

COMMITTEE ON HEALTH JOINTLY
WITH THE SUBCOMMITTEE ON COVID & INFECTIOUS DISEASES
CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

OF THE

COMMITTEE ON HEALTH JOINTLY
WITH THE SUBCOMMITTEE ON COVID &
INFECTIOUS DISEASES

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Wednesday, February 19, 2025

Start: 10:15 a.m.

Recess: 12:42 p.m.

HELD AT: Council Chambers - City Hall

B E F O R E: Hon. Lynn Schulman, Co-Chair
Hon. Francisco Moya, Co-Chair

COUNCIL MEMBERS:

Joann Ariola
Carmen N. De La Rosa
Oswald Feliz
James F. Gennaro
Kristy Marmorato
Darlene Mealy
Julie Menin
Mercedes Narcisse
Carlina Rivera
Susan Zhuang

Other Council Members Attending: Cabán and
Williams

COMMITTEE ON HEALTH JOINTLY
WITH THE SUBCOMMITTEE ON COVID & INFECTIOUS DISEASES

A P P E A R A N C E S

Michelle Morse, M.D, MPH
Acting Health Commissioner New York City
Department of Health and Mental Hygiene (DOHMH)

Vasudha Reddy,
Deputy Director Bureau of Communicable Diseases,
New York City Department of Health and Mental
Hygiene (DOHMH)

Senator Gustavo Rivera,
Chair of the Committee on Health at the New York
State Senate

José Hernandez,
Representing- Self

Bakary Savo,
Personal Assistant to José Hernandez

Anastasia Somoza,
Former Staff Member of the New York City Council,
Representing- Self

Sasha Guillaume,
Owner of Principle Homecare, LLC

Senator Leroy Comrie,
New York State Senate

Elizabeth Polanco (Via Translator),
CDPAP Caregiver

Justine Tetteh,
Director of Policy and Advocacy at Lenox Hill
Neighborhood House

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

Arshell Brooks-Harris,
Secretary of the Board of Directors of National
Blood Clot Alliance

Sharon Brown,
Representing- Self

Christopher Leon Johnson,
Representing- Self

Angela Burns,
Representing- Self

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3 SERGEANT LEWIS: Mic check, mic check, this is a
4 mic check for today's Committee on Health and COVID
5 and Infectious Diseases in the Chambers. Today's date
6 is February 19, 2025, recorded by Walter Lewis.

7 SERGEANT AT ARMS: Good morning, and welcome to
8 today's New York City Council hearing for the
9 Committee on Health, joint with the Subcommittee on
10 COVID and Infectious Diseases. At this time, we ask
11 that you silence all electronic devices, and at no
12 time are you to approach the dais.

13 If you would like to sign up for in person
14 testimony or have any other questions throughout the
15 hearing, please see one of the Sergeant at Arms.

16 Chairs, we are ready to begin.

17 CHAIRPERSON SCHULMAN: Thank you. (GAVELING IN)

18 Before we begin, I want to say that we've been
19 joined by Council members Williams, Council Member
20 Zhuang, Council Member Narcisse, we have Chair Moya,
21 and Council Member Marmorato.

22 Good morning, everyone. I am Council Member Lynn
23 Schulman, chair of the New York City's Committee on
24 Health. Thank you all for joining us at today's
25 oversight hearing on: *Detecting, Preventing, and*

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3 *Responding to Public Health Emergencies in New York*
4 *City.*

4 Thank you to Chair Francisco Moya of the
5 Subcommittee for COVID and Infectious Diseases for
6 holding this hearing with me today. We are also
7 considering seven resolutions at today's hearing:

8 Resolution 330, by Council Member Chi Ossé;
9 Resolutions 642 and 650 by Council Member Crystal
10 Hudson; Resolution 650 by Council Member Tiffany
11 Cabán, and three resolutions from me.

12 Each of these resolutions calls for bold action
13 at the state and federal levels to make our city a
14 healthier and safer place to live.

15 Before we discuss this morning's oversight topic,
16 I want to highlight my Preconsidered Resolution
17 calling for the restoration of State Public Health
18 Law Article 6 public health funding for New York
19 City.

20 In 2019, the reimbursement rate for New York City
21 was reduced by 16% from 36% down to 20% and this cut
22 has yet to be reversed. The loss of funding resulting
23 from the reduced reimbursement rate has led directly
24 to a loss of funding for essential, on the ground
25 community health programs in New York City -

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3 including family and reproductive health care,
4 communicable disease control, chronic disease
5 prevention, community health assessments, and
6 emergency preparedness.

7 Assembly Bill twenty 2705, introduced by Assembly
8 Member Jessica González-Rojas, and Senate Bill 4801,
9 by Senator Gustavo Rivera, would restore the
10 reimbursement rate to no less than 36%, ensuring the
11 full restoration of these programs, and helping DOHMH
12 and our city partners to build a healthier New York
13 City.

14 It is crucial that the state advance this life
15 saving legislation as soon as possible which will
16 restore millions of dollars for critically needed
17 health services.

18 Today we are checking in with the Department of
19 Health and Mental Hygiene (DOHMH) on how it is
20 responding to the many recent developments in public
21 health happening nationwide. Most prominently, bird
22 flu has spread across The United States, no pun
23 intended, with DOHMH detecting the H5N1 virus in
24 birds in New York City last week. While there have
25 been no human cases of H5N1 in New York City, or
 elsewhere in the state, and no human to human

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3 transmission has been detected from H5N1 anywhere in
4 the country, we must remain vigilant and ensure that
5 protocols are in place to keep New Yorkers safe.

6 Meanwhile, we've seen reports of a measles
7 outbreak in West Texas and tuberculosis in Kansas
8 City, sparking concern about whether enough is being
9 done to eliminate misinformation and educate families
10 about the importance of childhood vaccinations.

11 In addition, The United States is facing the
12 worst flu season since 2009 with hospitalizations in
13 New York State at their highest level in at least
14 four years. And moreover, this past weekend there was
15 an Ebola scare in New York City. While it turned out
16 that the information was false, it highlighted issues
17 pertaining to the new federal cuts to the CDC.

18 These recent events come at a time of immense
19 uncertainty and rapid changes in how our federal
20 government approaches public health. No longer can we
21 rely on our federal public health institutions to
22 utilize best practices and follow the science when
23 they adopt new policies impacting the health of
24 millions of Americans. Instead of strengthening our
25 disease detection and prevention partnerships across
the globe, The United States has begun the process of

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3 leaving the World Health Organization (WHO),
4 jeopardizing our ability to detect emerging outbreaks
5 and adequately prepare for future pandemics. Instead
6 of ensuring that healthcare providers and researchers
7 have access to a comprehensive database of critical
8 public health information, hundreds of federal agency
9 websites from the CDC to the FDA to Health and Human
10 Services remain unavailable, hampering the ability of
11 medical professionals to access the latest
12 information and provide the best care.

13 This is particularly alarming as it relates to
14 removed information and guidance for people living
15 with HIV. And instead of promoting childhood
16 vaccinations and educating Americans on the
17 importance of getting regular immunizations against
18 preventable diseases, this federal administration has
19 appointed a long time vaccine skeptic and conspiracy
20 theorist to lead the Department of Health and Human
21 Services, threatening access to lifesaving
22 immunizations and medications that our society has
23 counted on for decades to keep us healthy - And by
24 the way, yesterday the new HHS secretary said that he
25 was gonna reexamine the vaccination schedule for The
United States.

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At this time of uncertainty, it is more important than ever that we can count on our local and state government officials to promote New Yorkers' health and well-being and that our public health agencies rely on science and evidence, not politics, in their approach to public health policy.

DOHMH is the largest and most prestigious public health agency in the country. Every day, the agency works to protect and promote the health of every New Yorker and that work is made possible by thousands of public servants who work tirelessly to keep us healthy. This work is essential. You are on the front lines but you're now also one of our last lines of defense. DOHMH must have the tools and resources necessary to plan for and respond to the next public health emergency even and especially if our federal government is unable or unwilling to do so.

As chair of the Health Committee, I have advocated and will continue to advocate for those resources. I look forward to a robust discussion of these efforts.

I want to conclude by thanking the committee staff for their work on this hearing, committee counsels Chris Pepe and Sara Sucher, Policy Analyst

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3 Joshua Newman, and the Finance staff Danielle Heifetz
4 and Florentine Kabore, as well as my team Jonathan
5 Boucher, Kevin McAleer, and Avygayl Zucker.

6 Before I turn the mic over to subcommittee chair,
7 Francisco Moya, I want to mention that Dr. Morse is
8 one of the best commissioners, interim-commissioners
9 that we've had at the Department of Health and Mental
10 Hygiene, and she has raised the bar for a lot of the
11 agencies in this city.

12 I now turn the mic over to the subcommittee
13 chair, Francisco Moya.

14 CHAIRPERSON MOYA: Thank you, Chair Schulman.

15 Good morning, everyone, my name is Council Member
16 Francisco Moya; I'm the chair of the Subcommittee on
17 COVID and Infectious Diseases.

18 Thank you for joining us at today's important
19 hearing on *Detecting, Preventing, and Responding to*
20 *Public Health Emergencies* in New York City, as well
21 as on numerous health related resolutions.

22 As we all know, infectious diseases are ever
23 present challenges that demand vigilance, swift
24 action, and an adaptive approach.

25 The COVID pandemic made this clearer than ever,
but it also highlighted the vital importance of our

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3 public health agencies in responding to emergency
4 health threats.

5 The City's Health Department plays a critical
6 role in detecting, tracking, and responding to
7 infectious diseases both here in New York City and in
8 coordination with national and international health
9 agencies. In the wake of the COVID pandemic, it is,
10 more important than ever that we have access to
11 accurate, up to date health data and effective
12 monitoring tools. This includes wastewater
13 surveillance, which has proven to be an innovative
14 tool in identifying outbreaks in New York City,
15 before they escalate.

16 However, as Chair Schulman mentioned, I must
17 acknowledge the recent confirmation of Robert
18 Kennedy, Junior as HHS secretary. While this position
19 is vital to guiding national public health policies,
20 Secretary Kennedy's long history of spreading
21 misinformation about vaccines raises serious
22 concerns. His public statements have consistently
23 undermined the trust in vaccines despite overwhelming
24 scientific evidence of their safety and efficacy.

25 As we look to the future of vaccine guidance, in
particular, childhood immunization schedules and

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3 vaccine guidance during outbreaks, it is critical
4 that we ensure that our government continues to
5 prioritize the protection of public health and safety
6 of our most vulnerable populations.

7 Here in New York City, we cannot afford any
8 rollbacks in vaccine policy or any confusion that
9 undermines our efforts to protect children, older
10 adults, and others who are at most risk from
11 preventable infectious diseases.

12 I'm interested in learning how the City's Health
13 Department plans to respond to any shifts in federal
14 guidance and how we can work to combat vaccine
15 misinformation at the local level, ensuring New
16 Yorkers continue to have confidence in the vaccines
17 that protect us all.

18 I look forward to hearing from the Administration
19 on this issue, and I wanted to conclude by thanking
20 Clare (sic) Schulman and my fellow council members
21 for being here today. I would also...

22 CHAIRPERSON SCHULMAN: What did you call me?

23 CHAIRPERSON MOYA: I said Chair Schulman.

24 CHAIRPERSON SCHULMAN: Oh, Chair, I thought you
25 said Clare.

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3 CHAIRPERSON MOYA: (LAUGHS) No, no, not Clare
4 Schulman...

5 (LAUGHTER)

6 CHAIRPERSON SCHULMAN: That's okay, okay, got
7 it...

8 CHAIRPERSON MOYA: I said Chair Schulman. (LAUGHS)
9 We're from Queens, so that's why it may resonate. But
10 no, Chair Schulman, and my fellow council members for
11 being here today. I would like to thank the
12 subcommittee staff and my own staff for their work on
13 this hearing, and I now turn the mic back to Chair
14 Schulman.

15 CHAIRPERSON SCHULMAN: (LAUGHS) Thank you, Chair
16 Moya. We have been joined by Council Member Cabán,
17 Council Member De La Rosa, and Council Member Menin.

18 I want to ask Council Member Cabán to give a
19 statement on her resolution being considered today.

20 COUNCIL MEMBER CABÁN: Thank you, Chairs.

21 I am here to speak about Resolution 650 of 2024.
22 The Department of Health and Human Services oversees
23 key federal health agencies like the Centers for
24 Disease Control and Food and Drug Administration. The
25 federal government, particularly the FDA and the CDC,
played a critical role in combating the COVID-19

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3 pandemic, leading vaccination efforts, including the
4 high vaccination rates right here in New York City.

5 The Trump administration has threatened all
6 modern advances in public health by appointing the
7 vaccine and science skeptic, Robert F Kennedy,
8 Junior, as secretary of Health and Human Services.
9 Kennedy has promised that, quote, "Nothing is going
10 to be off limits in his administration."

11 Last Friday, the Trump administration told
12 thousands of employees across HHS that they'd be
13 losing their jobs. That includes potentially all
14 probationary employees. These cuts will have
15 particularly devastating effects on the basic
16 protections and services offered by FDA and CDC.

17 In light of these political realities, the
18 Resolution urges the federal government to continue
19 its science based public health advocacy recognizing
20 the importance of protecting public health. Thank
21 you.

22 CHAIRPERSON SCHULMAN: Okay, I want to recognize
23 that we have been joined by Council Member Ariola and
24 Council Member Rivera as well.
25

3 I am now going read a statement on behalf of
4 Council Member Crystal Hudson regarding her
5 resolution.

6 "Good morning, thank you Chair Schulman for
7 reading the statement on my behalf regarding any
8 resolution the Committee is hearing today...
9 regarding my resolution, Resolution 642.

10 The CDPAP Program is a lifeline for many
11 homebound older adults that ensures they receive the
12 care they need from health aids without forcing them
13 to move to expensive residential care facilities.

14 My resolution would call on the State to enact
15 common sense legislation from Senator Gustavo Rivera,
16 Senate Bill S.9901, that creates licensure program
17 for fiscal intermediaries where they must show their
18 compliance with various laws and could have their
19 license revoked for violating license terms or
20 Medicaid related laws. Licensing has proven to work
21 in every other profession in industry, with the
22 Council most recently passing licensing requirements
23 for the hotel industry. This will meet the needs of
24 both the state and advocates by ensuring anyone
25 engaging in fraud is removed from the program while

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3 permitting multiple fiscal intermediaries to operate
4 and ensure continuity of care. Thank you.”

5 And now in accordance with the rules of the
6 Council... Oh, that's you, sorry. I will now turn it
7 over to Committee Counsel to administer the oath to
8 the representatives from the Administration.

9 COMMITTEE COUNSEL: Thank you, Chair.
10 Good morning.

11 COMMISSIONER MORSE: Good morning.

12 COMMITTEE COUNSEL: Now in accordance with the
13 rules of the Council, I will administer the
14 affirmation to the witnesses from the mayoral
15 administration.

16 Please raise your right hand. Do you affirm to
17 tell the truth, the whole truth, and nothing but the
18 truth in your testimony before this committee, and to
19 respond honestly to council member questions?

20 COMMISSIONER MORSE: Yes.

21 COMMITTEE COUNSEL: You may proceed.

22 COMMISSIONER MORSE: Good morning, Chair Schulman,
23 Chair Moya and members of the Committee and
24 Subcommittee. I am Dr. Michelle Morse, Acting
25 Commissioner of the New York City Department of
Health and Mental Hygiene. I am joined here today by

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3 my colleague Vasudha Reddy, Deputy Director of the
4 Bureau of Communicable Diseases. Thank you all for
5 the opportunity to testify on New York City's
6 response to public health emergencies.

7 Together, New York City lived through the
8 collective trauma of the last major public health
9 emergency— we know the stakes are high. But the New
10 York City Health Department has been responding to
11 public health crises since our founding 220 years
12 ago. Crisis response is at the heart of what we do in
13 public health but each emergency is different. Our
14 city and our agency have learned many lessons since
15 the first case of COVID-19 was confirmed nearly five
16 years ago in New York City.

17 In 2022, following both the COVID-19 and mpox
18 emergencies, the NYC Health Department committed to
19 improving its emergency preparedness. And in light of
20 the significant racial inequities we saw in health
21 outcomes during the height of the pandemic, we
22 understood that we needed to prioritize equity in our
23 strategic planning.

24 We started by building a shared definition of
25 equitable response readiness with the input of more
than 1,000 Health Department staff. The next step was

1 building a blueprint that embeds equity, trust,
2 agility, and resilience into the agency's
3 architecture. Over the next few years, we will be
4 implementing that blueprint across our agency. When
5 the next emergency hits, this blueprint will ensure
6 we have what it takes to prioritize
7 disproportionately impacted communities; collect,
8 analyze, and share public health data in as close to
9 real time as possible; and—crucially—to operate as
10 part of a larger public health system with partners
11 at all levels of government: local, state, national,
12 and international.

14 I underscore that last point because public
15 health is global: communicable disease is not
16 constrained by borders. From HIV to COVID-19, we have
17 seen time and again just how quickly local public
18 health challenges can become global health crises.

19 Our Health Department has a strong system of
20 disease surveillance, which is a population-level
21 practice of data collection and analysis.
22 Surveillance systems are used to establish and
23 monitor patterns of disease, identify outbreaks, and
24 inform strategies for prevention and control.

3 That larger system is paired with the work of
4 disease investigation- this is the process of
5 collecting information about a person or a group of
6 people who have suspected or confirmed cases of
7 infectious disease. Investigations can include
8 interviews with the impacted person and their
9 healthcare provider, reviews of medical records, and
10 contact tracing.

11 Those systems; however, are reliant on national
12 and global public health infrastructure. We need
13 timely and accurate information from the Centers for
14 Disease Control and Prevention. We rely on the WHO,
15 the World Health Organization, for access to their
16 comprehensive surveillance of both routine and
17 emerging public health threats around the world. New
18 York City is the largest hub of international travel
19 in the United States. We cannot afford to operate in
20 a vacuum.

21 Here at the New York City Health Department, we
22 will continue to rely on data, science, equity, and
23 our values to guide our decisions. We have 220 years
24 of experience deepening our public health expertise,
25 refining our data driven approach, and engaging the
public. For as long as this agency has existed, we've

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3 protected the health and safety of our city,
4 supported by factual information grounded in science.
5 We remain committed to those principles.

6 There have been a lot of announcements and policy
7 changes coming from the new federal administration,
8 especially around federal funding. We are monitoring
9 federal policy closely as it develops and planning
10 accordingly. Approximately 20% of our budget is
11 federally funded, that amounts to \$600 million, the
12 majority of which go towards infectious disease
13 control and emergency preparedness. We expect the
14 federal government to honor the commitments that it
15 made through grant agreements and contracts that fund
16 vital public health services benefiting New Yorkers.

17 As we prepare for unknowns in federal public
18 health funding and possible changes in federal public
19 health guidance, we will become more reliant on state
20 and local dollars. Right now, New York City is also
21 operating on reduced funding from the state.

22 Article 6 determines the state's contribution to
23 public health services provided by local health
24 departments. In 2019, New York City's matching funds
25 for Article 6 were reduced from 36% to 20%. We were

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3 the only local jurisdiction to have our public health
4 funding cut.

5 In the years since, we have lost upwards of \$90
6 million per year in state public health funding. This
7 is not just an issue of parity with the rest of the
8 state, it's an issue of health equity. New York City
9 has the largest population of Black, Latino,
10 Indigenous, and people of color in the state. We are
11 also home to the most individuals with low incomes
12 and the largest portion of Medicaid recipients in New
13 York. These are our neighbors, loved ones,
14 colleagues, and friends.

15 Regardless of the federal context, our residents
16 deserve equal access to New York State public health
17 funding. Given the vulnerability of our federal
18 funding, this issue has never been more important or
19 timely.

20 To be able to meaningfully promote and protect
21 the health of New Yorkers, as my agency is charged to
22 do, we need consistent and sustainable funding
23 sources. In public health, we often see a 'boom and
24 bust' cycle of funding, where money swells during
25 emergencies and dries up in the intervening years. We

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3 do not invest in public health prevention—we often
4 invest in our sick care system.

5 As I mentioned at the start of my testimony, the
6 New York City Health Department was founded in a
7 moment of crisis 220 years ago. The Board of Health
8 in New York City first convened in response to a
9 Yellow Fever outbreak in 1805. For the next 50 years
10 or so, the City only devoted time and money to public
11 health in moments of crisis. The organization would
12 otherwise lie dormant.

13 We know that public health works best as
14 preventative health. The Health Department's work
15 creates an invisible shield that keeps New Yorkers
16 safe. That is lifesaving work, and it extends far
17 beyond emergency response. It has a tangible impact
18 on the everyday health and longevity of our
19 community. It requires, however, a sustained
20 investment.

21 In 1913, excuse the history lesson, Chairs
22 Schulman and Moya, then-Commissioner Hermann Biggs
23 said: "Public health is purchasable. Within natural
24 limitations, a community can determine its own death
25 rate." In other words, we can literally buy ourselves
more health and time. And over the course of history,

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3 we have. When Commissioner Biggs led the Health
4 Department, life expectancy for New Yorkers was about
5 40 or so years, so in their late 40s. Now, it's over
6 80 years. Through investments that have created leaps
7 forward in public health science and interventions—
8 like clean water, vaccines, and improved sanitation—
9 we've bought ourselves decades of more life.

10 Those investments fund a matrix of work happening
11 across our city each and every day. More than 7,000
12 people work at the Health Department, and all of them
13 work for more than 8 million New Yorkers in one way
14 or another. For example: To prevent food-borne
15 illness, we inspect more than 30,000 food service
16 locations for food safety— including restaurants,
17 school cafeterias, and food trucks; to ensure every
18 child in New York City has access to vaccines, we
19 distribute more than 2.5 million doses of pediatric
20 vaccines to more than a thousand different healthcare
21 providers; to prevent the spread of disease, we
22 conduct thousands of disease investigations related
23 to certain sexually transmitted infections, food-
24 borne illnesses, waterborne illnesses, just like the
25 hepatitis A one that you might have heard about a few

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3 days ago; to prevent overdose deaths, we distribute
4 more than 300,000 naloxone kits and more than 54,000
5 fentanyl test strips; to meet New Yorkers where they
6 are and build trust on the ground, we've equipped
7 more than 5,000 community health workers to join our
8 Public Health Corps; to support parents who are
9 pregnant or have young children, we've provided more
10 than 20,000 families with nurses, doulas, and
11 community health workers; to support people who do
12 not want to be pregnant, or those who cannot safely
13 carry a baby to term, we've fielded calls from more
14 than 8,000 people at the Abortion Access Hub; lastly,
15 to celebrate the joy of a new birth, or mourn the
16 loss of a loved one, we issue more than a million
17 birth and death certificates annually.

18 That's just a glimpse of our work. No matter what
19 lies ahead, our efforts will continue to be driven by
20 data, science, and health equity. We will defend the
21 health and wellbeing of every New Yorker regardless
22 of race, gender identity, socioeconomic status,
23 ability, or ZIP code. And we will continue to work
24 towards longer, healthier lives for all our city's
25 residents. When you invest in the Health Department,
that's what you're investing in.

3 Regardless of whether we're in a period of public
4 health emergency, our work touches every aspect of
5 New Yorkers' lives— quite literally from birth to
6 death. I am so proud to serve New York City, where we
7 are committed to upholding the full spectrum of
8 public health services and ideals, where we declared
9 racism a public health crisis, and where we remain
10 committed to racial equity in all facets of our work
11 citywide. Especially in a time where trust in
12 government may be fragile, we owe it to New Yorkers
13 to keep doing this work.

14 As a practicing physician and internal medicine
15 doctor, I am inherently asking every patient I care
16 for to trust me with their life. That trust cannot be
17 given, it must be earned. Trust is gained in drops
18 and lost in buckets. The New York City Health
19 Department is committed to gaining your trust drop by
20 drop. For more than two centuries, we've been the
21 pinnacle of public health in the United States. That
22 should not change now.

23 Thank you, Chair Schulman, Chair Moya, and
24 members of the Committee and Subcommittee, for your
25 ongoing partnership and support. I'm happy to answer
any questions with my colleague, Vasudha Reddy.

4 Commissioner.

5 So my first question is, there are multiple
6 definitions at the federal, state and local level for
7 what a public health emergency is. For purposes of
8 our city, how does DOHMH define what a public health
9 emergency is and what is the process for declaring a
10 public health emergency in New York City?

11 COMMISSIONER MORSE: Thank you so much for that
12 question.

13 One of the roles of the Board of Health here in
14 New York City is to really work with us at the New
15 York City Health Department to assess emergencies,
16 assess the risks that might come with those
17 emergencies, and determine collectively with us at
18 the New York City Health Department and our experts
19 what threshold may be met for declaring an emergency.

20 Most recently, that did happen, of course, during
21 the COVID pandemic, and we work very closely with our
22 Board of Health here in New York City to make sure
23 that they have the data, that we are sharing the data
24 with them, and that collectively we can determine
25 when we've hit a threshold of risk and a threshold of
concern and need to activate additional resources or

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additional regulations and powers in order to protect
the public.

CHAIRPERSON SCHULMAN: What city agencies
typically involved in preparing for potential and
future public health emergencies?

COMMISSIONER MORSE: Well, that's a phenomenal
question. We pride ourselves on working very closely
with sister agencies across the city as well as other
stakeholders who are not in city government. We work
very closely with NYSUM (New York School of Urban
Ministry); we also work very closely with Health +
Hospitals; and we work very closely with DSS
(Department of Social Services) and many other
agencies that would be involved in emergencies.

And the reason that it's important to have those
relationships, of course, is that oftentimes a public
health emergency cannot be responded to by a single
agency. It often requires the engagement of multiple
different agencies with their own expertise and
powers.

So we make it a point to have good relationships
with our sister agencies because we know we would
need to work together in the event of a public health

1
2 emergency. We did learn that both during COVID as
3 well as during the mpox response.

4 And then the final thing that I'll say is, in
5 addition to us working closely with all of those
6 agencies, the sister agencies, we always make sure
7 that we're in close communication with the state
8 health department. I am thankful that I have a
9 phenomenal relationship with Commissioner, Dr. Jim
10 McDonald, who's a pediatrician, because we also know
11 that we have to rely on the state in some cases and
12 partner with them— either around data or actions or
13 other types of responses— to public health
14 emergencies and we coordinated very closely together,
15 for example, with the live bird market closure that
16 just happened a couple of weeks ago.

17 CHAIRPERSON SCHULMAN: Can you describe the type
18 of support including funding support that the federal
19 government provides to New York City during public
20 health emergencies?

21 COMMISSIONER MORSE: Yes, that is a really
22 important question.

23 I'll start by describing kind of what happened
24 during the COVID pandemic. During the COVID pandemic,
25 there was a really powerful federal response, after a

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3 little bit of time. And during that response, the New
4 York City Health Department was able to receive funds
5 from the federal government to help with a number of
6 different key activities that were required to make
7 sure that everyone who was able to... everyone got
8 vaccinated, and that everyone had reliable public
9 health information to protect themselves.

10 At the end of that response, our estimate is that
11 the New York City Health Department spent about \$1
12 billion on that COVID response, but each response is
13 different.

14 And what I will say is that the \$600 million in
15 our current agency budget that are direct federal
16 funds, those funds really build the infrastructure
17 that we would rely on for any emergency response.
18 That includes things like disease investigation, the
19 data that we need to know if a new public health
20 threat is coming. It includes our Public Health Lab
21 and that lab of course functions 24/7 to make sure
22 that any emerging infectious threats are tested and
23 identified.

24 So those are all core public health
25 infrastructure and services that we would rely on

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very heavily if and when we face another public
health emergency. I hope that answers your question.

CHAIRPERSON SCHULMAN: Yeah, I mean given, so
given what, uh, and I know it's early, but given what
Robert Kennedy, Junior said yesterday about changing
the vaccination schedule, what are your- two things,
one, what are your concerns about that, and also how
would we prepare to make sure that New Yorkers get
the vaccines that they need?

COMMISSIONER MORSE: Thank you for that question.
We are monitoring all of the changes from the federal
government and the policies and direction being
issued very closely to examine how it could impact
the health of New Yorkers.

I'll start by saying that if the new secretary of
HHS is planning to reexamine the childhood
vaccination schedule, my question would be with whom?
Is he doing that with experts? Is he doing that with
pediatricians? Is he doing that with the American
Association of Pediatrics? Is he doing that with,
public health experts who've been upholding,
excellent standards of science and data driven public
health for generations?

3 I know also that I cannot predict what the
4 results of his reexamination would be, but I would
5 hope that he would be relying on the experts within
6 HHS and the CDC who've been driving and leading the
7 gold standards for evidence based effective public
8 health interventions for decades.

9 How will we prepare in the New York City Health
10 Department? Our challenge always, of course, is we
11 can't predict the future. It's hard to know exactly
12 what might come of that reexamination, but what I can
13 promise City Council and New Yorkers is that we will
14 be continuing to make decisions based on science and
15 data and experts in the field of childhood
16 immunization as we always have.

17 CHAIRPERSON SCHULMAN: I presume that the
18 Department of Health has liaisons that you work with
19 in the federal government. Are those liaisons still
20 there and if not do you have access to folks in the
21 federal government right now?

22 COMMISSIONER MORSE: That's a phenomenal question.

23 I will emphasize that ,you know, the superpower
24 that we have in public health is data and data
25 sharing, uh, and sharing data and both elevating that
data when needed is in many ways the lifeblood of

3 public health. It is very important to us that we
4 keep lines of communication open with the CDC.

5 There were several weeks where communication was
6 halted completely. I find that to be very risky and I
7 know that many of the experts in our agency in New
8 York City find that to be concerning.

9 There was also a period of time when the CDC was
10 not releasing the MMWR, which is their standard
11 weekly updated kind of guidance, expertise, and
12 investigations about key public health events. Those
13 have resumed, which is reassuring. I hope that they
14 continue to be published every week, because we do
15 rely on that guidance from the CDC to be aware of
16 emerging public health threats and the gold standards
17 for guidance for managing all kinds of different
18 diseases.

19 In terms of our communications in the New York
20 City Health Department with our colleagues at the
21 CDC, some of that is happening. It is not quite
22 happening at the level that we would like, but we
23 also acknowledge that with this federal transition a
24 lot has changed and unfortunately we're aware of
25 somewhere around 1,300 people being fired from the
CDC in recent days.

3 So that all of those actions impact our ability
4 to maintain open lines of communication with the CDC,
5 but we do our best to continue to be in communication
6 to make sure that New York City residents are safe
7 and that we have the most up to date information we
8 need to protect the health of the public.

9 CHAIRPERSON SCHULMAN: As a followup to that, do
10 you have a plan in place should communication from
11 federal agencies or the CDC be paused again?

12 And what I'm also asking as part of that is, what
13 alternative sources does DOHMH look to absent
14 trustworthy clinical guidance at the federal level?

15 COMMISSIONER MORSE: Thank you for that question.

16 I think we are learning to be nimble and adapt in
17 many ways to this new context, although it has been
18 very challenging.

19 It is hard to predict if and when there may be
20 another pause in communications. Any pause in
21 communications, any official pause in communications,
22 puts New Yorkers at risk, because we do need to have
23 reliable information and be in close and constant
24 contact with the CDC.

25 In terms of planning around how we might manage
if there were to be another pause in communications

3 and what some alternative sources of data might be,
4 first and foremost we are communicating very
5 regularly with the New York State Health Department.
6 I do think that that coordination serves us very,
7 very well.

8 I also am aware that the New York State Health
9 Department recently launched a weekly global public
10 health disease notification that helps the public be
11 aware of global public health threats, and I think
12 that that's really important.

13 We in the New York City Health Department also do
14 a monthly global health report. And there's more and
15 more conversation happening amongst public health
16 experts about how we can work very closely with
17 partners in our region. And that would be, you know,
18 the states surrounding us and others to share
19 information, to prepare and do emergency planning,
20 and to examine how we share data with each other as
21 well. So those conversations have started.

22 CHAIRPERSON SCHULMAN: And I, uh, in our offline
23 communications I know we've discussed, too, that the
24 American Medical Association and others are trying to
25 do a roundabout in terms of that kind of information.
So I assume that you guys are plugged into that as

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well as talking to— in addition to the region, do you
talk to other cities and other parts of the country?

I don't know if there's any, I mean, like I said,
it's all fairly new now, but if there's any, uh, if
there are any plans to get together with some of
those cities, too, major cities around the country?

COMMISSIONER MORSE: Yes, thank you for that
question.

We do also coordinate certainly with local and
regional public health partners. We also coordinate
with local hospitals and health systems, uh, the
state as I mentioned.

Other partners that we have, uh, we're very lucky
to be a part of the Big Cities Health Coalition
(BCHC). In fact that was founded by a former New York
City health commissioner. And that body is intended
to do exactly what you're describing, make sure that
there is information sharing across public health
leaders in big cities across the nation for us to,
you know, basically trade notes about what we're
seeing in our communities, what our concerns are, uh,
share examples of successes and what's working, and
really again be innovative and nimble to adapt to
make sure that no matter what changes at the federal

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3 level, we're able to do our best to protect the
4 health of the people living in our cities.

5 And the final thing I'll say on that is, uh, we
6 are very also lucky to have annual convenings, and
7 there is an upcoming convening of that particular
8 group, Big Cities, as well as NYSACHO (New York State
9 Association of County Health Officials), which is a
10 national organization that really helps to do
11 coordination of public health departments as well -
12 excuse me, NYSACHO.

13 CHAIRPERSON SCHULMAN: Please describe how The
14 United States withdrawal from the World Health
15 Organization could impact global disease outbreak
16 surveillance.

17 COMMISSIONER MORSE: This is a really important
18 question. I personally had experiences working with
19 the World Health Organization when I lived and worked
20 in Haiti and Rwanda and Liberia and several other
21 countries. I saw the importance of the World Health
22 Organization's presence, both their staff as well as
23 the guidance that they offer. They also, of course,
24 do much data monitoring and allow the world to be
25 aware of emerging public health threats.

3 So that impact of the World Health Organization,
4 and them having the funding they need to do those
5 activities, is incredibly important. It helps to
6 prevent outbreaks. And so I would say that it's
7 concerning to not be a part of that body any longer.
8 It puts our information and data sharing at risk
9 unfortunately. It also means that we don't have
10 access to as much information as we normally would
11 have.

12 And I will also say the World Health Organization
13 kind of serves as a safety net health department in
14 many ways to countries all around the world that
15 might not have their own public health infrastructure
16 or as much public health infrastructure as other
17 places have. So those functions are critically
18 important.

19 I am concerned that we may not have access to the
20 data and guidance that comes from the World Health
21 Organization. And my understanding is that
22 communication between the CDC and the WHO has already
23 ceased, unfortunately, and people within the CDC who
24 were assigned to partner with the WHO are no longer
25 allowed to conduct those activities of coordination.

3 So the impact of the planned withdrawal of The
4 United States from the World Health United is
5 unfortunately already being felt.

6 Now, we also have to continue to find ways to get
7 the information we need to protect New Yorkers and
8 continue to find ways to make sure that information
9 is shared. So we're exploring options for how we
10 might be able to do that. Uh, and again, we remain
11 concerned that our country is no longer a part of
12 this very important global public health body.

13 CHAIRPERSON SCHULMAN: So walk me through how next
14 year's flu shot will happen like, be put together.
15 Can you do that for me?

16 COMMISSIONER MORSE: I can, I'll start
17 absolutely...

18 CHAIRPERSON SCHULMAN: Go ahead...

19 COMMISSIONER MORSE: So the flu shot does change
20 year to year.

21 CHAIRPERSON SCHULMAN: Yes.

22 COMMISSIONER MORSE: And the way that the flu shot
23 changes is the data from the southern hemisphere, so,
24 you know, they're in summer while we're in winter,
25 that data about circulating flu viruses is what
informs the types of flu strains that are included in

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3 the annual flu vaccine that we take every fall here
4 in the northern hemisphere.

5 CHAIRPERSON SCHULMAN: Mm-hmm.

6 COMMISSIONER MORSE: So my understanding is that
7 information can still be shared, and that the strains
8 of flu that are predominating in the southern
9 hemisphere, we will still have that information to
10 inform what types of strains of flu will be included
11 in the fall flu vaccine campaign here in The United
12 States.

13 However, as everyone knows, the flu shot is
14 optional for most people.

15 CHAIRPERSON SCHULMAN: Right.

16 COMMISSIONER MORSE: We strongly encourage it. It
17 is in fact lifesaving, particularly for our elders
18 and people who are vulnerable to complications from
19 the flu.

20 So at some point this summer we'll start to get
21 notifications from the CDC and other bodies about the
22 availability of the new flu shot for this fall. And
23 come September or so, we usually start our flu
24 vaccination information campaign and start to make
25 the flu shot available.

3 And there are some changes in flu shot guidance
4 that predate the current HHS secretary, including
5 encouraging more and more people essentially be more
6 and more people are eligible for the flu shot now.

7 So we expect to continue all of those activities
8 here in New York City and expect to plan for a very
9 active fall flu vaccine campaign.

10 CHAIRPERSON SCHULMAN: Okay.

11 I just... I'm going get into the weeds for one
12 question.

13 How are the pharmaceutical companies that make
14 the flu vaccine tied into that? I'm just curious how
15 that works.

16 COMMISSIONER MORSE: Yeah, that's a great
17 question.

18 So once it's kind of decided and the, you know,
19 ACIP (Advisory Committee on Immunization Practices),
20 which is the body that helps to make guidance about
21 vaccines, once it's decided what should go in the
22 fall flu vaccine, the pharmaceutical companies
23 receive that guidance and then they manufacture the
24 flu vaccine according to what is recommended based on
25 the strains that are circulating. And that is really

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3 standardized across all of the different
4 pharmaceutical companies.

5 CHAIRPERSON SCHULMAN: Okay, I just want to make
6 one observation here or one comment is that I don't
7 know if there are plans to try and facilitate better
8 relationships or more intense relationships with the
9 pharmaceutical companies around this issue that might
10 help with some of this.

11 But anyway that aside, now I'm going to talk
12 about the bird flu.

13 COMMISSIONER MORSE: Mm-hmm.

14 CHAIRPERSON SCHULMAN: Can you provide current
15 statistics for the number of birds poultry infected
16 by bird flu in New York City?

17 COMMISSIONER MORSE: Absolutely. I know that a lot
18 of New York City public, and also Council, you're
19 getting lots of questions about bird flu also known
20 as H5N1.

21 I think the first thing I really want to say and
22 emphasize to the public and to Council is that there
23 is no current evidence of person to person spread of
24 bird flu, again also known as H5N1. That is really
25 reassuring. And that means that the risk to the
general public is very low right now.

3 And the reason that I start with that is because
4 we want to make sure that the public knows that they
5 are currently really at low risk of any infection
6 with bird flu or H5N1. So there's no person to person
7 spread. As you know, that's how COVID, for example,
8 is transmitted is person to person spread. We have no
9 evidence of that for bird flu.

10 However, we are using our surveillance system,
11 our public health surveillance system, to make sure
12 we're aware of where bird flu is. There is evidence
13 that H5NI or bird flu has actually been spreading
14 across the country since 2021. And since 2022, we're
15 aware of 47 wild birds in New York City who were
16 infected with H5N1. Seven of those tests were in this
17 year 2025.

18 So knowing that there is widespread H5N1 in wild
19 birds and also knowing that it has infected dairy
20 cows as well, the national kind of public health
21 surveillance system and our local New York City
22 public health surveillance systems have worked
23 together to monitor where is H5N1 infecting birds,
24 wild birds, poultry and cows.

25 Our public health system and surveillance system
is working exactly as it was designed. It does

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3 require investments and funding of course, but it's
4 intended to be kind of the canary in the coal mine.
5 We want to know if H5N1 is spreading in live birds
6 here in New York City, and this surveillance system
7 helps us to do that. There's a similar system for
8 testing milk of dairy cows to surveil for H5N1 there
9 as well. So those surveillance systems, again, are
10 the lifeblood of public health. They're going to be
11 what alerts us to any changes and also the magnitude
12 of spread of H5N1 in wild birds and dairy cows.

13 But I want to emphasize again, the risk to the
14 public is extremely low. There is no evidence of
15 person to person spread of bird flu or H5NI.

16 CHAIRPERSON SCHULMAN: What kind of support do you
17 have from the state and what kind of coordination do
18 you have in terms of the bird flu?

19 COMMISSIONER MORSE: Thanks for that question.

20 And again we just want to emphasize how important
21 that kind of partnership and coordination is,
22 especially in times like this. So we're very lucky to
23 have a great relationship with Commissioner, uh, Dr.
24 Jim McDonald, who is the New York State Health
25 Department commissioner.

2 We collaborated when the New York State
3 Department of Agriculture and Markets issued an order
4 a couple of weeks ago to close all the live bird
5 markets in New York City and some of the surrounding
6 counties. It was great to be able to coordinate
7 directly with them, because then we could prepare the
8 messaging for the public about how the closure of
9 those live bird markets helps to protect the poultry,
10 uh, excuse me, the poultry themselves as well as the
11 workers who work in the poultry markets who are
12 exposed to those birds.

13 And so the idea is, again, that was a preventive
14 public health intervention to try to minimize,
15 decrease, and cut off the spread of H5N1 across
16 poultry in New York City and the surrounding
17 counties.

18 So that coordination and collaboration was very
19 useful, because our role in the New York City Health
20 Department was to actually contact all of those live
21 poultry markets to make sure we spoke with the people
22 managing the markets and the workers. And we gave
23 them guidance on how to monitor for symptoms in case
24 they, because they were in close contact with the
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3 birds, in case they developed any symptoms, and what
4 to do if they did.

5 We also offered all of those workers the
6 opportunity to get treatment with Tamiflu even if
7 they didn't have symptoms as a prophylactic measure.
8 And then we continue to work with all of those
9 workers to make sure that their health, that they're
10 aware of what can be done to protect their health and
11 that they know to call us. And we partner with Health
12 + Hospitals to make sure that they can get what they
13 need should they develop any symptoms or if they have
14 any questions.

15 So again our role in the New York City Health
16 Department is really protecting the humans, the
17 people, the workers, and making sure that the public
18 has the information they need to protect themselves.

19 But again, no to person spread is the most
20 important message.

21 CHAIRPERSON SCHULMAN: Okay. Now I'm going to ask
22 about mpox.

23 Press reports last week detailed a new strain of
24 mpox present in New York City with the CDC reporting
25 that an individual with this new strain was in
isolation with federal websites providing mpox

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3 guidance currently down due to the president's
4 executive orders.

5 What guidance or resources does DOHMH currently
6 have available for New Yorkers seeking medically
7 accurate info on mpox?

8 COMMISSIONER MORSE: Thank you for that question.

9 Mpox has been in the news more recently because
10 there is an ongoing outbreak of mpox in Central
11 Africa of a different clade, clade 1.

12 And there was recently, as you mentioned, a case
13 of clade 1 mpox in New York State. It was not in New
14 York City. And that person had a very recent history
15 of travel to the region in Africa where there is an
16 ongoing outbreak of clade 1 mpox

17 So I just want to reassure the public that that
18 is really not a general public risk. The reason that
19 person unfortunately acquired that clade of mpox was
20 because of the recent travel.

21 However, the New York City Health Department has
22 been leading New York City's response to mpox since
23 2022. Every year, and ,you know, routinely we monitor
24 all of the cases of mpox in the city.

25 We also issue guidance to New Yorkers on how to
protect themselves from getting infected with mpox.

3 All of that guidance is available on our website, so
4 I would encourage the public to check out our website
5 which has extensive information about mpox at
6 nyc.gov/health.

7 On that website you will also find information
8 about the risk factors for infection with mpox and
9 the public will also find information on where they
10 can get vaccinated at low or no cost for the mpox
11 vaccine as well. All of that information is still
12 available, but again, we are not expecting further
13 spread of that clade 1 type of mpox, because it was
14 directly related to recent travel.

15 I would like to invite my colleague, Dr. Sudha
16 Reddy, to share a little bit more about how we track
17 mpox cases.

18 CHAIRPERSON SCHULMAN: Please, mm-hmm.

19 DEPUTY DIRECTOR REDDY: Hi, thank you, Dr. Morse.

20 Yes, we track mpox cases. So we receive reports,
21 all positive cases of mpox are reported to the Health
22 Department, and when they get reported we have teams
23 of investigation staff who contact all reported cases
24 and interview patients and ask them about their
25 possible risk factors, and we also perform any

1 contact tracing and offer vaccine to contacts as
2 well.
3

4 CHAIRPERSON SCHULMAN: So I have a question— there
5 are individuals who, when we had the mpox scare,
6 got... because you have to get two shots, right, two
7 vaccines, uh, they only did it once. Should they do
8 it the second time just for purposes of being
9 prepared? And so if you can go into that a little bit
10 we'll do this little public service.

11 COMMISSIONER MORSE: Absolutely. The most
12 effective dose is to have two doses of the vaccine.
13 Each person is in a little bit of a different
14 situation, so it depends a little bit on their risk
15 factors, the state of their immune system, et cetera.

16 So my guidance would be talk to your provider. It
17 depends a little bit on how recently you got the
18 first dose. You may have to start over. It really
19 does depend on each individual situation, but our
20 strong guidance is to get two doses to be the most
21 protected as possible from the mpox virus.

22 CHAIRPERSON SCHULMAN: So when will the... I'm
23 gonna go into tuberculosis now, when will the 2024
24 Bureau of Tuberculosis Control Annual Summary be
25 published?

4 Yes, we will be publishing the annual report
5 around the time of World TB Day which is end of
6 March.

7 CHAIRPERSON SCHULMAN: Okay. And you'll share that
8 with us?

9 COMMISSIONER MORSE: Absolutely.

10 CHAIRPERSON SCHULMAN: With the Council? Okay.

11 What is DOHMH's current policy regarding
12 tuberculosis and for containing the spread of
13 tuberculosis, and how does the recent outbreak in
14 Kansas impact this work?

15 COMMISSIONER MORSE: Well I will say,
16 interestingly, as a physician, tuberculosis is one of
17 the diseases that we often struggle with because it
18 grows slowly, it can be hard to diagnose, and it's
19 one of those things that can mimic a lot of other
20 diseases. So sometimes it can take a while to get the
21 diagnosis.

22 However, the New York City Health Department has
23 a long history of successfully responding to
24 tuberculosis. We have seen an increase in
25 tuberculosis cases. Our 2023 report did show that

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cases were up, and again we'll be releasing our
newest data in March of this year.

We have a number of different policies and
programs that are focused on diagnosing tuberculosis
and getting people into treatment immediately. And we
offer that treatment at low or no cost to anyone in
New York City, regardless of documentation status,
and regardless of insurance status, at our
tuberculosis clinics across New York City.

So we offer, contact tracing as well. The contact
tracing is important to make sure we understand who
might have been exposed if someone does develop
active tuberculosis. And again, we work with our
partners Health + Hospitals and many hospitals across
the city to make sure that anyone who is diagnosed
with tuberculosis gets started on treatment as
quickly as possible and has a case manager who
actually helps to make sure that they take their
medications every day.

All of that data, of course, is part of our
extensive surveillance system across New York City,
and that allows us to create the annual reports, but
it also guides our programmatic activities to make
sure we get the rates of tuberculosis lower.

4 Tuberculosis Control Annual Survey, DOHMH noted a 28%
5 increase in TB cases from 2022 and 2023. How are you
6 responding to this increase?

7 COMMISSIONER MORSE: Thank you for question. We
8 are very concerned about the increase in tuberculosis
9 cases. The things that we've done to respond, number
10 one, we are doing our best to hire more case
11 managers. We want to make sure that every case
12 manager has a reasonable number of tuberculosis
13 patients so that they can ensure that they're cared
14 for, that they get the treatment they need, and that
15 they're supported to complete their treatment, which
16 can be six to nine months or longer depending on the
17 type of tuberculosis they have.

18 So we have ramped up our hiring activities to
19 make sure that we have enough case managers and
20 contact tracers to make sure that we can trace
21 anywhere that tuberculosis is happening and get
22 people treated.

23 I would also ask my colleague, Sudha Reddy, to
24 share a little bit more about our tuberculosis
25 program.

4 Bureau of Communicable Disease and TB is managed by a
5 different bureau. But, yes, all cases that get
6 reported get investigated, and there's a case manager
7 that does contact tracing and follows up with cases
8 and contacts to make sure that they're following
9 their treatment plan.

10 CHAIRPERSON SCHULMAN: So one of the things I want
11 to ask about is in the survey there was a talk about
12 a strain that was resistant to the drug rifampin. It
13 doubled from 2022 to 2023. So what are you doing
14 about that, and what's the level of threat to the
15 city around that strain?

16 COMMISSIONER MORSE: Part of our surveillance
17 system is to monitor and make sure we know if this is
18 a routine kind of tuberculosis strain or a drug
19 resistant strain. Over time there has been more and
20 more drug resistance unfortunately for tuberculosis.

21 However, we do have treatment regimens that for
22 even patients who have evidence of drug resistance,
23 there are regimens that are still effectively able to
24 completely treat their tuberculosis. Unfortunately,
25 it's just usually a longer treatment and more
medications.

3 So the appropriate response, which our colleagues
4 in the tuberculosis program are doing, is making sure
5 that those people who do have a strain of
6 tuberculosis that has some resistance are on a
7 regimen that is still going to cure them of
8 tuberculosis and that they have the support they need
9 to tolerate the higher... the number of medications
10 and the length of treatment that they need because of
11 that resistance.

12 CHAIRPERSON SCHULMAN: Okay, Ebola- a suspected
13 Ebola exposure at a Manhattan urgent care facility
14 had two patients rushed to the hospital by emergency
15 workers on Sunday. First responders equipped with
16 personal protective gear treated and transported two
17 individuals to Bellevue Hospital for further
18 evaluation after the FDNY consulted with DOHMH
19 officials determined that neither patient had the
20 Ebola virus.

21 Describe the process in place that led to the
22 determination that these individuals do not have
23 Ebola and what steps DOHMH takes when this type of
24 general situation occurs.

25 COMMISSIONER MORSE: Thank you for the question.

3 I really want to start by saying how important it
4 is for our colleagues in the media to verify before
5 they publish information about things as concerning
6 as Ebola, but really about all public health threats.

7 Unfortunately, there was a lot of confusing and
8 inaccurate information about this particular incident
9 that was spreading in social media and on the news
10 that had not been verified. So it was very difficult
11 for us to get a hold of the situation and really get
12 accurate information out there as quickly as
13 possible. So, again, that's just a request to our
14 colleagues in the media to really be rigorous about
15 confirming information before publishing.

16 The second thing that I'll say is we are very
17 lucky in the New York City Health Department to have
18 infection doctors on call 24/7, 365 days of the year.
19 And so those physicians and clinicians in the New
20 York City Health Department, they respond any time of
21 day, 2:00 a.m., 2:00 p.m., no matter what time it is,
22 when there is a public health threat.

23 In this particular case, the on call physician
24 from the health department was called. They did an
25 extensive series of interviews and questions with the
26 people who are at the center of this particular

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issue. They had symptoms unfortunately of a GI
illness, but they actually had no exposures to Ebola.
And that was the most important thing. It takes
detailed, expert questioning to determine if someone
has an exposure or an actual risk of being exposed to
something like Ebola.

And that can be determined with a very detailed
history based on that person's travel, not just the
country they went to, but what did they do while they
were in that country. Where were they working? Were
they exposed? What types of activities did they do?
That's what helps us to determine if there's any
risk.

And I want to be very clear, there was no
exposures and no risk for Ebola for the two people in
question. I wish that their privacy had been
protected and maintained more. And I also, just
again, request that information be verified before
it's published. So to be very, very clear, there were
no exposures to Ebola at all in New York City.

And it was a reminder of how important it is for
us to coordinate with FDNY, with NYSUM, with Health +
Hospitals, and with all of our colleagues and sister

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3 agencies who are part of the team that responds to
4 public health threats and public health emergencies.

5 But again, there was no exposure to Ebola and no
6 evidence that there is any case of Ebola in New York
7 City.

8 CHAIRPERSON SCHULMAN: Okay, two things, one is I
9 want acknowledge that were joined earlier by Council
10 Member Mealy.

11 I have a number of other questions, but I want to
12 hand it over to my colleague, Chair Moya, to ask
13 questions, and then I will circle back, thank you.

14 CHAIRPERSON MOYA: Thank you Chair Schulman,
15 Commissioner. Good morning.

16 COMMISSIONER MORSE: Good morning.

17 CHAIRPERSON MOYA: I just want to talk a little
18 bit more about the infectious disease monitoring and
19 testing. I know you've you spoke a little bit about
20 this earlier, but what is DOHMH's role in detecting
21 and monitoring infectious diseases? And is this
22 monitoring restricted to the City or do you monitor
23 worldwide?

24 COMMISSIONER MORSE: Thank you for that phenomenal
25 question. I'm actually gonna ask my colleague,

1 Vasudha Reddy, to describe the very complex and
2 extensive process we use.

3
4 DEPUTY DIRECTOR REDDY: Hi, thank you very much.
5 We have a really robust surveillance system at the
6 Health Department where there are over a 100
7 infectious diseases that are required to be reported
8 to the Health Department. Most of our reports are
9 actually received electronically, but all healthcare
10 providers and laboratories are required to report
11 those infectious diseases to us.

12 Some of those diseases that are of high
13 consequence, like Ebola for example, are required to
14 be reported immediately by phone even if it's a
15 suspected case. But for many of our other pathogens,
16 they're required to be reported to us within 24
17 hours. So we really have a great, robust surveillance
18 system for infectious diseases in that respect.

19 We also have other systems like syndromic
20 surveillance. So from all of our hospitals in New
21 York City, all the emergency departments, we have
22 100% participation. We get chief complaints reported
23 to us every day. And we look at that data to identify
24 possible increases in infectious disease syndromes.

3 So that's kind of basically what we have in New
4 York City. And as Dr. Morse has pointed out, we have
5 really strong partnerships with other health
6 departments in the region and across the nation. And
7 so we hear about possible clusters and outbreaks that
8 are happening in other jurisdictions, which can give
9 us a clue that there could be something potentially
10 in New York City. And so it can give us a little
11 heads up that, you know, something that we should be
12 on the lookout for if we don't already have it here.

13 CHAIRPERSON MOYA: My followup question was, so
14 these surveillance systems that you have in place and
15 working with other agencies that, uhm, does that help
16 you assess whether the outbreak in another state or
17 country presents a special risk to New York City?

18 DEPUTY DIRECTOR REDDY: Yeah, yes. Thank you for
19 your question.

20 So one example I will go to is a possible
21 foodborne disease outbreak. So last year we
22 investigated in The U.S. there was a large outbreak
23 of listeriosis associated with deli meat. We had
24 cases here in New York City and there were cases in
25 other states. And so because we have this
surveillance system of reporting cases to the Health

1 Department but also sending specimens to our public
2 health lab, we're able to do additional testing
3 specimens or isolates to see that patients that were
4 diagnosed with listeria that was related to deli meat
5 in New York City were related to, uhm, had the same
6 strain in other states.
7

8 And we have systems in place of data sharing,
9 both on the risk factor and epidemiologic level, but
10 also on the laboratory level to see that patients
11 with the same strains in New York City were similar
12 to those in other cases. And we have such a great
13 data sharing network that we're able to compare data
14 on what people ate to help us identify the deli meat
15 as soon as possible.

16 CHAIRPERSON MOYA: Thank you.

17 And what federal support or information does the
18 Agency rely on in its disease monitoring work? And
19 what about the WHO's support or any other
20 international support that you may get?

21 COMMISSIONER MORSE: Thank you for that question.
22 And I just want to, Sudha is very humble, but New
23 York City is the place, of course, that is like the
24 portal to the rest of the world. So we have the most
25 expert investigators and leaders in our Bureau of

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Communicable Disease and across our Infectious
Disease Division, because this is the place where
things often show up first, and we have so many risks
in New York City because of being such a global city.
So that's why it's all the more important for us to
have experts like Dr. Reddy and experts like we have
across the Agency to know immediately and be really
prepared to have those surveillance systems kick into
action if and when there are concerning threats.

I do want to answer your question about what
federal supports actually allow that to be possible.

Our federal funding is about \$600 million. That
\$600 million does fund our public health lab, it
funds our surveillance systems that Dr. Reddy just
shared. It funds our HIV programs. It funds a number
of our core public health activities, our vaccination
programs. We do expect the federal government to
uphold their contracts and agreements with us to
continue that work. But should that change, we of
course are planning to work both with City Hall, OMB,
and you all at City Council to make sure that our
activities can continue to protect the health of New
Yorkers.

3 But again, our expectation is that our colleagues
4 at the federal government will uphold the existing
5 agreements and that \$600 million in funding will
6 continue to make sure that some of our most core
7 public health activities continue.

8 The final thing I'll say is that about 80% of our
9 funding in our disease control division is federal
10 funding. And that is the division where Sudha works,
11 that's the division that does a lot of our
12 surveillance for infectious diseases, our
13 tuberculosis programs, our HIV programs, our
14 vaccination programs, et cetera.

15 CHAIRPERSON MOYA: Got it. Thank you.

16 And as you had mentioned, you know, New York City
17 is the international hotspot, and we receive visitors
18 from all over the world every day. Is the City
19 currently working— and from other states as well, is
20 the City currently working, uh, currently requiring
21 people who come from outbreak hotspots to test for
22 diseases like the measles and TB as reported, uh, as
23 reports have detailed that are currently impacting
24 places like Kansas City and Gaines County, Texas.

25 Is there anything that the City is requiring at
all?

4 monitor anyone who's coming to New York City to live
5 for those kinds of things. Those systems vary by the
6 type of and category of person who is coming. It
7 depends on the reasons that they're coming to New
8 York City and a number of other things.

9 I would also say that for anyone who's presenting
10 to our hospitals and presenting to our healthcare
11 system, there's also a number of different ways that
12 we can surveil and monitor and make sure that they
13 have all the health supports that they need.

14 But I think you're probably referring a little
15 bit more to during COVID for example, there was a
16 requirement for travel to be tested for COVID. That's
17 kind of in the middle of a public health emergency,
18 that's a particular kind of intervention we might
19 use, and otherwise it really does vary person to
20 person.

21 I do want to also underline; however, for anyone
22 immigrating to The United States, there is routine
23 testing for tuberculosis, for vaccination, for a
24 number of other requirements for immigration. So that
25 is also a part of the system.

CHAIRPERSON MOYA: Thank you.

3 And I want to switch over to the wastewater
4 surveillance. Can you describe what the current
5 wastewater collection and sample testing protocols
6 are? And is the wastewater testing for COVID-19 still
7 occurring? And what other infectious diseases are you
8 currently monitoring for testing?

9 CHAIRPERSON MOYA: Absolutely. I'll pass that one
10 to my colleague, Sudha Reddy.

11 DEPUTY DIRECTOR REDDY: Hi, thank you for the
12 question.

13 Yes, for wastewater surveillance, we do collect
14 samples every week from multiple sources. We
15 collaborate with our colleagues in the Department of
16 Environmental Protection. Those samples, we do still
17 test for SARS-CoV-2. We also test for influenza A and
18 B, polio virus, and I think that's it.

19 CHAIRPERSON MOYA: Got it. And are you
20 coordinating with the federal government to detect
21 and test with the reports on New York City's
22 wastewater as well?

23 DEPUTY DIRECTOR REDDY: Yes, currently we do
24 coordinate with the New York State Health Department
25 and also with the federal government.

4 flu before. Just a quick question on that. Is the
5 bird flu detectable through the wastewater testing,
6 and is testing being used to monitor that current
7 outbreak?

8 DEPUTY DIRECTOR REDDY: We are planning to test
9 for H5. The strain is H5NI. So there is a plan to
10 test H5, but it's not up and running yet.

11 CHAIRPERSON MOYA: Okay. But it is coming?

12 DEPUTY DIRECTOR REDDY: That is the plan.

13 CHAIRPERSON MOYA: Okay, great, thank you.

14 When it comes to vaccination guidance, I wanted
15 to talk about sort of the changes to COVID-19, the
16 flu, RSV vaccination guidance.

17 New York City's currently experienced the worst
18 flu season since 2020. What is the Department doing
19 to prevent hospitalization and protect our most
20 vulnerable New Yorkers who are unable to get
21 vaccinations for respiratory illness due to age or
22 medical reasons?

23 COMMISSIONER MORSE: So this has been a very heavy
24 flu dominated respiratory viral season. I do want to
25 share; however, our most recent data showed that the
number of flu cases we had in the most recent week

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was 16% lower than the prior week. So we are starting
to see a trend. We're hoping that we're past the
curve, but that doesn't negate the fact that it has
been a very flu dominant respiratory viral season.

All of that said, I myself practice at Kings
County Hospital as a hospitalist and internal
medicine doctor and see lots of patients
unfortunately who are hospitalized with the flu.
There are very few people who are not eligible for
the flu vaccine. And so our main focus at the New
York City Health Department to protect New Yorkers is
to encourage everyone who's eligible, which is most
people, to get the flu vaccine. And that vaccine is
particularly important because it actually decreases
the chances of the need for hospitalization or death
if you are infected with the flu.

So one of the best ways to prevent
hospitalization, to decrease the number of people in
the hospital that I see every time I'm at Kings
County with the flu, is to get that vaccine.

We also encourage all the other tried and true
evidence based effective public health interventions.
That includes things that are more routine, like if
you're sick, stay at home. Get tested if you're sick

3 because you want to know if you have flu, might be
4 eligible for treatment, you want to know if you have
5 COVID, you might be eligible for treatment. Those
6 treatments can keep you out of the hospital.

7 The other thing we encourage everyone to do is
8 hand hygiene. And we also encourage everyone to
9 consider wearing a tight fitting mask if they're in
10 crowded public spaces. And certainly if you're sick
11 and you have to leave the house, wear a mask. So
12 those are the things that help us flatten the curve.
13 They're the most evidence based interventions. They
14 work. And so we encourage more and more New Yorkers
15 to follow that guidance and also get the flu vaccine.

16 In fact, it's not too late. You can get your flu
17 vaccine now.

18 CHAIRPERSON MOYA: Great, thank you.

19 And we touched upon this earlier, considering the
20 documented record of vaccine misinformation from the
21 new HHS secretary, how is the Department working to
22 prepare any potential changes to existing vaccine
23 guidance for illnesses such as COVID-19, the flu,
24 RSV?

25 COMMISSIONER MORSE: Thank you for that question.

3 We have been doing planning around lots of
4 different scenarios with potential changes in federal
5 guidance. We again will coordinate very closely with
6 the state health department, and what I can promise
7 Council is that we will continue to use science and
8 data and evidence based recommendations to continue
9 recommendations for vaccination for New Yorkers.

10 Those things and that reliance on science and data
11 will not change. Even if there are changes in federal
12 guidance, again, we will use our expertise within the
13 Health Department and the data that we know is
14 effective to make sure that New Yorkers have
15 recommendations that are reliable and that will
16 protect them.

17 The other thing that I will say is that federal
18 guidance is that, it's guidance. We still control the
19 Board of Health here in New York City. The Board of
20 Health is one of the levers that we use to set
21 evidence based guidance and recommendations as well.

22 And again, we partner with hospitals and other
23 institutions across the city to make sure that the
24 guidance that we issue is reliable and effective, and
25 we do the same with the State.

3 So although I can't predict the future, I can
4 guarantee Council that we will continue to follow
5 evidence based and science based practices around
6 vaccination.

7 CHAIRPERSON MOYA: Great, thank you. And sticking
8 to that, the potential changes to childhood
9 vaccination guidance, uh, what is, if you can
10 describe, like, what the current work on childhood
11 vaccination and immunization schedules are in New
12 York City, and how do you plan to respond to any
13 changes to the childhood vaccination guidance and
14 immunization schedule at the federal level?

15 COMMISSIONER MORSE: Thank you for that question.

16 I am aware that the new HHS secretary has stated
17 that he's going to be reexamining the childhood
18 vaccination schedule. Again, I would encourage any
19 reexamination to be done with experts in the field
20 who are the standard setters as well as the
21 institutions like the American Academy of
22 Pediatrics that have been the standard setters and
23 the let's say evidence based North Star for
24 vaccination for decades.

25 If there are changes in the federal guidance,
again that is guidance. We would still, here in New

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3 York City, be able to continue to issue

4 recommendations based on our determination, use the
5 Board of Health when we need it. I think my big
6 concern, and one concern that keeps me up at night,
7 is that our federal funding could be contingent on
8 adhering to a new childhood vaccination schedule that
9 we potentially disagree with.

10 So if that scenario were to happen, I would
11 definitely be relying on Council, OMB, and the City,
12 as well as our partners at the State, to make sure
13 that we can continue a program that is rigorous,
14 science based, and effective in protecting the health
15 of New Yorkers.

16 The final quick thing I want to say is even
17 before all of these changes at the federal level, we
18 were seeing decreases in the rate of childhood
19 vaccination in New York City. I am concerned about
20 the risks of a measles outbreak here in New York
21 City. We had a measles outbreak in 2018, 2019 where
22 649 people developed measles unfortunately. That was
23 extremely concerning.

24 At that time, the 2018 birth cohort had a 94%
25 measles childhood vaccination rate at 24 months for

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3 one vaccine. Right now, our 2022 birth cohort, that
4 vaccination rate is 84%. So that excuse me... 81%.

5 So that is concerning that we have low rates of
6 measles vaccination here in New York City, and
7 certainly it is something that gives me concern and
8 anxiety, the risk of measles vaccinations, regardless
9 of what happens at the federal level, we need to push
10 New Yorkers and their families to make sure that
11 their children are on schedule for routine childhood
12 vaccination.

13 CHAIRPERSON MOYA: So going with that schedule,
14 how could those changes to the childhood vaccination
15 guidance and immunization schedule impact herd
16 immunity, in New York City in both the short term and
17 long term plan? And what risks would any such changes
18 pose to children and adults who are unable to be
19 vaccinated due to age or medical reasons?

20 COMMISSIONER MORSE: There are very, very, very
21 rare exemptions for the measles vaccine, so almost no
22 one would be exempt from the measles vaccine.

23 What I will say is that we are concerned about
24 the low rate of childhood vaccination and the low
25 rate of measles vaccinations. Regardless of changes
at the federal level, our work at the New York City

3 Health Department continues. We do, extensive
4 outreach in communities across the city, including in
5 New York City public schools to encourage
6 vaccination. We also do so in child care centers,
7 etcetera.

8 So our educational campaigns continue. In fact,
9 our newborn home visiting programs, our home visiting
10 programs also engage around vaccination and encourage
11 parents to vaccinate their children. Pediatricians
12 are the most trusted source of information for
13 parents and kids. That's been proven over and over
14 again. We partner very closely with pediatricians
15 across the city to make sure they have the support
16 they need from us— information in every language
17 available, every language possible, and rapidly
18 available information to make sure that their
19 patients are well informed about both the safety of
20 the measles vaccine as well as the risks of a measles
21 outbreak.

22 So we hope... we intend for that work to
23 continue, and we intend to continue all of our
24 efforts in educating the public about the safety,
25 efficacy, and importance of childhood vaccination as
well as other vaccinations.

CHAIRPERSON MOYA: Great, thank you so much.

3 COMMISSIONER MORSE: Thank you.

4 CHAIRPERSON MOYA: I'll turn it over back to Chair
5 Schulman.

6 CHAIRPERSON SCHULMAN: Yeah, I actually wanted to
7 follow up on Chair Moya's question about the measles.

8 Have you talked to MOIA (Mayor's Office of
9 Immigrant Affairs) about...

10 CHAIRPERSON MOYA: Not me.

11 (LAUGHTER)

12 CHAIRPERSON SCHULMAN: Not him, the M O I A,
13 about immigrants not being fearful of coming forward
14 for vaccines and ,you know, given everything that's
15 going on particularly in the schools?

16 COMMISSIONER MORSE: Thank you for that question.

17 We have a really close collaboration with MOIA
18 and have for many years at the New York City Health
19 Department. And the commissioner of MOIA,
20 Commissioner Castro, has been just an incredible
21 advocate to make sure that immigrants, regardless of
22 documentation status, have access to all of the
23 public services that are available to them by right.
24 That includes Health + Hospitals, that includes many
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3 of the programs we run at the Health Department, and
4 that includes many other services as well.

5 And there have been efforts to make sure that
6 information is available to our newest New Yorkers,
7 and to all immigrants across New York City, to know
8 their rights about accessing care and protecting
9 themselves. We've been a part of those efforts at the
10 New York City Health Department as well and are very
11 proud of them.

12 So our hope is that all New Yorkers will continue
13 to seek health care and preventive care no matter
14 what. That is our hope and our intention.

15 CHAIRPERSON SCHULMAN: And I don't know if you do
16 work with the New York Immigration Coalition, I
17 assume the commissioner does...

18 COMMISSIONER MORSE: Yes.

19 CHAIRPERSON SCHULMAN: Because they are a
20 pretty... a really good organization to work with...

21 COMMISSIONER MORSE: Absolutely.

22 CHAIRPERSON SCHULMAN: especially around some of
23 these issues.

24 COMMISSIONER MORSE: We do.
25

3 CHAIRPERSON SCHULMAN: So I am going to ask you
4 just a couple of other questions, and then I am going
5 to hand it over to my colleagues.

6 What is DOHMH's Fiscal 2026 Preliminary Budget
7 for public health emergencies?

8 COMMISSIONER MORSE: Thank you for asking that
9 question. I'll have to defer that one to our prelim
10 budget hearing which is on March the 24th.

11 CHAIRPERSON SCHULMAN: Okay, that's fair enough. I
12 will disperse with that.

13 Can you provide a breakdown... well, there will
14 be funding questions around mpox and all of that.

15 So, what I will ask you now- is the Preconsidered
16 Resolution we are hearing today, that calls the New
17 York State Assembly to pass, the New York State
18 Senate to... well, they- New York State Senate
19 actually introduce it, the Governor to sign, uh,
20 what's the Senate?

21 CHAIRPERSON MOYA: (INAUDIBLE)

22 CHAIRPERSON SCHULMAN: Okay, there is a related
23 Senate bill that was just introduced, relating to the
24 amount of state aid reimbursement for public health
25 services by a municipality in the city of New York
when the municipality is providing some or all of

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3 certain identified core public health services,

4 otherwise known as Article 6 funding, how much

5 funding has DOHMH lost since Fiscal Year 2019 due to

6 the reduced Article 6 funding? Do you have that?

7 COMMISSIONER MORSE: Yes, our estimate, thank you

8 for the question, our estimate is that we're losing

9 somewhere between \$60 and \$90 million per year

10 because of the lack of an equitable and fair match.

11 That means that New York City is paying 80% of our

12 costs for all public health services while

13 surrounding counties and the whole entire rest of the

14 state is paying about 64%.

15 The reason that that inequity is also a problem

16 is because of what I mentioned. New York City is the

17 portal to the rest of the world. We have the large...

18 we are the most global city in the country, and so

19 it's even more important that we have the investments

20 in our public health surveillance services and other

21 services to ensure the health of New Yorkers.

22 So we are concerned about this lack of

23 appropriate and equitable match funding for New York

24 City. We're losing about \$60 to \$90 million per year,

25 and I am very appreciative of New York State Health

Department, Dr. McDonald's understanding of this

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issue, which he described in his budget hearing
testimony just a couple of weeks ago.

CHAIRPERSON SCHULMAN: Oh, that's great.

If we were to get this funding restored what
would you use it for?

COMMISSIONER MORSE: Thank you for that question.

We have a long list of things. First and
foremost, I should say that community based
organizations that we fund also lost funding because
of this gap or cut in funding I should say.

And I would also say that with the restoration of
the match and an additional \$60 to \$90 million per
year, our planning would be to invest even more in
our surveillance systems, in our community based
services, in our programs that are targeted towards
marginalized and vulnerable communities, and make
sure that our core public health services are even
more shored up.

And again, because of the risks that we are aware
of with federal funding, we also would use those
services to make sure that we don't have to cut any
services if we were to start to see cuts in our
federal funding.

3 So this funding would be incredibly important for
4 us to shore up and invest in the core public health
5 services that we are implementing right now,
6 particularly considering the risk of federal cuts.

7 CHAIRPERSON SCHULMAN: So the companion Senate
8 Bill, by the way, is 4801. I want to thank Assembly
9 Woman Jessica González-Rojas who introduced this
10 originally. We've been pushing, as you know, on the
11 Council level, the Speaker as well as City Hall to
12 get the restoration of these funds since we were all
13 elected and took office in 2022. And I also, uh,
14 Senator Gustavo Rivera is the one that senate version
15 of it, and he will be testifying at some point today.
16 The assembly woman could not make it here today, but
17 she is submitting testimony and she's been a real
18 champion of that. So we're thankful to her.

19 Now I want to turn it over to my colleague,
20 Council Member Narcisse to ask questions. Thank you.

21 COMMISSIONER MORSE: Thank you.

22 COUNCIL MEMBER NARCISSE: Good morning, and thank
23 you Chairs, both of you. And I'm not gonna get to the
24 names, so thank you so much

25 I want to say thank you to Dr. Morse and Dr... I
don't want to say it wrong. So thank you, you realize

3 that you have the world on your shoulders right now
4 when it comes...

5 COMMISSIONER MORSE: In partnership with you...

6 COUNCIL MEMBER NARCISSE: You have it on your
7 shoulders. And as my colleagues, I mean my colleague,
8 mentioned that you are doing a very nice job, so I
9 want to say thank you for that.

10 COMMISSIONER MORSE: Thank you.

11 COUNCIL MEMBER NARCISSE: It is a difficult time.
12 I'm anxious for you. I have lots of anxiety by
13 sitting here for all the questions. Being a
14 healthcare professional, uh, a registered nurse, it
15 hurt my heart knowing that everything we do is about
16 detecting, preventing, and of course responding.

17 How are we gonna respond to all those things, to
18 all the diseases that are coming our way? We agree
19 that we are the hub of the world. Everybody passes
20 through.

21 I can tell you my experience during COVID-19 when
22 I was somewhere else in Europe, when coming back and
23 I'm saying to myself, I said, "This thing's gonna hit
24 us hard", and it sure did hit us hard.
25

3 So we know the needs and now, how can we trust
4 the federal government like recently about last week,
5 they took \$80 million out of New York City.

6 And we have the state for the undocumented, when
7 you're talking about hospital, we lost almost \$56...
8 he took \$80 million, and then the state take about
9 \$56-something million for undocumented things that
10 services that we can provide in our hospital. That is
11 so scary.

12 My question to you, how are we going to provide
13 the services for infectious diseases and continuing
14 with the vaccines?

15 We know the trust is not there. A lot of folks
16 don't have trust, and looking at the federal now- who
17 is responsible for that- how are gonna continue
18 building trust in our community to get people to get
19 vaccines?

20 COMMISSIONER MORSE: Thank you for that question.

21 We have our work cut out for us. I agree with
22 you. And I do agree also that since the COVID
23 pandemic in particular, there have been a lot more
24 concerns and questions about vaccination,
25 unfortunately.

3 Misinformation and disinformation is a part of
4 the reason that that trust in ,you know, health
5 professionals, doctors, public health has eroded.

6 So part of our charge is to make sure that all of
7 our communities have accurate information and that
8 the messengers for that information are people that
9 they trust.

10 Now we were able to do that somewhat successfully
11 during COVID because we made large investments. The
12 one example I want to share is our Public Health Core
13 program, which is in partnership with Health +
14 Hospitals, where at the height of the pandemic, the
15 COVID pandemic, we invested a \$100 million across a
16 hundred community based organizations and they
17 focused their efforts on vaccination, information
18 sharing, town halls, community events, giving out
19 free masks, free test kits, walking people to
20 vaccination sites, etcetera. And we were able to get
21 the vaccination rate for Black and Hispanic New
22 Yorkers up across the city and also in the
23 neighborhoods that had lower vaccination rates.

24 Were able to get those vaccination rates raised.
25 But it required a lot of work. It required us
partnering with community based organizations. It

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3 required us making big investments across government,
4 and it required us focusing where the data tells us
5 to focus. That is focusing in the communities that
6 experienced unfair and disproportionate impact to
7 make sure that they had the resources that they
8 deserved with the messengers, the language, and the
9 way in which they wanted to receive that information.

10 That was a big victory, so this is something that
11 we can overcome. And our expectation of course is
12 that those kinds of efforts will continue in order to
13 get our vaccination rates higher.

14 I do want to also acknowledge; however, that just
15 over the weekend we learned of seven staff who work
16 for the CDC but were assigned to us... (CROSS-TALK)

17 COUNCIL MEMBER NARCISSE: I was there for that,
18 mm-hmm...

19 COMMISSIONER MORSE: in the New York City Health
20 Department who were unfortunately fired.

21 COUNCIL MEMBER NARCISSE: Mm-hmm!

22 COMMISSIONER MORSE: Those seven staff are people
23 with tremendous expertise...

24 COUNCIL MEMBER NARCISSE: Mm-hmm!

25 COMMISSIONER MORSE: and expertise that the Health
Department needs, so we are doing our best to figure

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3 out how we can retain them, but that's just now. I
4 don't know if more layoffs from the CDC are coming,
5 (TIMER CHIMES) but I am worried about that.

6 COUNCIL MEMBER NARCISSE: Mm-hmm. It's scary.

7 We have to be proactive, right, not reactive.

8 We're talking about \$600 million to keep our

9 infrastructure. So now we don't even know where we're

10 at, right? Now we withdraw from the World Health

11 Organization, which from nursing, that's all we talk

12 about. Whenever we want a reference, that's where we

13 go. So how do you perceive that we're gonna be able

14 to keep it together in New York City? I'm scared.

15 COMMISSIONER MORSE: Well I intend to partner with

16 Council and partner with City Hall and OMB to make

17 sure that we're able to continue our work and

18 continue to protect the health of New Yorkers,

19 because that is our mission, to protect and promote

20 the health of New Yorkers. I'm not saying it's gonna

21 be easy. It is a very challenging time. And at the

22 same time, that is our job in the New York City

23 Health Department. We have been doing it for 220

24 years, and I fully expect for us to make sure that we

25 continue to protect New Yorkers despite what are

clearly very difficult times in shifting sands.

3 I do also want to clarify; we have not received
4 notification of any cuts yet to our federal budget.
5 So at this current time, we are still using and
6 implementing the work that's related to our \$600
7 million in federal funding, and our expectation is
8 that the federal government will uphold the contracts
9 and commitments that it's made to New Yorkers around
10 those federal funds.

11 COUNCIL MEMBER NARCISSE: We can say, uhm, I read
12 a statement right here which I love - in other words,
13 I'm not gonna read the whole thing, we can literally
14 buy ourselves more health and time.

15 COMMISSIONER MORSE: That's right.

16 COUNCIL MEMBER NARCISSE: But in the most
17 underserved population, when things like that happen,
18 it's so scary because we know is the underserved
19 community that's gonna get the biggest hit.

20 So what's your plan?

21 COMMISSIONER MORSE: I would... "underserved" is a
22 choice. And ,you know, I can't make up for
23 generations of policy choices and systemic racism in,
24 you know, months or weeks or even years. It's gonna
25 take time. But what I will say is that what we
learned during the COVID pandemic, and what

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commissioners prior to me have worked on, is making
sure that we use interventions and focus our programs
in the places and communities that have experienced
unfair impacts.

So across the whole entire health department, we
have a program called Race to Justice that's focused
on making sure all 7,000 of our staff understand the
ways in which policy choices, history, exclusion,
etcetera, have shaped the current health outcomes
that we see.

We also have Neighborhood Health Action Centers
in three neighborhoods across the city that are the
neighborhoods that have the most unfair outcomes for
health outcomes, and those action centers are
intended to help to focus on that exact issue that
you're describing.

And we're continuing to use policy tools like our
Board of Health Declaration of Racism as a public
health crisis and partnering with the Mayor's Office
of Equity and Racial Justice, Commissioner Sideya
Sherman, to make sure that the Citywide Racial Equity
Plan, that was passed in the Charter and is planned
to come out at some point, that those documents
really guide the remedy and the repair that needs to

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3 happen in communities that have been historically
4 underserved.

5 COUNCIL MEMBER NARCISSE: I want to say thank you
6 to you, but we have to continue pushing for folks in
7 data driven... that's what we do in science. Science
8 is not something that you just can get up and say
9 this is what it is. So thank you, Doc, for the
10 surveillance and making sure that we protect New York
11 City. I love New York City, and I know so many of you
12 love New York City. This is a time that you have to
13 take care of yourself too - self preservation and
14 self wellness. I would say deep breathing, because I
15 was here, was my neck was getting tight from hearing
16 it alone. So I know you're having a hard time, and I
17 want to say thank you to you for the work you're
18 doing. Thank you so much. Thank you, Chair.

19 PANEL: Thank you.

20 CHAIRPERSON SCHULMAN: Thank you, Council Member.
21 Council Member Marmorato?

22 COUNCIL MEMBER MARMORATO: Thank you, Chair.

23 So I just wanted to talk about the H5NI flu. I
24 have a lot of live poultry markets in my district and
25 I know that they were shut down.

COMMISSIONER MORSE: Mm-hmm

4 financial assistance or educational assistance that
5 the City is gonna provide not only to the business
6 owners but to the employees who may lose wages as
7 well?

8 COMMISSIONER MORSE: That's a... thank you so much
9 for that question.

10 In the New York City Health Department, our role
11 really is to partner with the state health department
12 and to support education, outreach, and any health
13 concerns for the workers in those markets that were
14 exposed. So we're much more focused on kind of their
15 health than the business side. I'm not sure if my
16 colleagues in the small business services, the SBS
17 agency, would be able to be more helpful or the New
18 York State Department of Agriculture and Markets may
19 perhaps, but we do... our realm is really the health
20 of the workers.

21 COUNCIL MEMBER MARMORATO: Okay, do you have stuff
22 ,like, on a website that I can have the employees
23 look up, or?

24 COMMISSIONER MORSE: Yes, we do in fact. We have a
25 H5NI page. If you go to nyc.gov/health, you'll be
able to find H5NI one page, and it does have

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information for the general public. It also has
information for workers in live bird markets about
what they should do to protect themselves.

COUNCIL MEMBER MARMORATO: Great, great.

And also I just wanted to touch on the suspected
Ebola exposure. I was really disappointed to see that
both individuals, both patients' pictures were in the
media, and I was kind of a little heartbroken by
that, and I felt like there was some type of HIPAA
violation happening. I do have a healthcare career of
24 years, so I know there was some kind of a
disconnect there.

I understand that there are multiple agencies
involved. Will you, the Department of Health, do an
investigation to see whether or not something came
from, not just your end, to see how this was leaked
to the media and how we can do a better job going
forward?

COMMISSIONER MORSE: I will share that I share
your concern about the privacy of the two individuals
involved. Again, I, as a practicing physician myself,
I can't imagine, you know, being in the middle of
feeling sick and ill and then kind of having your
privacy really taken away in the way that it was.

3 So I am also very concerned. It's not really
4 within our realm or powers to do that kind of
5 investigation, but we do have planning activities
6 with our partners at NYSUM, FDNY, Health + Hospitals,
7 as well as the partners at CityMD in process to
8 really, you know, again, make sure that our
9 coordination, at least within our realm on the health
10 side, is as strong and as clear as it can be. But I
11 don't believe it's within our realm to do that kind
12 of investigation.

13 COUNCIL MEMBER MARMORATO: Okay.

14 Would this have been ,like, between you
15 communicating with one of the other agencies, is it
16 something that would have been seen online or through
17 some type of app? Do you think it was leaked in that
18 sense, or?

19 COMMISSIONER MORSE: That is not my understanding
20 of what happened.

21 COUNCIL MEMBER MARMORATO: Okay. All right. Thank
22 you so much. Thank you, Chair.

23 CHAIRPERSON SCHULMAN: Okay, thank you.

24 Do we have two members of the Legislature that
25 are going to testify, I didn't know if you wanted to

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stay for that, you don't have to. And ,you know,
we're good.

PANEL: Okay.

CHAIRPERSON SCHULMAN: Thank you very much,
Commissioner Morse, and we really appreciate the
level of sustenance that you provided for us for this
hearing, as well as your colleague, and we really
appreciate both of you being here. And we look
forward to the budget hearings that we will have,
that I will have as Chair of the Health Committee at
the end of March. Because it is really important,
particularly, I just want to mention that we do want
to see... we are going to ask questions about the
individuals that were assigned to CDC from DOHMH. And
we want to provide whatever assistance we can. So we
really appreciate you coming here today, and we want
to thank you.

COMMISSIONER MORSE: Thank you very much, Chair,
thank you.

(PAUSE)

CHAIRPERSON SCHULMAN: I now open the hearing for
public testimony. I remind members of the public that
this is a formal government proceeding and that
decorum shall be observed at all times. As such,

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3 members of the public shall remain silent at all
4 times.

5 The witness table is reserved for people who wish
6 to testify. No video recording or photography is
7 allowed from the witness table. Further, members of
8 the public may not present audio or video recordings
9 as testimony, but may submit transcripts of such
10 recordings to the Sergeant at Arms for inclusion in
11 the hearing record.

12 If you wish to speak at today's hearing, please
13 fill out an appearance card with the Sergeant at Arms
14 and wait to be recognized. When recognized, you will
15 have two minutes to speak on today's hearing topic:
16 *Detecting, Preventing, and Responding to Public*
17 *Health Emergencies in New York City* as well as the
18 resolutions being considered today: Resolutions 330,
19 401, 642, 650, 721, and 722, or the Preconsidered
20 Resolution about Article 6.

21 If you have a written statement or additional
22 testimony you wish to submit for the record, please
23 provide a copy of that testimony to the Sergeant at
24 Arms.

25 You may also email written testimony to
Testimony@council.nyc.gov within 72 hours after the

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3 close of this hearing. Audio and video recordings
4 will not be accepted.

5 Before we get to our panels, we are going to ask,
6 we have two members of the State Legislature that
7 want to testify. So we are going to ask Senator
8 Rivera, Gustavo Rivera, who is going to speak on
9 Article 6, to be the first one.

10 Senator Rivera, are you with us?

11 SENATOR GUSTAVO RIVERA: I am indeed. I am trying
12 to start the video, I guess if it is just audio, then
13 it's just audio.

14 (PAUSE)

15 SENATOR GUSTAVO RIVERA: Can you hear me, Madam
16 Chair?

17 CHAIRPERSON SCHULMAN: Yeah, I can hear you, we
18 can't... we are trying to figure out the video, but
19 go ahead.

20 SENATOR GUSTAVO RIVERA: So, thank you for giving
21 me the opportunity to be here, virtually, both to
22 you, Madam chair, as well as, the Chair of the
23 Subcommittee on Covid and Infectious Diseases,
24 Council Member Moya.
25

3 This so I wanted... this is certainly a timely
4 conversation that we're having right now. So I'll do
5 a couple of things as I only have three minutes.

6 First of all, related to Article 6 funding, let
7 us now remember that in 2019 it was Governor Cuomo
8 then who changed the reimbursement rate for the City.
9 You already heard about the results that that has on
10 a day to day basis. For the last couple of years,
11 we've been trying to reinstate that funding- because
12 it leads directly to funding for health education,
13 health insurance access, prevention, treatment, child
14 and maternal health, you name it.

15 And we have a bill that, as you mentioned,
16 Assembly Member Jessica González-Rojas has a bill
17 that I just introduced. I thank her for championing
18 the bill I carried in the senate. It's 4801, four,
19 eight, zero, one. So, certainly, I'm very supportive
20 of that bill, and I'm thankful for our conversation
21 today about it.

22 And then I also wanted to speak quickly about...
23 I want to thank Council Member Crystal Hudson, and
24 you, Madam chair, for introducing resolutions on two
25 important bills of mine. The first one, we refer to
it as the CDPAP Accountability Act. That is bill 1189

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3 in the Senate. Very briefly, this refers to a program
4 called the Consumer Directed Personal Assistance
5 Program that has been in place for many years in the
6 state of New York. And last year oh, wait a minute,
7 I'm getting asked to start my video, so I'm gonna do
8 it now. Hopefully, you can see me now. Hello.

9 So the again, the CDPAP program or Consumer
10 Directed Personal Assistance Program started years
11 ago in this in the state of New York. And there has
12 been- it is true that the way that the that the
13 program has been structured has allowed bad actors to
14 come into the space and act as fiscal intermediaries,
15 but not do so with the interest of patients or the
16 program at hand.

17 CHAIRPERSON SCHULMAN: Keep going...

18 SENATOR GUSTAVO RIVERA: So many of us felt that
19 it needed to be changed. Unfortunately, a decision
20 was made by the governor to... and she pushed it
21 through the budget last year to change it from
22 hundreds of fiscal intermediaries to a single one.

23 I've always believed that that was an
24 unreasonable change, and it the transition, is
25 supposed to happen by April 1st of this year, is it
does not seem like it's going well, and there are...

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3 and I have many concerns about what gaps in service
4 might exist. So I know that there's a resolution
5 before you in support of this bill, 1189, to create a
6 more reasonable transition time of two years, also
7 create standards so that the Department of Health can
8 crack down on bad actors. And I'm hoping that that
9 resolution becomes a reality.

10 And the last one is related to my asthma inhaler
11 bill, which is Senate Bill 1804, which will require
12 coverage of asthma inhalers at no cost, to folks in
13 the Medicaid program.

14 And this is, one in eight children in the Bronx,
15 as an example, suffer from asthma, and that's due to
16 indoor and outdoor air pollution, tobacco use,
17 barriers to quality and affordable health care, and
18 affordable health coverage and healthcare.

19 But bottom line, this would actually make it so
20 that poor and working class families would have
21 access to something that is required for so many
22 children to be able to lead basic, you know, basic
23 quality lives.

24 So I'm certainly thankful for this conversation
25 overall, and thankful for the support for all these
pieces of legislation, and for your continued work to

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3 make sure that the city of New is healthy. So, thank

4 you, Madam Chair... (CROSS-TALK)

5 CHAIRPERSON SCHULMAN: Thank you, Senator.

6 SENATOR GUSTAVO RIVERA: (INAUDIBLE) three
7 minutes...

8 CHAIRPERSON SCHULMAN: And if there is anything
9 that we can do to help with some of these pieces of
10 legislation, please let us know. If there is a letter
11 we need to write to the governor, or something like
12 that, let's talk about that offline.

13 SENATOR GUSTAVO RIVERA: Yes. Yes, Ma'am, thank
14 you.

15 CHAIRPERSON SCHULMAN: Thank you.

16 So, we are going to do in person testimony while
17 we are waiting for Senator Comrie to come up online.

18 Let's see, José Hernandez, Sasha Guillaume, sorry
19 if I am not pronouncing your name correctly, Bakary
20 Savo, and Anastasia Somoza.

21 Whose going first? Okay, José, go ahead, you
22 have... So, I just want to tell folks, you have two
23 minutes, but ,you know, we will give you time to
24 summarize. And you can also submit whatever you need
25 to (INAUDIBLE)...

26 JOSÉ HERNANDEZ: I have a minute already...

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3 CHAIRPERSON SCHULMAN: Okay, great, go ahead.

4 JOSÉ HERNANDEZ: Hello, my name is José Hernandez,
5 and I would like to thank the city council for your
6 leadership and the opportunity to speak today.

7 I am here to express my support for Resolution
8 642, and I want to thank the City Council for
9 recognizing the importance of Senator Rivera's
10 legislation in protecting the disabled and older New
11 Yorkers who rely on CDPAP services.

12 Last year, in a deal orchestrated by 1199, the
13 Governor, and possibly PPL, the Consumer Directed
14 Personal Assistance Program, the program that
15 hundreds of thousands of disabled and older New
16 Yorkers rely on, was sold to the highest bidder,
17 which was PPL, a company with a horrible reputation
18 in other states.

19 The RFP seemed tailored for PPL to win and
20 disrupt the care as they have done in other states.
21 Many of us were concerned about the transition, and
22 that transition has started, and many of us are
23 terrified of what our future holds. For some of us,
24 it may mean nothing. However, for many of us, the
25 reality is that we are going to lose our trusted PAs,
the people who kept us safe during the pandemic and

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continue to keep us healthy and living in the
community.

The Department of Health, the governor, and PPL
have continued to claim that everything will be
covered, everyone will be covered. However, the
transition process is extremely flawed.

I have known this because I had the opportunity
to speak to others who have started the process and
have experienced complications, which are terrifying
to me.

For many disabled and older New Yorkers, the
process is going to be extremely difficult, if not
impossible. They will have to make difficult
decisions, either to go without care or face
institutionalization, a fate many of us consider
worse than death. (TIMER CHIMES)

CHAIRPERSON SCHULMAN: You can go ahead, finish.

JOSÉ HERNANDEZ: Imagine being disabled all of
your life or becoming disabled and able to
successfully live independently in the community
because of CDPAP only to have organizations like
1199, the Department of Health, and elected officials
like the governor disrupt our lives.

3 They only see numbers and not people. For that
4 reason, I wanna thank the city council and Senator
5 Rivera personally, because you have always seen the
6 disabled and older New Yorkers as human beings with
7 lives, not just numbers.

8 I could continue to talk about this at length,
9 but I wanna just thank you all...

10 CHAIRPERSON SCHULMAN: Thank you, José, we really
11 appreciate your testimony.

12 BAKARY SAVO: Hello, my name is Bakary Sawo. Thank
13 you for giving me the opportunity to testify today. I
14 am the personal assistant for José Hernandez,

15 I am here to support the Resolution 642. This
16 will help preserve the care that consumers are
17 currently receiving and allow me to continue
18 providing the care José needs to live healthily and
19 independently in the community.

20 My current physical intermediary pays me enough
21 cover my rent and provide food for my family.
22 However, if I were to transition to PPL, I would lose
23 income on the date of enrollment. I enjoy my job, and
24 I care about my consumer.

25 We have worked together for the past four and a
half years, but PPL is making it difficult for me to

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3 continue providing care for José. If I have to take a
4 pay cut, I will have to decide whether to stay in
5 this industry or seek other employment so I can
6 continue paying my rent, bills, provide providing
7 food for my family.

8 Although I want to continue working for José, I
9 also have a family to support. PPL does not have a
10 reliable history of paying their workers on time. If
11 this were to happen to me, I will risk not being able
12 to feed my family or possibly become homeless. My
13 landlord will not allow me to stay without paying
14 rent, and the supermarket will not let me purchase
15 food on the promise that PPL will eventually pay me.
16 (TIMER CHIMES) Thousands of PAs like myself will have
17 to decide between staying with their consumers or
18 protecting their families, and PPL will be deciding
19 factor.

20 Please pause transition and support the
21 Resolution 642 so that companies like the one I
22 currently work for can allow me to continue caring
23 for my consumer while also providing a home and food
24 for my family. Thank you

25 CHAIRPERSON SCHULMAN: Thank you. And before
Anastasia goes, I want to mention that Anastasia

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3 Somoza is former member of the staff of the City
4 Council, and I worked with her when she worked here,
5 and we worked on the CDPAP issue together. And I was
6 a very big proponent then, and I am a big proponent
7 now. Go ahead Anastasia. Now you can give me your
8 opening, go.

9 ANASTASIA SOMOZA: Thank you, Chair Schulman, and
10 it's so great to see you. It's great to be back.

11 I'm here to express my urgent and enthusiastic
12 support for Resolution 642.

13 Thank you to the Council and the Health Committee
14 for recognizing the importance of Senator Rivera's
15 legislation to protect disabled and older New Yorkers
16 who rely on CDPAP for our services.

17 There's a lot that I can say, José touched on it,
18 so I'm going to focus on one of my more important
19 points and then submit a longer testimony.

20 But according to Governor Hochul and the New York
21 State Department of Health, one of the biggest
22 reasons why we CDPAP users were forced to move or are
23 being forced, currently it's already started, to move
24 to PPL is to quote unquote "save the state money".

25 But as Senator Gustov Rivera started alluding to,
we've already seen that this saving of money is not

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3 actually taking place, because PPL is already asking
4 for advance bids to meet their payroll requirements,
5 and the transition has just begun. They're also
6 asking for higher reimbursement rates than any of the
7 reimbursement rates that the current FIs require. And
8 for every... there are also a lot of folks with
9 disabilities and older New Yorkers who are going back
10 to home health aid services, the typical services. I
11 imagine one the many reasons why that's happening is
12 because the shift to PPL is going to put much more of
13 the administrative responsibility on the person with
14 a disability. (TIMER CHIMES) And with every 1,500
15 disabled or older New Yorkers that switch back to HHA
16 services, it's going to cost the state \$4.5 million.

17 So there are already trends showing again that
18 this is not going to save the state the money that
19 the governor hoped it would, and instead it's putting
20 undue onus on disabled New Yorkers, taking away our
21 choice, because that's the number one reason why a
22 lot of us use CDPAP, so that we have choice. And it's
23 making us less safe.

24 As you heard from José's worker, he has to
25 potentially choose between his family and providing
26 José, who he clearly cares about, with trusted care.

3 We don't deserve to potentially go without care,
4 nor do our friends and workers deserve to go without
5 the income that they need to support their families
6 in order to provide a service in a system that's not
7 broken.

8 We believe it needs to be regulated, but we
9 believe that what Senator Gustavo Rivera is
10 proposing, and what this resolution supports, is a
11 much more measured approach to the regulation that
12 needs to occur.

13 CHAIRPERSON SCHULMAN: Thank you so much,
14 Anastasia. Next?

15 SASHA GUILLAUME: Hello, my name is Sasha
16 Guillaume, owner of Principle Homecare. It is an
17 honor to present before the City Council and also
18 along with my colleagues who've been working to
19 advocate against the single FI.

20 Also honored to present or share the stage,
21 virtual, with the orator, Senator Gustavo Rivera. I
22 can give a speech; he can move the crowd. And I am
23 hopeful that Senator Rivera will move your colleagues
24 to support your bill, which will lead to the
25 necessary reforms to preserve New York agencies, so
that we can continue to provide service for us New

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3 Yorkers and by us New Yorkers instead of giving away
4 the industry to an out of town or out of state
5 company.

6 We welcome the support of the City Council to
7 help us send a strong message to the governor to get
8 this right, because a single FI transition, this
9 eminent domain of sorts, will cause many businesses,
10 uh, business owners, to lose everything.

11 Small business owners, some from underrepresented
12 groups where traditional financing are not available,
13 or those who have taken out a line of credit on their
14 homes to finance their businesses, are now facing the
15 possibility of losing everything.

16 Our origin story starts from my immigrant mother,
17 a former caregiver, who dared to think that she can
18 stake a claim in the American dream by starting a
19 business in New York City no less. Sometimes being
20 naive enough to think that you can is what is needed
21 for you to try and succeed.

22 So when our patients started inquiring about
23 CDPAP, we created Principal Home Care to enable them
24 to access this program. CDPAP works.

25 For patients who are self directing and with a
little bit of help, they can be more independent.

3 As the program evolved (TIMER CHIMES) to allow a
4 broader...

5 CHAIRPERSON SCHULMAN: You can finish. Go ahead.

6 SASHA GUILLAUME: Thank you.

7 As the program evolved to allow a broader
8 application, we saw patients who previously were not
9 able to receive care due to language and other
10 limitations be able to access care. Historically,
11 people who look like us have been the ones providing
12 care, and that has always been acceptable.

13 And to meet the Department of Health's value
14 based goals, it is sometimes beneficial for the
15 improved health care outcomes of patients and the
16 caregivers to share a common language and sometimes
17 some cultural competencies with the patient.

18 But I just don't think it should stop at the
19 caregiver. I think there is value in having the
20 owners look like the patients that we care for, and
21 not just the caregiver. I think there is value in
22 that. And if this law is enacted, the companies
23 selected will not look like the members of all the
24 communities that we care for.

25 So help us send a message to Governor Hochul to
move New York forward and not to go back. The

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3 governor claims to be an ally, well, now is the time
4 to show it.

5 So let's repeal this law and do what's right for
6 all New Yorkers. Let's repeal this law and return
7 patient choice to the consumers. Let's repeal this
8 law and empower New Yorkers to create businesses and
9 invest in their communities.

10 Let's support the stability and oversight in
11 consumer directed care bills A.2735, sponsored by
12 Assembly Member Stirpe and S.1189 sponsored by
13 Senator Rivera.

14 Let's repeal this disastrous law and save New
15 York's home care industry.

16 CHAIRPERSON SCHULMAN: Thank you very much.

17 I want to thank the panel for your testimony. It
18 is very important to us. And if you want to submit
19 extended testimony as well, you can do that. Thank
20 you.

21 Now I am going to ask...

22 UNKNOWN: (INAUDIBLE)

23 CHAIRPERSON SCHULMAN: You can submit testimony
24 testimony@council.nyc.gov.

25 Now we have Senator Leroy Comrie. Senator?

26 SENATOR LEROY COMRIE: Good afternoon...

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3 CHAIRPERSON SCHULMAN: Good afternoon.

4 SENATOR LEROY COMRIE: Chair Schulman and Council
5 Members, thank you for allowing me to speak on this
6 issue.

7 The CDPAP issue that has been set up by the
8 governor has been... is going to be a disaster. When
9 we had a hearing recently of the Health Committee,
10 all of the advocates pointed out that there's no way
11 the Department of Health can meet their goals to even
12 register all of the people that need the help.

13 But even more importantly, the program is going
14 to try to be run by one individual entity, which has
15 a spotty record at best of delivery in other areas,
16 makes it important for people to understand that we
17 need to make sure that we diversify CDPAP.

18 CDPAP has been unique to our communities. There
19 are CDPAPs that deal with deaf community, deal with
20 handicapped communities, deal with the different
21 ethnicities around the state in a specific and
22 focused way.

23 We are going to lose a lot small entrepreneurs
24 who were nurses, who were small entrepreneurs that
25 started businesses that have great records. They're

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3 going to lose their business, and we're gonna affect
4 small and minority businesses all around the state.

5 It's gonna be a disaster also for patients
6 because now they have to, almost like they do with
7 Medicare and Social Security, wait an hour and a half
8 to get a phone call returned or get anything done.

9 This is a program that was a disaster because the
10 state implemented it poorly. Did not put enough
11 resources in, and now they're trying to even limit
12 their resources more by going to one entity, which is
13 a national entity, which won't have the capacity to
14 fill the needs for New Yorkers.

15 New Yorkers are used to prompt service. They're
16 used to service that meets their ethnicity needs and
17 would understand their specifics, and the CDPAP
18 (TIMER CHIMES) program that is designed by the state
19 is going to be a failure.

20 So I would appeal to the City Council members, I
21 wanna thank Speaker Adams for allowing this hearing
22 to be held. I wanna thank Council Member Schulman and
23 the other council members that are putting this
24 hearing together, and I would appeal to all New
25 Yorkers to petition the governor to stop the CDPAP
program as proposed. Thank you.

3 CHAIRPERSON SCHULMAN: Thank you very much,
4 Senator. Really appreciate your testimony.

5 SENATOR LEROY COMRIE: Thank you.

6 CHAIRPERSON SCHULMAN: All right, so now we are
7 going to go to in person testimony, Elizabeth
8 Polanco, Justine Tetteh, and Arshell Brooks-Harris.

9 (PAUSE)

10 ELIZABETH POLANCO: (via translator) (SPEAKING
11 FOREIGN LANGUAGE)

12 TRANSLATOR: Hello, my name is Elizabeth Polanco,
13 I work with CDPAP program taking care of my mother-
14 in-law, and it has given me the opportunity to take
15 care of a family member.

16 ELIZABETH POLANCO: (SPEAKING FOREIGN LANGUAGE)

17 TRANSLATOR: With this program, not only have I
18 been able to take care of my family, but I've been
19 able to make a living to cover the basic cost.

20 ELIZABETH POLANCO: (SPEAKING FOREIGN LANGUAGE)

21 TRANSLATOR: (TIMER CHIMES) She's also frustrated
22 that she hasn't gotten enough information from PPL,
23 and there's other information from other states that
24 is, you know, frustrating to her.

25 ELIZABETH POLANCO: (SPEAKING FOREIGN LANGUAGE)

CHAIRPERSON MOYA: (SPEAKING FOREIGN LANGUAGE)

3 TRANSLATOR: Thank you.

4 CHAIRPERSON MOYA: Gracias

5 CHAIRPERSON SCHULMAN: Thank you. Gracias.

6 Gracias.

7 JUSTINE TETTEH: Hi, good afternoon Chair Schulman
8 and esteemed members of the Committee on Health. My
9 name is Justine Tetteh, and I'm the Director of
10 Policy and Advocacy at Lenox Neighborhood House.
11 Thank you so much for holding this important Health
12 Oversight Hearing.

13 I'm here today to represent my colleagues, our
14 clients, and communities served by Lenox Hill
15 Neighborhood House. Lenox Hill Neighborhood House was
16 originally founded in 1894 as a free kindergarten for
17 immigrants and is among the oldest settlement houses
18 in the nation. At its core, the work has not changed
19 since our founding. We still educate children, feed
20 hungry neighbors, care for the elderly, advocate for
21 vulnerable individuals, and provide critical
22 comprehensive services to communities in need,
23 helping them to gain the skills to strengthen
24 themselves today and build a better community for
25 tomorrow.

3 As a licensed mental health counselor who has
4 worked with vulnerable communities, it is an honor to
5 advocate for our underserved community members and
6 shed light on how our city can improve emergency
7 preparedness, prevention, and response protocols.

8 More than our advocacy, our underserved community
9 members need information, safeguards and
10 representation from our city agencies and elected
11 officials that ease financial and social instability
12 before, during and after disastrous public health
13 emergencies.

14 Lenox Hill Neighborhood House provides essential
15 services to over 15,000 New Yorkers in need annually
16 including emergency responses and preparedness.

17 Our two older adult centers, which serve over
18 5,000 older adult New Yorkers annually, serve as
19 cooling centers during heat emergencies seven days a
20 week.

21 In addition to providing three nutritious farm to
22 table congregate meals, our members also have access
23 to a daily calendar of social activities and
24 programming and comprehensive on-site social service
25 support, which includes benefit assistance, access to

3 healthcare, referrals, transportation, case
4 assistance, and mental health support.

5 Our women's mental health shelter at the Park
6 Avenue Armory, which operates 24/7, 365 days a year,
7 provides emergency shelter to 80 women living with
8 mental illnesses daily and responds (TIMER CHIMES) to
9 both code red and code blue weather emergencies. Each
10 year we support 200 plus women experiencing
11 homelessness.

12 We have foster safe spaces for community members
13 with limited resources and respond to emergency needs
14 across our programs and services for children and
15 families to older adults.

16 Just as the Neighborhood House has worked on
17 providing safe spaces for the community, we urge the
18 City to reevaluate their public health preparedness
19 especially in light of our new federal
20 administration.

21 The COVID-19 pandemic was unprecedented and
22 unpredicted; however, quickly and significantly
23 rippled through our city, uprooted our communities,
24 healthcare system, social service, resource reserves,
25 and workforce.

3 And as we move forward in rebuilding our city
4 after a tumultuous five years, it is imperative that
5 our local government recognizes the need to
6 strengthen agency coordination, communication, and
7 emergency response procedures.

8 It is our job as a community advocate to be a
9 voice for vulnerable New Yorkers.

10 Emergency response is more than...

11 CHAIRPERSON SCHULMAN: Can you just summarize?

12 Thank you.

13 JUSTINE TETTEH: Yep.

14 While recognize that the investments in improving
15 these systems will not be immediate, we remain
16 hopeful that more recognition on these issues will
17 spark movement to find a solution. Thank you.

18 CHAIRPERSON SCHULMAN: Thank you, and you can
19 always submit extended testimony.

20 JUSTINE TETTEH: Great, thank you.

21 CHAIRPERSON SCHULMAN: Okay, great. Next. Thank
22 you.

23 ARSHELL BROOKS-HARRIS: Excuse my voice.

24 First of all, I'd like to thank God for giving me
25 this opportunity to speak on this issue that is near
and dear to me.

3 My name is Arshell Brooks-Harris, I'm the
4 secretary of the board of directors for the National
5 Blood Clot Alliance.

6 I got involved with the National Blood Clot
7 Alliance after my daughter, Lachelle Brooks, passed
8 away from a blood clot that she had inflicted in her
9 ankle, from her broken ankle at 32 years old. She
10 left behind a 12-year-old daughter at the time. This
11 is will be year five in September. My life will never
12 be the same. I thought when I lost my leg due to
13 necrotizing fasciitis, which is a flesh eating virus,
14 but four years later, I lost my firstborn daughter
15 due to this (INAUDIBLE) disease.

16 The National Blood Cloud Alliance holds meetings
17 on Capitol Hill. This will be our third year coming
18 up on March 25th, and I've been fighting to have a
19 resolution for New York City and for the stomping
20 grounds that my daughter grew up with in Brooklyn-
21 New York in Fort Green area with Crystal Hudson- to
22 bring awareness of blood clots to the forefront of
23 the communities and the surrounding communities of
24 Brooklyn, New York and abroad.

25 Losing a child, you know, you expect your child
to bury you, not you bury your child. I'm just

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3 fighting to bring awareness to people so that they
4 can know the severity of this, and it's preventable.
5 That's the thing about it. Is totally preventable to,
6 you know, get the education and learn about the signs
7 and symptoms of blood clots so that this doesn't
8 happen to anyone else.

9 And I'm going to keep fighting. I've been
10 fighting for almost five years for this, and I'm an
11 amputee, I take care of my 87-year-old (TIMER CHIMES)
12 mom, but I'm going to keep fighting. Thank you.

13 CHAIRPERSON SCHULMAN: Thank you very much. I want
14 thank this panel, and thank you for translating for
15 us. We really appreciate it, thank you.

16 We have Sharon Brown and Christopher Leon
17 Johnson. I don't know if he's here.

18 (PAUSE)

19 CHAIRPERSON SCHULMAN: If there is anyone else who
20 wish to testify, please see the sergeants and fill
21 out an appearance card, thank you.

22 (PAUSE)

23 COMMISSIONER SHERMAN: Sharon, go ahead.

24 SHARON BROWN: Hello everyone.

25 Just before I go, remember Israel, defend Israel,
release the hostages, let Yahweh's people go.

3 Okay, the health system needs to be revamped. It
4 is not beneficial to the people that are using it,
5 but it is very costly. Many of the people that use
6 the healthcare system in total, all the different
7 aspects, they get worse, they decline.

8 There was a newspaper that reported that people
9 were diagnosed with fatal illnesses above 50% of the
10 time and it was incorrect. There's a lot of things
11 going on in the health care system. We need to temper
12 it with the bible. We're gonna be putting the bible
13 and everything back in schools and things like that,
14 prayer and everything like that.

15 The healthcare system has known for a long time
16 that prayer and going to church and things like that
17 helps the mind, helps the body, helps you physically,
18 different things like that. So we're going to make
19 sure that we put those things back in schools. You
20 guys can help us do that. The way someone thinks that
21 would be from the bible, it is very connected. There
22 are specifics on how to think, how to treat disease.
23 There are actually plants and different things that
24 are used in healing, and we use medications and
25 things like that that are made with some of the same
kinds of things that are in the bible that actually

3 cure and help these diseases, but they are not
4 allowed in. We need the holistic medications that are
5 from the bible that were used from millennia that
6 worked and not just the things that are profitable.

7 (TIMER CHIMES) We need to make sure that we don't...

8 CHAIRPERSON SCHULMAN: Just summarize.

9 SHARON BROWN: Yes.

10 So we need to make sure that we go after big
11 pharma and the WHO organization. I have sued the WHO
12 organization in court because they're ineffective and
13 they're detrimental to our health care system.

14 CHAIRPERSON SCHULMAN: Thank you, thank you.

15 SHARON BROWN: Yes.

16 CHRISTOPHER LEON JOHNSON: Uh...

17 CHAIRPERSON SCHULMAN: Mr. Johnson?

18 CHRISTOPHER LEON JOHNSON: Hey, hello, uhm...

19 CHAIRPERSON SCHULMAN: Good to see you.

20 CHRISTOPHER LEON JOHNSON: Hey, what's up? Hey,
21 Chair Schulman and Chair Moya.

22 My name is Christopher Leon Johnson. Oh my God,
23 like, I just got the news today from the New York
24 Post that congestion pricing is dead. Like, shout out
25 to everybody out there that that said no in the City
Council to support a resolution for congestion

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3 pricing. Shout out to the Common Sense Caucus. Shout
4 out to Joann Ariola, Bob Holden, Chris Banks. Chris
5 Banks was, uh, against congestion pricing. Shout out
6 to everybody out there that was fighting against this
7 this this health issue of congestion pricing.

8 Congestion pricing was a health issue. It was gonna
9 hurt people in the Bronx. It was gonna hurt people in
10 the South Bronx mostly because all the cars was going
11 up there. I know this is a Health Committee, and
12 congestion prices is not on the thing, but since it's
13 about asthma, congestion pricing, you know, it was
14 gonna hurt people in the Bronx because the asthma
15 rates in the Bronx was high.

16 And I'm a big I'm a give a big middle finger,
17 middle finger to Jessica González-Rojas, a Assembly
18 Member Jessica González-Rojas, the coke head,
19 Assembly Member Jessica González-Rojas, the big fuck
20 you to (INAUDIBLE)...

21 CHAIRPERSON MOYA: Hey, so, let's get...

22 CHAIRPERSON SCHULMAN: (INAUDIBLE) decorum here.

23 CHRISTOPHER LEON JOHNSON: I understand.

24 Understand. Because you said that congestion pricing
25 will benefit the people in the Bronx, and I will
never forget that, Jessica González-Rojas. And I will

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3 never forgive you for saying that... for saying that
4 on Twitter saying that congestion pricing will
5 benefit people in the Bronx. Im'a make this clear
6 right now, we will... myself will never forget the
7 council members and the state assembly members and
8 the state senators and all the... all the clowns and
9 Riders Alliance and (INAUDIBLE) that pushed this in
10 our faces.

11 Let me make that clear. I will never forget all
12 you guys, because you guys put us through a lot of
13 pressure and especially you, Tim Mitten (phonetic),
14 you put me through a lot of pressure by kicking me
15 out of the MCA board hearing for calling out the...
16 calling out the BS. Let's make that clear. I'm never
17 gonna forgive you guys that's a big middle finger to
18 all you guys.

19 So like I said, shout to Donald... shout to
20 President Donald Trump, shoutout to Trump, shoutout
21 to the Republican party. I might... thank God they
22 ended right now because I would've switched parties.

23 But shoutout to Republican Party for shutting
24 this (TIMER CHIMES) down.

25 CHAIRPERSON SCHULMAN: Okay.

3 CHRISTOPHER LEON JOHNSON: So take you... and
4 enjoy your day.

5 CHAIRPERSON SCHULMAN: Thank you.

6 CHRISTOPHER LEON JOHNSON: Thank you.

7 CHAIRPERSON SCHULMAN: We appreciate it, thank
8 you. Thank you for your testimony.

9 We are now going to go to virtual testimony.

10 (BACKGROUND NOISE)

11 (PAUSE)

12 CHAIRPERSON SCHULMAN: Angela Burns, wait for the
13 Sergeant at Arms to call time.

14 SERGEANT AT ARMS: You may begin.

15 ANGELA BURNS: Hi, good morning. I'd like to
16 thank, the City Council, the Health Committee in any
17 support of Resolution 642 in relation to CDPAP.

18 I am a licensed clinical social worker, on but on
19 this in this moment, I am testifying as a family, on
20 behalf of a family member, in relation to CDPAP. I am
21 a designated representative in the care for my mom,
22 and she has dementia. We're trying desperately to
23 make sure that she can remain at home after the death
24 of my father, who was her primary caregiver.

25 Given prior testimony, I won't repeat what other
people have stated, hopefully, but also looking to-

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3 having everything go into one FI makes absolutely no
4 sense at all.

5 I live on the eastern end of Long Island, and
6 services here are already hard to come by because it
7 isn't considered rural, but it is kind of rural out
8 here when it comes to services for the aging.

9 Also thinking about New York State as a whole,
10 there are a lot of rural communities. And to expect
11 everyone to try to go through one PPL, it already is
12 very difficult to have to work, be the designated
13 representative, and try to make sure that my mom has
14 the appropriate care that she needs and deserves.

15 We've already had long wait times. Everyone's
16 trying to contact PPL. Wait times on the phone are
17 above two hours at this point. How are we supposed to
18 provide any continuous care for people (TIMER CHIMES)
19 if we can't even get somebody on the phone?

20 SERGEANT AT ARMS: Thank you your time has
21 expired.

22 CHAIRPERSON SCHULMAN: No, she... you can finish,
23 just summarize the... please.

24 ANGELA BURNS: Yes, thank you.
25

3 So again, I do hope that all of our testimonies
4 are taken into consideration and I do appreciate your
5 time.

6 CHAIRPERSON SCHULMAN: We are... no, before you
7 leave, I just ,you know, this is just a resolution
8 for us, but I want to make sure you've been in touch
9 with Senator Gustavo Rivera and others in the State
10 Legislature to make sure that they push this on.
11 Because the resolution is to support their
12 legislation.

13 ANGELA BURNS: Okay.

14 CHAIRPERSON SCHULMAN: Okay?

15 ANGELA BURNS: Thank you.

16 CHAIRPERSON SCHULMAN: Sure, thank you.

17 Peter Kowalski?

18 SERGEANT AT ARMS: You may begin.

19 (NO RESPONSE)

20 CHAIRPERSON SCHULMAN: Peter Kowalski are you
21 there?

22 (NO RESPONSE)

23 CHAIRPERSON SCHULMAN: Peter Kowalski?

24 (NO RESPONSE)

25 (PAUSE)

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3 CHAIRPERSON SCHULMAN: Okay, I am going to call
4 out these names, if you are present, please let us
5 know: Aryanna Osorio; Dr. Craig Spencer; T.K. Small;
6 Cristina Garcia; Alex Clavering; Tara Thomas; Gordon
7 Lee; Alex Stein?

8 (NO RESPONSE)

9 CHAIRPERSON SCHULMAN: Is there anyone else that
10 has not testified who wishes to testify? Please use
11 the Zoom Raise Hand Function, or fill out a card here
12 if you are present in the Chambers.

13 COMMITTEE COUNSEL: That's it.

14 (PAUSE)

15 CHAIRPERSON SCHULMAN: Okay so hearing none, I
16 want to thank everyone, and I want to particularly
17 thank Chair Moya for joining me today in this robust
18 hearing. We got a lot accomplished. There's a lot of
19 more work that has to be done, and I appreciate
20 everyone, including the staff, and all who testified.

21 So thank you, and with that the hearing is now
22 closed. (GAVELING OUT)

23 Thank you.
24
25

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date March 12, 2025