applaud this Committee for prioritizing the pandemic with this open-ended request for input.

The dramatic decline in mask use in public places since last spring is one indicator that much of the public has accepted the myths that masks are useless or that "the pandemic is over."

But with thousands of new cases daily -- and the risk of Long COVID that infection poses even in asymptomatic patients -- and with new variants of SARS-COV2 and several other respiratory viruses combining in a current wave of infection, it's urgent for public officials in New York City (and state) to press for revived efforts to #StopTheSpread of the rapidly mutating coronavirus.

There is a great deal besides this that needs doing, but in the very short term, I urge the City Council to take up several immediate steps in addition to the need for boosters:

1) Have NYC acquire and distribute large supplies of N95 (and KN95) masks, particularly in poorer areas, making them readily available at MTA stations, libraries, schools, public housing developments, and much more -- as some other cities have.

2) As a city, mandate masks in indoor gathering places -- including in all health care services and particularly in drug stores/pharmacies, where people who just had positive COVID tests go to pick up medications, mingling with general shoppers and vulnerable patients.

3) Have the health department establish a telephone-based (and online) reporting system so that people can report positive results on home COVID tests.
4) Issue calls from the City Council to (A) urge federal and state policymakers to restore pandemic sick-pay, to enable people to stay home from work while sick, and (B) urge employers to restore work-from-home options, not to press workers to return to work when sick, and to provide decent sick pay benefits.

5) Ensure that all schools and childcare centers have a supply of CO2 monitors and information on how to use them to assess the adequacy of ventilation; and establish a "lending library" of CO2 monitors at the NYPL, so that NYC residents can check the safety of their local stores, restaurants, theaters, their own apartment buildings, etc.

6) Develop a comprehensive strategy for assessing and improving ventilation, air filtration, and air disinfection (by means of UV lights, etc., where feasible) for not only schools but ALL city-owned buildings, public housing -- and strategies for assessing and requiring or incentivizing air quality improvements in private workplaces and places of public accommodation.

7) Create a city task force on how to educate the public about the RISK of Long COVID, and on how to provide needed supports for people dealing with Long COVID -- which is daily disabling more and more people, and thus far can only be prevented by preventing COVID infections.

In addition, as individual members, you can urge businesses and gathering places in your districts to provide and require masks, and take immediate steps to improve their ventilation. Also, of course, please vocally encourage your constituents to #MaskUp with GOOD masks indoors and on transportation and even in crowded outdoor settings, stay home if symptomatic, keep windows open, and respect the needs of especially vulnerable and disabled people. Please also help develop and share multi-lingual info on COVID prevention, testing, and treatment for your district's diverse ethnic communities.

As a New Yorker who continues to struggle with the after-effects of my Feb. 2021 COVID infection, I thank you for your consideration of these recommendations.

My name is Elizabeth Smith; I am a current Brooklyn resident and New Yorker of over a decade, and I am testifying today to voice my strong support for significantly improved and expanded public health measures to combat COVID-19 and other infectious illnesses currently on the rise. The dismantling of such measures has had a catastrophic impact on collective health, with over 2,000 people dying of COVID every week in the United States (https://peoplescdc.org/2022/11/07/peoples-cdc-covid-19-weather-report-21/) and 1 in 5 infected with COVID developing long COVID (https://www.reuters.com/business/healthcare-pharmaceuticals/nearly-1-5-adults-who-had-covid-have-lingering-symptoms-us-study-2022-06-22/) -- alarming statistics that demand urgent public health intervention. As pediatric hospitals across the country are overwhelmed with a surge of children suffering from severe manifestations of infectious respiratory disease (https://fortune.com/well/2022/11/08/tripledemic-sickening-kids-across-us-united-states-hospitals-get-creative-capacity-issues-pediatrics-covid-coronavirus-covid19-flu-rsv-ilis-influenza-capacity/), it is more urgent than ever to implement effective mitigations ahead of this winter. We need to reinstate masking on public transport, taxi and ride shares, schools, doctor's offices, pharmacies, and essential places like grocery stores, as well as free N95s for all, expanded free PCR and rapid testing, better ventilation and filtration, and widespread information on the bivalent booster.

While widespread minimization and misinformation has warped public understanding of this disease, scientific research clearly demonstrates that COVID is an extremely dangerous illness with severe long-term consequences that cannot be allowed to proliferate as it is currently. Data shows that even a mild case of COVID substantially increased risk for severe cardiovascular problems for at least a year after infection: those who had recovered from the disease were 52% more likely to suffer a stroke, and risk of heart failure increased by 72% (https://www.nature.com/articles/d41586-022-00403-0), risks that persist even in those without pre-existing risk factors like diabetes, heart disease, kidney disease, or smoking (https://publichealth.jhu.edu/2022/covid-and-the-heart-it-spares-no-one). Post-COVID neurological effects are also widespread and debilitating for many: research shows that COVID infection, even in those with no prior risk factors, substantially increased the risk of neurological sequelae, including cognition and memory disorders, hemorrhagic stroke, peripheral nervous system disorders, mental health disorders, sensory and musculoskeletal disorders, and encephalitis (https://www.nature.com/articles/s41591-022-02001-z, https://www.cell.com/neuron/fulltext/S0896-6273(22)00910-2#relatedArticles), https://health.ucsd.edu/news/releases/Pages/2022-06-15-covid-19-on-the-brain-neurological-symptoms-persist-in-majority-of-long-haulers.aspx. In my own circle, several fully boosted individuals are struggling with long-term cardiovascular, endocrine, and neurological issues related to their COVID infections. In addition, COVID infection causes well-documented immune system dysregulation, leaving many of those infected with markedly increased vulnerability to infectious diseases and the development of autoimmune conditions (https://khn.org/news/article/covid-autoimmune-virus-rogue-antibodies-cytokine-storm-severe-disease/, https://www.medrxiv.org/content/10.1101/2021.07.30.21261234v1.full, https://www.sciencedaily.com/releases/2021/10/211028125803.htm).

These risks are substantial and persist even in those who are vaccinated: scientists estimate the risk of long COVID at. Research shows that vaccination reduces risk of death from acute

infection by 35% and the risk of long COVID by 15% (https://medicine.wustl.edu/news/long-covid-19-poses-risks-to-vaccinated-people-too/), indicating that while vaccination is an important tool in combating this virus, vaccines alone cannot effectively stem or end the pandemic; even those who are fully vaccinated are at risk for illness and long COVID. While vaccines are clearly effective at reducing the risk for severe acute disease and are an important part of our COVID public health response, they clearly do not stop transmission of the virus and do not protect fully against long COVID. According to the CDC's COVID data tracker, all counties comprising New York City currently show 'high' community transmission – a trend which has continued throughout the fall. Mass spread has led directly to the proliferation of increasingly immune-evasive variants – a trajectory that will continue to intensify unless transmission is reduced significantly.

We cannot continue to kill and disable large swathes of our communities with uncontrolled spread of COVID and other infectious diseases. Immune-compromised and medically vulnerable people have been forced into near-complete, indefinite isolation due to the rollback of disease mitigation measures amid high community transmission – an utterly unacceptable, and avoidable, outcome. Expanded public health measures are urgently needed to ensure the health and safety of our communities; the human cost of not doing so has been, is currently and will continue to be devastating for years to come.

As a retired internist and member of the American Public Health Association, I am very disturbed by the withdrawal of policies which provided some protection against Covid-19 and the lack of others never implemented. New York City still has over a 9% positivity rate and many, probably most, cases are never reported due to home testing. Hospitalizations and deaths continue at a fairly steady rate. Meanwhile, new variants are increasing, already about 30% in the US, and some of these are even more contagious than older ones and stimulate few antibodies. 20% of the unvaccinated and 4% of the vaccinated and boosted continue to get long Covid, which can be very debilitating.

Thus the pandemic is by no means over. It is startling that the most effective preventative, masking, has been abandoned on public transport, in schools, stores and many other venues. Even when it is required, effective masks (at least KN94,5 and N95) are not mandated. The vaccination rate for the 3rd booster is very low, with little publicity or explanation reaching the public at large. Ventilation, another basic need, has hardly been dealt with in many schools – open windows are not enough.

Unfortunately, it is very likely that there will be a surge in cases as the winter progresses and more people meet indoors and new variants increase. It is also likely that hospitals will again become crowded and stressed. Europe is already experiencing such a rebound and it will probably travel west, as before.

It is unconscionable that we do not protect ourselves with the measures that are known to be effective: masking, ventilation, surveillance with testing in vulnerable places like schools, and efforts to maximize vaccination. As always, the poor and people of color are the most at risk and the least served by preventive measures.

I urge you to use your power to improve the safety of all New Yorkers.

Ellen Isaacs, MD

Dear Committee on Health,

My name is Emre Tetik, and I am a lifelong resident of New York City Council District 5. I am writing in support of mask mandates in non-discretionary settings such as hospitals, post offices, and especially **public transit**. It is one thing for private business such as bars and restaurants to decide not to impose mask rules on their clientele, but another thing to ask New Yorkers who are especially vulnerable to long-term risks associated with airborne illnesses to expose themselves in places that they cannot possibly choose to avoid. These days, what worries me about entering the subway is not so much being pushed onto the tracks or another such violent encounter but rather being crowded in next to maskless individuals who are clearly exhibiting symptoms of illness. As someone who lives with elderly parents, this is especially of concern to me. Please, reinstate mask mandates on public transit.

Thank you for your consideration.

Sincerely,
Emre Tetik

Mon, Nov. 7, Committee on Health, COVID recovery, and resiliency
Support for Mask Mandates and Free N95 respirator distribution
TO: Councilmember Ritchie Torres
FROM: Erin Dodge, constituent
DATE: November 10, 2022
Dear Councilmember Torres,
As a worker at a New York Arts Institution, I want to urge you to provide FREE and easily accessible N95 respirators to all New Yorkers. We have to make masking and ventilation central to our COVID prevention plans, rather than leaving it “up to the individual,” and leaving people to scrape by with poorer quality PPE. Cloth masks and surgical masks are simply not enough, and it is unjust to not make protection as easy and affordable as possible.

Many seem to think that leaving the choice “up to individuals” is a good compromise, but as people working with the public, we know that we lead by example, and that the majority of folks have no expertise or understanding of complex, confusing matters of infectious disease prevention and community spread.

New Yorkers TRUST that the safety policies that our leaders put into place are meant to protect them! Our city’s policies MATTER to our high-risk, disabled, elderly citizens, and to our entire community.

So many people see the policies being set in New York City and assume that we are LEADING: following the highest standard of care for the people. We know that masks save lives and slow the spread of COVID-19, and that a brutal surge of evolving, immune-evasive variants is predicted in the coming Winter.

Please do the right thing and lead by providing FREE N95 respirators, putting mask mandates in place (at the very least in Medical settings!!), and doing public education and outreach.

We must lead on public health, and we must keep our high-risk people in mind as the world becomes more and more inaccessible and isolating to those at highest risk of serious illness.

Thank you so much for your time.
Sincerely,

Erin Dodge

Testimony to the New York City Council on Mask Mandates for Public Spaces

My name is Frances Gilmore, a certified industrial hygienist (retired). I want to bring to your attention an editorial in the New York Times today, Nov 10, 2022, regarding the impact of requiring masking in schools. Here is a direct quote from the editorial:

"The researchers involved in the study used that data to track Covid cases week by week in 72 school districts, comparing the two that had retained masking for 15 weeks — Boston and Chelsea — with 70 others that had lifted mask requirements at different times.

"Removing of mask mandates was associated with an additional 44.9 Covid cases per 1,000 students and staff members, corresponding to an estimated 11,901 cases during the 15-week period, the scientists concluded……

"Infection rates were lower among masked students — even in Boston's public schools, where many buildings are old and lack good ventilation systems, classrooms are crowded and students are more often from at-risk communities — than among unmasked students attending newer schools in communities like Cambridge and Newton.

"The study, by scientists at Harvard's T.H. Chan School of Public Health and Massachusetts General Hospital, the Boston University School of Public Health and Boston's Public Health Commission, was published on Wednesday in The New England Journal of Medicine."

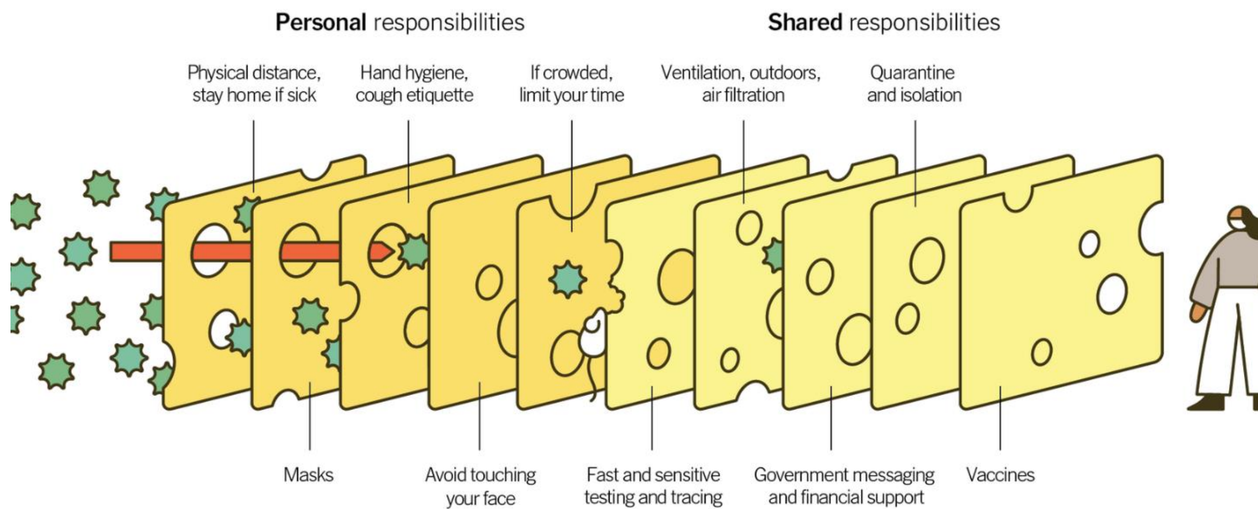
The study in the New England Journal of Medicine can be found here: https://www.nejm.org/doi/full/10.1056/NEJMoa2211029.

To the members of City Council,

My name is Ingrid Paredes. I am a constituent of City Council District 35 and currently work as an educator in City Council District 33. First, thank you for holding this hearing on COVID recovery and resiliency. As political leaders, institutions, and media largely continue to minimize the ongoing impacts of the pandemic, I am glad to have this platform to express my concerns with you.

We urgently need to reinstate public health protections from COVID. Public health experts have warned that the consequences of "living with COVID" will be dire this winter. Without mitigations in place, and folks traveling and gathering indoors for the holidays, illness will spread like wildfire. Without proper infrastructure for testing and contact tracing, it will spread beyond our control. This spread will only fuel the virus's ability to mutate into potentially more dangerous variants, outpacing the effectiveness of the vaccine. Our hospitals are strained from a combination of COVID, flu, and RSV cases – a rapid increase in spread like we saw last winter will only result in needless illness and death. We are only beginning to understand the long-term impacts of COVID on our bodies, and as even mild cases can produce long COVID symptoms, we must do what we can do protect all New Yorkers.

No single measure will work in isolation. We need a multilayered approach to achieve safety, as depicted by the "Swiss cheese model" circulated by public health experts.



Please consider the following recommendations:

1. Reinstate a mask mandate on public transportation and indoors. COVID is airborne. Masking is known to prevent the spread of the virus in the air, and its effectiveness scales with the number of people wearing them. Aside from COVID, masking can help prevent the spread of flu and RSV. On the subway, wearing a mask can also help protect riders from hazardous pollutants that contaminate the air.

2. Distribute free N95 masks to the public through your offices, community-based organizations, and public outreach events. The stronger the mask, the more effective it is at stopping the spread of illness. N95 masks filter up to 95% of particles in the air when properly fitted. While surgical masks and cloth masks are better than nothing, we should equip New Yorkers with the best tools that we have available to protect our communities. N95 masks, however, are more expensive than surgical masks, and providing them through your offices would help protect some of the most vulnerable communities from COVID.

3. Commit to masking at events this holiday season. We must shift the narrative on masking! As elected officials, please be role models for your constituents and colleagues. I was glad to hear that masking is required at City Hall and was required for in-person testimony today, and I hope that you will practice masking in other public spaces as well.

4. Educate your constituents about the bivalent booster. Booster uptake has been incredibly slow across the US, in part due to the narrative that "COVID is over" and efforts from the anti-vax community to discount the effectiveness of the vaccine. Please use your platforms to promote the bivalent booster within your communities, whether it's community vaccination stations, newsletter blasts, or sharing it on social media.

5. Publicly urge others in power, such as the MTA, mayor, and governor to act. We are not safe until we are all safe, and we need leadership at all levels. Please use your platform to call on other decisionmakers to act.

Thank you.

From: Inna <ilcon4@yahoo.com>
Sent: Wednesday, November 9, 2022 8:38 PM
To: Testimony
Subject: [EXTERNAL] Mon, Nov 7, @ 1:00pm - Committee on Health (Jointly with the Subcommittee on COVID Recovery and Resiliency...).

Hello,

My name is Inna Lokshina. I am 71 years old and COVID is still a risk for me and the 1 million other older adults in NYC, as well as people like my disabled daughter.

I would like NYC to reinstate mask requirements in indoor spaces and on public transportation. I live in Manhattan and like almost all of my neighbors do not have a car. The subway and buses are a necessity for me to go to doctors and visit family. Masks can barely be called an inconvenience. They hurt no one and help keep everyone safe, even those who don't want to wear one.

40% of spread is asymptomatic so unless everyone wears a mask, chances are high that the crowded subway and my local grocery store are full of people who are infectious but don't know it yet.

Even with most people testing at home on tests that are not reported by the city, the number of COVID cases is nearly three times higher than it was at this time last year when all tests were officially tracked.

Please reinstate the mask mandate to keep all New Yorkers safe at this critical time.

Thank you,

Inna Lokshina

New York City Council
Committee on Health (Jointly with Subcommittee on COVID Recovery and Resiliency
and the Committee on Hospitals)
Support for the Reinstatement of Mask Mandates

To: Committee Chair
From: Irene Wu
Date: November 10, 2022

Dear Members of the City Council,

I am writing in support of, and to urge, the reinstatement of mask mandates in all public indoor spaces, especially on public transportation, in schools, hospitals, any and all stores or locations providing essential goods or services, such as pharmacies, clinics and grocery stores. Masks are proven to prevent the transmission of infectious diseases and help to protect our most vulnerable, including the immunocompromised, elderly, children, and, quite frankly, all of us.

This past summer, after mask mandates had been lifted, I sent my 5 year-old son to camp. It was a difficult decision and I was hesitant because I did not want to risk my son contracting COVID. However, I felt it was important for my son to continue to have social interaction with other children as he is an only child. After the first week of camp, he contracted COVID and he also passed it to me. He missed out on the rest of camp to recover from COVID. Thankfully he was able to recover. However, I still worry about the long-term damage that COVID has been proven to cause.

My child now attends kindergarten at a public school in Queens. Because mask mandates are no longer in effect, he is one of a handful of students who still wears a mask in school. During the second week of school, he contracted a respiratory infection from his classmate who was coughing and not wearing a mask. It has been almost two months since he got sick and he is still coughing. I am taking him to see the doctor again today because his cough is getting worse. This is the fourth time in two months that he is being seen by the doctor due to illness. I also contracted a respiratory infection from him and missed two days of work.

In contrast, when my son attended pre-K last year when mask mandates were in effect, he did not get sick during the entire school year.

Masks are accessible, effective and crucial in preventing the transmission of diseases, including deadly viruses such as COVID and RSV. People are willing to wear masks if it is required. As with seatbelts, there was tremendous push back in the beginning, but people now universally comply with seat belt laws. I am urging you to protect us and reinstate mask mandates in indoor public spaces.

Sincerely,
Irene Wu

To the Committee on Health:

My name is Irina Manta and I am a law professor residing in NYC. I urge you to bring back mandatory indoor masking in public locations and transportation. In April 2022, my daughter contracted COVID within mere weeks of the school mask mandate being dropped; within just a two-week period, 10% of her entire school got sick. More children got sick at her school in the weeks after the mask mandate was dropped than had in the entire school year leading up to that point. My daughter gave COVID to my mother, who went on to test positive for a full three weeks and continues to carry health consequences to this day.

Meanwhile, my daughter's father recently became infected with COVID at the public university in NYC where he works, during a meeting that did not mandate masks. His wife and baby contracted it from him, and a few weeks later his baby ended up hospitalized from respiratory issues related to a cold that would have unlikely affected him in this way had he not just had COVID (and indeed, we are seeing these after-effects of COVID infections in young children play out across the nation, with many completely full pediatric ICU units and ER wait times of unprecedented length). Keeping schools and universities unmasked affects *all* family members of attendees and employees, including the most vulnerable.

The only times our family has caught COVID have been directly caused by the dropped indoor public mask mandates in NYC, and specifically in schools and universities. In addition to the health effects and significant disruptions to our lives, including the great difficulties involved in trying to isolate sick from healthy family members in the kinds of tight quarters in which most New Yorkers live, repeat COVID infections raise the risk of Long Covid and long-term organ damage. We do not have reliable treatments for these conditions, some of which will result in permanent disabilities and early deaths. The cost to the city in lives and dollars if COVID is allowed to continue spreading uncontrollably will undoubtedly be staggering.

I urge you to bring back the indoor mask mandate in NYC for—at a minimum—locations that humans must be able to use safely for basic functioning, such as schools and universities, essential stores (including pharmacies), and transportation. Distributing free N95 masks to individuals who have difficulty affording them will also inure to the public benefit. One-way masking simply cannot accomplish what two-way masking does in preventing infection, and hence our health completely depends on the decision you make about the mask mandate.

Thank you very much for your attention to this matter. I know that you are dealing with many complexities and pushback, but I hope that you will allow the scientific evidence on the effectiveness of masking to prevail in the end. In short, please bring back masks.

Sincerely,

Prof. Irina Manta

Committee on Health Jointly with Committee on Hospitals & Subcommittee on COVID Recovery and Resiliency - 11/07/22
<u>Oversight - COVID-19 in NYC: Evaluating the Present Challenges</u>

TO: The Honorable Chairperson Lynn Schulman

FROM: Jacqueline Esposito

DATE: November 7, 2022

RE: Support for Improved COVID-19 Mitigations

Dear Honorable Chairperson Schulman,

Thank you for the opportunity to submit testimony. I've been a New York City resident for about 20 years. I'm a licensed attorney in New York and I've been a public policy advocate for more than a decade. This is not the first time I've testified before the New York City Council; however, it is the first time that I will tell my personal story.

I have an incurable 9/11 cancer. I worked downtown and was caught in the dust cloud that descended over us as the towers fell. Relying on government officials who promised us the air was safe in the days that followed the attack, I returned to work breathing in that air day after day. Years later, I'd find a lump on my neck. I'd later learn that there were lumps in my lungs too, and that the cancer was incurable. Those of us battling 9/11 illnesses were told you'd never forget. But you have forgotten us.

The COVID-19 positivity rate in New York City consistently has been 10 percent. For every 100k people in NYC, more than 200 are currently infected with COVID-19. We know this is a gross undercount due to home testing. COVID-19 recently ranked as the third leading cause of death in the U.S. with about 400 people dying daily across the country. 1 of 5 adults infected in America has long COVID-19 symptoms. Data show COVID-19 infections damage the immune system, and that repeat infections increase your odds of getting long covid.

Yet nearly all mitigation efforts across New York City have been dropped, and efforts to promote boosters are virtually nonexistent. This means that people like me cannot safely go to the pharmacy, grocery store, bank, laundromat, or ride public transit. It means that several days a week I am separated from my spouse who works in New York City as I've moved out of the city because it's too challenging for me to navigate a maskless NYC. It means that I no longer support local businesses in New York City.

There are several actions that the City of New York could take to ensure the safety of vulnerable New Yorkers:

- Call on Governor Hochul to reinstate masks on public transit. Bare minimum, there should be mask-only train cars–like quiet cars on Amtrak trains. We've allowed

restaurants to open sheds on our public streets but refurse to require a mask-only train car. Perhaps if disabled New Yorkers were as powerful as the restaurant lobby you would be doing this.

- Require masks in all essential indoor public spaces. (Shockingly, two of the City Councilmembers in the room today refused to wear masks even though masks are required in today's hearing.)

- Invest in our infrastructure by mandating commercial buildings upgrade filtration and ventilation systems.

Thank you.

I am a resident of NYC and have been since 2000. I am 49 years old, the sole breadwinner of my family, and I recently delivered my first child. I have the privilege of being able to work from home, but I must go out in public for certain errands (grocery store, pharmacy, post office, medical appointments, veterinary/pet grooming, etc.). I rely on public transportation whenever I have to leave my immediate neighborhood.

During my pregnancy - a time at which I was automatically immune compromised - I was denied the opportunity to receive a second COVID booster because I was under 50 years of age. Even though for most of my pregnancy masks were still “required” on public transit, many people did not comply and nobody in authority ever enforced the rules. Usually if I saw police on the subway platforms, they were unmasked and ignored the other unmasked people in the station. One time on my way to a medical appointment at the hospital - at 7+ months pregnant - I asked an unmasked person who sat next to me on the bus if they could please mask, and they told me that I could move. I did move, and as the bus was in motion I almost fell as I made my way to another seat. Vulnerable people should not be forced into situations that compromise their health simply because they need to exist in public spaces.

A recent study shows that universal masking does decrease the spread of COVID (https://www.washingtonpost.com/education/2022/11/10/school-mask-mandate-covid-study/). While government and public health officials tend to focus on mortality as the only serious outcome of a COVID infection, I am far more concerned about the potential long-term effects of a COVID infection on myself and my newborn child (who cannot yet mask or get vaccinated). As her sole caregiver, I must take her with me when I leave my apartment, and it concerns me greatly that she is potentially exposed to COVID from the moment we leave the apartment until we return. As for myself, I simply cannot afford to become disabled by Long COVID so I have been doing everything I can to avoid an initial infection, but that would be a lot easier if other people were taking precautions in public as well.

I request that we reinstate mask mandates in public indoor spaces, including public transit and ride sharing vehicles, and also that those mandates be enforced. I also request that we change the messaging around masking to clarify that better quality masks (N/KN/KF95 or better) be used instead of cloth or surgical masks, and that these better quality masks be made freely available to everyone. “You do you” is a horrible message for public health policy, and will only lead to more sickness and the further stigmatization/harassment of people who are doing their best to stay healthy. The COVID pandemic is not over, and pretending that it is will only make things much much worse.

Sincerely,

Jennifer DiMatteo

Testimony:
Nov 9th 2022

I fell ill with a mild case of Covid in March of 2020. My mild case turned into severe long covid that has left me disabled ever since. Due to the lack of masks on public transportation and even in medical settings, I have post postponed medical care due to potential reinfection. I am at higher risk for severe outcomes with Covid and therefore must shield from it. Not having any masks being worn by others in my community forces me to live in isolation. Cases are currently at an extremely high level in NYC and to not have our leaders protect vulnerable communities is cruel. I have lived in NYC for over 12 years and used to feel that this city looked out for each other. We opened our homes to one another during Hurricane Sandy, so to not have that kind of support and community now is heartbreaking. Even a mild case of covid can leave anyone disabled. Please protect the large vulnerable communities of NYC by reinstating the mask mandates while we are having high case rates and high community spread.
Sincerely,
Jody Britt

LET'S MAKE PUBLIC SPACES SAFE FOR ALL

The lack of warnings, lack of effective awareness, our nation's unpreparedness for the health crisis, CDC's disjointed, outdated and unorganized website is intolerable!

"Lack of accurate, real-time information was one of the greatest failures of the US response to the Covid-19 pandemic," Former CDC director Dr. Tom Frieden said at a hearing before the House Energy and Commerce Committee in March 2021. More than a year has passed, and we haven't seen any improvements.

150 million people in the U.S. have one or more chronic illnesses, making them more susceptible to severe outcomes of viral infections. People with invisible chronic illnesses might look healthy outside, a viral infection can worsen their underlying conditions. The CDC recommends people with weakened immune systems to stay away, instead of promoting collective action to stop the spread.

People who are immunocompromised, including myself, have the right to work, attend schools and be around others. Dropping mask requirements in healthcare settings, nursing homes and pharmacies put the vulnerable people at great risk. It's not acceptable.

We need the CDC to continue to track and report COVID rates daily. The CDC should lead and collaborate with state and local health agencies to educate the public about the combined benefits of shots, masks, ventilation, tests, isolation and treatment.

Vaccines aren't perfect. Despite boosted, people can still get it and spread it. Without reminders, people no longer test or wear masks. Let's remember that Covid is preventable with proper masking. With evasive omicron subvariants that can render monoclonals ineffective, New York City should recommend indoor masking in all public areas, especially on public transportation and in healthcare settings. We have lost enough precious lives.

If you want to raise awareness, do it properly! Educational materials should be based on science and medical facts, creatively designed for different demographics. PSA is not one-size fits all. You need to have multiple strategies.

Instead of asking the high-risk group to stay home, public health should remind everyone to stay home when they are not well! Studies have confirmed that most people remain COVID positive beyond 5 days. People should be required to test negative twice before leaving isolation.

Most Americans live pay-check to pay-check. Since insurance do not cover the costs of masks, in-person workers and the underserved communities should be provided with high quality masks.

Ventilation matters. SARS-CoV-2 is airborne in a poorly ventilated space. Buildings should be subject to indoor air quality inspection. Businesses should be advised to meet a required standard set by the CDC.

Prevention is always better than treatment, though we are fortunate to have PAXLOVID. People should be reminded that early treatment is essential in preventing severe illnesses, including long covid.

Immunocompromised people are not expendable. We need to work hard together to end this health crisis. Let’s make public spaces safe for all.

Julie S. Lam

To New York City government officials:

I am writing in strong support of reducing the spread of COVID. We need expanded measures to protect all us from COVID, as well as protecting against the flu and RSV. We need to reinstate masking on public transport, taxi and ride shares, schools, doctor's offices, pharmacies, and essential places like grocery stores. I am disgusted that we have relegated people who need to protect themselves to be completely isolated rather than making our communities safer for all citizens. And make no mistake – what protects the immunocompromised also protects the rest of us who do not have underlying conditions. Rampant COVID and rampant ableism is unacceptable.

I am a healthy, vaxxed and boosted individual who is disturbed at the lack of mitigations in our great city. I find it shocking that disabled and immunocompromised people are not able to travel, go to the pharmacy, or buy their own groceries safely. I have seen evidence from individuals sharing their CO2 monitors' readings in buildings, subway cars, and MTA buses that show our unmasked exhales can and will infect people in these spaces should anyone be sick. And with the COVID numbers as high as they are – not even acknowledging the home RATs which are not included in official counts – logic shows that there are people walking around positive in all of these settings.

I am most perturbed by our government's willingness to sacrifice this segment of the population to COVID. I fear that the public is generally unaware that Long COVID exists and affects unvaccinated *and* vaccinated people alike. I support vaccines and am happy to gotten my bivalent booster at Bellevue Hospital, but the vaccine-only approach is not enough to protect us – any of us. Ignoring the tools available to us is asinine *at best*.

Immunocompromised and disabled people are at risk of serious complications, hospitalization and death. It is strange that so many are not acknowledging that we too, the "healthy" ones can become immunocompromised and disabled as well and will wish we had protections. We must protect them, because they are human beings, because they deserve safety, and because any of us can and will join their ranks if this government continues to facilitate COVID and Long COVID in so many of us.

The COVID-19 pandemic is a mass disabling event. By not taking appropriate steps to protect us using the readily available tools we know beyond a shadow of a doubt work to reduce spread, NYC government is communicating that rampant COVID spread is fine and there is no problem with contracting COVID multiple times a year.

There is so much misinformation and our government is contributing to it. The idea that there is 6 months of immunity after infection is not true – reports from Israel and South Africa showed that one can be reinfected from omicron in 1-3 months. The CEO of Pfizer contracted covid twice in *five weeks*. Not everyone who wants Paxlovid can get a prescription, and too many people are unaware that Paxlovid is even available to them.

I am asking that you do your part, do what we all know is right - do what we know will save lives and improve quality of life by preventing Long COVID. Mandate masks in public spaces and provide free N95 masks to New Yorkers. It doesn't matter that some people will not appreciate the change – it is still right and necessary. We must provide free masks to facilitate this.

Thank you,

Kathryn Delgado

KatieDelgado1992@gmail.com

I wish to thank you for this week's hearing. As a follow up to my spoken testimony, this is my written statement.

I live in supported housing managed by The Bridge. There is finger pointing over if it is managed under city or state or whose laws it has to comply with despite the fact it, my landlord, should be doing the ultimate best of what is the most supportive for their clients. What will keep us alive. Not what saves them money if it guarantees us death. In 2020 their staff all stopped coming into work and left us with no gloves, no masks, no lysol. Zero support. One cleaning/disinfecting of marked "not in service" trash chutes was done, but based on what MTA did, such a disinfectant wouldn't last very long based on how fast covid spread. Especially with a building full of tenants that were not wearing masks nor monitoring their symptoms.

As a medicaid member, I was not able to pick up my prescriptions in advance. I also was unable to then-have my prescriptions delivered. I caught covid likely picking up my medications or at an urgent care facility that also hadn't established spaced apart seating while kids ran around the waiting rooms.

Lots of maybes. Those maybes are returning. Even though more people are vaccinated, vacci es are preventing full exposure. Exposure still happens, post-covid and long covid still happens. Politicians might still talk about it (some from Connecticut mention it with like heroin use… hope his editors/speech writers have learned a thing by now) but not enough are doing, funding, assisting those of us with long covid with simply living.

Some of us, sometimes, can't get out of bed. Can't breathe. Can't eat. Can't drink. But are threatened with eviction. With job loss. With losing custody of children. With mis- or/and underdiagnoses and doctors, psychologists, and psychiatrists who do not like being told or notified they are wrong or mistaken.

I hope you learn, familiarize, get to know in the ICD-10-CM U09.9, Post-COVID-19 Condition; Post-acute sequence of SARS-CoV-2. I've fired 2 NYC Pulmonologists, one from NYU, another from Mt Sinai who both denied post-covid existed or that covid affected more than lungs or lasted more than 14 days. One missed the fact I had clots in my right lung while he told me to get over it and get back to living my life. I still remember that from 2.5 years ago. Have yet to receive an apology. I might send him a snarky card saying that with the numerous local, national, and international long covid Peer support Advocacy networks I am involved with, and thanks to pulmonologists and respiratory therapists who found and treated pulmonary embolisms missed by you, I now am able to live my best life…still impacted by long covid; still unable to run or handle cold weather or up hills or up slopes, let alone the forgotten stairs when deceitful "escalators upstairs" signs at the 59th st subway station make you forget not for the line you need! But, I am in the 66.6% of people who survived my blood clots, no thanks to a specialist who specialized in denying long covid…

I'm still awaiting a call back from Mt Sinai's Patient Liason after their incident happened. It scares me to think of all of the other stories I've heard, too, while so many think of NYC as a leader in healthcare. Why can't we act like it? Why can't we in fact be it?

I use the city's own website for where to get tests or masks… spend my own car fare to go to beautiful places in Harlem or Hamilton Heights on my way home from church… to see huge professionally printed banners dated Aug or Sep 2020 that said sites have stopped handing out said materials and have other phone numbers or addresses to use for other neighborhoods on other days and at other times. So, why can't the city's websites be updated?! 2 years later?!

I fear people will (mis) label me as an anti-vaxxer… I'm not, but there was so much attn about vaccines, vaccines, vaccines… my initial Pfizer vaccines led to frozen shoulder and more precise arm damage in my left arm. A year later I was urged to get the booster as I had already had one of the omicrons (ironically while attending a SHNNY conference at Times Square, all complying with CDC guidelines). So, I did but in my right thigh. And, now I seem to have bone issues with my right hip. We are still investigating this and it is too early to tell. My epileptologist from UCSD banned me from receiving any more influenza vaccines as my body wasn't able to respond quickly enough so I am not sure if this is similar? If I need to see a specialist? Was I not being validated? Is it all causation or correlation? Or will the official anti-vaxxers party try and use me if they ever get wind? I heard one such person and do *not* want to be affiliated with such groupings!

Also, a gentleman said omicron was unexpected? Um, where can I buy a tiny violin? Do you need to be a Facebook friend to see the sources I see? My sources not only predicted delta but also forecasted omicron, the initial one and at least 2 of the waves so far. And that kids were not exempt from it.

I swear the CDC's guidelines are becoming our generations' Brothers Grimm tales. We have to read behind the lines to figure out what's really going on and to know who the wolves are if we don't *really* want to be eaten. Too many of my friends walked into Delta when everything was relaxed. I walked into omicron as a poor person accepting free food at SHNNY knowing 3 foods meant more than 15 minutes in a 24 hour period. Had faith everyone tested before but that's the risk as some may not have tested positive yet… my third round with covid/2nd with omicron was when a colleague flew for a concert. Tried staying away from people but was *before* cdc caught up and shared the then latest variants needed less than 2 minutes of exposure. And less than 90 days. My two omicrons even had a booster in between. And I think around then the president got covid and weeks later called an end to the pandemic, but a few weeks later temporarily reversed it… again, anyone wants to help me rewrite a brother's grim or two about each of these variants or the public deniers, feel free to contact me. Or the vaccine apartheid…

My public supportive housing provider does not provide n95 type masks. I just asked today. Gratefully they did have surgical masks, but double (surgical) masking is what led to me getting omicron the 2nd time. We need the n95s and I have not seen any being handed out like surgical

masks used to be. I have seen tests at libraries but was denied a card (now removed thanks to the one at 40th and 5th) so I could not receive a test there.

The covid hotline did help get me paxlovid for my omicron spells. CVS tried to make me pick it up from them in June and I turned witchy on them counting how many people they were making me expose on subways, buses, and themselves and their customers in their store. They then remembered their delivery service. The 2nd time a private or newer formed pharmacy delivered late at night, but I am still grateful to have been able to generally respected isolation protocol and take the meds.

I will end by saying that I agree that we need more focus on public, social, and economic policies. How is the city supporting those with long covid? How is the city outreach in to those with long covid and post-covid? Which agencies are offering support? What supports are being offered? Long covid and post-covid is both a mental and physical health issue and the city has such a thick line between the two as though our brain is not in our body that times like this make somatic souls like me kind of want to laugh at the system. The system needs more integrative policies. More integrative funding. More supportive funding. More developmental funding to develop new areas to full the gaps that need to be filled. New, additional, reinforcing safety nets. Family supportive housing. Community supports. Social supports. Mutual aid. Things that make New York City thrive. Organically.

Thank you
Kat Corbell

From: Liat Olenick <liatolenick@gmail.com>
Sent: Monday, November 7, 2022 1:12 PM
To: Testimony
Subject: [EXTERNAL] Testimony for today's COVID hearing 11/7

Here is my testimony:

My name is Liat Olenick, and I'm a new parent, teacher and organizer in CD 35. I'm also immunocompromised: I had a life saving liver transplant when I was 19 years old and I take immunosuppressant medication. This year, I took a leave from teaching because COVID protections like masking and testing were ended in schools.

I'm here not because I'm worried about myself but because I'm worried about all New Yorkers, especially children, and those without resources to protect themselves. I'm also here because I am furious and ashamed of the lack of leadership we have seen at every level over the past year, where public health decisions have been driven by political agendas and the loudest, most extreme voices rather than science or any imperative to keep New Yorkers alive and healthy.

So what I'm going to do is share some headlines that I've compiled in credible news outlets about the long term impacts of COVID to show just how profoundly immoral and dangerous New York's current let everyone get infected policy is.

People who caught Mild Covid had increased risk of blood clots, CNBC
WHO says the more times a person gets COVID, the more likely they are to get long COVID, Business Insider
Covid causes immune deficiency in reovered patients, Nature , sept. 2021
COVID-19 tied to higher risk of deadly blood clots, large study finds, Japan Times
Even Mild Covid linked to Heart Disease and Strokes, The Times (london)
If you had COVID, several of your organs could be aging 3-4 years faster, ABC News
Covid infections lead to a rise in Strokes, Heart Attacks and Sudden Death, fortune, Oct 2022
Long COVID Risk falls Only slightly with vaccination, Nature study 2022
Even Mild COVID can cause your brain to shrink: National Geographic, April 2022
Young and middle aged people with mild COVID are dying of strokes- Washington Post, 2020
COVID infection is a risk factor for later heart problems- Scientific American, March 2022
Vaccinated isn't enough: Omicron carries risk of Long COVID, Rolling Stone 2021
1 in 3 women and and 1 in 5 men may develop long covid: Time Magazine
The Growing evidence that COVID is leaving people sicker- Financial times
Omicron Subvariants are resisting anti-body treatments, putting imunnocompromised people at risk, CNBC
Infants being hospitalized at higher rates than most adults and seniors, Sept. 27, 22, Inside Medicine
Virtually all children infected with COVID show signs of blood vessel damage, (pre-vax) 2020, Philadelphia Children's hospital,
Children who experience mild illness can develop long covid: 8% of children had symptom clusters- The Irish Times
Catching COVID a second time can heighten long covid risks: LA Times, Aug. 2022

…I could go on. Clearly what we are doing is not only insufficient but harmful. We need comprehensive policies to prevent spread and infection, particularly in shared public space that vulnerable new yorkers– the elderly, infants, immunocompromised people must enter. This should include robust free testing, case rate tied

masking on public transit and in all healthcare and must-go settings including pharmacies, grocery stores and schools , and a serious campaign to improve indoor air quality.

--
Liat Olenick

From: Lisa Smid <smidpr@gmail.com>
Sent: Thursday, November 10, 2022 3:12 PM
To: Testimony
Subject: [EXTERNAL] Testimony - Mon, Nov 7, @ 1:00pm - Committee on Health (Jointly with the Subcommittee on COVID Recovery and Resiliency...)

I am appealing to you to (1) reinstate the mask mandate for indoor spaces and public transportation and (2) to make free N95s available to the public. (3)Alternatively, I'd plead with you to at least consider mask-only accommodations.

I have respiratory issues that crop up intermittently. Flu takes me to the ER with trouble swallowing and breathing; one infection kept me home for three weeks. I don't know how my body would respond to Covid, but given my medical history, I won't fool around and find out...especially as a caregiver to my elderly father. For these reasons, I make a good faith effort to avoid contracting Covid-19 and transmitting it to someone medically vulnerable.

I wear an N95 indoors and a KN94 in crowded outdoor settings and only eat in public places if they are outdoors. I ride the subway during as slow a period as possible. When I'm near someone unmasked on the train or in the subway system, I walk to another part of the car or change cars. Without the mandate, even that workaround is untenable now.

Many New Yorkers are either immunocompromised or can't medically tolerate the vaccine. Some have conditions which make the vaccine of no use. Others have underlying conditions they don't yet know about. Public transportation is of particular importance because it gets commuters to work and essential errands.

I've wondered if I can safely live in New York given these changes. Some creative professionals have, indeed, made this choice. And then I think: you wouldn't tell someone in a wheelchair to leave town or stay home. Why should medically vulnerable citizens -- or even more medically normative New Yorkers who have viewed the statistics and do not feel one-way masking is sufficient?

No one wants the pandemic to be over more than those who lost a loved one. I'm the significant other of MTA Conductor Benjamin Schaeffer, who died of Covid-19 on April 28, 2020. My dear friend, Emily Rosenberg, contracted Covid at New York-Presbyterian Brooklyn Methodist Hospital during a long stay and died of Covid complications on January 12, 2021.

This is not a battle I want to fight, nor a conflict I want to regularly have with strangers. Honestly, Covid precautions are a reminder of why my loved ones are gone. But I must protect my health -- it is what Ben and Emily would want. And I will fight for it if I have to.

Saying the pandemic is over doesn't make it so when there are hundreds of people dying daily of Covid, pediatric ICUs are currently overrun in different parts of North America, and so many yet-to-be-known effects of Long Covid to unpack. Please reinstate the mask mandate. Protect medically vulnerable New Yorkers and commuters and visitors who keep the city going. Make New York safe for everyone.

Sincerely,

Lisa Smid

Good Morning,

My name is Meredith Cann and I'm here to call on NYC to mandate masks on public transit and indoor public spaces and to provide free N95 masks to the public.

I have felt significantly less safe since mask mandates have been lifted, especially on public transit. I rely on the subway to get me to work, where I provide services to medically vulnerable clients. I need to ensure that I stay healthy in order to keep my clients safe and healthy. I wear an N95 mask in all indoor spaces, however a majority of people I see in public places do not. This makes me fear for my clients, myself, and my loved ones.

Over the last 3 years, we've learned more about the physical ramifications of Covid. It is a vascular disease that can create blood clots and affect the heart, lungs, and brain. And anybody, regardless if they've been vaccinated or not, can still contract Covid and develop Long Covid, which has serious ramifications on the body. I do not want to risk getting an irreversible disease just by doing average daily activities like commuting to work and grocery shopping.

Cases are rising all over the US. Hospitals are starting to become strained again, especially pediatric units. Health officials have already predicted that the winter weather months will see an increase in Covid and flu cases and I am scared. We basically have no mitigations against Covid anymore and I'm very worried about the mass death and disability event that could come out of this winter. Now more than ever, we need to reinstate mask mandates. And we need to provide high-quality N95 masks to the public for free. We need to keep the community safe and reduce risk of transmission as much as possible.

Please do the right thing. Please care about the health and safety of our community. The last few years have been hard, but the next few years could be even harder if action is not taken. Please reinstate mask mandates in public indoor spaces, public transit, and provide free N95 masks to the community. Thank you for your time.

Sincerely,
Meredith Cann

Dear Members of the Committee on Health,

My name is Michelle Mc Abee. I have lived in New York City for most of my life, and I have an MPH from Columbia University, where I wrote my thesis on the neuropsychiatric effects of COVID infection. Also, I have several pre-existing conditions that put me at risk of severe illness, long-term disablement, and death from COVID, and I live with my mother, who is elderly and has several risk factors herself. We have been forced out of public life by politicians' choice to end of COVID mitigation, and we have been denied safe access to medical care.

"You do you" and "Vulnerable people can wear masks, so no one else has to" are not only antithetical to the basic principles of public health, they ignore the reality that 1) non-fittested N95s–which are the only option for most laypeople–leak, and 2) vulnerable people cannot wear masks in many settings, including hospitals and their own household.

I had MRIs at radiology centers where I was forced to take off my mask. I have been admitted to the hospital where I was unconscious and therefore had no mask on. I had surgery where I was not able to wear a mask. My doctor did not perform certain tests because they would require removing my mask, and he recognized that hospital-acquired COVID was more immediately dangerous than delayed diagnosis at that time. I have had to delay care because of COVID infection risk.

Living in a tiny apartment in a poorly-ventilated building, it is very probable that I will pass COVID onto my mother, because there are times when it is impossible to mask at home, such as while we are sleeping or while we are having certain symptoms of our other illnesses (vomiting, shortness of breath, etc.) If cases were low, this would be less likely to occur.

There needs to be an acknowledgement that, until we have better vaccinations and treatments, the statement "Everyone will get COVID" is objectively a death threat to people like me. We do not need to accept COVID infection as an inevitability, when there are so many things we could do to prevent infection and help people who are sick.

- Investment into COVID research, especially vaccines and long COVID treatment.
- Transparency about risk of severe disease, death, and disablement.
- Transparency about case count, hospital utilization, and death–including excess death.
- Free/low-cost respirators,
- Mask mandates for public spaces including pharmacies, hospitals, doctors offices, schools, and supermarkets
- Free/low cost testing
- Mandated testing in public places like schools and healthcare settings
- Vaccine mandates for schools, healthcare settings, and offices that require in-person work.
- Remote work and school options.
- Ventilation in public buildings.
- Expanded disability accommodations.

- Education

I feel privileged that I have been able to keep myself informed, because public health messaging from this government has been inaccurate or slow to reflect changing realities. Too many people are unaware what pre-existing conditions increase their risk of severe illness and death, let alone whether they have those conditions. They are unaware that surgical masks are not particularly effective against Omicron. They are unaware that COVID is airborne, and therefore hand-washing, plastic dividers, standing six-feet-apart, surface disinfection, and limiting face-to-face contact do not do much to prevent transmission. They are unaware that rapid antigen tests have a high rate of false negatives in the early days of infection. They are unaware that boosters are required to maintain protection. They are unaware that transmission occurs even between vaccinated people. They are unaware that vaccination does not prevent long COVID. They are unaware that COVID infection increases the likelihood of developing dementia, mental illness, diabetes, heart disease, blood clots, brain atrophy, pregnancy complications/stillbirth, leukopenia, and other serious, chronic health issues in the months and years after infection. They think “COVID is over.” They think an asymptomatic infection or a “mild’ infection means they are healthy, and they are surprised when, months later, they have a heart attack or their baby is born dead, even though we have robust evidence that COVID causes those outcomes.

This is not their fault. It is a full-time job, keeping up with the data, because the situation is constantly changing, with the emergence of new variants and increased understanding of COVID’s effect on the body. It should be the government’s responsibility to provide accurate information and support. They should not sicken and die of a preventable illness, when enacting at least some of these common sense measures can protect them.

At the very least, healthcare settings should be safe!

Thank you for reading.

Sincerely,
Michelle Mc Abee

Committee on Health Jointly with Committee on Hospitals & Subcommittee on COVID Recovery and Resiliency
November 7, 2022

Oversight - COVID-19 in NYC: Evaluating the Present Challenges

Testimony Submitted By: Myra Batchelder, MPA

My name is Myra Batchelder and I work in health policy. I'm here representing Mandate Masks NY, a statewide advocacy group.

I'm here today to call on NYC to put in place stronger COVID-19 prevention policies, including mandating masks on public transit and indoor public spaces and to provide free N95 masks to the public.

COVID-19 Community Transmission is high across NYC and Community Levels are now high in multiple boroughs, according to the CDC.[1] COVID-19 cases are vastly undercounted in NYC because home tests aren't counted. Some experts estimate that COVID-19 cases could be around 25 times higher than reported.[2]

Now concerning new variants are spreading. Experts estimate we may have around 100 million new COVID-19 cases this fall and winter in the US.[3]

We need to reinstate the mask mandate on public transit and indoor public spaces.

In the midst of high COVID-19 rates, ending the mask mandate has made our lives more unsafe. No one should have to risk getting COVID-19 in order to go to the doctor, pharmacy, work, school, grocery store, or even to take the elevator in their apartment building.

For those of us at higher risk for severe COVID-19, the risk is intensified. Many of us are forced to isolate at home, even postponing needed medical care!

In addition, it's important to point out that EVERYONE is at risk from COVID-19. Long COVID and serious health issues can happen to anyone. Hundreds of thousands of people in NYC are estimated to have Long COVID and the number is increasing.

We urge the city to reinstate the mask mandate on public transit and all indoor public spaces!

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[1] https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=New+York&data-type=Risk&null=36081&list_select_county=36081
[2] https://www.nbcnews.com/politics/covid-testing-providers-scale-back-worries-another-winter-surge-rcna47777
[3] https://www.washingtoCovid testing providers scale back despite worries of another winter surgenpost.com/health/2022/05/06/fall-winter-coronavirus-wave/

In addition, NYC needs to provide free N95 masks to the general public and make them widely available.

Not everyone can afford to purchase N95 masks.

Currently, the New York City 311 website and hotline directs people to the federal government's free N95 mask distribution program at pharmacies.[4] However, the federal government has ended their free N95 mask distribution program.

While NYC provides free rapid tests at libraries and multiple sites across the city, the city does NOT provide free N95 masks at these locations. The city must put in place a free N95 mask distribution program, especially as we head into another large surge.

The mask distribution program should provide masks in multiple locations, including:

1) Provide free N95 masks to the public at all community locations that provide free rapid tests (libraries, cultural organizations, NYC Parks locations, NYCHA sites, and others). The city also needs to advertise where free N95 masks are available to the public.
2) Provide free N95 masks to everyone when they get a vaccine or booster at city-run vaccine sites.
3) Provide free N95 masks to everyone at COVID testing sites, including Test-to-Treat sites. It is essential that people with active COVID infections are given free N95 masks, if they need them, to help protect the people they interact with traveling on public transit, in their apartment building, or their families and roommates, and others.
4) Provide free N95 masks to community-based organizations, faith-based organizations, and nonprofits for distribution in local communities, and make the list of organizations available to the public so that everyone knows what places members of the public can access masks.
5) Provide free N95 masks to schools.
6) Provide free or subsidized N95 masks to businesses, medical settings, and other public spaces, similar to how NYC provides free condoms.
7) Provide free N95 masks to people at public transit locations.

Other cities and counties, such as Washington, DC, already provide free N95/KN95 masks in public locations, including at the same locations rapid home tests are distributed.[5] New York City needs to do the same.

In closing, NYC needs to mandate masks on public transit and indoor public spaces and to provide free N95 masks to the public. Thank you!

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[4] https://portal.311.nyc.gov/article/?kanumber=KA-03467
[5] https://coronavirus.dc.gov/covidcenters

4 Nov 2022

Dear City Council, Please bring back mask mandates for NYC. Covid is not over, and all the data record that mask wearing in public spaces reduces the transmission and thus infection rates. Why do we not take action to protect ourselves and our vulnerable populations? Let’s not glorify selfishness and reinstate mask mandates for the safety of all our neighbors. This is an issue of common-sense public health and societal equity. Thank you, may you and your families be safe and healthy, Noëlle King

Hello my name is Pongsathorn Muangchan. I am testifying today in strong support for expanded efforts and measures on COVID-19. We need expanded measures to protect us from COVID, as well as protecting against the flu and RSV. We need to reinstate masking on public transport, taxi and ride shares, schools, doctor's offices, pharmacies, and essential places like grocery stores. New York City can lead the example for keeping communities safe by investing in free N95s for all, expanded free PCR and rapid testing, better ventilation and filtration, and widespread information on the bivalent booster.

We need the reckless spread and preventable deaths of COVID-19 to end. The hundreds of thousands of people living with long COVID, including myself and loved ones deserve better. If the city council does not take strong action. Reinstate the mask mandate in public transit and all public indoor spaces. Use city resources to provide all of the above, including free N95 masks to the public.

Doing these things will help us prevent further illnesses, prioritize public safety, and protect the most vulnerable in New York City.

Thank you for giving me time today. I am a digital strategist, a concerned New Yorker, and a mom. I am here today because I have been following the COVID 19 data page on nyc.gov to inform myself and my household about the levels of risk of COVID infection in day-to-day life.

In visiting the page from week to week over the past few months, I noticed two things:

1. Historical data, week over week, month over month, is not present on the site.
2. The numbers I remembered seeing the week prior did not match the descriptions of "decreasing" or "stable."

In the following presentation, I will show you these examples from screenshots I have taken since September.

On slide 3, you will see that the daily average of deaths, at 8, is marked as "decreasing" from the week prior, which is incorrect, as the week prior daily average of deaths was 5.

On slide 9, you will see that the percent positive is 10.2, an increase from the week prior of 9.4, yet quantified as "stable."

On slide 10, you will see that the hospitalizations are at 87, and on slide 11, the data from this week, we have 94 hospitalizations, yet the data is quantified as "decreasing."

According to the city-reported data, since September 2022, we have had a 28% increase in the cases of COVID in NYC.

The NYC.gov reporting tool does not reflect this reality and is dangerous, intentionally misleading the public on the risk of becoming sick, again, from preventable pandemic exposure.

I ask you to use your power to do the following:

1. Fix this dashboard to reflect the actual reality of COVID in NYC
2. Reinstate the mask mandate in public transit and all public indoor spaces
3. Use city resources to provide free N95 masks to the public.

These three simple asks will help us work together to prevent further pandemic illness, prioritize public safety, and protect the most vulnerable of New York City with a culture of care grounded in the data of scientific observation.

COVID Data NYC

Prepared for New York City Council by Priscilla Grim

Source: https://www1.nyc.gov/site/doh/covid/covid-19-data.page

Summary

This table shows summary data for the last seven days.

Measure	Last 7 days	Trend
Percent positive	**9.1%**	**Decreasing**
Cases (daily average)	**1,911**	**Stable**
Case rate (7-day rate per 100,000 people)	**152.40**	
Hospitalizations (daily average)	**58**	**Decreasing**
Hospitalization rate (7-day rate per 100,000)	**10.00**	
Inpatient COVID bed occupancy (7-day average)	**5.41%**	
Deaths (daily average)	**5**	**Decreasing**

Updated: September 19, 2022

Summary

This table shows summary data for the last seven days.

Measure	Last 7 days	Trend
Percent positive	**9.3%**	**Decreasing**
Cases (daily average)	**2,040**	**Stable**
Case rate (7-day rate per 100,000 people)	**298.05**	
Hospitalizations (daily average)	**52**	**Decreasing**
Hospitalization rate (7-day rate per 100,000)	**10.16**	
Inpatient COVID bed occupancy (7-day average)	**5.07%**	
Deaths (daily average)	**8**	**Decreasing**

Updated: September 22, 2022

Summary

This table shows summary data for the last seven days.

Measure	Last 7 days	Trend
Percent positive	9.6%	Stable
Cases (daily average)	2,121	Stable
Case rate (7-day rate per 100,000 people)	178.13	
Hospitalizations (daily average)	52	Decreasing
Hospitalization rate (7-day rate per 100,000)	10.16	
Inpatient COVID bed occupancy (7-day average)	5.07%	
Deaths (daily average)	9	Stable

Updated: September 23, 2022

Summary

This table shows summary data for the last seven days.

Measure	Last 7 days	Trend
Percent positive	**9.4%**	**Decreasing**
Cases (daily average)	**1,974**	**Stable**
Case rate (7-day rate per 100,000 people)	**165.73**	
Hospitalizations (daily average)	**67**	**Decreasing**
Hospitalization rate (7-day rate per 100,000)	**11.00**	
Inpatient COVID bed occupancy (7-day average)	**5.47%**	
Deaths (daily average)	**3**	**Decreasing**

Updated: October 3, 2022

Summary

This table shows summary data for the last seven days.

Measure	Last 7 days	Trend
Percent positive	**9.0%**	**Decreasing**
Cases (daily average)	**1,860**	**Stable**
Case rate (7-day rate per 100,000 people)	**156.20**	
Hospitalizations (daily average)	**58**	**Decreasing**
Hospitalization rate (7-day rate per 100,000)	**10.77**	
Inpatient COVID bed occupancy (7-day average)	**5.52%**	
Deaths (daily average)	**7**	**Decreasing**

Updated: October 7, 2022

Summary

This table shows summary data for the last seven days.

Measure	Last 7 days	Trend
Percent positive	**9.6%**	**Stable**
Cases (daily average)	**1,966**	**Stable**
Case rate (7-day rate per 100,000 people)	**165.10**	
Hospitalizations (daily average)	**48**	**Decreasing**
Hospitalization rate (7-day rate per 100,000)	**12.05**	
Inpatient COVID bed occupancy (7-day average)	**5.96%**	
Deaths (daily average)	**5**	**Decreasing**

Updated: October 18, 2022

Summary

This table shows summary data for the last seven days.

Measure	Last 7 days	Trend
Percent positive	**9.4%**	**Stable**
Cases (daily average)	**2,044**	**Stable**
Case rate (7-day rate per 100,000 people)	**173.14**	
Hospitalizations (daily average)	**61**	**Decreasing**
Hospitalization rate (7-day rate per 100,000)	**11.98**	
Inpatient COVID bed occupancy (7-day average)	**6.30%**	
Deaths (daily average)	**8**	**Decreasing**

Updated: October 21, 2022

Summary

This table shows summary data for the last seven days.

Measure	Last 7 days	Trend
Percent positive	**10.2%**	**Stable**
Cases (daily average)	**2,244**	**Increasing**
Case rate (7-day rate per 100,000 people)	**188.45**	
Hospitalizations (daily average)	**94**	**Decreasing**
Hospitalization rate (7-day rate per 100,000)	**14.14**	
Inpatient COVID bed occupancy (7-day average)	**6.85%**	
Deaths (daily average)	**9**	**Stable**

Updated: October 31, 2022

Summary

This table shows summary data for the last seven days.

Measure	Last 7 days	Trend
Percent positive	**10.4%**	**Stable**
Cases (daily average)	**2,303**	**Stable**
Case rate (7-day rate per 100,000 people)	**193.37**	
Hospitalizations (daily average)	**87**	**Decreasing**
Hospitalization rate (7-day rate per 100,000)	**13.87**	
Inpatient COVID bed occupancy (7-day average)	**7.25%**	
Deaths (daily average)	**9**	**Decreasing**

Updated: November 4, 2022

Summary

This table shows summary data for the last seven days.

Measure	Last 7 days	Trend
Percent positive	**10.8%**	**Stable**
Cases (daily average)	**2,462**	**Increasing**
Case rate (7-day rate per 100,000 people)	**206.76**	
Hospitalizations (daily average)	**94**	**Decreasing**
Hospitalization rate (7-day rate per 100,000)	**13.87**	
Inpatient COVID bed occupancy (7-day average)	**7.25%**	
Deaths (daily average)	**7**	**Decreasing**

Updated: November 7, 2022

From: Robert Parducci <robert.parducci@gmail.com>
Sent: Thursday, November 10, 2022 9:01 AM
To: Testimony
Subject: [EXTERNAL] Committee on Health (Jointly with the Subcommittee on COVID Recovery and Resiliency

My name is Robert Parducci and I live in Jamaica, New York.

I'm writing in support of reinstatement of the mask mandates in mass transit and all public indoor spaces!

NYC has Medium to High Covid-19 transmission in the five boroughs. Daily cases are increasing. Masks and mask mandates work to stop the spread of the disease.

Many people remain unvaccinated or have underlying conditions that make them extra vulnerable.

Until Covid-19 rates go down further, and until more people are able to get vaccinated, we need to reinstate mask mandates to keep everyone safe.

Your constituents' lives depend on it.

Thank you,

Robert Parducci

Hello,

My name is Shoshana, and I'm a lifelong New Yorker, and public health researcher. I love NYC and want to make it a safe place for all of us. As such, I am calling on NYC to mandate masks on public transit and indoor public spaces and to provide free N95 masks to the public. Over 40,00 New Yorkers have died from covid-19, and untold more have been incapacitated by Long Covid.

As we head into the winter, covid cases will probably rise, putting strain on our healthcare system. Mask mandates must be implemented now to reduce this risk--we know that high-quality masks reduce spread. Surveys have shown that people support mask mandates, the city must listen to the community and act. However, not everyone can afford good masks, so the city should additionally provide free masks to New Yorkers.

Not having masks on public transportation or in other essential public locations (like grocery stores) puts all of us at risk, but especially older New Yorkers, and those who are immunocompromised. It should also be noted, that everyone is at risk for Long Covid.

In an attempt to avoid being exposed to Sars-Cov-2 I have drastically reduced my use of public transportation—either walking long distances (something not everyone is able to do), or else forgoing certain activities, including medical care.

In order to protect New Yorkers, the city must reinstate mask mandates on public transportation and in other public places.

Thank you,

Shoshana Benjamin, MPH

From: graymcd@verizon.net
Sent: Thursday, November 10, 2022 2:50 PM
To: Testimony
Subject: [EXTERNAL] Mask Mandate

November 10,0222

Good afternoon. My name is Nelly McDonald and I feel its very important for masks to be mandatory in all Medical Buildings, which I believe it is, but also on public transportation. I personally with use of face masks, vaccinations, and being vigilant managed not to catch Covid for 21/2 years, but then caught it two weeks ago. I believe it happened on public transportation.

Many people want to believe this virus is over, but if it were why are we still getting new boosters that protect against new and different variants? Why are people still getting sick? Some people are lucky and have a 2 day version and they are fine. I am on day 10 and am still suffering severe congestion and fatigue. I worry about suffering long term effects. This virus is to be taken seriously, and avoided if possible.

I know a 24yr old who is in excellent health who is still suffering fatigue after 4 weeks. I know people who are compromised immune systems, who would die if they contracted the virus. My 80 year old mother would probably not survive this virus.

With the high traffic of travel that will be going on starting with Thanksgiving and going thru New Year I believe there will be an especially large amount of people getting sick. Its unavoidable since people are tired and want to live their lives. Understandable, believe me.

But all I and others supporting reinstating the masks are asking is that you where this n95 mask in medical places, and public transportation and anywhere indoors that is crowded. You may fair well if you catch the virus but maybe not. If you like many have any illnesses such as high blood pressure or diabetes you might not fair well. So why not do all we can for ourselves and each other.

Personally I think the mask is great for trains and buses, while we were wearing them there were much less cases of Flu also. And Flu is also a dangerous virus to the older population and immune compromised

i think its a small discomfort to have to keep healthy and to help keep our compromised and elderly neighbors safe as well.

Thank you,
Nelly McDonald

I'm writing to express my strong support for an indoor mask mandate to be instituted in New York City. It would be reasonable and wise for the city to institute a mandate, particularly in spaces where people have no choice but to be in (e.g., public transportation, public schools, hospitals/medical centers, prisons, and pharmacies) and when cases and hospitalizations are high. Doing so would make these places truly equitable for everyone, regardless of underlying health conditions.

We rightly think a lot about those who are most vulnerable to covid (the elderly, the poor, and those with underlying conditions). I think it's also worth noting that the long-term effects of pediatric and adult covid infections, particularly reinfections, won't be known for years. There is already mounting evidence that mild covid illness substantially increases one's risk of serious, life-long conditions such as cardiovascular disease, including heart attack and stroke, and neurological damage, even in healthy vaccinated individuals who don't have underlying conditions. The CDC estimates that one in five infections can lead to long covid and has reported that children who have had covid are at a greater risk for blood clots, heart problems, kidney failure, and type 1 diabetes. I think we should make this effort to better protect everyone in our city.

Thanks so much for taking the time to read my comments.

November 7, 2022
Anonymous testimony

"Oversight: COVID-19 in NYC: Evaluating the Present Challenges" – Anonymous Testimony

I'm submitting personal testimony as one of the thousands upon thousands of City residents with Long COVID who continues to encounter "present challenges" (to put it lightly) as a result of a COVID infection. I'm motivated share my own experiences as a "longhauler" in order to respectfully refute the suggestion in the hearing's Committee Report that COVID-19 could at all be considered endemic and therefore, by implication, manageable, stable and less worrisome. The hearing's Committee Report states "Although not ideal, scientists consider endemics 'stable and manageable' and rarely cause significant disruptions of daily life. In terms of when a disease becomes endemic, what scientists view as 'stable' changes based on the disease and the population that is impacted." Setting aside that COVID itself continues to run rampant and is by no means under control, as long as Long COVID continues to upend the daily lives of New Yorkers without adequate preventative and therapeutic measures, we should reject the argument that COVID is "stable and manageable". Unfortunately, given the populations that are most impacted by COVID and Long COVID, I'm concerned, but not surprised, that it is proving all too easy to claim "we have the tools" without acknowledging the systemic and structural barriers to accessing those tools and staying safe and healthy. With that in mind, I'd like to share some examples with you of just how unmanageable Long COVID can be, even to a relatively incredibly privileged person like myself:

Long COVID has wreaked havoc on my life since I contracted COVID-19 on March 19, 2020 in Queens. My acute illness was technically "mild" (I noticed flu-like symptoms for about 3 days and two weeks of intense fatigue, although in hindsight I was sicker than I thought), and I continued to work from home and care for my family. However, immediately after this two week period, on the day I thought "Ah hah! The two weeks is up! I made it!", I began to experience weird symptoms – confusion, memory loss, difficulty finding words, headaches, leg pain and numbness, facial numbness, vision changes, joint pain and bulging veins. I contacted my primary care provider over and over, describing all my new painful and frightening symptoms, but she brushed off my concerns as anxiety and referred me to a psychiatrist.

But I digress: by summer 2020, although I had found several different doctors who listened to and believed my story and recognized commonalities with other patients now known as "longhaulers", their preliminary treatments were insufficient to restore me to my prior health and lifestyle. I simply did not have the capacity or energy to work full-time or care for my child and home, let alone do all three, and as a result my health continued to decline. By early 2021, I could not multitask, rely on my short-term memory, drive, do more than one chore per day (like loading the dishwasher after a meal) or leave my home, including to take my child outside; I was only working at about half-capacity. My spouse, in addition to working full-time, had to take on almost all of the household and childcare responsibilities.

Due to this major decline in my health, I had to take an extended leave of absence from work, during which I developed entirely new neurological symptoms after receiving my first COVID vaccine that left me unable to read, look at screens or tolerate light or sound. Thanks to supportive doctors and new medications and treatments, I have gradually increased my workload and work-related stamina. When I first started back to work, I couldn't look at the computer for more than 20-30 minutes without getting so dizzy and fatigued I would need to lie down in a dark room for 15 minutes, but I now can work an almost-full day with intermittent breaks. On the personal front, I've moved from being unable to read children's books or go outside with my child to being able to resume limited weekend outings to the farmer's market and playground. But the changes, albeit happy, have been difficult: when I took my child to the

playground for the first time in over a year, I cried because I didn't know what to do and couldn't chase after them without my heartrate doubling.

Even though I'm much more stable than I was last year, it takes 20 medications (only 3 of which are covered by insurance) and 5 medical therapies (none of which are covered by insurance) every day to manage the many conditions I've been diagnosed with since contracting COVID, including Long COVID, myalgic encephalomyelitis / chronic fatigue syndrome (ME/CFS), postural orthostatic tachycardia syndrome (POTS), hypermobile Ehlers-Danlos Syndrome (hEDS), histamine intolerance (a limited version of mast cell activation syndrome (MCAS)), cranio-cervical instability (CCI, which means that laxity in the ligaments connecting my skull to my cervical spine (likely due to viral damage) results in brainstem compression), Hashimoto's Thyroiditis, reactivated Epstein-Barr Virus and migraines. These are all lifelong, underfunded, understudied conditions that are common diagnoses for longhaulers and others with infection-related chronic illnesses. We need so much more support and funding if we are to have any real hope of solving Long COVID and these associated illnesses (most of which predominantly affect women).

In telling you my own story, I must note (as I did earlier) that I'm not representative of many longhaulers. I have good health insurance, good doctors (including specialists with long waiting lists who don't accept insurance), a supportive employer who has approved every reasonable accommodation request I've made, private long term disability benefits that have replaced most of my lost income, two lawyers to handle my disability claims, financial resources to try out all kinds of supplements and products, an incredibly selfless spouse and the general privilege of being a cis, straight, white woman.

It shouldn't have to be this way. Anyone can become a longhauler as sick as I have been, and everyone who becomes a longhauler deserves recognition (including from the City), good medical care from medical providers with training in post-viral illnesses, job accommodations including remote work, supportive services including family-caregiving assistance and financial support including paid sick and medical leave for longhaulers and their caregivers. I would ask the Committee members to use their platforms to educate constituents on Long COVID and existing management tools and resources. And, lastly, I urge the Council to reinstate the mask mandate wherever possible, as the best way to prevent Long COVID is to never get COVID, Lives and futures depend on this.

Dear Members of the City Council,

I contracted Covid in March of 2020. I have not fully recovered since.

I want to share relevant information as the city considers what policies to institute or ignore in its management of Covid. First, I'll briefly share my personal story. Then I'll show how it connects to the broader policies the city chooses to adopt or not adopt moving forward.

For two years following my infection, I suffered extreme fatigue, exhaustion, and body aches. I experienced difficulty thinking – I frequently forgot words, what I planned on saying and how to perform basic tasks at my job. I experienced frequent chest pain, and during the first year, I often felt like a horse had kicked my lungs. I suffered from insomnia. I often felt like I had the flu despite not running a fever. As a former athlete, the aches I would feel in my legs after walking a few blocks were similar to feeling like I'd run several miles or had just lifted heavy weights.

I'm just scratching the surface of issues I suffered from, but all told, they were severe enough that I had gone from working full-time to part-time. Even with reduced hours, I could barely manage my reduced workload. In 2022, I needed to leave my job because I could not perform my required work. The personal impacts and subsequent strain on my mental health were severe.

But why is my story important?

As of July 2022 in New York State, 8% of the population was reportedly suffering from long COVID, a disease most easily characterized as an ongoing infection resulting in neurological, immune, hormonal, and gastrointestinal disorders.

High rates of long COVID[1] are already being felt in terms of labor shortage. As early as January 2022, the Brookings Institute estimated[2] that "1.6 million full-time equivalent workers could be out of work due to long COVID. With 10.6 million unfilled jobs at the time, long COVID potentially accounted for 15% of the labor shortage."

In June, the Census Bureau included questions about Long Covid in its House Hold Pulse Survey. Here are the relevant results:

- Around 16 million working-age Americans (those aged 18 to 65) have long Covid today.
- 2 to 4 million of those are out of work due to long Covid.
- The annual cost of those lost wages is around $170 billion a year (potentially as high as $230 billion).

Remember that these numbers are after roughly 2.5 years of widespread disease. If the current infection rates are sustained, we can expect long COVID cases to increase exponentially over time. To think these numbers don't impact, and won't cumulatively impact, the economic engine of our city is magical thinking.

From a purely practical economic standpoint, failing to address the unchecked spread of Covid in NYC will lead to substantial economic effects that will decrease our competitiveness, shrink the available workforce, and burden our healthcare systems with chronic illness patients. From a purely moral standpoint, it is indefensible as well.

The long-term effects of COVID on the immune[3], neurological and other systems are unknown, but there is mounting evidence these could be severe. [4] As early as 2020, P. Zhiyong, director of ICU at Zhongnan Hospital of Wuhan described Covid "like a combination of SARS and AIDS as it damages both the lungs and immune systems."

Let's keep in mind that this virus is studied in a Biohazard Safety Level 3 laboratory. Choosing to pull back on controls, such as masking on public transport, while relying solely on a vaccinate-and-boost campaign is a recipe for long-term disaster.

Given these facts, the city needs to take appropriate steps to try and better manage the spread of Covid 19. The good news is this is an opportunity for New York to reaffirm its image as a competitive and innovative city on the global stage.

The least controversial and most effective way to reduce the spread of Covid in our communities is to radically improve indoor air ventilation. There are a variety of tools at the city's disposal. From simple $50 air filters to 80-year-old technology called GUV fixtures, the city can go beyond recommending Covid controls like masking and vaccines to implementing solutions that run quietly in the background.

The most well-known air quality control measures are efficient HVAC systems. Adding high-efficiency air filters like HEPA or MERV-13 to building ventilation systems can assure that fewer than 99.9% of respirable-size particles are recirculated back into rooms, essentially converting recirculated air into the equivalent of infection-free outdoor air. [5] While these costs can be supported by large businesses and organizations, upgrading older systems to support sufficient air filters in an excessive cost for smaller businesses and homeowners. While we would applaud the city for facilitating a low-interest-rate loan program allowing businesses, buildings, and homeowners to upgrade their systems, other options exist.

For a person sharing air in a room with someone with infectious COVID-19, there is little comfort in knowing that the air will be decontaminated *after* it leaves the room. A more effective air disinfection strategy is rapidly decontaminating the air *within the room* where person-to-person transmission occurs. The evidence-

based options for air decontamination include portable room-air cleaners, upper-room germicidal UV, and newer whole-room Far UV.

Upper-room germicidal UV (GUV) fixtures are a more than 80-year-old technology, well-proven, safe, and underused technology for airborne infection control. In the 1930s, upper room GUV fixtures were installed in school classrooms in two Philadelphia suburbs. They were convincingly shown, compared to classrooms without fixtures, to reduce the spread of measles—the most infectious of airborne respiratory viruses. GUV was widely used in US healthcare settings before the discovery of antibiotics for tuberculosis, and vaccines for childhood viral infections, measles, mumps, and rubella. It is even cheaper and more effective[6] than mechanical ventilation and room air filters. Based on the potential energy savings over ventilation, the US Dept. of Energy is supporting the commercial development and deployment of LED UV technology for air and surface disinfection.

Another option is Far UV. Far UV is equally or more effective against airborne viruses and bacteria but unable to penetrate even the thin liquid layer covering the surface of the eye or the outermost layers of skin. Far UV is currently used in a Boston homeless shelter, a Boston nightclub and piano bar, and for some critical US military applications.

Knocking respiratory viruses out of circulation wouldn't just improve health. It would also be good for the bottom line. In the United States alone, yearly economic losses from flu total $11.2 billion, and other respiratory viruses cost about $40 billion. COVID-19's global monthly harm is estimated to be $1 trillion. While I don't have comparable numbers for the city, I'm sure they are high. Given this economic impact alone, the city can undoubtedly tap into a mix of federal, state, and local funding to facilitate an overhaul of our building codes to ensure affordable, clean, virus-free air for all. Doing so will help ensure a safer, more equitable and profitable future for New York City's citizens.

Failing to invest in infrastructure that can provide clean air is the equivalent of having access to modern sewer technology during a cholera epidemic but choosing not to invest in it. Imagine if in the 19th century New York had decided against building a sewer system due to concerns over the expense or the imposition it might have on businesses and residents. To not address such a massive public health problem as Covid, when we have clean air technology that can help reduce its spread, must be called what it is, an institutional failure.

At the turn of the 20th century, New York became a leader and innovator in global public health as it dealt with the effects of the 1918 Flu Pandemic. It was an opportunity for city agencies to lead, resulting in one of the most forward-thinking, advanced public health systems in the world. Let the city use this situation as an opportunity to once again lead and innovate on the global stage. This is an opportunity not just to enhance our public health but to boost the city's image and spirit.

[1] https://www.healthdata.org/news-release/who-least-17-million-people-who-european-region-experienced-long-covid-first-two-years
[2] https://www.brookings.edu/research/is-long-covid-worsening-the-labor-shortage/
[3] https://www.nature.com/articles/s41590-021-01113-x?s=09
[4] https://www.forbes.com/sites/williamhaseltine/2022/04/14/sars-cov-2-actively-infects-and-kills-lymphoid-cells/?sh=5fcccf7086b8
[5] https://time.com/6143799/covid-19-indoor-air-cleaning/
[6] https://onlinelibrary.wiley.com/doi/full/10.1111/php.13421

I urge NYC to reinstate a mask mandate on public transit, taxis/rideshares, grocery stores, pharmacies, postal services, and other essential businesses. We must stop the spread of COVID-19 and other respiratory viruses and protect infants, the elderly, and immunocompromised people. Thank you.

Public Health and Covid Safety

We must make an effort to protect people and curb transmission.

I am writing today to urge the city to provide free N95 masks to the public and to reinstate the mask mandate for indoor public spaces and public transit. At the very least could our public health officials encourage mask wearing as a way to protect people and curb transmission.

Thank you.

I am a CUNY worker. I happen to have been born without a spleen. Like so many NYers, I have a missing or dysfunctional internal organ! Having no spleen makes me extremely susceptible to death from flu or bacterial illness or COVID. I have been violently ill every winter until 2020. After our school closures and work from home orders were given in March 2020, I began what is now a 3 year period of NOT getting sick, NOT being hospitalized, NOT calling out of work. It's all because of mask wearing! I will never go back.

The problem is that now that you lifted mask mandates while COVID is still killing people (people like me especially) I can no longer ride the subway. This means I have had to use ADA requests for disability accommodations so that I can work from home. It means I take UBER when I have a Drs appointment, which leads to me not seeing the Dr as often as I should.

I work at CUNY where many people are still masking because they too are vulnerable or have a vulnerable family member at home. People are having a hard time attending classes and work because of this. It's ALL because you lifted mask mandates. You put the entire population in the flow of increased risk.

We have studies coming out all the time validating that school and transportation mask mandates WORK TO STOP SPREAD! A new study in the *New England Journal of Medicine* found higher case rates in districts immediately following the removal of the mask requirement. "Approximately 12,000 cases, or 30% of all cases during the study period, were attributable to rescinding the mask requirement. The resulting illnesses led to substantial loss of in-person school days— an estimated minimum of 17,500 days of school absence in students and 6,500 days of staff absence—arguing for masks as a critical component of optimizing learning."
https://time.com/6231516/universal-masking-in-school-works-new-data-shows-how-well/

I am begging the city to reinstate the mask mandate for indoor public spaces and public transit. And you could also provide FREE N95 masks to the public at subway stations.

I am a NYC public school special education high school teacher. I love this city. I am disturbed and outraged at the way NYC has become more and more helpless in the face of new, more contagious, immunity-resistant COVID variants. My young, healthy, vaccinated + boosted housemate got COVID in July despite wearing a mask at all times in public and has become disabled by Long COVID. 1-way masking and vaccination are not enough to protect us from serious illness. We need mask mandates and free, accessible high-quality masks in all public places in the city such as the MTA, pharmacies, and grocery stores so high risk folks can live their lives without endangering themselves, and so that all of us can stay as healthy as possible. Additionally, we need more long COVID research and resources. The clinics are overloaded so it can take months to get an appointment. In the 21st century in the greatest city in the world, there's no reason we should have to live our lives with the constant threat of serious illness.

I am a 26 year old from Brooklyn whose life was upended by post covid complications leaving me immunocompromised after 2 infections (my second infection significantly worsened my health and brought with it further immune issues). I rely on masking with effective masks (n95, kf94, or at the very least kn95) to keep me safe. I have had to avoid public (but essential) places like the grocery store and only go to necessary medical appointments. I have not been to a single leisure activity since masking has been lifted because it is an unnecessary risk at the numbers we are currently seeing. In areas of NYC Covid numbers have been above the cutoff that was originally proposed to trigger the return of masking many times with no action. For some people that means business as usual. For thousands of NYers that means complete withdrawal from the city we love and seeing friends and family. Grocery delivery is expensive. So is traveling to Manhattan for Dr appointments since subways are not safe and accessible. Any business that was deemed essential enough to operate during the original lockdown is essential enough to have a mask mandate so people who are Immunocompromised, elderly, or disabled can access them today. Please reinstate masking with effective masks as we go into the winter months.

I am writing to demand that the city reinstate the mask mandate for public indoor spaces and public transit. I have lived and worked in NY for 18 years, and I commute from Sunnyside, Queens, to the East Village to work every day. Simply commuting to and from work on public transit should not mean risking one's health! Covid-19 is STILL an incredibly deadly and debilitating disease, and should be taken seriously by our government and public officials. Mask mandates are a very simple and effective tool to get this deadly pandemic under control. Additionally, the city should provide high quality N95 masks for all. They should be easily accessible and those who cannot leave their homes due to disability should receive them in the mail. This isn't rocket science – to protect ourselves, and the most vulnerable among us, we need layered protections of n95 masks, ventilation in all indoor spaces, as well as vaccinations and boosters.

mask requirements in NYC courtrooms

Jurors in NYC who wear masks to protect themselves and others are being forced to serve with other jurors who are allowed **not** to wear masks. Mandated jury service without an accompanying mask mandate is hypocrisy, in addition to reckless public health policy.

My partner is currently fulfilling his jury duty service on a grand jury in NYC, and most attendees are not wearing masks because there is no requirement. This puts him, me, and my 76-year-old mother (whom I care for) at risk. I have an implanted heart valve, and my mother is in remission for breast cancer for which she underwent chemotherapy last year.

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: MANHATTAN BOROUGH PRESIDENT MARK LEVINE

Address: 1 CENTRE STREET, NYC

I represent: MANHATTAN BOROUGH PRESIDENT

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: 11/1/22

(PLEASE PRINT)

Name: Cara Liebowitz

Address: Clarendon Road

I represent: Brooklyn Center for Independence of the Disabled

Address: 25 Elm Place

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: 11-1-22

(PLEASE PRINT)

Name: Shen'naque Sean Butler

Address: ________

I represent: The Fresch Bronx Health Initive

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. Intro 687 Res. No. ______

☐ in favor ☐ in opposition

Date: Nov 7th 2022

(PLEASE PRINT)

Name: AjiTinta Marenah

Address: Bronx NY 10456

I represent: Muslim Community Network

Address: 110 Wall street NY, NY 10015

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: 10.07.22

(PLEASE PRINT)

Name: HEIDI SIEGFRIED

Address: 1010 AVENUE OF THE AMERICAS

I represent: CENTER for INDEPENDENC OF THE DISABLED. N

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: Ashwin Vasan, MD, PhD, MPH

Address: Commissioner

I represent: Department of Health & Mental Hygiene

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: Celia Quinn, MD, MPH
Address: Deputy Commissioner for Disease Control
I represent: Department of Health & Mental Hygiene
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: Alexander Riccio
Address: East 69th
I represent: Me, Tech at home
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: 11/7/2022

(PLEASE PRINT)

Name: Jessica Lee
Address: 5th Ave, NY, NY 10016
I represent: Korean Community Services
Address: 203-05 32nd Ave, Bayside NY 11361

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