

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  
RECOVERY AND RESILIENCY

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FEBRUARY 23, 2022  
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HELD AT: REMOTE HEARING (VIRTUAL ROOM 2)

B E F O R E: LYNN C. SCHULMAN, CHAIRPERSON  
  
FRANCISCO P. MOYA, CHAIRPERSON

COUNCIL MEMBERS: DIANA I. AYALA  
JUSTIN L. BRANNAN  
GALE A. BREWER  
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OSWALD FELIZ  
CRYSTAL HUDSON  
MARJORIE VELÁZQUEZ  
KALMAN YEGER  
KRISTIN RICHARDSON JORDAN  
DARLENE MEALY

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

DR. DAVE CHOKSHI, Center of Health

DR. ASHWIN VASAN, Senior Public Health  
Advisor and incoming Health Commissioner

CHRIS NORWOOD, Executive Director Healthy  
People and co-founder of Community  
Striving Recovery

ANTHONY FELICIANO, Director of the  
Commission on the Public Health System

MEDHA GOSH, Health Policy Coordinator for  
CACF, Coalition for Asian American  
Children and Families

GREG MIHALOVICH, Community Advocacy  
Director for American Heart Association  
of New York City

LILLIE CARINO HIGGINS, Representing  
member of 1199

PRATHANA GURUNG, Director of Campaigns  
and Communications

AMELIA ROSE LOO, Intern public policy for  
Live on New York

JORDAN GOLDBERG, Director of Policy at  
Primary Care Development Corporation

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

SARA KIM, Program Director at Clear  
Community Services

BETHSY MORALES-REID, Representative  
Hispanic Federation

1 COMMITTEE ON HEALTH JOINTLY WITH  
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2 SGT. HOPE: Let's make sure you're in the  
3 right Zoom meeting. Okay looks good. Sergeants will  
4 you begin the recording. Recording to the computer  
5 started.

6 SGT. PEREZ: Started.

7 SGT. HOPE: Thank you. Good morning.

8 Welcome to today's New York City Council Remote  
9 Hearing on Health jointly with the Subcommittee on  
10 COVID Recovery and Resiliency. At this time will all  
11 panelists please turn on your videos. I repeat, all  
12 panelists please turn on your videos. Thank you. To  
13 minimize disruption, please place all electronic  
14 devices to vibrate or silent mode. Thank you. If  
15 you wish to submit testimony you may do so at  
16 [testimony@Council.NYC.gov](mailto:testimony@Council.NYC.gov). I repeat  
17 [testimony@Council.NYC.gov](mailto:testimony@Council.NYC.gov). Thank you for your  
18 cooperation. Chair, you are ready to begin.

19 CHAIRPERSON LYNN SCHULMAN: Council  
20 Member Moya.

21 CHAIRPERSON FRANCISCO MOYA: Can you hear  
22 me? Good morning. Good morning everyone. I'm  
23 Council Member Francisco Moya the Chair of the  
24 Subcommittee on COVID Recovery and Resiliency. I'd  
25 like to start by thanking my co-Chair for this

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1 hearing, Council Member Schulman as well as my  
2 colleagues for being present today for this very  
3 important hearing. We're here today to discuss the  
4 current state of the COVID 19 pandemic as it pertains  
5 to health, the city's response and looking forward.  
6 But before we begin I'd like to recognize that we've  
7 been joined by Council Members Ariola, Ayala, Barron,  
8 Brannan, Feliz, Hudson, Narcisse, Yeger, I believe  
9 that's who I can see right now on the list. If I  
10 missed anyone we'll come back to you. It's been  
11 almost two years since COVID 19 swept across our City  
12 turning New York and more particular my District in  
13 Queens into the epicenter of the pandemic. This  
14 pandemic has had a tragic impact across the world and  
15 I'm seeing first-hand how the communities we serve  
16 were devastated by death, sickness, hunger and  
17 unemployment. I remember clearly the lines along  
18 Elmhurst Hospital having to jump on calls to address  
19 the hospitals and my community's immediate needs,  
20 personally securing and dropping off more than  
21 120,000 masks and protective gear for Elmhurst  
22 Hospital Staff at the height of the pandemic because  
23 back then the supplies were limited for our frontline  
24 workers. The desperation in so many families  
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1 including a young constituent who is orphaned and  
2 who's family could not afford to bury the loved one,  
3 it's what led me to fight for the, and security the  
4 Emergency Burial Fund for New Yorkers regardless of  
5 immigration status long before resources came in for  
6 the Federal Government. Food insecurity was heightened  
7 and devastating. We had to fight to secure \$25  
8 million in funding for emergency food providers. If  
9 you stopped by the weekly food pantry or not on  
10 Saturdays in East Elmhurst you will see that the  
11 lines still remain long. I can tell you how we had  
12 to pressure the previous administration to give us  
13 data so that we knew the infection rate to prioritize  
14 testing and vaccines. I give you countless examples  
15 of what we sent over to the previous administration.  
16 That was clear that the urgency needed for resources  
17 did not match the speed at which COVID hit us,  
18 especially in my district and the communities that I  
19 represent. The pandemic has exposed long-lasting  
20 issues with housing, healthcare and employment which  
21 left our city's residents vulnerable to the virus and  
22 the shutdown. As we move forward from the COVID 19  
23 crisis we must acknowledge that those inequalities  
24 remain and we must make a commitment to truly  
25

1 addressing them as we move forward. This includes  
2 improving access to healthcare, particularly primary  
3 and preventative care, improving vaccination rates,  
4 particularly for the vulnerable populations and  
5 working to remove barriers to access. One consistent  
6 barrier has been the language access, the ability to  
7 communicate in English can be an erroneous, an  
8 enormous barrier for the LEP communities when it  
9 comes to accessing critical city services and  
10 information. And while the City struggles to provide  
11 adequate language access on a normal basis the COVID  
12 19 pandemic has really heightened and amplified how  
13 critical timely language access is to New Yorkers.  
14 For example, public outreach and messaging in  
15 languages other than English were received by LEP New  
16 Yorkers at a consistently delayed pace if at all.  
17 The City has also had difficulties in supporting the  
18 language access needs of immigrants across the City  
19 in making funeral arrangements for their deceased  
20 loved ones as many non-English speaking families  
21 struggle to navigate the system and was subjected to  
22 price gouging. Additional language access issued  
23 were raised in the New York City Test and Trace  
24 Program and immigrant families in particular were  
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1  
2 targeted for rumors and misinformation. We now find  
3 ourselves entering year three of this pandemic and  
4 these issues continue. This is not acceptable. The  
5 City should have done better and the City must do  
6 better. The pandemic is long from over as variants  
7 of various of the virus continue to emerge and  
8 threaten New Yorkers, our business, our economy and  
9 our way of life. We need to double down on the work  
10 now to ensure that we are at the very least able to  
11 communicate with all City residents. I want to thank  
12 Chair Schulman again as well as the Committee on  
13 Health for joining our hearing today and I also want  
14 to thank the Committee Staff for their work on this  
15 issue, the Committee Counsel of course, the Finance  
16 Analyst and of course all the staff members, Herboni,  
17 Sarah, Em, Lauren, my Chief of Staff Megan and  
18 Catalina as well and with that I want to turn this  
19 over now to my co-Chair, Council Member Schulman.

20 CHAIRPERSON LYNN SCHULMAN: Thank you  
21 Chair Moya. Good morning everyone. I am Council  
22 Member Lynn Schulman, Chair of the Health Committee.  
23 I am very excited to be Chairing my first hearing at  
24 the City Council and I would like to thank Council  
25 Member Moya for co-Chairing this important hearing

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1 with me today. I also want to thank and acknowledge  
2 my colleagues on the Health Committee who are joining  
3 us. Council Member Moya already mentioned the  
4 members who were here but I do want to acknowledge  
5 the ones that actually are on the Health Committee  
6 with me which are Council Member Feliz, Ariola,  
7 Hudson, Barron, Yeger, and Narcisse. I also want to  
8 acknowledge Council Member Gale Brewer is, has joined  
9 us, Council Member Richardson Jordan and I now, I  
10 know I speak from the entire committee when I say we  
11 are energized and ready to address the crucial task  
12 of overseeing the health of all New Yorkers. As we  
13 check in on the current and future state of the COVID  
14 19 pandemic. More than anything New Yorkers are  
15 exhausted. This pandemic has disrupted our lives for  
16 two years now, disrupted family and social  
17 gatherings, disrupted our business communities,  
18 disrupted our children's schooling and disrupted our  
19 access to healthcare. According to the Centers for  
20 Disease Control Intervention by June 30th, 2020 and  
21 estimated 41% of American adults have delayed or  
22 avoided medical care including urgent or emergency  
23 care and routine care. Not surprisingly these days  
24 were not experienced equitably. Avoidance of urgent  
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2 or emergency care was more prevalent among Americans  
3 experiencing poverty, unpaid caregivers for adults,  
4 persons with underlying medical conditions, black  
5 adults, Hispanic adults, young adults and persons  
6 with disabilities. In some cases, the very same  
7 communities that have experienced the pandemic more  
8 severely have also been more vulnerable to delays in  
9 their healthcare. Delays in 2020 may have been  
10 prevalent among non-elective patients which is people  
11 diagnosed with cancer, 79% of patients in active  
12 treatment for cancer reported a delay in their  
13 healthcare. Overall, 1/5 of all cancer patients and  
14 survivors surveyed reported concerns that their  
15 cancer could be growing or returning due to their  
16 challenges in obtaining healthcare. Additionally,  
17 some cancer clinical trials where patients can  
18 receive innovative therapies have been suspended and  
19 organ donations and availability on the decline.  
20 Even today two years into the pandemic medical  
21 providers are still concerned about delays in care.  
22 Recent reports have found that as of spring 2021 more  
23 than one in ten adults chose to delay or not seek at  
24 least one type of care in the previous 30 days due to  
25 concerns about coronavirus exposure and nearly the

1 same percentage of parents delayed or forwent care  
2 for their children for the same reason. As many of  
3 you know, I was diagnosed with breast cancer while I  
4 was on the campaign trail for City Council. I am  
5 very thankful and grateful that I was able to receive  
6 the care that I needed when I needed it. But my  
7 experience has left me deeply concerns that others  
8 have not been so lucky. I have spoken to more cancer  
9 patients and survivors who have expressed to me that  
10 their surgeries have been delayed that the radiation  
11 and therapy are back-boarded because of supply and  
12 chain issues or that they were unable to see their  
13 doctors for routine follow ups. This is not  
14 acceptable. The City needs to be doing everything in  
15 its power to give New Yorkers the confidence and  
16 faith to return to their healthcare providers and to  
17 seek care before they are in a state of emergency.  
18 Beyond the disruption to our lives, COVID 19 has  
19 fashioned and polarized our communities and caused  
20 record high levels of burnout and mistrust of  
21 government and public health entities. It is our  
22 duty as public servants to rebuild trust and bridges  
23 and to do what we can through creditable messengers  
24 and community leaders to instill within New Yorkers  
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1  
2 hope and faith that their political and public health  
3 leaders are fighting for them. I am confident we can  
4 get there if we all work together. I want to thank  
5 the administration that has worked so tirelessly over  
6 the last two years for the City that we all love to  
7 much. I also want to thank Chair Moya and my  
8 colleagues on the health committee and express how  
9 excited I am that I can be working with all of you.  
10 I also want to thank the Committee staff for their  
11 work on this issue. Committee Counsels Habani Huga  
12 and Sarah Liss, Policy Analyst Kim Balkan and Finance  
13 Analyst Laruen Hunt. I also want to thank my Chief  
14 of Staff Assiah Clast who's been very instrumental in  
15 helping with this. I will now turn to the Committee  
16 Counsel Habani Houja who will go over some procedural  
17 matters. Thank you and I look forward to a great  
18 hearing.

19 COMMITTEE COUNSEL: Thank you Chair for  
20 everything. I just want to also acknowledge that  
21 we've been joined by Council Member Velasquez. My  
22 name is Habani Houja I'm Counsel to the Committee on  
23 Health and the Subcommittee on COVID Recovery and  
24 Resiliency for the New York City Council. Before we  
25 begin I'm going to remind everyone that you will be

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1 on mute until you are called on to testify at which  
2 point you will be unmuted by the host. I will be  
3 calling on panelists to testify so please listen for  
4 your name to be called and I will be periodically  
5 announcing who the next panelist will be. For  
6 everyone testifying today please note that there may  
7 be a few seconds of delay before you are unmuted and  
8 we thank you in advance for your patience. All  
9 hearing participants should submit written testimony  
10 to [testimony@Council.NYC.gov](mailto:testimony@Council.NYC.gov). At today's hearing the  
11 first panelists to give testimony will be  
12 representatives from the Administration followed by  
13 Council Member questions and then members of the  
14 public will testify. Council Members who have  
15 questions for a particular panelist should use the  
16 raise hand function in Zoom and I will call on you  
17 after that panelist has completed their testimony. I  
18 will now call on members of the administration to  
19 testify, testimony will be provided by Dr. Dave  
20 Chokshi from the Center of Health. Additionally the  
21 following representative will be available to  
22 answering questions, Dr. Ashwin Vasana, Senior Public  
23 Health Advisor and incoming Health Commissioner.  
24 Before we begin, I will be administering the Oath,  
25

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1 Dr. Chokshi and Dr. Vasan I will be call on each of  
2 you individually for a response. Please raise your  
3 right hand. Do you swear to tell the truth, the  
4 whole truth and nothing but the truth in your  
5 testimony before this Committee and to respond  
6 honestly to Council Member questions? Dr. Chokshi?

8 DR. DAVE CHOKSHI: Yes, I do.

9 COMMITTEE COUNSEL: Thank you. Dr.  
10 Vasan?

11 DR. ASHWIN VASAN: I do.

12 COMMITTEE COUNSEL: Thank you. Dr.  
13 Chokshi you may begin your testimony when you are  
14 ready?

15 DR. DAVE CHOKSHI: Thank you very much  
16 and good morning Chair Schulman and Moya and members  
17 of the committees. I'm Dr. Dave Chokshi, 43rd  
18 Commissioner of the New York City Department of  
19 Health and Mental Hygiene. As you heard, I'm joined  
20 today by my colleague, Dr. Ashwin Vasan, Senior  
21 Public Health Advisor to the Mayor and the City's  
22 Health Commissioner. Thank you for the opportunity  
23 to testify today and provide an update on the City's  
24 COVID 19 work. We are looking forward to working  
25 with your committees as we strive to promote and

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1 protect the health of New Yorkers and advance health  
2 equity in New York City together. I will speak a  
3 little bit about looking back and then looking ahead.  
4 To say this has been a challenging two years would be  
5 an understatement and I'd like to take a moment to  
6 acknowledge the collective trauma we have all  
7 experienced from this pandemic. The City has lost  
8 lives, livelihoods and with each new wave some have  
9 lost hope. We are now once again on the other side  
10 of a wave, this one due to the Omnicron variant and  
11 there is a new horizon ahead and a new cause for  
12 hope. We are seeing an average of less than 800  
13 cases per day as compared to an average of over  
14 40,000 at the peak of the Omnicron surge. And are  
15 other indicators such as hospitalizations and that's  
16 continued to decline. We must always remember that  
17 these data aren't just numbers these are people, our  
18 family, our friends, our neighbors. In December,  
19 Mayor Adams announced a six pillar plan to combat the  
20 winter surge due to Omicron, further increase  
21 vaccination rates, support hospitals and congregate  
22 settings rapidly increase access to COVID 19 testing,  
23 slow the spread for instance through distribution and  
24 promotion of high quality masks, scale up equitable  
25

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1 access to treatment and reopen schools with the Stay  
2 Safe Stay Open strategy. I'm proud to say that we  
3 have executed on each of these pillars and this work  
4 was instrumental to the continued decrease in the  
5 COVID 19 indicators, saving lives even as our economy  
6 continues to reopen. I wish I could definitively say  
7 the worst is over, I know you're tired, I'm tired  
8 too. Right now we need New Yorkers to stay vigilant  
9 and keep taking certain precautions to help protect  
10 our communities and particularly the most vulnerable  
11 New Yorkers. Time and time again during this  
12 pandemic New Yorkers have done what's needed to slow  
13 transmission even when it was incredibly hard and  
14 often painful. In spring 2020 this looked like  
15 staying home and putting all nonessential activities  
16 on pause. During subsequent waves this meant hybrid  
17 school and work, dining only outdoors, getting fully  
18 vaccinated in order to partake in certain indoor  
19 activities and delaying or reshaping major life and  
20 family moments such as weddings and funerals. But  
21 we've taken these actions to protect ourselves and  
22 others. Particularly those who could not work or  
23 learn remotely. Those youngest New Yorkers were  
24 still unable to get vaccinated and those who are  
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2 immuno-compromised and thus at high risk for  
3 hospitalization and death and as the science evolved  
4 so have we. We've been flexible and I hope  
5 thoughtful and imaginative in how our city can  
6 function under great duress and this shows that we  
7 collectively share some core principals, that we are  
8 resilient and that we care about our families. We  
9 look out for our communities and we believe in  
10 science. And though there still is more to be done  
11 I'd like to take a moment to acknowledge all we've  
12 accomplished. Through our placed spaced efforts in  
13 communities our staff and community partners have  
14 reached millions of New Yorkers with COVID prevention  
15 information and resources via more than 24,000  
16 outreached events and knocked on over 1.7 million  
17 doors. Our community partners are a major reason  
18 that over 60% of first and single vaccine doses have  
19 been administered to black and Latino New Yorkers  
20 since July or 2021. This work is bolstered by  
21 members of our public health, a new partnership  
22 between the Health Department and New York City  
23 Health and Hospitals or H and H to expand and  
24 strengthen our community based public health  
25 workforce and infrastructure and promote health

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1 equity for the communities hit hardest by the COVID  
2 19 pandemic. Through the H and H Test and Trace  
3 Corps millions of tests have been conducted including  
4 those in schools and self-test kits have been  
5 distributed on the ground in the community and the  
6 Health Department has worked with congregate care  
7 settings, schools and businesses to address clusters  
8 of cases and provide tools to help them control the  
9 spread of COVID 19 during surges such as those due to  
10 Delta and Omicron and in times of lower transmission  
11 as well. Advanced work across agency healthcare  
12 provider and community partner efforts, about 6.4  
13 million New Yorkers are fully vaccinated as of today  
14 including nearly 87% of all adults. If you had told  
15 me a year ago that we would achieve that level of  
16 vaccination, I would have said that it was my  
17 greatest hope but that it would be extraordinarily  
18 difficult. Now with almost 17 million total doses  
19 administered including over 3.6 million vaccinations  
20 administered through our city run sites and mobile  
21 infrastructure, I think of the relief this protection  
22 has brought to so many New York families including my  
23 own and I'm so grateful. Our historic vaccination  
24 campaign has saved tens of thousands of lives and  
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2 prevented even more hospitalizations. This is to put  
3 it simply, a monumental achievement for public health  
4 and for our City. Over the past two years, we have  
5 worked hand and hand in our sister agencies, elected  
6 officials like yourselves, community and faith groups  
7 and business, healthcare and social service leaders  
8 to breakdown silos and reimagine government and  
9 private sector partnerships all with a shared goal to  
10 save lives, prevent suffering and ensure equity for  
11 our fellow New Yorkers. Now, please allow me to turn  
12 to looking ahead. We have more to do even as we  
13 contend with COVID 19 as a more meritable risk,  
14 public health protections will remain critically  
15 important particularly for those who are most  
16 vulnerable. To put it another way living with COVID  
17 cannot mean ignoring that too many continue to die  
18 from the virus. We need all New Yorkers to get their  
19 booster shots to stay up to date with their vaccine  
20 regimen. This is how we get ahead of future variants  
21 of concern and prevent additional hospitalizations  
22 and deaths. We also need to urgently increase  
23 vaccination rates among our oldest and youngest  
24 eligible New Yorkers. Children ages 5 to 12 are only  
25 41% vaccinated as compared to the overall rate of

1  
2 77%. We have worked extensively to increase these  
3 rates. While we know the vaccine confidence remains  
4 low in many communities and misinformation is  
5 rampant. We are working to do the work to combat  
6 this information and build trust for our partners  
7 through media campaigns, through community healthcare  
8 providers and of course through elected officials  
9 like all of you. We need your help encouraging New  
10 Yorkers, particularly those with children or older  
11 family members to get everyone in their household  
12 vaccinated now. As a reminder, people can go to  
13 NYC.gov/vaccinefinder or call 877-VAX-4NYC to find a  
14 vaccine. And all New Yorkers especially parents with  
15 questions or concerns should call 212-COVID19 to talk  
16 to a nurse or public health expert about the  
17 vaccines. And in this spirit of meeting people where  
18 they are our teams remain on the ground, in the  
19 community and also making calls to New Yorkers to  
20 help them make appointments, encourage sign up for  
21 our in-home vaccination program and educate people  
22 about vaccines. In addition to increasing  
23 vaccination rates and ensuring all New Yorkers stay  
24 up to date with booster shots we want to make sure  
25 that people are aware and able to access new

1 treatment options. These new treatments help people  
2 feel better faster and also help keep people out of  
3 the hospital. I want to be clear, treatment is not a  
4 replacement for vaccination. We still need New  
5 Yorkers to get vaccinated to prevent transmission and  
6 the worst outcomes of COVID 19 but now they have  
7 options for treatment if they do contract the virus.  
8 One option is monoclonal antibody treatment which is  
9 available to people aged 12 and older who test  
10 positive, have mild or moderate symptoms for 10 days  
11 or less and are at high risk as well. The second  
12 newer treatment option is anti-viral pills. There  
13 are two pills currently authorized and available to  
14 people who test positive, have mild to moderate  
15 symptoms for five days or less and are at high risk  
16 for severe illness. Through a city partnership with  
17 Alto Pharmacy these pills will be delivered same day  
18 for free to your door. As with so much else filling  
19 our COVID response we've taken and equity centered  
20 approach here. In addition to working with providers  
21 of color and federally qualified help centers to  
22 ensure they're aware of and utilizing this service  
23 the deployment of same day home delivery eliminates  
24 barriers such as not living near a pharmacy or having  
25

1 time after work to go pick up the prescription and it  
2 ensured that people in communities most at risk for  
3 severe illness from COVID 19 have access to this  
4 vital medication and we've heard rave reviews about  
5 the service. For instance, one patient who is also  
6 undergoing treatment for cancer was grateful the  
7 medicine came to her door. She wasn't feeling well  
8 and didn't have anyone to go to a pharmacy on her  
9 behalf. Treatment works best the sooner we begin so  
10 it is important to get tested right away if you have  
11 symptoms or were recently exposed. If you test  
12 positive for COVID 19 talk to your provider about  
13 treatment options. If you don't have a provider, you  
14 can speak to an H and H clinician by going to  
15 Expresscare.NYC or by calling 212-COVID19. And of  
16 course, I would be remiss if I did not mention the  
17 concurrent parallel pandemics that we continue to  
18 address. In addition to COVID19 the city is  
19 experiencing multiple health crisis including those  
20 related to mental health, chronic disease, drug  
21 overdoses, racism and loneliness and social  
22 isolation. I'm proud to say that even with the  
23 demands of COVID response the City and the Health  
24 Department have been undertaking work to address  
25

1 these parallel pandemics. In October of 2021, the  
2 New York City Board of Health issued a resolution on  
3 racism as a public health crisis directing the health  
4 department to develop and implement concrete  
5 priorities for a racial just recovery from COVID 19  
6 as well as other actions for the short and long term,  
7 for example, a coalition to end racism and clinical  
8 algorithms tackles the pernicious ways that racism  
9 affects the quality of healthcare for people of  
10 color. Additionally in November, we announced that  
11 the first publicly recognized Overdose Prevention  
12 Center Services have commenced in New York City. In  
13 the short time that our partner providers have been  
14 operating the OPCs, over 100 overdoses have been  
15 averted. Mayor Adams has already taken bold steps to  
16 address chronic disease through access to healthy  
17 food and expanding lifestyle medicine services  
18 driving home the importance of an upstream prevention  
19 focused approach where government helps make the  
20 healthy choice the easy choice. This is a very high  
21 level overview and we look forward to having the  
22 opportunity to talk more about these efforts in the  
23 future but hopefully it gives a sense of the immense  
24 breadth of our work and the urgency, conviction and  
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1  
2 innovative spirit with which we must take on these  
3 challenges. This is a pivotal moment for public  
4 health and this pandemic has highlighted the fact  
5 that health is not just about what happens in a  
6 hospital or doctor's office. We've learned time and  
7 time again that we need healthy resilient communities  
8 before crisis like COVID 19 strike so we can respond  
9 health and recover as quickly as possible. The  
10 holistic view of health that we the health department  
11 take across all of our work is fundamental to  
12 ensuring that all neighborhoods in New York City are  
13 able to not just recovery from this pandemic but also  
14 thrive in it. Finally, as I said before there is no  
15 economic recovery without investment in public  
16 health. We must remember that even when the painful  
17 memories of shattered business and schools start to  
18 fade and the time is now for massive and durable  
19 investment in our public health infrastructure. Just  
20 as we think about investment in roads and bridges at  
21 all levels of government to bring about a just  
22 recovery for all New Yorkers. Again, the department  
23 looks forward to partnering with all of you on this  
24 work as we forge a healthy and equitable path

25

1 forward. Dr. Vasan and I are happy to take  
2 questions. Thank you so much.

3  
4 COMMITTEE COUNSEL: Thank you  
5 Commissioner. I'm going to announce Chair Members to  
6 the questions from Chair Schulman followed by Chair  
7 Moya. Panelists from the administration if you could  
8 stay unmuted if possible during this question and  
9 answer period we would appreciate that. Chair  
10 Schulman you may begin.

11 CHAIRPERSON LYNN SCHULMAN: Thank you  
12 very much, Dr. Chokshi I also want to thank you. You  
13 know we're experiencing the worst public health  
14 crisis of our lifetime and I want to thank you for  
15 your service and getting us to this point. So, the  
16 fact I want to, I have some questions that I would  
17 like to ask because I think that as much as we've  
18 done well, we can do better. As we continue to see  
19 declining rates of COVID 19 cases, hospitalizations  
20 and deaths what is the most important message we can  
21 provide to New Yorkers as they continue to navigate  
22 life with COVID 19?

23 DR. DAVE CHOKSHI: Thank you so much  
24 Chair Schulman and thank you again for the  
25 partnership and I know it's going to be an important

1 chapter for public health in our City under your  
2 leadership of the Health Committee. With respect to  
3 your question, the most important message is a  
4 combination of ensuring that people know that COVID  
5 remains a risk and that we do have to continue taking  
6 certain protections. Particularly the fact that we  
7 more New Yorkers to get their booster doses. We need  
8 more New Yorkers, particularly younger New Yorkers to  
9 get vaccinated and if people are at higher risk for  
10 them to continue taking other public health  
11 protections, whether it's wearing a high quality mask  
12 in indoor settings or ensuring that people continue  
13 to get tested if they experience symptoms. These are  
14 things that we now have over two years of experience  
15 in doing and that we have to maintain a focus on  
16 because even though COVID may be a more manageable  
17 risk going forward it remains a risks and  
18 particularly so for more vulnerable individuals. The  
19 other piece of this is for us to convey that there  
20 are so many cascading effects of COVID 19 beyond the  
21 direct effects of the virus. Whether it has to do  
22 with you have highlighted through sharing your  
23 personal story and ensuring that people are visiting  
24 their primary care doctors for screening for cancer  
25

1 or blood pressure or diabetes or some of the  
2 initiatives that this administration and particular  
3 that Dr. Vasan will be spiriting to address mental  
4 health challenges as well as substance use disorders.  
5 This is something that we have to redouble our  
6 efforts on as we hopefully continue to emerge from  
7 the pandemic.

9 CHAIRPERSON LYNN SCHULMAN: So, while  
10 we're moving forward with this piece of it, how is  
11 the Department of Health and Mental Hygiene preparing  
12 for the next area? They are scientists who say that  
13 the new variant is right around the corner and it  
14 could be worse than Omicron, and so while we're going  
15 down this path how are we preparing for the  
16 challenges of the future?

17 DR. DAVE CHOKSHI: Thank you so much.  
18 This is another important question, I'll start and  
19 then turn to Dr. Vasan because he is also  
20 instrumental to the planning here. But let me start  
21 just by saying that we are prepared for future  
22 variants as well as additional waves of COVID  
23 although I hope that we won't suffer nearly as much  
24 as we have in the past. We are prepared because we  
25 maintain robust surveillance capacity. We do this

1 through a combination of ensuring that we are able to  
2 track cases, hospitalizations and deaths just as we  
3 have over the past two years. We also have  
4 specialized genetic testing that allows us to know  
5 when specific variants are here in New York City.  
6 That's how we were able to keep track of Omicron as  
7 it became the dominant variant over the course of  
8 December in New York City. We have our testing and  
9 vaccination infrastructure in place. It will remain  
10 nimble and we'll be able to scale up as needed and  
11 importantly we are investing in the place based  
12 approach to health and health equity that I described  
13 partnering with community-based organizations through  
14 things like the public health corps partnering with  
15 community health centers like federally qualified  
16 health centers. This is fundamentally important to  
17 have the infrastructure to be able to respond quickly  
18 to any health crisis going forward whether it's  
19 another wave of COVID 19 or the next public health  
20 emergency. For now, I'll turn it to Dr. Vasani to see  
21 if he has anything to add?

22  
23 DR. ASHWIN VASANI: Thanks Dr. Chokshi,  
24 the Chair and all the members for inviting here.  
25 It's an honor to be amongst you and with you as well

1 as your partnership over the weeks, months and years.  
2 I think there isn't much to add to what Dr. Chokshi  
3 said but just, I'll give you my perspective coming in  
4 from the outside into this what I can only  
5 characterize it as a formidable response. The scale  
6 of what's been built by the health department and by  
7 our public health apparatus in the City is really  
8 impressive and we are in a position where we are  
9 capable of responding to emerging threats in a way  
10 that meets the need at the moment combined with what  
11 New Yorkers have done to increase their protection  
12 against any new variant or emerging threat coming  
13 down the pike and again I share Dr. Chokshi's hope  
14 that that is not the case and so am I confident that  
15 we have the infrastructure in the programs and the  
16 systems to both respond to in terms of place based  
17 approaches but also in terms of scale, flexibly  
18 standing up and taking down testing sites flexibly,  
19 standing up and taking down vaccination capacity as  
20 needed and keeping our schools amongst the safest  
21 places in our City I think we are incredibly prepared  
22 and that's a testament to the work that's been done  
23 over the last two years to respond to this pandemic.  
24

1  
2                   CHAIRPERSON LYNN SCHULMAN: Thank you  
3 very much. Just to continue one last question in  
4 this little thread as more and more people are  
5 testing at home, how are we keeping track of that,  
6 you know, somebody could test positive and have some  
7 new variant that we're not clear on because there's  
8 no database to keep track of these so I want to see  
9 how you are proposing to deal with that.

10                   DR. DAVE CHOKSHI: Thank you Chair  
11 Schulman this is also an important question that  
12 we've been tracking and thinking through. The  
13 starting point is that we have one of the most robust  
14 testing infrastructures in the entire world in New  
15 York City. This is both laboratory reported what are  
16 called molecular tests or PCR tests as well as  
17 laboratory reported antigen tests. Those are where  
18 the data that we report on the health department's  
19 website and allow us to maintain surveillance at an  
20 extraordinarily rich level to understand what's  
21 happening not just on a citywide basis but also in  
22 communities. We have had to adapt as you are  
23 pointing out in your question as rapid test kits  
24 become more prevalent. This is a good thing. This  
25 means that people are able to test more quickly which

1 is particularly important to access treatment as I've  
2 eluded to but also because it means that if someone  
3 does test positive they're able to isolate more  
4 quickly. Those are the most important things when it  
5 comes to test results from those rapid test kits and  
6 provided that we continue to maintain the high level  
7 of other testing infrastructure that we now have, we  
8 have a sufficient sample for us to be able to track  
9 the spread of the virus including the spread of new  
10 variants through the more specialized dramatic  
11 testing that I've eluded to. So, we're only trying  
12 to strike the balance. We want more convenient  
13 testing through those home rapid self-test kits while  
14 maintaining some of our more robust testing  
15 infrastructure for surveillance purposes.

17 COMMITTEE COUNSEL: Okay. Thank you. I  
18 want to acknowledge that we've been joined by Council  
19 Member Brooks-Powers so ideally data has shown that  
20 COVID 19 hospitalizations and deaths have  
21 disproportionately impacted those who are black,  
22 African-American, Hispanic, Latino, and/or those who  
23 are living in high poverty neighborhoods and/or the  
24 Bronx. Although the data doesn't capture it, we also  
25 know that other communities have been

1 disproportionately impacted including disability,  
2 immigrant, homeless, religious, English proficient  
3 community and lesbian, gay, bisexual, queer,  
4 questioning, transgender, gender nonconforming and  
5 non-binary communities how is the City continuing to  
6 utilize an equity lens to address COVID 19 concerns?  
7

8 DR. DAVE CHOKSHI: Thank you so much this  
9 is central to our COVID 19 response is placing equity  
10 as one of the most important pillars with respect to  
11 other we are doing whether it has to do with testing  
12 or vaccination or public messaging. We elaborated  
13 our equity action plan which seeks to advance  
14 equitable policies and practices in our COVID 19  
15 response and has four main prompts which I will just  
16 go over briefly. First is community engagement,  
17 second is provider engagement, third is access to  
18 resources and fourth is data. I will just say a  
19 little bit about each of them and then I'm happy to  
20 answer more specific questions as you guide us.  
21 First with sake to community engagement, the way that  
22 I always describe this is this is fundamentally about  
23 humility, about the health department and city  
24 government taking a step back so that we can take a  
25 step forward with respect to bringing equity to the

1  
2 forefront of what we're doing. This is why we have  
3 invested as much as we have, you know, over \$120  
4 million flowing through community based organizations  
5 so they are the trusted messengers who've been  
6 working for years and many cases in our neighborhoods  
7 and who can help us with COVID response in a way that  
8 allows them to tap into the networks that we know are  
9 so important for inequitable response. Second,  
10 provider engagement. This is a partnership with  
11 federally qualified health centers that I mentioned  
12 but also all providers across the City. We've been  
13 going intensive what we call public health detailing  
14 effort which is sitting down with providers  
15 particularly in our task force on racial inclusion  
16 and equity neighborhood ensuring that they know about  
17 the latest scientific updates whether it's about  
18 vaccination or the new treatments and making them  
19 available to the patients that they're serving.  
20 Third is access to resources. All of, you know, the  
21 language matters less than actually being able to  
22 channel investment in all of the ways that we have  
23 attempted to do whether its standing up, physical  
24 infrastructure, a mobile vaccination site or a  
25 dedicated breaking water testing site and also

1 distributing masks and home test kits into the  
2 hardest hit communities and the important part is  
3 data. In many ways, you know, this is really where  
4 our response begins you know it's the life blood of  
5 our response to be able to understand as we pointed  
6 out how the virus has disproportionately affected  
7 certain communities and to guide the various elements  
8 of our response based on that we're one of the most  
9 transparent jurisdictions when it comes to the  
10 various ways that we are sharing our data by race,  
11 ethnicity, by age, by place and will continue to  
12 evolve that approach to be able to meet our aim of  
13 equity in our response.  
14

15 CHAIRPERSON LYNN SCHULMAN: Okay, we are  
16 doing better than the CDC I will tell you that.

17 DR. DAVE CHOKSHI: Thank you.

18 CHAIRPERSON LYNN SCHULMAN: According to  
19 the CDC lesbian, gay, bisexual and transgender  
20 persons are at increased risk for severe COVID 19  
21 illness because of the higher prevalence of  
22 comorbidities what is the city doing to meet the  
23 needs of this community and to improve data  
24 collection regarding COVID 19 and LGBTQGNENBY  
25 communities.

1  
2 DR. DAVE CHOKSHI: Thank you very much  
3 Chair and again first I'll just say that either I  
4 agree with your framing and this question as well as  
5 the prior one. Equity must extend to the communities  
6 that we're talking about, LGBTQ as well as TGNC or  
7 transgender and gender non-conforming communities.  
8 We plan to do this along, you know, those four, those  
9 four avenues that I described earlier but it says  
10 again making sure that we're drawing upon the long-  
11 standing relationships that already exist in this  
12 space with between the health department and LGBTQ  
13 and TGNC leaders for example, I know as you are well  
14 aware we have relationships through our HIV at work  
15 that we have drawn upon during COVID response. This  
16 spans anything from town halls with groups like  
17 Housing Works, information sessions with several  
18 organizations that serve people who identify as LGBTQ  
19 and TGNC as well as serving resources for PRIDE  
20 events during the summer of 2021. I'm always happy  
21 of course to do more and make new partnerships in  
22 this vein and we're happy to work with you and the  
23 Council in doing so. But you asked specifically  
24 about data as well and I'll start by again just  
25 saying that we strongly agree that collecting

1 information about both sexual orientation and gender  
2 identity fundamentally this is a part of health and  
3 healthcare, that's how we have to think about it.  
4 It's one of the reasons that we added questions about  
5 gender and sex assigned at birth to our city site  
6 scheduling app and we're actively working to try to  
7 do this much more broadly across routine healthcare  
8 although I will say that this requires collaboration  
9 with our state colleagues because much of this is  
10 under the prevue and the jurisdiction of New York  
11 State for healthcare providers. Personally, I very  
12 much support this being a requirement for providers  
13 for vaccination as well as other services and it's an  
14 area where we do have to continue to improve and  
15 evolve.  
16

17 CHAIRPERSON LYNN SCHULMAN: Well, I look  
18 forward to working with you on that. This is a, the  
19 next question and I'm not sure that you can, you guys  
20 can answer this but I'll ask it. It's well-known  
21 that there have been issues with death certificates  
22 not listing COVID 19 specifically as a cause of death  
23 and instead lists a related illness. This has led to  
24 burials receiving burial assistance from FEMA and in  
25 response FEMA had loosened some requirements. Is the

1 City aware of ongoing issues pertaining to acquiring  
2 or amending death certificates for these purposes.

3  
4 DR. DAVE CHOKSHI: Yes. Thank you for  
5 this question as well. Let me just take a step back  
6 with you to recognize that this is, this is something  
7 that is tragic at a time when a family is grieving  
8 their loved one, you know, with respect to accessing  
9 burial benefits with respect to having to navigate a  
10 system, you know, in order to change or amend the  
11 cause of death on a death certificate. So, you know,  
12 not just as a Health Commissioner but as a doctor I  
13 really sort of understand why this is such an  
14 important issue and is so deeply felt by people. We  
15 are aware that this is an issue although we don't  
16 necessarily have direct prevue over it. We maintain  
17 death certificate records for New York City but the  
18 causes of death, you know, are filled out by  
19 physicians by whomever, you know, the attending  
20 physician is at the time of death and sometimes the  
21 way in which it is filled out means that COVID 19 is  
22 not appropriately documented on the death  
23 certificate. We have been working, you know, with  
24 our colleagues at the Office of the Chief Medical  
25 Examiner as well as our healthcare partners to try to

1 improve this because we end up hearing about it from  
2 families who are trying to get copies of their death  
3 certificates from our department and I'll be happy to  
4 follow up with some more specific information about  
5 ways that we have tried to facilitate improvement in  
6 that process. But again I, I certainly understand  
7 why it's such a significant issue at time of grief  
8 and tragedy for New York City families.

10 CHAIRPERSON LYNN SCHULMAN: And I'm also  
11 concerned that hospitals may not want to admit to the  
12 fact that they had a lot of patients who passed from  
13 COVID. So that's something moving forward that maybe  
14 we can work on. Now I want to ask are we, how are we  
15 as a City looking ahead and building a more equitable  
16 healthcare infrastructure so there's a few plots to  
17 this, how are we prioritizing social determinates of  
18 health? How are we prioritizing primary and  
19 preventive care?

20 DR. DAVE CHOKSHI: Thank you. This is  
21 one where I'll invite Dr. Vasani to share his vision  
22 and thoughts as well but I, let me start with the  
23 fact that we are in such an important moment to  
24 address the very issues that you are pointing out.  
25 Mayor Adams has spoken eloquently about the need to

1  
2 move upstream to address all of the things that  
3 matter for the downstream health outcomes that  
4 doctors and the healthcare system end up seeing  
5 whether it's chronic disease or a mental illness or a  
6 substance use disorder and so our starting point has  
7 to be taking on those more upstream factors. So what  
8 does this look like, there are a few elements to the  
9 approach which I would like to describe. First, is  
10 the notion that we have to do it in a place based  
11 way. We have to recognize that health is shaped by a  
12 multitude of factors that often are determined by  
13 neighborhood. This is sometimes summed up as the  
14 idea that one's ZIP code is at least as important as  
15 one's genetic code when it comes to health outcomes.  
16 That means that we have to address the disinvestment  
17 that has occurred in so many communities particularly  
18 communities of color and also make sure that we are  
19 talking about food and housing and education in the  
20 same breath that we're talking about medicine and you  
21 know healthcare delivery. So, the place based  
22 approach is one, you know, sort of cornerstone. The  
23 second thing that I'll say is that we saw during the  
24 COVID 19 pandemic what happens when there is not  
25 sufficient investment in public health and so we have

1  
2 to use this moment to ensure that we change that  
3 paradigm, that we invest in things like the public  
4 health core and our communities partners whether it's  
5 community based organizations or faith leaders or  
6 otherwise to ensure their readiness and a sufficient  
7 infrastructure to be able to deliver on what we have  
8 to do with respect to equity and the final thing that  
9 I'll say is again to sound a note of humility.  
10 Although the health department has this awesome  
11 responsibility of trying to save lives and prevent  
12 suffering for the entire city we also know that this  
13 has to be in partnership with so many others across  
14 the City and our role is to recognize that and to  
15 make sure that we are building those collaborations  
16 so that we can take on what are often very entrenched  
17 issues together. I'll turn to Dr. Vasan to see if he  
18 has more to add to that.

19 DR. ASHWIN VASAN: Thanks Dr. Chokshi,  
20 you know, among the things, among the several things  
21 that Dr. Chokshi and I share is the fact that we are  
22 both practicing primary care doctors and that's  
23 important because primary care really sits at the  
24 nexus of the clinical system, the healthcare system  
25 and social determinates. Often we are the first to

1 witness the health effects of longstanding  
2 inequities, social risks, and vulnerabilities that  
3 are structural in nature and that require a truly  
4 intersectional approach to their solutions. And so  
5 our responsibility as doctors who sit both inside of  
6 healthcare but understand the limitations of  
7 healthcare in solving social vulnerabilities and  
8 social risks that impact health is to use our  
9 position at the Health Department to raise up these  
10 issues, to drive partnerships across government,  
11 outside of government without community partners and  
12 with all of you to solve for those things because it  
13 does truly take an intersectional whole of government  
14 and whole of society approach to solve for some of  
15 these issues and what are these issues? Housing,  
16 public safety, quality of education, immigrant rights  
17 and language access was mentioned earlier, access to  
18 fresh, healthy foods, transportation, these are all  
19 the building blocks of better communities, better and  
20 healthier lives and the Health Department is in the  
21 unique position to align and to identify, to evaluate  
22 and to drive coordination across those goals to solve  
23 for those health issues but we certainly can't do it  
24 alone and I, I look forward to, especially under this  
25

1 administration which has said very clearly that it  
2 wants to drive, you know, the de-siloing of  
3 government, the efficiency of government,  
4 collaboration, not only across agencies but better  
5 collaboration between City Hall and agencies. I  
6 think we're at a unique moment where we can do quite  
7 a bit on the social determinates.  
8

9 CHAIRPERSON LYNN SCHULMAN: Thank you. I  
10 want to acknowledge that we've been joined by Council  
11 Member Carlina Rivera. While many of those  
12 vaccinated and boosted are largely protected from the  
13 impacts of COVID 19 which communities remain at risk  
14 and what are you doing to support them?

15 DR. DAVE CHOKSHI: Thank you so much.  
16 This is an important question that I think about all  
17 the time. You know, particularly as we have made  
18 tremendous progress in protecting more and more  
19 people and communities thanks to vaccination. You  
20 know the ones that remain the most concerned about  
21 are people at both ends of the age spectrum, you  
22 know, the oldest New Yorkers who in some cases, even  
23 when they are vaccinated remain at higher risk for  
24 severe outcomes, you know, particularly if they have  
25 underlying health conditions or weakened immune

1 systems and so we have to continue to hold them in  
2 mind as we think about policies for the entire  
3 population. There are also some older New Yorkers  
4 who remain unvaccinated and that has been a  
5 particular concern of mine that we have tried to  
6 address through direct outreach, through partnership  
7 with the Department for the Aging and really trying  
8 to be as boots on the ground as possible through for  
9 example our in-home vaccination program to lower  
10 barriers of access as low as they can possibly go.  
11 On the other end of the spectrum are kids who are  
12 younger than five, thankfully overall kids remain at  
13 lower risk from the most severe outcomes of COVID 19  
14 but low risk is not zero risk and I can tell you, you  
15 know, not just as a doctor but also as a father of a  
16 2-1/2 year old this is something that so many parents  
17 you know continue to worry about and we have to take  
18 steps to ensure that they are as protected as  
19 possible until they become eligible for vaccination  
20 which I hope will happen sometime in April based on  
21 what we're hearing from the Federal Government. So,  
22 it's those end of the age spectrum, it's also people  
23 who remain unvaccinated in certain communities,  
24 whether it's by place or by race and ethnicity. You  
25

1 know, I follow this data daily and its shared on the  
2 health department's website and that data is what  
3 drives our action with respect to the grass roots  
4 efforts, you know, usually done in partnership with  
5 community based organizations to ensure that we are  
6 delivering messages through trusted messengers in the  
7 languages that you know are native for, you know,  
8 people to be able to access that information and  
9 again to make it as easy as possible, you know, for  
10 people to get vaccinated. A final thing that I'll  
11 say is that beyond vaccination, you know, we are in a  
12 different era because of the advent of these new  
13 COVID 19 treatments and one of the things that we  
14 felt so strongly about was this same day delivery.  
15 To be able to bring to people's doorstep these  
16 treatments that are highly effective. You know for  
17 every 20 people who are treated with one of the new  
18 oral antivirals or the monoclonal antibiotic  
19 treatment we can avoid one hospitalization. So that  
20 means we have another very important arrow in our  
21 quiver that we have to make sure that it gets to the  
22 people who can most benefit from it.

24 CHAIRPERSON LYNN SCHULMAN: You mentioned  
25 the in-home vaccination program which I'm glad that

1  
2 you brought up because a lot of people don't seem to  
3 know about it so how are you promoting that? How are  
4 you educating people that that exists?

5 DR. DAVE CHOKSHI: Thank you and, you  
6 know, we welcome any and all ideas of course as we  
7 continue to promote it. Thus far, you know, it has  
8 been broadly promoted across all of our media and  
9 social media channels. You know we make sure that  
10 clinical providers are aware of it as well often  
11 people who are homebound or who have limited mobility  
12 will be getting healthcare for another reason so we  
13 partner with, for example, visiting nurse services,  
14 home health agencies as well as homebased primary  
15 care programs either to supply them with vaccines so  
16 that they can vaccinate their own patients or to make  
17 sure that they are aware of the City's in-home  
18 vaccination program so that we can actually get to  
19 them. We did, you know, hear early in our booster  
20 campaign that people maybe weren't aware that they  
21 could get their booster dose through the in-home  
22 vaccination program as well and that was a particular  
23 area, you know, that we attempted to highlight  
24 through those various channels that I mentioned.

COMMITTEE ON HEALTH JOINTLY WITH  
THE SUBCOMMITTEE ON COVID RECOVERY  
AND RESILIENCY

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CHAIRPERSON LYNN SCHULMAN: Maybe there

are some other avenues that you can take as well,  
like, the first that comes to mind, community boards  
and just getting word out, us as Council Members can  
help with that as well so I just wanted to mention  
that.

DR. DAVE CHOKSHI: Thank you so much.

CHAIRPERSON LYNN SCHULMAN: Are

individuals who test positive still receive calls  
from T2 with information about resources available to  
them if they need it such as hotel rooms?

DR. DAVE CHOKSHI: The short answer is

yes they are. You know we are changing some of our  
approaches to contact tracing as well as isolation  
and quarantine as we enter in to, you know, a new  
phase in the pandemic but our focus has been on  
ensuring that people first of all get tested as soon  
as they are experiencing symptoms and as soon as they  
know they are positive that they both, you know, are  
aware that they need to isolate but also have the  
resources that they need to be able to isolate  
effectively. Whether that's making sure that they  
have food or groceries or when they need it a hotel  
room to be able to safely isolate from family members

1  
2 or you know other people whom they may be sharing a  
3 living space with. So all of that does continue to  
4 occur. T2 which has done really terrific work you  
5 know throughout the entire pandemic has used a  
6 multitude of different channels often phone calls but  
7 also text messages which some people are more  
8 comfortable you know, being in contact via those  
9 means and so those approaches will continue evolve as  
10 well.

11 CHAIRPERSON LYNN SCHULMAN: How is the  
12 City partnering with medical providers to give them  
13 information about City resources in the event that  
14 their patients contact them to report that they or a  
15 family member have tested positive?

16 DR. DAVE CHOKSHI: Thank you for this  
17 important question as well Chair. We are in constant  
18 communication with clinical providers across the  
19 City. We do it through a range of different ways,  
20 first of all we have health alerts that are sent out  
21 anytime there are major updates to clinical guidance  
22 we are able to blast that via emails, text messages,  
23 you know, town halls and forums that are specifically  
24 targeted to clinical providers as well as making sure  
25 that we are in touch with the leadership at the large

1 health systems, safety net systems and independent  
2 providers. We have a chief medical officer, Dr.  
3 Michelle Morris who is particularly instrumental in  
4 organizing, you know, that outreach with people, with  
5 clinician across New York City. But beyond that, you  
6 know, we take a very grass roots approach to this as  
7 well. We actually have teams that go out and sit  
8 with clinicians in their own offices to make sure  
9 that they're aware of the most up to date scientific  
10 information whether it's vaccination or the new  
11 treatments or changes in guidance to make them aware,  
12 you know, of those developments and to answer any  
13 questions. We find that the way that clinicians can  
14 build trust with their patients often relies upon our  
15 having built trust with them and we have a particular  
16 focus on doing this with providers who serve black,  
17 indigenous and people of color as well as, you know,  
18 providers who are in those task force on racial  
19 inclusion and equity neighborhoods. So those are  
20 ways that we have, you know, sought to make sure that  
21 our messages are broadly distributed but with a focus  
22 on our equity imperative as always.

24 CHAIRPERSON LYNN SCHULMAN: No, I  
25 appreciate that and this is, you know, this program

1 is robust. I am going to ask, I understand that the  
2 monies, the federal monies for the T2 employees, the  
3 test and trace runs out at the end of April. Is  
4 there, what's being done to either keep them in place  
5 or have them do something else, I mean what  
6 provisions are being made for when that money runs  
7 out?  
8

9 DR. DAVE CHOKSHI: Thank you Chair,  
10 please allow me to come back to you with, you know, a  
11 specific response on this one. I will have to confer  
12 with our test and trace colleagues on some of the  
13 specifics here but the, sort of the broader answer  
14 that I can give is that this is part of the reason  
15 that the investment in public health core which is  
16 community health workers, people who come from the  
17 communities that they are serving is vitally  
18 important for the longer term. We're collaborating  
19 with health and hospitals on those investments in  
20 community health workers and that's part of the long  
21 term solution to the question that you're asking.

22 CHAIRPERSON LYNN SCHULMAN: I appreciate  
23 that. I'm going to turn this over now to Chair Moya  
24 for his line of questioning. Thank you very much  
25 Commissioner, both of you, I appreciate it.

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2                   CHAIRPERSON FRANCISCO MOYA: Thank you  
3 Chair Schulman, thank you doctor for being here.  
4 Always good to see a neighborhood guy doing well. I  
5 just want to focus my line of questioning on a couple  
6 of topics. I'm going to make it short because I want  
7 to give my colleagues an opportunity to ask some  
8 questions as well. But I'm going to focus on  
9 language access and I'm also going to focus in on  
10 sort of the community based organizations that we've  
11 been working with. Look, as you know Elmhurst  
12 Hospital, epicenter of the pandemic, you know, we saw  
13 what was going on. Large immigrant community here.  
14 For me, you know, how is the City, looking back, how  
15 is the City now working to ensure that communities  
16 with historically less access to healthcare do not  
17 miss being vaccinated but also like how is the City  
18 reaching out to communities that have limited digital  
19 literacy, right? We saw that there was a lack of  
20 access to the internet, the digital divide? So, how  
21 are you guys working that out knowing full well that  
22 folks may not have smart phones, the access to the  
23 internet? If you could just talk a little bit about  
24 that that would be great.

25

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1  
2 DR. DAVE CHOKSHI: Certainly and thank  
3 you Chair Moya and I'll start just by saying, you  
4 know, these are issues that I know that you care  
5 deeply about that I am also passionate about. I know  
6 Dr. Vasani is as well. And so, although we will have  
7 specific responses I think the most important one  
8 that I can give is that we really welcome  
9 partnership, feedback and your thoughts and  
10 collaboration for us to continue to meet this really  
11 important part of our mission. And as you alluded to,  
12 you know, those memories of March of 2020 when I was  
13 making rounds with the Infectious Disease Team at  
14 Elmhurst Hospital. Those are seared in my memory  
15 forever and it's part of the reason that these  
16 questions are so important because it's a chance for  
17 us to readdress some of what we saw, you know,  
18 happened during those dark days in spring of 2020,  
19 particularly through vaccination as you're pointing  
20 out in your question. You know, we do have a number  
21 of efforts to ensure that all of our materials are  
22 available in the City's top 13 languages. I just  
23 want to list them out because it's very important to  
24 understand, you know, the breadth here, it's Spanish,  
25 simplified Chinese, traditional Chinese, Russian,

1 Urdu, Bengali, Haitian-Creole, Yiddish, Italian,  
2 Polish, Arabic, Korean and French. In addition to  
3 that, you know, translation there was also custom  
4 translation this means that it's actually performed  
5 by linguists for the main COVID 19 and vaccination  
6 materials as well as all of the large scale media  
7 campaigns, you know, which are always done in a  
8 multi-lingual and multi-media way. We work with our  
9 community outreach colleagues to ensure that those  
10 materials actually get to the communities that we're  
11 serving and again this is a place where the Health  
12 Department takes a step back and empowers the  
13 community partners who as you well known from your  
14 own district have been serving these neighborhoods  
15 for decades and are in many cases the most trusted  
16 institutions in those places. You asked about  
17 digital literacy as well because in some cases they  
18 may, you know, the people that we're serving may not  
19 be able to navigate to a webpage in the first place.  
20 This is why we've made sure that there is both a  
21 telephonic and in person channel for so much of what  
22 we're doing as well. For vaccinations, 877-VAX4NYC  
23 and there are interpretation services available, you  
24 know, by calling that phone number. For anything  
25

1 else related to COVID it's 212-COVID19 and that means  
2 even the conversations with nurses or doctors that  
3 are facilitated through that phone number, you know  
4 will be aided by translation services too. The final  
5 thing that I'll say is that you know this is another  
6 area where we do want to tap into the healthcare  
7 infrastructure and all of the ways in which the  
8 existing healthcare infrastructure also serves you  
9 know communities for whom there is limited English  
10 proficiency or limited digital literacy and in those  
11 cases, our goal is to make sure that healthcare  
12 providers have the information that they need, that  
13 they are aware of the various resources that the City  
14 provides and that we empower them, you know, to be  
15 able to take care of their patients as well.

17 CHAIRPERSON FRANCISCO MOYA: Thank you.  
18 That's great to hear because you know in the  
19 beginning when we were rolling out the vaccine most  
20 people didn't have access to the internet or to a  
21 computer whether they were seniors or immigrants,  
22 getting folks on the ground with the tablets in  
23 communities like our deploying them. That is an  
24 important step in like the right direction in which  
25 we need to continue because we know that, you know,

1 this isn't going away so it's just really key for us  
2 to continue to have the boots on the ground with the  
3 information. You listed the number of languages in  
4 which it's translated. The other question is sort of  
5 you touched a little bit upon this with the ethnic  
6 media as well but also has the department worked  
7 with, not this Moya but the other Moya in doing  
8 messaging for the hard to reach communities in the  
9 City and if you can just elaborate a little bit more  
10 on that, that would be great.

12 DR. DAVE CHOKSHI: Yes. We have a deep  
13 and productive relationship you know with Moya, with  
14 the prior Commissioner and I made it one of my first  
15 orders of business, you know, in the initial weeks of  
16 this administration to reach out to Commissioner  
17 Castro who as you know is also a neighborhood guy  
18 and, you know, made sure that we are partnering for,  
19 you know the ends that you are describing. They have  
20 you know a particular expertise and history as well  
21 in terms of serving immigrant communities. And this  
22 is so important again for us to be able to be able to  
23 work through because, particularly for undocumented  
24 immigrants we know that fear related to accessing  
25 healthcare is a major factor. This is why we have to

1 partner with community based organizations. But  
2 also, you know, the healthcare institutions that many  
3 immigrants are used to seeking care at, whether it's  
4 Elmhurst Hospital or Bellevue, you know, where I take  
5 care of my own primary care patients. These are  
6 places where people know that they can seek care  
7 without fear and for us to be able to ensure that we  
8 have seamless collaborations with, we are also  
9 working with, you know the Mayor's Office of Media  
10 and Entertainment to ensure that we are producing  
11 videos in different languages for public outreach and  
12 messaging. We, ourselves, mainly the Health  
13 Department, we have six contracted ad agencies we  
14 work with to develop media campaigns that again are  
15 all translated into those top languages spoken across  
16 the City. But beyond language access, and I know  
17 you, of course understand this as well it's also  
18 about cultural competency and cultural humility.  
19 Certain messages land differently in different  
20 cultural backgrounds. We have to make sure that we  
21 are partnering with people who understand the nuances  
22 of cultural competence for different communities and  
23 that's also foremost in the work that we have done.  
24 I'll just point to a couple of collaborations that we  
25

1 have done with the Latino Film Festival, you know,  
2 that's contributed to some of the vaccination videos  
3 that we produced with an organization known as BRIC  
4 which has also created multi-lingual PSAs as well as  
5 collaborations with other organizations, particularly  
6 those that are serving the Orthodox Jewish population  
7 and other communities across the City.  
8

9 CHAIRPERSON FRANCISCO MOYA: Great.

10 Before I go into my next question I just want to  
11 acknowledge that we've been joined by Council Member  
12 Rivera and Council Member Darlene Mealy as well. So  
13 just staying with that, how is the City ensuring that  
14 the vaccination sites, the testing sites can be  
15 navigated by individuals who are LEP and are there  
16 interpretation services on site. Is there is signage  
17 in languages other than English there?

18 DR. DAVE CHOKSHI: Thank you Chair,  
19 another very important question and the answer is yes  
20 to all of the above. I know this because I've worked  
21 at our vaccination sites, myself and I've seen with  
22 my own eyes the ways in which we do try to make this  
23 more accessible. Signage in different languages is  
24 present. We have interpretation services through  
25 live interpretation for some languages. Usually

1 someone is wearing a specific vest, you know, that  
2 indicates that they are available for in person  
3 interpretation. You know, so many of our staff come  
4 from the neighborhoods that we are serving and so  
5 that facilities you know our ability to provide it in  
6 that way and when we don't have on site  
7 interpretation services for a particular language,  
8 we're able to call upon it either telephonically or  
9 via video interpretation services as well. So, all  
10 of those are present, you know, across our testing  
11 and vaccination sites but our culture is one of  
12 continuous improvement. So, if there are specific  
13 areas where that's not being felt or delivered as  
14 well as it should be we welcome any and all feedback  
15 to try to improve that service.

17 CHAIRPERSON FRANCISCO MOYA: Well, you  
18 just walked in to my next question doctor. So as we,  
19 as we've heard in my office and I've personally seen  
20 this, complaints from constituents about the lack of  
21 adequate language access from the City throughout  
22 this pandemic. Do the city agencies, does your  
23 agency have contracts with outside vendors to provide  
24 interpretation or translation services that engage  
25 with the vendors to discuss improvement. And if you

1 get the complaints do you discuss them with a vendor.  
2 Like how does that relationship work, because I'll  
3 tell you if I get an H and H event out in my  
4 district, I have no problem. If I get a vendor's van  
5 out there, they don't show up on time we, there's no  
6 information given to the people who are waiting  
7 outside they may not have translation services there.  
8 We've seen long lines that have taken place there and  
9 so it's two different types of services that we get  
10 and I'm just trying to get to the fact of like how  
11 are we working with these vendors? Like how do we  
12 make these choices here because we need to do better  
13 in that sense because it's been a problem since we've  
14 started that.

16 DR. DAVE CHOKSHI: Thank you Chair Moya.  
17 Thanks for pointing it out and you know if you're  
18 seeing problems then we do need to improve. So  
19 that's the starting point. With respect to your  
20 question, yes, we do have contracts for translation  
21 and interpretation services with outside vendors as  
22 well. During the pandemic response we both utilized  
23 those existing contracts as well as established  
24 additional contracts because, you know, we have seen  
25 how important this is particularly to address

1 questions in a way that forges and builds trust and  
2 we know that sometimes we're starting at a deficit of  
3 trust, you know, with certain community members or,  
4 you know, with certain populations and so this is  
5 fundamentally important for us to be able to surmount  
6 that mistrust. So we have those additional contracts  
7 and through them we are able to provide  
8 interpretation services in hundreds of languages,  
9 this includes American Sign Language as well as, you  
10 know, all of the languages that are commonly spoken  
11 in New York City. In terms of the feedback that you  
12 are asking about, we do have regular communication  
13 with our contracted vendors. We take very seriously  
14 our responsibility for oversight and accountability,  
15 you know, with those vendors. When there are issues  
16 or complaints that arise we have additional  
17 conversations with them escalating up you know to  
18 their leadership and making it very clear that this  
19 is, you know, part of their responsibility as part of  
20 the contract that we have with them. And I'll say  
21 that most vendors are generally responsive and  
22 willing to address any issues but we want to make  
23 sure that we, you know, do that quickly and channel  
24

1  
2 it back in a way that you see that any problems that  
3 do crop up are being addressed in real time.

4 CHAIRPERSON FRANCISCO MOYA: So look I'd  
5 love to follow up with you on this just because we've  
6 had several complaints. I know I've reached out as  
7 well so I'll talk to you off line about that.

8 DR. DAVE CHOKSHI: Thank you.

9 CHAIRPERSON FRANCISCO MOYA: Moving on to  
10 the equity action plan which you know seeks to  
11 advance equitable policies and practices in the  
12 City's COVID 19 response by using a radial justice  
13 framework and population specific strategies to  
14 better reach community members. Can you please  
15 provide us an update on how that plan is rolling out  
16 and what population specific strategies is the  
17 department using?

18 DR. DAVE CHOKSHI: Thank you so much for  
19 the chance to say a little bit more about our Equity  
20 Action Plan. As I mentioned, you know, the floor  
21 pillars of that plan which were community engagement,  
22 provider engagement, access to resources and data and  
23 these have really been the underpinnings for all of  
24 our pandemic response over the last two years. The  
25 department even prior to my tenure as Commissioner

1 had ruled out an initial version of an equity action  
2 plan and then we updated it particularly in the  
3 context of vaccination with our vaccine equity  
4 strategy and over the course over the past year have  
5 really focused on ensuring that equity is part of  
6 what we hold ourselves responsible for, you know,  
7 during the vaccine roll-out. It's why we've invested  
8 over \$125 million in community based organizations,  
9 you know, through work that T2, the Test and Trace  
10 Corps had started but also supplemented by what we  
11 call the vaccine equity partner engagement program  
12 which channeled additional funding and which we now  
13 aim to carry forward through the public health corps  
14 working with you know many of those same community  
15 based organizations, faith leaders and community  
16 health centers. So that is the, you know, the arc of  
17 our work on equity. Ultimately, I want to say a  
18 couple of things. One is that we should look at the  
19 results, you know, ultimately we can only declare  
20 success if we are seeing that we are reaching the  
21 people that we intend to reach. One of the data  
22 point that's heartening in this respect is that 60%  
23 of all first doses from July 15th, 2021 onward went  
24 to black and Latino New Yorkers. A lot of this was  
25

1 because of the work that we did around community and  
2 provider engagements as well as, you know, the  
3 vaccine policies and incentives that we rolled out in  
4 the latter half of last year in which Mayor Adams has  
5 continued and that has helped to ensure that people  
6 were far more protected during the Omicron wave than  
7 they would have been otherwise. But equity is not a  
8 static priority. This is something that, you know,  
9 we'll have to continue addressing going forward both  
10 as part of COVID response but also not missing the  
11 opportunity to learn the lessons of health equity  
12 when it came to the pandemic and try to put New York  
13 City in a much different position for the long term  
14 as well.

16 CHAIRPERSON FRANCISCO MOYA: Thank you.  
17 And with that like how is the City been counteracting  
18 the anti-vac movement and the misinformation that has  
19 gone on in our communities.

20 DR. DAVE CHOKSHI: Yes. Thank you, you  
21 know, for this really important question and again  
22 I'll start by sounding the note that this is not  
23 something that the Health Department can do alone.  
24 You know, we need your help. We need the help of  
25 people all across the City so that our Science based

1 messages, you know, they spread faster than the  
2 misinformation and ultimately they have to spread  
3 faster than the virus. You know, that's how we're  
4 going to actually be able to, you know, to finally  
5 end the pandemic overall. Some of the ways that we  
6 are addressing this are that investment in community  
7 based organizations and faith leaders, you know, that  
8 I've eluded to. Making sure that we are putting out  
9 our science based messages. The best approaches to  
10 prevent misinformation from taking root in the first  
11 place and that's why we've been very aggressive about  
12 ensuring that, you know, we are broadcasting our  
13 messages, any changes based on scientific information  
14 and doing as much outreach as, as we have. I  
15 mentioned in my testimony we've done over 24,000  
16 events. People at the Health Department have been  
17 working tirelessly to make sure that we help to get  
18 the word out but we're not just doing it, you know,  
19 through virtual forums or even physical town halls,  
20 we are getting out on the streets and you know into,  
21 in to buildings, in to apartment buildings and other  
22 complexes, we've knocked on over 1.7 million doors to  
23 be able to do that. The last piece that I'll say is  
24 that we have developed a surveillance infrastructure  
25

1 for misinformation to be able to understand you know  
2 the key elements of misinformation in real time as  
3 they are spreading and channeling that back into our  
4 own messaging so that we are aware of, you know, the  
5 messages that need to be combatted and, you know, and  
6 doing that in multiple languages as well because we  
7 know that misinformation can look different for  
8 different communities so all of those are ways that  
9 we have attempted to fight back against  
10 misinformation but again we welcome partnership from  
11 all corners on this particular issue.

13 CHAIRPERSON FRANCISCO MOYA: And going  
14 with that because in your answer you just touched  
15 upon my next question was it still goes into the work  
16 with the community based organizations. You know we  
17 saw that working with the CBOs, faith based groups,  
18 advocates to help educate, you know, our community,  
19 you know, was a really important step. How have you  
20 engaged with the CBOs that work with the communities  
21 that were hardest hit by COVID including the black,  
22 Latin-X, immigrant, undocumented, homeless, the  
23 orthodox, the disabled, the LGBTQ and the elderly New  
24 Yorkers, like how has that come together to you know  
25 get the message out?

1  
2 DR. DAVE CHOKSHI: Yes. This has been  
3 one of the most beautiful and heartening things with  
4 witness as part of the pandemic response because  
5 there are so many dedicated community based  
6 organizations, faith leaders, other groups who are  
7 more expert and more trusted in many of the  
8 communities that they are serving. I know you will  
9 hear from some of them, you know, later on in the  
10 hearing I see their faces and names on the Zoom right  
11 now and it brings a smile to my face just to know,  
12 you know, that as our partners they have been  
13 shoulder to shoulder with us, you know, as part of  
14 the pandemic response. So the ways in which, you  
15 know, we've tried to empower and work with them is  
16 first by ensuring that we are channeling investment.  
17 You know, we've worked with approximately 100  
18 community based organizations specifically on  
19 building vaccine confidence across our communities  
20 and allocated about \$125 million to those community  
21 based organizations as well as our community health  
22 center network partners, the federally qualified  
23 health centers that I mentioned earlier. We do this  
24 in a way that is not just about, you know, investment  
25 but ensuring that we're all reading off of the same

1 sheet of music when it comes to science based  
2 information. When it comes to, you know, making sure  
3 that we're talking about things that are relevant to  
4 the neighborhoods and the communities that we're  
5 serving. I was out in Brooklyn a few weeks ago with  
6 one of the organizations that we partnered with,  
7 Brooklyn Community Services and they were handing  
8 out, you know, high quality masks, KN95 masks in the  
9 neighborhood that they've been serving over the  
10 course of the pandemic and many years before. What  
11 struck me was not just that people already knew, you  
12 know, the workers who were there, they knew the name  
13 of the organization but they felt comfortable  
14 bringing the complexity of life during the pandemic  
15 and, you know, and surfacing that as part of the  
16 conversation. So, our approach has always been very  
17 tangible with what we can deliver, whether it masks  
18 or tests or vaccines but also using that as a portal  
19 for understanding all of the various ways in which,  
20 you know, suffering has been experienced during the  
21 pandemic so that we can take those lessons and build  
22 them into longer lasting structural change as well.

24 CHAIRPERSON FRANCISCO MOYA: Thank you  
25 and with just sticking with that, that's how build

1 trust in the community but how can we ensure that we  
2 are providing appropriately sensitive material when  
3 messaging to the communities that we're looking to  
4 serve?  
5

6 DR. DAVE CHOKSHI: Yes. Thank you for  
7 clarifying that. We have to have the feedback loop  
8 at the end of the day and that means that the Health  
9 Department, you know, has to listen to the feedback  
10 that we're getting both from the organizations  
11 themselves and more importantly you know from the  
12 people whom we are serving. I'll just give you  
13 another very concrete example. I visited our Tremont  
14 Health Action Center in the Bronx during the peak of  
15 the Omicron surge. We were handing out rapid test  
16 kits, you know, to the surrounding community there  
17 including a NYCHA development that was just walking  
18 distance away from that action center and we found  
19 that in many cases people were taking the test kits  
20 but they didn't quite have the health literacy or  
21 even the English proficiency to be able to know how  
22 to use the test kit appropriately. As a result of  
23 that we set up videos in different languages, we set  
24 them up at the same place where we were actually  
25 handing out the test kits and said, please, you know,

1 take a photo of this or take this link to the video  
2 itself so that you know how to use the test kit so  
3 that it's actually useful to you, you know, at the  
4 time when you may have to, you know, use it for  
5 yourself or a family member. And because of that, we  
6 changed some of the signage and the ways in which we  
7 were describing the test kits at the time they were  
8 being handed out. So, that's just a small example  
9 but I hope it conveys our approach with respect to  
10 iterating on the feedback that we're getting from  
11 community members so that we can share that  
12 information in a way that it's most relevant to the  
13 people that we are serving. Thank you.

15 CHAIRPERSON FRANCISCO MOYA: I have to  
16 more questions and then I'm going to turn it over to  
17 my colleagues and if anything I'll come back but I  
18 just want to ask these last two questions It deals  
19 with the contracts. Can the department provide a  
20 list of the RPSs and other funding opportunities that  
21 are available for CBOs to provide support for COVID  
22 19 either through the department and can the list of  
23 awardees for each RFP actually be provided to us as  
24 well?

25

1  
2 DR. DAVE CHOKSHI: Thank you Chair. And  
3 the answer to both is yes. We'll be happy to follow  
4 up after the hearing with a list. All of the current  
5 open RFPs are public. They are online on the Fund  
6 for Public Health's website. The Fund for Public  
7 Health is our nonprofit partner. But we'll be happy  
8 to generate that list and send it to your office and  
9 the Council as well.

10 CHAIRPERSON FRANCISCO MOYA: Would you  
11 happen to know what the total amount of funding  
12 available is?

13 DR. DAVE CHOKSHI: It's about \$125  
14 million that's gone to approximately 100 community  
15 based organizations and 17 federally qualified health  
16 centers thus far.

17 CHAIRPERSON FRANCISCO MOYA: Okay. And  
18 how do the different contract opportunities differ  
19 within the Department and different from the  
20 opportunities within H and H.

21 DR. DAVE CHOKSHI: Well first let me just  
22 start by saying that we've had such a productive  
23 relationship with Health and Hospitals over the  
24 pandemic. You know, public health and healthcare  
25 delivery have to work hand in hand in order to

1 actually improve health which is our common goal. A  
2 way that I think about it is one of my patients at  
3 Bellevue. Or one of our neighbors, Chair Moya, in  
4 Jackson Heights doesn't care so much about the  
5 distinction between health and hospitals and the  
6 health department, all they care about is trying to  
7 stay healthy and access care when they need it. And  
8 so this means that we try to take the various  
9 contract opportunities and sort it out on the back  
10 end so that what we are presenting is a united front  
11 for New Yorkers and for the City as a whole. So,  
12 I'll just give you one example, the Health  
13 Department's arm of the Public Health Corps that I've  
14 mentioned focuses on community level education to  
15 prevent COVID while health and hospitals although  
16 they also use community health workers focus on  
17 providing support to those who are already within the  
18 healthcare system for complex problems. So, in this  
19 way it's complimentary, you know, us, public health  
20 doing what we do best out in neighborhoods you know  
21 working in communities making real that place based  
22 approach that I've described and health and hospital  
23 is really focusing on excellent clinical care and  
24 healthcare delivery.  
25

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CHAIRPERSON FRANCISCO MOYA: Thank you  
doctor for answering my questions. I really  
appreciate it. Thank you for that. I'm going to now  
turn it over it over to our Counsel because I know we  
have Council Members that are eagerly waiting to ask  
some questions. Thank you.

DR. DAVE CHOKSHI: Thank you.

COMMITTEE COUNSEL: Thank you Chair. I'm  
now going to call on Council Members in the order in  
which they raised their hand on Zoom. As a reminder  
for Council Members if you would like to ask a  
question and you've not yet raised your hand using  
the Zoom raise hand function please do so now.  
Council Members please keep your questions to five  
minutes. The Sergeant at Arms will keep a timer and  
will let you know when your time is up. You can  
begin as soon as I've called on you and the Sergeant  
has announced that you may begin. We will start with  
Council Member Barron, followed by Council Member  
Brooks-Powers, followed by Council Member Narcisse,  
Council Member Mealy and Council Member Brewer.  
Council Member Barron you may begin when you are  
ready.

SGT. LUGO: Time starts now.

1  
2 CHARLES BARRON: Well, thank you very  
3 much. My problem with your presentation and with  
4 your commercials, you do not address the deeply  
5 rooted systemic structural racist problem in the  
6 healthcare delivery system and the capitalist greed  
7 by the pharmaceuticals. All of this talk is easy  
8 even though it's a pandemic because you can talk  
9 about the stuff you've given out and stuff you're  
10 doing and addressing racism, community engagement,  
11 \$25 million from either engagement, access to  
12 resources to data. We didn't need no data to know  
13 who was dying in the black and brown communities. I  
14 didn't hear from you when the Governor, when we were  
15 dying, decided to change the Javit (SP?) into a  
16 health facility sent that ship with 1000 beds to the  
17 white community, converted Central Park in the white  
18 community, they were dying least. When all of that  
19 was happening, heard nothing from you and heard  
20 nothing from others. When the Governor had the  
21 unmitigated gall to write a book on the pandemic  
22 after he got medicated by 2.5, excuse me, \$2.5  
23 billion. I didn't hear from you and cut Medicaid and  
24 you know what he called it, the Medicaid Redesign  
25 Program. Oh I'm not cutting stuff Charles, I'm

1  
2 creating Medicaid savings. I didn't hear nothing  
3 from you on that. Didn't hear nothing from you on  
4 the high cost of prescription drugs for our seniors  
5 that now have to suffer and some of our seniors can't  
6 take the vaccine because they have so many allergies  
7 that it'll be very, very difficult for them to do  
8 that and some of the doctor's recommended that they  
9 just stay away from it and keep them out of an unsafe  
10 environment. Didn't hear nothing from you over the  
11 years. I've been in this struggle for 50 years, even  
12 way back when Haskell, Ward and Dr. Mayor Koch,  
13 member plan shrinkage, closing hospitals in our  
14 communities whether it was Siddenham, Cumberland,  
15 plans, didn't hear nothing from y'all. So how about  
16 this, how about the fact that they're merging  
17 hospitals now, merging hospitals. Do you know what a  
18 hospital merger does, you should know, a lot of the  
19 services go with the merging of hospitals. Heard  
20 nothing from you. It's easy to come with this as you  
21 say "eloquent presentation" about the Mayor and you  
22 around the pandemic giving out masks and having  
23 sites. We've all done that, all of that done that.  
24 We've given out masks, we've had sites in our  
25 neighborhoods and all of that, we fought for all of

1 that, didn't hear nothing from you on the systemic  
2 problem. The real problems, Medicaid cuts, hospital  
3 mergers and you know who the primary caretaker is in  
4 our communities, the emergency room. And most of  
5 four hospitals survive on Medicaid reimbursements.  
6 80% of the hospitals income is on Medicaid  
7 reimbursements and they're cutting that and making  
8 that difficult, even in the Obamacare, the private  
9 companies laughed their way to the bank because it is  
10 still very public. I didn't hear you supporting  
11 single payer healthcare system that would provide  
12 healthcare for everybody and paying some of their  
13 taxes out of it so I'm getting sick and tired of  
14 these flowery presentations, putting together a  
15 coalition, a commission on racism and this and that.  
16 Do you know how many commissions and task force we've  
17 had? We don't need all of that. There's nearly \$100  
18 billion budget and you're talking to us about \$100  
19 million and \$25 million here and engaged in the  
20 community that is peripheral. That is not systemic.  
21 It's not deep enough. We need you or I need you if  
22 nobody else does go deeper because were dying before  
23 this pandemic from high blood pressure, diabetes,  
24 lung diseases, kidney, heart, all of that was  
25

1 happening because of racism and capitalist greed.  
2  
3 You want to talk about a pre-existing condition.  
4 We're suffering because of a pre-existing economic  
5 exploitation condition of our community that creates  
6 poverty and what's in the vaccine?

7 DR. DAVE CHOKSHI: Well thank you Council  
8 Member. Look, I hear the passion in your voice and  
9 also the frustration and I have nothing but deep  
10 respect for the work that you've been doing across  
11 decades so I'm grateful you know for that and I also  
12 share, you know, your sense of urgency and your sense  
13 that things need to change in a much more significant  
14 way rather than an incremental way. It is why I and  
15 the health department have been calling for massive  
16 investment in public health, massive investment in  
17 the safety net systems you know that you have eluded  
18 to and doing it in a way so that we don't rely on  
19 emergency rooms or hospitals as much but actually try  
20 to address all of those factors through primary care  
21 but also all of the things that we know contribute to  
22 health that don't have to do with healthcare so  
23 you'll find in violent agreement with, you know, with  
24 much of what you have said and I and the Health

25

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1  
2 Department look forward to partnering with you to  
3 actually drive that structural change.

4 COMMITTEE COUNSEL: Thank you Council  
5 Member Barron. I'm going to now turn it to Council  
6 Member Brooks-Powers for questions, you may begin  
7 when you are ready.

8 SGT. LUGO: Starting time.

9 SELVENA BROOKS-POWERS: Thank you and  
10 hello everyone. Thank you to Chair Schulman and Moya  
11 by convening this important hearing today. The COVID  
12 19 pandemic has exposed deep inequities across our  
13 City and I think it's really important for us to keep  
14 in mind that communities have felt the impact of this  
15 pandemic very differently. Communities of color like  
16 the one I represent in 31st Council District were hit  
17 first and hardest by COVID. We have struggled to  
18 recover amid a healthcare desert and uneven  
19 allocation and distribution of resources and  
20 difficulty in addressing both misinformation and  
21 genuine concern surrounding the safety of vaccines.  
22 And many of my district's ZIP codes about 1.7 of  
23 people are testing positive which is fairly close to  
24 the current citywide average, however, only about 63%  
25 of my district residents are fully vaccinated

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1 compared to a citywide range of 76.6%. That rate is  
2 as low as 54% in 11691 downtown Far Rockaway. The  
3 second least vaccinated ZIP code in the city. In  
4 light of this reality I want to focus on how the  
5 Department of Health and Mental Hygiene and other  
6 City agencies are sensor equity and the work with  
7 communities across the city. A couple of questions  
8 that I have is as some communities across the City  
9 reach immunity levels of vaccination how are the  
10 agencies redistributing resources to help other  
11 communities most in need? Can the City provide a  
12 breakdown of how many vaccination site, permanent,  
13 brick and mortar and pop up are in operation? Does  
14 the City plan to close any existing sites or open new  
15 ones in the coming weeks? Will H and H Equity Action  
16 Plan seeks to ensure that our COVID response is  
17 equitable using "population specific strategy" to  
18 better reach community members. How has outreach  
19 looked in immigrant communities or communities of  
20 color where vaccine hesitancy maybe higher? Have  
21 outreach strategies changed as the vaccine uptick  
22 increased? Over the past couple of months, many New  
23 Yorkers increasingly began relying on at home test  
24 kits provided by resources like the federal  
25

1 government and because these kits aren't administered  
2 and collected by a central office we may be missing  
3 some crucial data in terms of which neighborhoods are  
4 still being hit hardest. Have your Departments  
5 noticed changes in testing data that might be the  
6 result of this gap? Have you found that at home test  
7 kits are used to disproportionately in certain  
8 neighborhoods and if so has that prompted the  
9 agencies to redistribute resources, redirected focus  
10 or changed the strategy? I know that's a lot so feel  
11 free to let me know if you need to re-read any  
12 questions but like I said this is a much needed  
13 conversation especially when you have communities of  
14 color that continue to be left behind when the  
15 resources are distributed.

17 DR. DAVE CHOKSHI: Thank you so much  
18 Council Member. A number of questions there. Let me  
19 do my best to address, you know, several of them  
20 briefly. But first you know the most important one  
21 is where you ended up, which is you know we can  
22 elaborate our equity strategy but what really matters  
23 is what you're seeing, you know, in your, in your  
24 communities and whether we are closing the gaps that  
25 we aim to close. I will tell you that, you know,

1 certainly part of the district that you represent has  
2 been one of the more challenging places in terms of  
3 closing the vaccination gap, you know, for 11691 as  
4 you eluded to. I'm very grateful for the partnership  
5 that we have had with you and your office to ensure  
6 that there is sufficient access, you know, both  
7 mobile sites as well as working with the healthcare  
8 providers who are in that community as well and also  
9 trying to stem the misinformation that we know can  
10 also contribute to lower vaccination rates. So, that  
11 remains a very active concern of ours. We monitor  
12 vaccination rates by ZIP code and if necessary, you  
13 know, at even more granular levels on a weekly basis  
14 to understand where we need to continue our focus,  
15 redouble it in certain cases and bring to bear  
16 additional interventions to raise those vaccination  
17 rates. With respect to your question about showing  
18 the or sharing the locations of the current  
19 vaccination sites ...

21 SGT. LUGO: Time expired.

22 DR. DAVE CHOKSHI: ... both mobile and  
23 brick and mortar, yes, of course we will be happy to  
24 do that. Much of that is on NYC.gov/vaccinefinder  
25 but if there is any more specific cut of that we will

1 of course to happy to share that with you. And on  
2 the final pieces about test kits, I eluded to this a  
3 little bit earlier but to recap we are monitoring to  
4 ensure that we are getting sufficient surveillence  
5 testing both city wide as well as at more granular  
6 levels. If that changes, then certainly we would  
7 reconsider any of our testing strategies, making sure  
8 that there is sufficient access to testing and  
9 specific places and thinking about how we may need  
10 to, you know, integrate home test kit results into  
11 our strategy as well. Thus far, we have sufficient  
12 surveillence across the entire city as well as, you  
13 know in the ZIP codes that we monitor across all five  
14 boroughs. So, we do have a good sense of the  
15 trajectory of the pandemic in real time from our  
16 existing testing approaches but that's something that  
17 we monitor, you know, week to week if not day to day.  
18 I hope that answers some of your questions.

19  
20 COMMITTEE COUNSEL: Thank you. I'm going  
21 to now turn to Council Member Narcisse for questions.  
22 You may begin when you are ready.

23 SELVENA BROOKS-POWERS: One moment  
24 Counsel, I just wanted to just close out by saying  
25 thank you Dr. Chokshi for your partnership as well

1 because yes we have been working extremely close. I  
2 would like to end on one note in terms of the  
3 distribution of [inaudible] of public libraries but  
4 there are still communities that are not receiving  
5 them. So, when you look at my district Worrelltone  
6 or Rosedale, Springfield Gardens also have low  
7 numbers and none of the public libraries have been  
8 selected as a part of this effort and I would like  
9 for the agency to consider adding the Rosedale as  
10 well as the Worrelltone Library as well.  
11

12 DR. DAVE CHOKSHI: Thank you Council  
13 Member we'll be happy to follow up with you about  
14 that with our T2 colleagues as well. Thank you.

15 SELVENA BROOKS-POWERS: Thanks.

16 COMMITTEE COUNSEL: Thank you Council  
17 Member. I'm going now turn to Council Member  
18 Narcisse for questions. You may begin when ready.

19 SGT. HOPE: Starting time.

20 MERCEDES NARCISSE: Hi. Good morning and  
21 thank you Chair Lynn Schulman, my colleagues of the  
22 City Council and Chair Moya. Thank you so much for  
23 the opportunity and thank you for taking that on and  
24 thank you Dr. Dave Chokshi. I think, yeah, I hope I  
25 don't butcher your name because, thank you so much.

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1  
2 One of the thing I have to say is I have been a nurse  
3 or over 30 years, work Emergency Room, Elmhurst by  
4 the way, worked home care, we never faced that before  
5 that pandemic but having said that this pandemic just  
6 exacerbated what's been going on in our community and  
7 everyone piggybacks on Council Member Barron.  
8 Everybody knew the inequities that existed in our  
9 community and from all the disease that he mentioned,  
10 diabetes, hypertension and so on and so forth but  
11 when the pandemic hit, the first delivery of things  
12 was not received by our community which everyone  
13 knows that when you have underlying and those are the  
14 folks that need the attention the most. So, we did  
15 not have that. When it comes to the testing, when it  
16 comes to the protection, the all the PPEs they were  
17 not distributed in the community that needed it the  
18 most. So, this got to stop. We have to do better.  
19 We cannot go backward we have to go forward. We have  
20 to help people that really in need the most because  
21 we already knew that. I have two little questions.  
22 I'm not going to take long I know a lot of things  
23 have been covered and I thank you all for the  
24 opportunity and talking and trying to touch all the  
25 bases. What is the racial breakdown of vaccination

1 rates across each borough by ZIP code to compare with  
2 breakdown for infection, hospital and death rates?  
3 That's one. With infection rate decreasing, we all  
4 know it's decreasing and I would not like to see  
5 everybody put their guard down. I believe it is very  
6 important to not jump the gun, right and tear off all  
7 our masks and claim that this pandemic is behind us.  
8 How is the City preparing to distribute information  
9 and provide clear directives to all New Yorkers,  
10 especially in the community that needed it to the  
11 most which is at high risk neighborhood about proper  
12 and effective protocols for wearing masks and being  
13 vaccinated over the summer months? I'm going to  
14 leave it at that. Thank you.

16 DR. DAVE CHOKSHI: Well, thank you so  
17 much Council Member. I'll start it off and I'll see  
18 if Dr. Vasani would like to address, particularly the  
19 last part of your question as well. But first, allow  
20 me to just echo what you have stated with respect to,  
21 you know, how important it is for us to realize that  
22 the pandemic simply magnified inequities that existed  
23 before COVID 19. Unfortunately many tragic ways but  
24 also in ways that we have to recognize reflects  
25 generations of disinvestment and discrimination and

1  
2 in so many cases structural racism that contributed  
3 to those tragic outcomes that we have bore witness to  
4 over the past two years but we cannot simply look  
5 backwards at that. We have to take the steps as you  
6 have said to redress those inequities and  
7 particularly with the notion that health equity is  
8 fundamentally about ensuring that we allocate the  
9 resources that generate health according to need and  
10 that is at the center of how we are thinking about,  
11 you know the next phase of the pandemic. You know,  
12 some of the ways of course are more directly related  
13 to COVID response so to your questions, you know, our  
14 vaccination rates by borough, actually broken down by  
15 ZIP code as well as age range are at  
16 NYC.gov/COVIDdata. What they show is that black New  
17 Yorkers remain the lowest vaccinated race ethnicity  
18 group at 57%, followed by white New Yorkers at 61%  
19 and then followed by Hispanic/Latino New Yorkers at  
20 70% fully vaccinated. But as you've eluded to in  
21 your question that varies widely depending on  
22 geography as well. And in many cases depending upon  
23 age too. So, we have that more granular data broken  
24 down on our website as I mentioned. We have to match  
25 that up as you pointed out against what we saw with

1 cases, hospitalizations and deaths and, you know the  
2 ...  
3

4 SGT. LUGO: Time is expired.

5 DR. DAVE CHOKSHI: ... upshot is that  
6 populations that have lower vaccination rates  
7 unequivocally are at higher risk of infection as well  
8 as the severe outcomes from COVID 19 even though we  
9 did make very significant strides in protecting so  
10 much of New York City with our relatively high  
11 vaccination rates overall. We have to pay attention  
12 to places that have lower vaccination rates whether  
13 it's specific race ethnicity groups or neighborhoods  
14 in order to ensure that they benefit from that same  
15 level of protection. And I guess to the last part of  
16 your question which is the how, of, you know, how we  
17 are attempting to do this. A lot of it is through  
18 the community engagement and clinical engagement, you  
19 know that I have already described but I just want to  
20 underline how important it is for us to rebuild the  
21 fundamental public health infrastructure that we  
22 need. We have to invest in it in the same way that  
23 we think about roads and bridges for us to not be in  
24 the same situation that we were in when the pandemic  
25 first hit. This is our opportunity and our moment to

1 be able to do that and I'll be very grateful for the  
2 continued partnership of the Council for us to do  
3 that because I know that it will save lives going  
4 forward. With that, I do want to turn it to Dr.  
5 Vasan to give his sense of the path ahead as well.

6 DR. ASHWIN VASAN: Thanks Dr. Chokshi.

7 And, you know, I'm incredibly grateful for your  
8 question Council Member and for the comments of  
9 Council Member Barron and I see too the frustration.  
10 I share that frustration. I was the leader of a  
11 community based organization that also was, you know,  
12 struggling to interface at time and to understand how  
13 to respond to this pandemic and partnership with  
14 government and so I understand how that, the effects  
15 of that fall disproportionately on people of color  
16 and people who already have vulnerabilities like the  
17 folks I used to work with with chronic mental  
18 illness. I will just say that one of the things that  
19 I'm most excited about is the progress that the  
20 Health Department has made over years in our work on  
21 place based, race equity based strategies. I was  
22 privileged to be at the Health Department for a short  
23 time when Dr. Bassett really created the space for a  
24 conversation about racism and health that at least in  
25

1 government didn't really exist, New York City  
2 Government didn't really exist and I saw her through  
3 her force of leadership and well, really force a  
4 conversation with the agen-, internal to the agency  
5 and then also with partners across the government on  
6 how can we do better to address the short and the  
7 long term health needs of people most impacted, low  
8 income people, people of color. And I saw the  
9 immense amount of awareness and education that was  
10 needed at that time to even get us to a shared  
11 language and a shared understanding and then now to  
12 come back into the agency and to see some of early  
13 results of that work obviously under great duress and  
14 great strain of the pandemic but to see as Dr.  
15 Chokshi eluded to the fact that the majority of our  
16 vaccination, first dose vaccinations have been  
17 amongst people of color in our, the most impacted ZIP  
18 codes in our city since August. That's a, I think  
19 it's a direct result in part of the beginnings of a  
20 way of working more structurally with community based  
21 organizations in those communities most impacted.  
22 And so I know it's not enough yet and it's a start  
23 but when I compare where we were eight years ago when  
24 we were just having a conversation and raising  
25

1 awareness to where we've been over the last year or  
2 two I understand that the data still bears out that  
3 people of color bore the brunt of this pandemic but  
4 from a government perspective, from a Health  
5 Department perspective I think this is a stake in the  
6 ground in terms of bringing that to life and  
7 operationalizing our equity strategy through the  
8 organizations that can truly deliver on that which  
9 are trusted community based organization that have  
10 long term relationships with people most impacted can  
11 deliver culturally and linguistically competent care  
12 and so as we step back and kind of learn the lessons  
13 from this pandemic one of the main lessons that I see  
14 coming in and learning about the response that city  
15 government has mustard is our ability to interface  
16 with community based organizations in a much more  
17 systematic way than I have ever seen before from the  
18 Health Department side, so I am encouraged but  
19 there's so much more work to do.

21 COMMITTEE COUNSEL: Thank you. I'm just  
22 going to unmute Council Member Narcisse.

23 MERCEDES NARCISSE: I want to thank you  
24 and I appreciate that but I have to let you with  
25 this. My community, I serve a large population that

1 hit so hard, Canarsie, Sheepshead Bay Area. We're on  
2 the map, on the red zone for many, many weeks but yet  
3 this street don't even have a hospital, no community  
4 health center and still yet I'm very concerned as we  
5 saying that people getting better, we know we still  
6 high risk so I would like to see, like, Council  
7 Member Brook-Powers said we need to see more PPEs  
8 arrive especially in our libraries. We were talking  
9 about Dickeyview [SP] Library, Jamaica Library that can  
10 be used for Rockaway Parkway those are the folks that  
11 really need help in Sheepshead Bay area so we can  
12 continue because I continue doing it myself as well  
13 as being a nurse. I do a lot of events, trying to  
14 promote it but I would like to see more vaccination  
15 continue and the sites for the PPEs continue. Thank  
16 you so much, I appreciate your time.

18 DR. DAVE CHOKSHI: Thank you.

19 COMMITTEE COUNSEL: Thank you Council  
20 Member I am going to now turn it to Council Member  
21 Brewer for questions. You may begin when you are  
22 ready.

23 SGT. LUGO: Starting time.

24 GALE BREWER: All right. Thank you very,  
25 uh, let's see, thank you very much Commissioner and I

1 want to also say during the pandemic your staff was  
2 phenomenal. I was obviously very involved with our  
3 community as the Borough President of Manhattan and  
4 your staff was phenomenal. Thousands of hours with  
5 them and I can't say enough positive and also thank  
6 you to the Co-Chairs. So, I just want to pick up on  
7 what you've been talking about about lessons learned  
8 for the future because it seems to me that people did  
9 get vaccinated largely, lots of challenges but what  
10 did we learned from it, like, do we need more health  
11 centers. I know we need to invest but when I hear  
12 that I want to know where, when, who's making sure  
13 that it is planned out and this is an example, I  
14 assume that we're going to have a fourth booster. I  
15 don't know, you know better than I, so then my  
16 question is, would I get to sit. Nobody ever says do  
17 you have a health provider? Do you need, you know,  
18 help et cetera so I'm just and then when I am in  
19 Harlem. The black physicians I say to them so what  
20 did we learn from pandemic? Answer, more  
21 telemedicine is going to be taking place Gale. So  
22 then of course I wonder, ut-oh who's got the  
23 connectivity to be able to do that? Now, how do we  
24 operate in a non-silo situation? So that's the  
25

1 question number one. It's, it's good to say we need  
2 more investment. Where? Specifically how, when, et  
3 cetera and your Tremont example is a good one, it's  
4 not unique I can promise you. Number two, all around  
5 Manhattan are these testing sites, little tents,  
6 freezing cold and a table. Are they getting, what of  
7 money are they getting? Is it just reimbursement  
8 because if there's any City money going into it I  
9 don't know if we need them all. They're all looking  
10 for money. That's my impression. I don't know and  
11 then there's the issue of home testing. I heard you  
12 say correctly you have enough data but just so you  
13 know, the pharmacy that I talked to is a much higher  
14 rate of positivity than what you're hearing on the  
15 street in terms of the data because people are coming  
16 in they're getting tested but then they call the  
17 pharm-, you know, we're all, we're all positive.  
18 That's okay as long as we're, it's good that you know  
19 that but I just want to let you know I think the home  
20 test is terrific but it is a much higher rate of  
21 positivity than what you're getting from your data  
22 and then just in terms of the hotels, I just didn't  
23 know if there is still COVID hotels. The reason I  
24 ask is it would make some sense if we could piggyback  
25

1 with the homeless because these homeless folks are  
2 not going to the shelter so couldn't we find a way of  
3 also, can you get reimbursed. I'm trying to think of  
4 other ways to not have silo agencies, that's my goal  
5 in life. So those are my questions and thank you so  
6 much for everything that you've done.

8 DR. DAVE CHOKSHI: Well thank you very  
9 much Council Member you've been a terrific partner of  
10 ours, first as borough President and we're looking  
11 forward to working with you as a Council Member again  
12 and first let me just say thank you for, for shouting  
13 off to the Health Department staff, I really, I can't  
14 say enough about what Heros, you know, my colleagues  
15 have been. The endless hours, you know, that they've  
16 dedicated to try to keep New York City safe and I'm  
17 continually in awe and inspired by them so I  
18 appreciate your acknowledgment of that.

19 GALE BREWER: Uh-huh.

20 DR. DAVE CHOKSHI: Let me try to get  
21 brief responses to your four, your four questions.  
22 So thanks for asking the really thoughtful question  
23 about investment where? And I will say there are  
24 three areas that top of mind for me. First is  
25 community health workers, you know and making sure

1 that we are looking at this as a chance to do a  
2 quantum leap when it comes to our health workforce  
3 and actually, you know, do it in a way that invests  
4 in communities rather than drawing resources from  
5 communities and that's what Community Health Workers  
6 represent at the end of the day. The second part of  
7 it, Dr. Vasan has already alluded to the fact that  
8 both he and I are both primary care doctors. We  
9 chose that because it's the natural place for people  
10 who care about public health to take care of people.  
11 We have taken vast much more into primary care,  
12 including our federally qualified health centers but  
13 more broadly, you know, making sure that the places  
14 particularly in the boroughs, you know, of Bronx,  
15 Queens, Staten Island and Brooklyn that doesn't have  
16 sufficient primary care access right now that that is  
17 rectified as well by, by improving access to primary  
18 care. And then the third part is for us to recognize  
19 all the other drivers of health which we've spent a  
20 little bit time talking about, but, you know, food,  
21 housing education, all of these things that end up  
22 shaping health outcomes, in many cases far more than  
23 healthcare does and those are places where Mayor  
24 Adams has already demonstrated and signaled a very  
25

1 strong commitment and I'm really excited to see the  
2 different ways that we'll be able to partner with the  
3 Council and under Dr. Vasan's leadership, actually ...

4 SGT. LUGO: Time expired.

5 DR. DAVE CHOKSHI: ... those drivers of  
6 health. Sorry Council Member to take up your time.  
7 I'll just, I'll just take a couple of more seconds to  
8 talk about the testing sites that you mentioned.  
9 Those are not under the direct prevue of the City.  
10 Most of them are regulated ...

11 GALE BREWER: I know.

12 DR. DAVE CHOKSHI: ... by the State.

13 GALE BREWER: I know.

14 DR. DAVE CHOKSHI: We, we encourage for  
15 people who are seeking testing to go to Health and  
16 Hospitals or Test and Trace Corps sites.

17 GALE BREWER: I know that Commissioner  
18 but do those companies get reimbursement that is not  
19 City, there is no City money in there, that's what  
20 I'm trying, or maybe you don't know?

21 DR. DAVE CHOKSHI: To my knowledge there  
22 is no City money in those.

23 GALE BREWER: Okay.

1  
2 DR. DAVE CHOKSHI: They may get insurance  
3 reimbursement and that would be state money, you  
4 know, via Medicaid and other ...

5 GALE BREWER: Right.

6 DR. DAVE CHOKSHI: ... plans.

7 GALE BREWER: Okay.

8 DR. DAVE CHOKSHI: But we can confirm  
9 Council Member, but to my knowledge no City money.

10 GALE BREWER: All right.

11 DR. DAVE CHOKSHI: The third one on home  
12 test kits. Yes, I do understand the point there, we  
13 will, you know, continue to look at our indicators.  
14 It's not just about cases and test positivity. It's  
15 also about all of the different ways that we have to  
16 understand the trajectory of the pandemic. We get  
17 real time information through what's called Syndromic  
18 surveillance to understand what's happening in our  
19 emergency departments and hospitals and so if any of  
20 those signals go off, we know, you know, to be able  
21 to dig deeper and we are now late seasoned in being  
22 able to do that having experienced that in four  
23 consecutive waves. So, it's something that we will  
24 continue to monitor closely. And then your point  
25 about hotels is well taken, you know, and we may have

1 to owe you a bit of follow up here, but I do know  
2 that Health and Hospitals and for example the  
3 Department of Homeless Services have a very good  
4 collaboration when it comes to isolation hotels that  
5 have had to be used for different purposes during the  
6 pandemic. And I hear your point which is more about  
7 doing this in a forward looking way for the capacity  
8 that we may have to maintain.  
9

10 GALE BREWER: Okay. I appreciate it. I  
11 just want to, I just want to just say one thing. The  
12 still silo, if we get tested then where is the follow  
13 up for the person who is only getting the shot? Do  
14 you have a primary care provider? Do you belong to a  
15 healthcare? Any, I've never been asked. I get  
16 tested all the time. I'm going to see how it works.  
17 I just stopped in all over the place. Nobody says  
18 that. I don't know if it's a good about but you can  
19 have all the healthcare workers you want but when you  
20 got that person there, he ain't coming back. So, I  
21 just, that's the silo problem. I'm, you know,  
22 because otherwise you're going to have the same  
23 Tremont situation with people upstairs not knowing  
24 what's going on downstairs so I'm trying to get the  
25 silos if we have this booster, or the fourth shot

1 that would be the time to say okay, let's work on  
2 that because we have sort of more or less suc-, you  
3 know figured out the other challenges but how do we  
4 make sure that people have a primary care or whatever  
5 is the right way for the public health. I'm all for  
6 the Ryan Center, but that doesn't happen right now.

8 DR. DAVE CHOKSHI: Thank you for the  
9 comment Council Member and I'm, I'm sure there are  
10 ways for us to continue to improve along the lines  
11 that you're saying. For, for positive test results  
12 you know there is, there's proactive follow up if  
13 it's reported via laboratory for home test kits,  
14 we're, we're encouraging New Yorkers to all 212-  
15 COVID19 to make sure that they get connected to the  
16 resources that they need and particularly making a  
17 push and would really like to invite everyone's help  
18 with this to make sure that people know that  
19 treatment is available. It is highly effective  
20 treatment and it works best, you know, if you start  
21 it sooner after testing positive.

22 GALE BREWER: I am, I just, even if  
23 you're negative if you have nothing wrong with you.  
24 I'm talking about other kinds of health needs.

COMMITTEE ON HEALTH JOINTLY WITH  
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1  
2 CHAIRPERSON FRANCISCO MOYA: I just want  
3 to jump in here really quick Council Member Brewer.

4 GALE BREWER: Sorry.

5 CHAIRPERSON FRANCISCO MOYA: Sorry. No  
6 it's okay. We have five minutes for, for everyone  
7 and you can ask for ...

8 GALE BREWER: Nevermind.

9 CHAIRPERSON FRANCISCO MOYA: ... a second  
10 round for two minutes.

11 GALE BREWER: Okay.

12 CHAIRPERSON FRANCISCO MOYA: We just want  
13 to make sure that all of our colleagues get an  
14 opportunity to ...

15 GALE BREWER: Thank you very much.

16 CHAIRPERSON FRANCISCO MOYA: ... ask their  
17 questions. Yep. Thank you.

18 COMMITTEE COUNSEL: Thank you Council  
19 Member. I'm not turning to Council Member Mealy for  
20 questions. Before I do that, just quickly a reminder  
21 for any other Council Members if you have questions  
22 you can use the Zoom Raise Hand Function and we will  
23 call on you in the order in which you've raised your  
24 hands. Uh, Council Member Mealy.

25 DARLENE MEALY: Hi.

2 SGT. LUGO: Starting time.

3 DARLENE MEALY: Thank you Chair Schulman  
4 and Moya, thank you for this important meeting.  
5 Thank you Commissioner I haven't really met you as of  
6 yet and my district is the most needed district than  
7 ever and I keep hearing quality, trust, trust, trust,  
8 and I haven't heard that much, what is your plan in  
9 regards to the most vulnerable population and that's  
10 our seniors? And you said you had, your community  
11 health workers knock on 1.7 million doors but do you  
12 know the stigma of people knocking on senior doors?  
13 I want to know how many home COVID tests, have, you  
14 were able to get into their doors? So many scams are  
15 going on right now and I feel our seniors probably  
16 though here go another one. Taking their information  
17 and another question I have, you said you had so many  
18 PSAs but I didn't see that was did, directly toward  
19 seniors and our African American and Latino.  
20 Sometimes you need to go old school, I'd say to get  
21 them to really feel that you're with the City and I  
22 can open the door and trust you and let you vaccinate  
23 me and then leave and then I may open the door again  
24 when you come. So, I didn't see any PSAs in regards  
25 to that. And in my district that is the highest

1 population of, of God, you wouldn't believe high  
2 sensitivity of public housing and then van I go see  
3 and talk to I don't know if they from the City or if  
4 its just people popped up and have their own private  
5 van doing these tests. Numerous people were coming  
6 into the office now saying that they still have not  
7 received their results. So, who are regulating all  
8 of these pop up tests and these vans? How will the  
9 community know if this is City van or if this is a  
10 private entity, doing these tests? And they really  
11 going to get back to me and let me know if I'm  
12 positive or not? And then, I'll be quick the home  
13 test, after someone, I'm doing food distribution,  
14 PPEs, the tests, the home test, after I give them the  
15 test, then what? How do we know if it's positive or  
16 not? How are we following up with the individuals  
17 who receive these tests at home? So, I would love,  
18 sooner or later we're going to meet and start  
19 communicating and seeing how we can best serve the  
20 community but we have to do a follow up on these  
21 tests. How, what is your plan with that? And our  
22 PSAs for our seniors? Thank you Chairs.

24 DR. DAVE CHOKSHI: Well, thank you so  
25 much Council Member. First all I look forward to

1 meeting with you and I, I really appreciate your  
2 comments and you know, you shining a spotlight on  
3 older New Yorkers and, and our obligation to serve  
4 them well. This is something that has, you know,  
5 weighed very heavily on me because we've seen how  
6 much COVID affects our seniors more so than, than  
7 even other New Yorkers. So, thank you for calling  
8 attention to it. Let me try to briefly address. You  
9 had four related questions. I'll try to briefly  
10 address them. With respect to how we are engaging  
11 seniors and really trying to do it in a way that  
12 forges trust, because as you said, you know, it may  
13 be high barrier for someone to open up a door, you  
14 know, if someone is knocking from, from one of our  
15 canvassers. We do recognize that, we've had multiple  
16 vaccine planning work groups that coordinate the  
17 different parts of City government. Particularly the  
18 Department for the Aging as well as the Health  
19 Department but also bringing together advocates and  
20 non-profits who specialize in supporting the needs of  
21 seniors. And this is another area where our job is  
22 sometimes to just make sure we empower and give  
23 people the resources and get out of the way. So,  
24 whether it's making sure that senior centers or home  
25

1 delivered meal programs or the home care and care  
2 management programs that I've eluded to have what  
3 they need to take care of seniors. That's a major  
4 additional way that we're trying to engage that  
5 community. We, for our part, have launched free  
6 transportation options to vaccine sites and beyond  
7 the door knocking we do thousands of daily calls  
8 between the Test and Trace Corps and the Department  
9 for the Aging to help people make appointments or to  
10 set up, you know the in home vaccination program that  
11 ...  
12

13 SGT. LUGO: Time expired.

14 DR. DAVE CHOKSHI: ... so that's a little  
15 bit on the seniors and trust. The second part of it  
16 in terms of the PSAs, we have had PSAs that are  
17 specifically targeted to seniors. Commissioner  
18 Cortez Vasquez and I did one last year and then the  
19 Department for the Aging in collaboration with the  
20 Health Department who went out around the time of the  
21 Omicron surge and you'll see more about that in the  
22 coming weeks as well. But this is an area where we  
23 welcome your thoughts and particularly the right way  
24 to deliver the message so that it's received by the  
25 people who we aim to reach. In terms of the pop up

1 testing sites, those are generally, you know, as a,  
2 as a testing entity. They are regulated by the State  
3 but if there are specific, you know, problems that  
4 you are seeing, certainly you can report them to the  
5 Health Department as well and we'll figure out the  
6 right way to channel that feedback or guide you, you  
7 know, in terms of the right way to channel that  
8 feedback or guide you, you know, in terms of the  
9 right way to do so. I do understand the concern that  
10 you have raised and that Council Member Brewer, you  
11 know, also raised to make sure that they are taking  
12 advantage of New Yorkers and particularly older New  
13 Yorkers. So, so I do understand that and what I'd  
14 ask is that you would help us get the word about  
15 directing New Yorkers to the City sites that are  
16 listed at NYC.gov/Covidtests or anyone can call 212-  
17 COVID19 if they don't have internet access. And then  
18 in terms of follow up related to home tests. Thank  
19 you, another very important point, we do, you know,  
20 as we are distributing the home tests, we make sure  
21 that people have the material to know whom to call.  
22 Either their own healthcare provider if they're  
23 established in care somewhere or 212-COVID19 where  
24 they can speak to one of my nurses or a Health and  
25

1 Hospitals doctor if that's necessary and we mostly  
2 want to make sure that people know how to access that  
3 follow up as rapidly as possible. So, thank you  
4 again for raising those issues. I hope I've  
5 addressed some of them and we'll look forward to  
6 following up on anything else that we need to.

8 COMMITTEE COUNSEL: Thank you Council  
9 Member and Commissioner and that I don't see any  
10 additional Council Member hands at this time so I'm  
11 going to turn it back to Chair Schulman for  
12 additional questions.

13 CHAIRPERSON LYNN SCHULMAN: Thank you  
14 very much and you know, I want to thank Commissioner  
15 Chokshi and Dr. Vasan for being here so long, you  
16 know, I want to mention, and my colleagues as well.  
17 I want to mention that we haven't had a COVID hearing,  
18 the Council hasn't in at least a year, if not more so  
19 that's why this is so important and that's why this  
20 is so substantial and, and significant and we  
21 appreciate you taking the time to really stay with us  
22 today and work through this. This will be one of  
23 many but we appreciate it very much. I'm going to  
24 return back a little bit to vaccine hesitancy which  
25 my colleague, Chair Moya eluded to and some others as

1 well, one is what are the most common concerns raised  
2 by those who are hesitant to receive the COVID 19  
3 vaccine and how is the DOHMH targeting communities  
4 that still lag in vaccination rates?  
5

6 DR. DAVE CHOKSHI: Thank you so much.  
7 I'll start and I'll see if Dr. Vasani would like to  
8 chime in on this one as well. He's also been  
9 thinking about, you know, sort of the more, the newer  
10 and some creative ways that we can continue to  
11 address this issue which we always think of as  
12 building vaccine confidence. You know our starting  
13 point is and should be that we have these  
14 extraordinarily safe and effective COVID 19 vaccines.  
15 They've saved tens of thousands of lives just in New  
16 York City and averted even more hospitalizations and  
17 so our job is to communicate that accurately,  
18 scientifically but in a way that recognizes that  
19 people interpret vaccines and vaccination in  
20 different ways depending on their backgrounds, their  
21 prior experiences with the healthcare system and a  
22 range of other factors. So, as I mentioned earlier  
23 we do, you know, very actively monitor and have  
24 surveillance on different attitudes around  
25 vaccination. We do this through surveys that the

1 health department feels every few months to  
2 understand attitudes toward vaccination. We also  
3 have a very sophisticated apparatus. I believe the  
4 most sophisticated way of tracking misinformation of  
5 any local health department in the country, we  
6 monitor social media, we work with our community  
7 partners to understand, you know, what is circulating  
8 and then we ensure that that is used to tailor our  
9 own messaging. What we're hearing is, you know,  
10 similar to the threats that we've heard in prior  
11 months. Some concerns about safety of the vaccines,  
12 you know, people, particularly during Omicron when we  
13 saw that there were higher transmission rates because  
14 it was so transmissible including a number of people  
15 who were vaccinated who got infected and people  
16 thinking that the vaccines are not effective because  
17 of that as well as some continued concerns around  
18 fertility and, you know, other side effects related  
19 to vaccination. So that is things that we're well  
20 aware of that we do some targeted messaging around.  
21 We call out when there are specific elements of  
22 misinformation on, you know, technology platforms to  
23 help to make sure that those are taken down but then  
24 most importantly it's about working through our  
25

1 trusted messengers. These are our community based  
2 organizations and the faith leaders, you know, that  
3 you've heard me talk about before. You know, working  
4 with them so that they are armed with the information  
5 that they need to combat that misinformation and to  
6 do it in a way that really reflects that these are  
7 iterative conversations. You know, I think about my  
8 own patients whom I've had conversations about  
9 vaccination with and sometimes it's not the first  
10 conversation or even the second or third but the  
11 fourth or the fifth or the sixth, you know, where  
12 they start to get more comfortable with the idea.  
13 And, so we've invested a lot in making sure that  
14 clinicians have the information and the resources  
15 that they need to have those repeated conversations  
16 but also brought that same philosophy to the other  
17 trusted messages so that they can have conversations  
18 over time with people who may have some skepticism  
19 regarding vaccines. So let me conclude my comments  
20 there but I would like to invite Dr. Vasan to chime  
21 in as well.

22  
23 DR. ASHWIN VASAN: Yeah. Thank you for  
24 the question Chair. This is a really challenging  
25 environment in which to do public health messaging

1 and communication and I have a great deal of empathy  
2 for all involved in that kind of messaging,  
3 especially were dealing with the after effects of an  
4 administration, a federal Administration that was  
5 questioning the very basics of whether this was a  
6 real thing or not, whether it was a real pandemic.  
7 Imagine as scientifically trained practitioners,  
8 servants of others to have to go up against that sort  
9 of misinformation, disinformation apparatus which  
10 continues today. It's a, it's a surmount, it's a  
11 very, very formidable opponent and so I really tip my  
12 hat to the Health Department to Dr. Chokshi and the  
13 team for, for their efforts in the face of that  
14 incredibly formidable opponent and calling them out  
15 publicly and we appreciate the Council's support of  
16 that because it is going to require you all and as  
17 legislators and at every level of government to start  
18 to regulate the flow of this disinformation and  
19 misinformation that we're up against. And so I  
20 would say that that's kind of the defensive position  
21 that communication in public health has been in since  
22 the beginning but as we talk about the more proactive  
23 strategies to overcome this, I think about two  
24 things, one is as Dr. Chokshi said, really people  
25

1 want to hear from the people they trust. Often those  
2 people that they trust live and work and serve  
3 directly the communities that they, that are most  
4 impacted. I know this, not so much in a place based  
5 way but we ran a vaccination clinic at Fountain House  
6 my previous employer and you can imagine how much  
7 mistrust there is amongst people with mental illness.  
8 You have not only the fact that these are vulnerable  
9 communities mostly of color but the fact that they've  
10 got the interfering symptoms at times of their  
11 chronic mental health conditions. It was a real  
12 challenge to get our population vaccinated. We got  
13 over 90% of our members, 5,000 members across the  
14 State, 90% of them vaccinated. In large measure  
15 because we engaged them directly, we answered their  
16 questions and the questions were answered by  
17 creditable trust people. If they wanted me in the  
18 room to build confidence but the message that landed  
19 the most was when that was delivered by their social  
20 worker, their peer, their friends, their member of  
21 the Fountain House community and so that was a huge  
22 lesson, an object lesson in building trust for one of  
23 the most socially isolated and vulnerable groups in  
24 our City. And so as we think about going this last  
25

1 mile, reaching the people who remain unvaccinated or  
2 under vaccinated, I know that there's a commitment of  
3 the Health Department to continue that sort of  
4 engagement and I'm committed to thinking about  
5 creative ways to increase those sorts of messages.  
6 Because I understand that we have a rule as the  
7 government to provide citywide messages and guidance  
8 to everyone but there may be specific communities  
9 that want to hear messages in a specific way. I  
10 think the other piece here is a time to revisit is  
11 behavioral science. We've talked about this in sort  
12 of the public domain but what do we know about how  
13 people make decisions beyond what we think about  
14 trust. There are other triggers, incentives and  
15 signals and using locations and other ways of  
16 marketing vaccinations and other interventions that I  
17 know that this Mayor raised on day one of his  
18 administration is what we are doing to reach that  
19 last mile. And I think this is also now going to be  
20 particularly important as we consider under five  
21 vaccinations and rolling those out as well as  
22 increasing our rates of vaccinations amongst 5 to 11  
23 year olds. I'm a father of three they're all below  
24 8, my youngest is 2-1/2. I want him vaccinated as  
25

1 soon as possible. I got my older kids vaccinated as  
2 soon as I could but I know what slice of society I  
3 live in and that I was already pre-disposed to do  
4 that for a host of reasons. So, how do we reach  
5 those other slices of society that may have other  
6 economic, social challenges to actually getting  
7 vaccinated and/or combatting cultural misinformation,  
8 disinformation, messages delivered in ways that  
9 aren't landing. This is a really important effort  
10 especially as we think about mainstreaming those,  
11 these vaccines going forward for our children.

13 CHAIRPERSON LYNN SCHULMAN: No I, I  
14 really appreciate you bringing that up Dr. Vasan.  
15 And in fact I was going to say there's particular  
16 mistrust because of political partner-, partisanship  
17 which is what you are eluding to you know earlier.  
18 And that's, in my community that's in my community  
19 that's very significant in my district. So, that's  
20 something that yes, we're going to have to really  
21 work very hard toward and I don't there's any one  
22 particular answer. I also, I want to bring up, I  
23 want to follow up Council Member Mealy's questions  
24 about older adults, currently 68% of those 85 and  
25 older have received one dose of the vaccine despite

1 being one of the most vulnerable populations  
2 comparatively those 75 to 84 years old have an 84%  
3 vaccination rate, the second lowest vaccination rate  
4 of adults in the City and those age 65 to 74 have a  
5 95% vaccination rate. How are we addressing the low  
6 vaccination rates for those 85 years and older.  
7

8 DR. DAVE CHOKSHI: Yes, thank you so much  
9 Chair for, for pointing this out and particularly  
10 that disaggregated data which we've also been  
11 following, you know with some concern giving the risk  
12 of severe outcomes as you well know increases with  
13 age and so you know any additional senior that we're  
14 able to get vaccinated and particularly those older  
15 than 75 or older than 85 really matters with respect  
16 to their protection. So this is, has been a major  
17 focus of ours. You know, I, I outlined a handful of  
18 the approaches that we've taken thus far. But, I  
19 would say particularly for the oldest New Yorkers  
20 ensuring that we have done everything possible to  
21 reach them through the other avenues that we know  
22 that they are getting care whether it's meal delivery  
23 service, whether it's homecare, you know, whether it  
24 is a geriatrician who is taking care of their needs  
25 as an older adult, their healthcare needs and

1 partnering with all of those groups to make sure that  
2 they are aware of how to bring vaccination as  
3 conveniently as possible, you know, for, for people  
4 that are in that age group. The in-home vaccination  
5 program, you know, New York City was one of the first  
6 places I'm proud to say that opened it up to, you  
7 know, broadly to anyone who is eligible but we  
8 particularly focused on making seniors and family  
9 members of seniors aware of that option including  
10 for, for booster doses. So, this is an area where I  
11 do hope that we will continue to make progress both  
12 for initial vaccinations as well as booster doses  
13 and, and certainly an area where we welcome  
14 collaboration and any ideas from you and the other  
15 Council Members.  
16

17 CHAIRPERSON LYNN SCHULMAN: Yeah and I,  
18 you know, I also want to point out that I and I know  
19 you're working with the Department for the Aging but  
20 particularly during the height of the pandemic I got  
21 complaints from people in my district about the fact  
22 if they did not belong to a senior center they kind  
23 of got lost in all of this so I want to see what you  
24 are doing to reach out to those seniors that are not  
25 part of senior centers.

1  
2 DR. DAVE CHOKSHI: Yes. Thank you very  
3 much and we, you know, it's only a subset as you are  
4 saying of, of older adults who, you know, who do  
5 cross the threshold of the senior center as it were  
6 and so we have, we have a number of other, you know,  
7 avenues that we use to be able to reach them, direct  
8 mail, you know, we know that direct mail is usually  
9 more likely to reach older adults that for example  
10 robo calls or some of our other, you know, more  
11 internet based approaches. We have obtained lists of  
12 older adults in New York City from, for example,  
13 Medicare or, you know, other partners who already  
14 serve older adults, the AARP is another example and  
15 we actually have our own nurses do calls, you know,  
16 based on those lists and can do what we call a warm  
17 handoff to be able to get them connected to an  
18 appointment with transportation or to schedule a time  
19 for the in-home vaccination option. And then beyond  
20 that, you know, we do know that visiting nurse  
21 services, other home care agencies they already take  
22 care of, you know, many people who fall in this age  
23 group and so we've been working with them either to  
24 supply them with vaccines themselves or to make sure  
25 that they're aware of the in-home vaccination program

1 and are other ways of facilitating access to  
2 vaccination. The other thing that I'll say  
3 specifically related to boosters is that I haven't  
4 had a chance yet to mention that we have a \$100  
5 incentive that Mayor Adams has re-instituted that  
6 will be through February 28th, this is not just for  
7 first doses but also for booster shots as well and  
8 that's another thing that we would love your help in  
9 getting the word out to make sure that people are  
10 aware. Because we know that that \$100 can often make  
11 a big difference for people who are on fixed income  
12 as well.  
13

14 CHAIRPERSON LYNN SCHULMAN: I also want  
15 to offer just a thought of thinking outside of the  
16 box. There are lists that are sold to people who run  
17 for office of people who are registered to vote by  
18 age and all of that and maybe that's a place to buy  
19 those lists and use those as well, I'm just, to just  
20 point out rather than the traditional government  
21 list.

22 DR. DAVE CHOKSHI: That's a great  
23 thought. Thank you Chair, we may follow up with you  
24 on that.

1  
2                   CHAIRPERSON LYNN SCHULMAN: Okay. The,  
3 while we appreciate receiving reports about the at  
4 home vaccination program, the reports do not  
5 disaggregate by age, how many seniors have taken  
6 advantage of the at home vaccination program and what  
7 we can, what can we do to boost participation in that  
8 program?

9                   DR. DAVE CHOKSHI: Thank you very much  
10 and, again we're, we're really heartened by the  
11 uptake that we have seen in the program thus far.  
12 You know our, my team I'll ask to follow up with a  
13 more specific number but I know it's over 33,000  
14 people that have been served through the in-home  
15 vaccination program thus far and this is, you know,  
16 we organize it from the City level with multiple  
17 different providers so it is sometimes a bit more  
18 difficult to disaggregate that for example by age but  
19 of course we're happy to discuss this further with  
20 our inner agency colleagues that help us run the  
21 program to see what more we can do with respect to  
22 that data disaggregation.

23                   CHAIRPERSON LYNN SCHULMAN: So I want to  
24 go back for a second to primary and preventive care  
25 because as we all know regardless of the variant

1 people will have significantly worse outcomes if they  
2 have comorbidities or they have underlying conditions  
3 so I want to know, I would like to see preventive and  
4 primary care programs not just in, you know, we were  
5 talking about underserved communities, my community  
6 is not so much underserved but I have one of the  
7 highest if not the highest number of seniors in my  
8 district and so I want to make sure that we have  
9 resources regardless of Zip code. Wherever you live  
10 in the City that people can have access to primary  
11 preventive care. I will tell you that in talking to  
12 people in my community sadly a lot of them when I ask  
13 them where they get their healthcare they talk about  
14 urgent care centers and that's not the place to get  
15 healthcare. I don't have a public hospital or a  
16 public health center. I don't have a public hospital  
17 or a public health center in my district but I just  
18 want to put that out there for you that you should  
19 look at other neighborhoods in addition to the ones  
20 that you are already looking at.

22 DR. DAVE CHOKSHI: Thank you so much  
23 chair and I, I really am not surprisingly to you I  
24 very much agree with you, you know as a primary care  
25 doctor myself and I've seen this. You know with,

1 with my own patients with respect to forgone care  
2 over the course of the pandemic whether it's people  
3 missing a mammogram or a colonoscopy or not refilling  
4 their blood pressure medication or falling behind  
5 with respect to their diabetes care. These are very  
6 real reverberating effects of COVID 19 you know they  
7 are not directly related to the virus but they are no  
8 less impactful when it comes to the health of New  
9 Yorkers so we are putting a number of effort into,  
10 you know, making sure that people are getting back  
11 into that regular routine care. Another area that I  
12 have to highlight is childhood immunizations. You  
13 know, we know that peo-, that parents have fallen  
14 behind with respect to getting their kids vaccinated,  
15 not just against COVID 19 but against all of the  
16 other, you know, routine vaccinations that they are  
17 due for. So we, we have to make services more  
18 readily available but also make sure that people know  
19 how to navigate to them, so, one example is NYC care  
20 which is specifically for people who are uninsured.  
21 They are able to access healthcare at the Health and  
22 Hospital system but beyond that we do encourage  
23 people to call 3-1-1 to get connected to care in  
24 their neighborhood. We have a network of community  
25

1 health centers that extends beyond health and  
2 hospitals that we can help people get linked up to,  
3 you know, in your district and, and more broadly and  
4 the final thing that I want to mention is that, you  
5 know, the mind is, the head is connected to be body  
6 as we know and so, you know, we have to think about  
7 routine care when it comes to mental health as well  
8 and how ...

10 SGT. LUGO: Time's up.

11 DR. DAVE CHOKSHI: ... we have to think  
12 about it as not something that is separate or  
13 different than physical health and so one of the  
14 things that we've really tried to promote even  
15 further during the pandemic and beyond is NYC well  
16 which is the front door, you know, for anyone who's  
17 trying to access mental health services for  
18 themselves or for a loved one, which is particularly  
19 important given the immense trauma and grief and  
20 stress that people have experienced over the past two  
21 years. So, this is another area where you will see  
22 continued focus and part of our, you know, our, our  
23 initiative is to address the parallel pandemics that  
24 I mentioned in my testimony.

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2                   CHAIRPERSON LYNN SCHULMAN:  And I  
3 appreciate that.  One of the things that I want to  
4 work with you on too is to try to get people hooked  
5 to primary care because as you know there are not a  
6 lot of primary care physicians and not necessarily  
7 ones that are in the other boroughs.  There are more  
8 in Manhattan and I, my primary care physician several  
9 years ago decided to become a concierge because they  
10 don't get reimbursed enough and you know, so that's a  
11 whole issue and I think there should be a way to do  
12 that and also connect somebody that needs mental  
13 healthcare as well so I think, I think there are  
14 stigmas there.  I think that there are shortages of  
15 resources and we can talk off line about some of that  
16 and how we get to a place where people have access.  
17 I just wanted to mention that and I would now like to  
18 turn it ov-, this over to Chair Moya, my colleague.

19                   CHAIRPERSON FRANCISCO MOYA:  Thank you  
20 Chair Schulman.  And thank you again doctor, thank  
21 you both of being here.  We really appreciate you  
22 taking the time to meet with our committees and talk  
23 about these very important issues that we will follow  
24 up on but I, I know that we have other people that  
25 are eagerly waiting to testify and I just want to be

1 able to move that forward so I'm going to thank you.  
2 I'm going to now turn it over to our Counsel to  
3 continue with the, today's hearing. Thank you so  
4 much.  
5

6 COMMITTEE COUNSEL: Thank you Chairs and  
7 thank you to the administration for your testimony.  
8 We have now concluded administration testimony and  
9 will be moving on to public testimony. I would like  
10 to remind everyone that we will be calling on  
11 individuals one by one to testify and each panelist  
12 will be given two minutes to speak. For panelists,  
13 after I call you name, our, a member of our staff  
14 will unmute you and there may be a few seconds of  
15 delay once you are unmuted and so we thank you in  
16 advance for your patience. Please wait a brief  
17 moment for the Sergeant at Arms to announce that you  
18 may begin before starting your testimony. Council  
19 Members who have questions for a specific panelist  
20 should use the Zoom Raise Hand Function and I will  
21 call on you after the panel has completed their  
22 testimony in the order in which you've raised your  
23 hands. I would like to now welcome. I'd like to now  
24 welcome our first public panel. In order I'll be  
25 calling on Chris Norwood followed by Anthony

1  
2 Feliciano followed by Medha Gosh, followed by Greg  
3 Mahilovich. Chris Norwood, you may begin your  
4 testimony when you are ready.

5 SGT. LUGO: Starting time.

6 CHRIS NORWOOD: Thank you. I guess I'm  
7 ready. Thank you so much, I'm so glad to see these  
8 two committees meeting together. It's crucially  
9 important and I'm Chris Norwood Executive Director of  
10 Healthy People and co-founder of Community Striving  
11 Recovery with Anthony Feliciano, a citywide coalition  
12 of community groups looking at these issues from the  
13 community point of view which is often quite  
14 different. The New York City is facing unprecedented  
15 mass illness both from chronic disease and  
16 uncountable cases of long COVID. Nothing like this  
17 has ever happened before where chronic disease and  
18 infectious disease have collided in the south feeding  
19 explosion. The impact in New York is almost  
20 certainly worse than the nation, witness of 356%  
21 increase in New York City diabetes deaths in the  
22 first COVID surge, at 356%. Despite my appreciation  
23 for what the City has done for COVID, I really see no  
24 evidence and I don't see evidence here today that  
25 they are addressing this intertwined explosion of

1 chronic illness. One of the first steps is to get as  
2 many services as possible that make sense out of  
3 overburdened clinical and medical centers and get  
4 them out into communities. Communities Driving  
5 Recovery has presented a plan to fight chronic  
6 disease, mental illness, improve nutrition, improve  
7 service, referral by using the CBOs already in the T2  
8 network. In addition to that I really want to  
9 address diabetes. This disease has uniquely driven  
10 this epidemic and it is the chief cause of mass  
11 illness. The City has never had a plan for it  
12 despite the City Council passing a law that requires  
13 it to. It has never spent one dime of City money  
14 evident based self-care education in communities that  
15 slashes complications. It improves mental health,  
16 slashes depressions, lowers costs, it won't spend one  
17 dime on that ...

18  
19 SGT. LUGO: Time expired.

20 CHRIS NORWOOD: ... thank you and it hasn't  
21 until today so I'm begging the City Council to take  
22 up that issue and finally enable with this disease to  
23 have good self-care education in their own  
24 communities, thank you.

25

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2 COMMITTEE COUNSEL: Thank you for your  
3 testimony, I'll now turn it to Anthony Feliciano.  
4 You may begin when you are ready.

5 SGT. LUGO: Starting time.

6 ANTHONY FELICIANO: Good aft-, actually  
7 good afternoon. Thank you Chairs Schulman and Moya.  
8 I'm Anthony Feliciano. I'm the Director on the  
9 Commission on the Public Health System. You know in  
10 my 20 years of a lot of this work organizing and  
11 policy we notice that we keep making the same  
12 mistakes when we come to recovery from a crisis and I  
13 will say that we continue thinking about not  
14 addressing your race and the general purposeful lack  
15 of understanding of communities own living  
16 experiences, knowledge and strengths in taking care  
17 of ourselves. We are going to continue making these  
18 mistakes and what I will say is the department has  
19 done a much better job, much better. I believe it's  
20 because what Chris has spoken about a little bit is  
21 through the Test and Trace Community Advisory Board  
22 and infrastructure. And I will state that that  
23 infrastructure is needed to be expanded and thought  
24 through in terms of what we can do as community based  
25 organizations and faith based organizations. Now,

1  
2 Chris talked about since we want to driving recovery  
3 about community based health safety net using the  
4 community based organization. One of the things is  
5 looking at diabetes but we could present an array of  
6 potential projects in the hardest hit communities for  
7 one or two years using the recovery related funds and  
8 finding more sustainable funds. Continuing that T2  
9 community infrastructure and then outlining a more  
10 accelerated type of planning contacting process. The  
11 contracts have not worked as ways they could for  
12 community based organizations and we can do much  
13 better with that and we can filled our forms and  
14 changes and I believe seen reports from your service  
15 council, hearing from the City Comptroller and there  
16 has been an issue and we can make changes there to  
17 address that. The other thing is we've talked a lot  
18 about data and I, I believe you know, when the City  
19 was using some measures of re-opening they lacked one  
20 major one, the base measure, should have been  
21 tracking this portion.

22 SGT. LUGO: Time expired.

23 ANTHONY FELICIANO: It should have been,  
24 it should have been a part of that. It should have  
25 been about more disaggregated data and they are doing

1 a better job but we need to look at disaggregated  
2 data and we need to look at mental health, like  
3 supporting resilience of communities, building  
4 resilience in formal supports. Mitigating barriers  
5 and seeking care and strengthening partnership  
6 between professional care providers and community  
7 based organization which means looking back at THROG  
8 and seeing what works and has not worked and  
9 improving on that as well. I'll stop there, thank  
10 you.  
11

12 COMMITTEE COUNSEL: Thank you for your  
13 testimony. I'll turn it to Medha Gosh for testimony.  
14 You may begin when you are ready.

15 SGT. LUGO: Starting time.

16 MEDHA GOSH: Hi. Good afternoon. My  
17 name is Medha Gosh and I'm the Health Policy  
18 Coordinator at CACF the Coalition for Asian American  
19 Children and Families. Thank you very much Chair  
20 Schulman and Moya for holding this hearing providing  
21 this opportunity to testify. Founded in 1986, CACF  
22 is the nation's only pan Asian Children and Families  
23 Advocacy Organization and leads the fight for  
24 improved and critical policy systems funding and  
25 services to support those in need. The Asian

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1  
2 American Pacific Island, AAPI population comprises  
3 nearly 18% of New York City. Many in our diverse  
4 communities face high levels of poverty,  
5 overcrowding, and insurance and linguistic isolation.  
6 Yet the needs of the AAPI community are constantly  
7 overlooked, misunderstood and uncared for. We are  
8 constantly fighting the harmful impacts of the model  
9 minority myth which prevents our needs from being  
10 recognized and understood. Our committees as well as  
11 organizations that serve the community too often lack  
12 the resources to provide critical services to the  
13 marginalized AAPI New Yorkers. Working with over 70  
14 members and partner organizations across the City to  
15 identify and speak out on the many common challenges  
16 our community faces. Stay Safe is building a  
17 community too powerful to ignore. In the summer of  
18 2021, we conducted a rapid needs assessment in  
19 collaboration with the NYU Center for the Study of  
20 Asian American Health and the Chinese American  
21 Planning Council. Over 1000 adults of Asian, Latin-X  
22 and Arab descent living in the metropolitan New York  
23 area to assess the current ongoing needs of the  
24 community during the COVID 19 pandemic. A report  
25 with the findings will be released next month. This

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1 report highlights disproportionate impact COVID 19  
2 pandemic has had on the New York Asian American  
3 community that requires an acknowledgment and  
4 equitable support and resources that support our  
5 communities in ongoing COVID 19 relief and recovery  
6 efforts. Our community based organizations have had  
7 to pivot to provide basic needs and resources to our  
8 community members including timely COVID 19  
9 prevention and vaccination information in preferred  
10 languages, language for interpreter services to link  
11 communities to appropriate social services and public  
12 benefit and food support to food to support food and  
13 security. These issues remain largely unaddressed by  
14 local state and national leaders in the COVID 19  
15 Emergency Response efforts. I know I'm running out  
16 of time but I really want to emphasize our major  
17 recommendations are improving COVID 19 vaccination.

18  
19 SGT. LUGO: Time expired.

20 MEDHA GOSH: Our studies show that  
21 Bangladesh and Napalese communities are struggling to  
22 get vaccine access. It's not vaccine hesitancy but  
23 just not knowing where to go and having proper  
24 information. We also want to request expanding  
25 language access and services for COVID 19 efforts and

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1 social services and expanding eligibility including  
2 for citizenship and part-time employment status for  
3 benefits and extending infection moratorium and  
4 funding supporting continue to support Asian American  
5 Service Community based organizations. Thank you.  
6

7 COMMITTEE COUNSEL: Thank you for your  
8 testimony. I will now turn it to Greg Mihalovich for  
9 testimony. You may begin when you are ready.

10 SGT. LUGO: Starting time.

11 GREG MIHALOVICH: Hi. Thank you Chair  
12 Schulman, Chair Moya and members of the New York City  
13 Council. My name is Greg Mihalovich, I'm the  
14 Community Advocacy Director for the American Heart  
15 Association here in New York City. It is the  
16 nation's oldest and largest voluntary organization  
17 dedicated to providing heart disease and stroke. We  
18 believe that every person deserves the opportunity  
19 for a full healthy life and our mission to be a  
20 relentless force for world of healthier and longer  
21 lives is more important than ever. A lot of people  
22 have touched on this but the COVID 19 pandemic has  
23 underscored the serious gaps in our public health  
24 infrastructure because of years of chronic  
25 underfunding, black, Latino, LGBTQ and other

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2 medically underserved populations are more likely to  
3 have the chronic conditions including heart disease,  
4 hypertension, diabetes, that may put them at high  
5 risk for COVID 19 complications and they are also  
6 more likely to face the systemic obstacles to good  
7 health such as lack of access to quality care, jobs,  
8 education and housing and we've seen the devastating  
9 consequences that can have in the face of the public  
10 health. So, a strong public health enterprise that  
11 prevents and protects all New Yorkers from diseases  
12 both communicable and non-communicable requires  
13 robust sustained investment and as the Council begins  
14 the budget process for the first time this term we  
15 ask you to prioritize funding in programs that  
16 address these systemic health inequities. I'm going  
17 to touch on a couple of them really quickly,  
18 increasing access to care means investing in  
19 community health centers. There are those trusted  
20 messengers as Dr. Chokshi called them. We also think  
21 there needs to be sustained investment in telehealth  
22 as Council Members Moya and Brewer both mentioned a  
23 lot of New Yorkers face obstacles to accessing the  
24 telehealth. New York has done a lot addressing food  
25 insecurity but we are still facing nearly 1.4 million

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1 New Yorkers facing food and security and we need to  
2 continue in the investing so people have access to  
3 healthy food and living tobacco free. Smokers are  
4 more likely to be vulnerable to severe and  
5 potentially life threatening cases of COVID so we  
6 need to continue and expand tobacco cessation  
7 programs.

8  
9 SGT. LUGO: Time expired.

10 GREG MIHALOVICH: Oh. Thank you for your  
11 time. We look forward to working with this Council  
12 to help New Yorkers live longer and healthier lives.

13 COMMITTEE COUNSEL: Thank you for your  
14 testimony. I'm now going to turn it to Chair  
15 Schulman for comments.

16 CHAIRPERSON LYNN SCHULMAN: Thank you. I  
17 just wanted to thank the panelists for your  
18 testimony. I've been taking notes while you've been  
19 talking and you know we can only, we can only succeed  
20 having you at our side so we really appreciate it. I  
21 know some of you. Some of you I don't. Some of you  
22 and all of you I'm hoping to get to know better as  
23 the chair of the Health Committee and I really  
24 appreciate you being here. I appreciate you waiting,  
25 you know, we really wanted to drill down with the

1 administration and we are hoping to do that moving  
2 forward, especially during the budget process and I  
3 hope to be circling back with you too to get some  
4 questions as we get to that process later, later on  
5 in the coming months. Thank you.

7 COMMITTEE COUNSEL: Thank you Chair. I'm  
8 not seeing any other hands. Council Member hands so I  
9 will thank this panel for their testimony and we'll  
10 move on to our next public panel. In order, I'll be  
11 calling on Lillie Carino Higgins followed by Prathana  
12 Gurung, followed by Amelia Rose Loo followed by  
13 Jordan Goldberg. Lillie Carino Higgins you may begin  
14 your testimony when ready.

15 SGT. LUGO: Starting time.

16 LILLIA CARINO HIGGINGS: Thank you.  
17 Thank you for this opportunity to testify before you  
18 today. My name is Lillie Carino Higgins. I'm here  
19 representing 250,000 members of 1199 who reside and  
20 work in New York City. Our members work at the  
21 Municipal and Voluntary Hospital systems as well as  
22 the nursing home, FQHCs, community based clinics,  
23 organizations, mental health clinics, home care  
24 agencies, pharmacies, EMS and in the New York City  
25 jails. COVID has taken its toll creating workforce

1 shortages in all healthcare industries. The exodus  
2 is not due to fear of a pandemic. It is due to  
3 working conditions. It is our view that unless steps  
4 are taken to recruit and retain a stable workforce  
5 New York City will reach a crisis point in the very  
6 near future. The governor is proposing a \$10 billion  
7 multi-year plan to fund new initiatives and support  
8 the industries. The proposal includes funding for  
9 recruitment and retention of workers to ensure long-  
10 term stability. For example, a \$3000 retention bonus  
11 for workers who remain in the field for one year as  
12 well as a 5.4% COLA. Most important, the proposal  
13 calls for an increase in the Medicaid reimbursement  
14 rates, rates that have been stagnant for over 20  
15 years despite increasing costs. We urge this Council  
16 to support these initiatives but we acknowledge that  
17 they are not enough. I've outlined in my testimony  
18 additional measures that we're happy to work with  
19 this council to implement that will go a long way  
20 toward stabilizing the workforce. The Council can  
21 play a major role in the future of healthcare and we  
22 at 1199 stand ready to work and collaborate with you  
23 on how to better meet the healthcare needs of all New  
24 Yorkers.  
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SGT. LUGO: Time expired.

LILLIE CARINO HIGGINS: We look forward  
to a more in depth dialog. Thank you.

COMMITTEE COUNSEL: Thank you so much for  
your testimony. I would like to now call on Prathana  
Gurung to testify. You may begin when you're ready.

SGT. LUGO: Starting time.

PRATHANA GURUNG: Hi. Good afternoon my  
name is Prathana and I'm the Director of Campaigns  
and Communications. We are an immigrant woman led  
worker center and community center serving and  
organizing in the community. Thank you Chair  
Schulman and Chair Moya and members of the house  
committee for providing the space. We are often  
referred to as the communities 911 and 311 line  
serving more than 10,000 Napali speaking people a  
year in the city. The community is one of the  
fastest growing Asian ethnic community groups in New  
York City and also work in low wage industries such  
as nail salons, domestic workers, taxi drivers and  
then as restaurant workers. We believe that worker's  
rights is very much a part of health justice. For  
too long the struggles and demands of communities  
like ours, immigrant women workers in low wage

1 industries have been rendered invisible. As we re-  
2 imagine, adjust to a healthy recovery for all New  
3 Yorkers its essential that the voices and experiences  
4 of our community are recognized and respected. Two  
5 years ago we were in the epicenter of the first wave  
6 of the pandemic and what we see now is that workers  
7 are still struggling, returning to jobs that are not  
8 protected of high health risks and unsustainable.  
9 Wanted to share a quote from a nail salon worker  
10 member leader Mia. She shared I've worked in the  
11 nail salon industry for seven years and invested so  
12 much of my skills as a technician. I feel like there  
13 is so much pressure in workers to make sure that  
14 salons profit. There are lots problems like health  
15 and safety problems and I'm afraid of going to work  
16 due to the lack of protections at work. Members like  
17 Mia unfortunately face significant economic health  
18 and food insecurities and report rapid changes in  
19 their industries and working conditions and a  
20 response for creating industry specific English  
21 classes, workforce development courses, for example  
22 the NYKOSH beauty school with our UN partner Workers  
23 United and with NYKOSH for reutilized worker's  
24 rights, based curriculums to train worker members to  
25

1 gain the skills and resources to better negotiate  
2 better working conditions for themselves and their  
3 peers to meet the urgent needs of our city's  
4 essential workers like Mia and so many others, we  
5 hope the City Council requires.

7 SGT. LUGO: Time expired.

8 PRATHANA GURUNG: CBOs like Evicare in  
9 the FY23 budget. We cannot continue to solely exist  
10 and work to survive. We want to ensure that our  
11 growing communities in New York City also thrives.  
12 Thank you so much.

13 COMMITTEE COUNSEL: Thank you so much or  
14 your testimony. I'd like to now turn to Amelia Rose  
15 Loo. You may begin your testimony when you're ready.

16 SGT. LUGO: Starting time.

17 AMELIA ROSE LOO: All right. My name is  
18 Amelia Loo and I am currently interning at Live on  
19 New York as a public policy intern and a public  
20 service scholar at CUNY Hunter College. Thank you  
21 for this opportunity to testify on Live on New York's  
22 behalf today. Live on New York members include more  
23 than 100 community based non-profits that provide  
24 core services which allow all New Yorkers to thrive  
25 in communities as we age including an older adult

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1 center, home delivered meals, affordable senior  
2 housing, elder abuse prevention, caregiver support  
3 and case management but their members who work to  
4 make New York a better place to age. Today, we have  
5 a platform to emphasize the steps needed to address  
6 and recover from the pandemic which has taken the  
7 lives of many New Yorkers, many who were older  
8 adults. According to Live on New York's numbers who  
9 serve older New Yorkers tirelessly throughout the  
10 pandemic key challenges include food and security,  
11 technology access and support, navigating complex  
12 systems needed to access vaccines and testing, mental  
13 health support and programs that combat social  
14 isolation. In addition to these challenges, it is  
15 evident that the pandemic strained the current long-  
16 term care system and exposes inequities. Research  
17 shows that older adults want to remain on their homes  
18 but the pandemic has already revealed the supports in  
19 place and not sufficient for many. In order to  
20 tackle these issues at hand, Live on New York  
21 recommends the following. The Department for the  
22 Aging and the Department of Health and Mental Hygiene  
23 shall work together to reassess and update older  
24 adult center and natural occurring retirement  
25

1 community capacity requirements, additionally restore  
2 cuts made through the PEG program including the \$1.3  
3 million cut to plan expansion of the mental health  
4 program, further extend funding for technology access  
5 for older adults. Also, investments are needed to  
6 meet home delivery meal demand and case management  
7 needs that will result from the termination of the  
8 Get Food Recovery Meals program in June. And  
9 finally, fully fund and implement Just Pay including  
10 cost of living adjustments for all workers in the  
11 human services sector. I know I'm running out of  
12 time but for more details and information on each of  
13 these recommendations can be reviewed in the written  
14 testimony. Again, thank you for the opportunity to  
15 testify today.

17 COMMITTEE COUNSEL: Thank you so much for  
18 your testimony. I'd like to now welcome Jordan  
19 Goldberg to testify. You may begin when you are  
20 ready.

21 SGT. LUGO: Starting time.

22 JORDAN GOLDBERG: Hi. Thank you so much  
23 for the opportunity to testify today. My name is  
24 Jordan Goldberg and I am the Director of Policy at  
25 the Primary Care Development Corporation. PCDC is a

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2 New York based national nonprofit and US Treasury  
3 certified community development financial  
4 institution. Our mission is to create healthier and  
5 more equitable communities by building, expanding,  
6 and strengthening access to primary care. Primary  
7 care saves lives, improves community health and is  
8 essential to health equity. It has been really  
9 heartening in this hearing to hear so much about  
10 primary care and preventative care. The primary care  
11 remains overburdened and under invested, the role of  
12 primary care in public health planning and emergency  
13 preparedness has been undervalued and the failure to  
14 prioritize primary care going into this crisis has  
15 been felt most acutely by marginalized communities.  
16 With support from this Council for which we are very  
17 grateful, PCDC undertook research to identify the  
18 relationship between access to primary care and the  
19 impact of COVID 19. Unfortunately, our research  
20 revealed that communities with less access to primary  
21 care before the pandemic experienced more COVID  
22 infections, severe illness and deaths than  
23 communities and death than communities with less  
24 access to primary care. As Chair Schulman noted, the  
25 pandemic also caused the deferral of necessary

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2 healthcare which is leading to a crisis of its own.  
3 People are now coming back to primary with more  
4 severe preventable diseases including more advanced  
5 cancers and a drop in childhood vaccination that  
6 could impact children and communities for decades to  
7 come. Primary care has a critical role to play in  
8 public health crisis although primary care was  
9 largely left out of planning and responding to this  
10 pandemic. We encourage the Council to consider  
11 supporting a thorough review of all types of primary  
12 care providers experiences in the pandemic including  
13 not just health centers but independent practices and  
14 hospital associated practice to understand that  
15 access to guidance, PPE, testing and vaccines. We  
16 know that ultimately agencies were able to access  
17 vaccine through a federal program and we appreciated  
18 the opportunity to work with the CDC and DOHMH to  
19 survey FHCs and distribute \$6 million in federal  
20 grants for vaccine planning and preparedness. The  
21 primary care is critical to public health and we  
22 encourage you to support efforts to more effectively  
23 include primary care ...

24 SGT. LUGO: Time expired.

25

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2                   JORDAN GOLDBERG: ... thank you. All  
3 types of primary care from the beginning of the next  
4 public health emergency. Thank you for your time.  
5 Happy to answer questions.

6                   COMMITTEE COUNSEL: Thank you so much for  
7 your testimony. I'm just going to quickly pause and  
8 see if there are any Council Member questions. I'm  
9 not seeing any hands. I'd like to thank this panel  
10 for their testimony and we'll move on to our next  
11 public panel. In order, I'll be calling on Sara Kim  
12 followed by Bethsy Morales-Reid, followed by Tony  
13 Stores. Sara Kim you may begin your testimony when  
14 you're ready.

15                   SGT. LUGO: Starting time.

16                   SARA KIM: Hello. My name is Sara Kim  
17 and I am a Program Director at Clear Community  
18 Services. Thank you Chairperson Schulman and the  
19 committee for this opportunity to speak about why the  
20 City Truth Act will cover all many items in chair  
21 restaurants. I've been conserving, I've been serving  
22 as our lifestyle coach delivery National Diabetes  
23 Prevention Program since 2017. I mostly work with  
24 immigrant population with pre-diabetes to encourage  
25 them to make healthy choices in eating and drinking

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1 to delay the onset of diabetes from which I've found  
2 that the majority of the class participants were not  
3 aware of what nutritional fact, serving size or added  
4 sugar. Moreover they do not understand nutritional  
5 labels written in English because of the LEP. CKS,  
6 CKS a fully decovenized organization by CDC in the  
7 diabetes prevention program is aware of the severity  
8 of the type II diabetes classified overweight and  
9 obesity. In the, according to the document on the  
10 website of NYC Health and Hospitals, Trace end up  
11 give demographic data, the number one condition,  
12 number one condition that COVID 19 patients self-  
13 reported was overweight. Many had the professions,  
14 nutritional experts have wondered about tremendous  
15 burden of which sugar drinks having heavy calories  
16 without any nutritional value. Thank you Council  
17 Members for passing the sweet tooth act last year,  
18 December 2021 but it's not perfect in making New York  
19 healthy. Ultimately, it's not enough to prevent  
20 possible high rate of hospitalization and death when  
21 we will face future pandemics. Many new of course go  
22 to chain restaurants and they prefer to order  
23 fountain drinks rather than buying canned or bottled  
24  
25

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1 soda and they can fill again and again their 128  
2 ounce gigantic cups.  
3

4 SGT. LUGO: Time expired.

5 SARA KIM: Thank you for my testimony and  
6 happy to answer any questions. Thank you so much.

7 COMMITTEE COUNSEL: Thank you so much for  
8 your testimony, I would like to now welcome Bethsy  
9 Morales-Reid to testify. You may begin when you are  
10 ready.

11 SGT. LUGO: Starting time.

12 BETHSY MORALES-REID: Thank you Chairs  
13 Schulman and Moya and all the other committee members  
14 for allowing me to preset this testimony on behalf of  
15 the Hispanic Federation. Since the pandemic began  
16 Latino Communities have been hit disproportionately  
17 hard, however, this gives the City an opportunity to  
18 fund programs that enact legislations that can  
19 enhance how that comes for underserved communities.  
20 Today, we heard about the importance of community  
21 based organizations, the communities of color and  
22 non-profit stabilization fund has grown to serve over  
23 250 community based organizations across NYC that  
24 work directly in communities of colors  
25 disproportionately affected by COVID 19 pandemic.

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1  
2 Now more than ever as we continue to struggle through  
3 the direct and indirect effects of COVID 19 it's  
4 vital that CCNSF receives funding to address the  
5 growing needs of our communities. As such, we  
6 respectfully ask for your continued support of the  
7 CCNSF fund with a \$7 million budget allocation for  
8 the Fiscal Year '23 budget which is essential to  
9 ensure that organizations that are led by unserved  
10 people of color survive during the pandemic and  
11 beyond. Hunger continues to be a major problem in  
12 our communities and is directly impacting our health  
13 outcomes. HF has long running recheck on Hunger  
14 Relief Initiative provides food to pantries, over  
15 92,000 Latino New Yorkers in need have been served.  
16 Close to 300,000 meals via the Expand Hunger Relief  
17 effort distributed by a network of member and partner  
18 agencies and our local restaurant Hot Meals  
19 Initiative so please continue to support this vital  
20 program. Also, three years into the pandemic, sorry,  
21 three years into the pandemic and after the onset of  
22 the pandemic the need for COVID 19 vaccine outreach  
23 and education community of colors made. Although  
24 Latino numbers have gone down significantly in  
25 certain age categories they still have the highest

1 proportion of COVID-19 or COVID related death rates  
2 of any group in the US in every single one of the age  
3 categories. However, we know that our efforts have  
4 been effective and we must have the resources  
5 necessary to continue these efforts.  
6

7 SGT. LUGO: Time expired.

8 BETHSY MORALES-REID: I've highlighted  
9 other important details on mental health and the  
10 digital divide for telehealth medicine and hesitancy  
11 and services for immigrants so you can find that in  
12 the written testimony. Thank you so much for your  
13 time.

14 COMMITTEE COUNSEL: Thank you so much for  
15 your testimony. This concludes our last public  
16 panel. Just to check if we've inadvertently missed  
17 anyone that has registered to testify today and has  
18 yet to be called. Please use the Zoom Raise Hand  
19 Function now and you'll be called on in the order in  
20 which your hand is raised. Okay not seeing any hands  
21 so I'm going to turn it back to the Chairs for  
22 closing remarks. Chair Schulman.

23 CHAIRPERSON LYNN SCHULMAN: Thank you.  
24 First I want to give a huge thank you to the  
25 Administration who has worked tirelessly for over two

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1 years to address COVID 19 pandemic when New York City  
2 has been the epicenter more than once. And equally  
3 as large thank you to all the advocates and community  
4 members who took the time to attend and participate  
5 today. You are all the experts in the many  
6 communities in the city and we continually appreciate  
7 your work. Today, further solidifies the need to  
8 continue to have difference to those who are members  
9 of most impacted communities as we continue to  
10 address the equity issues and concerns the pandemic  
11 has exacerbated. I appreciated the dialogue we  
12 engaged in today, the clarifications around DOHMH's  
13 actions and plans and also further acknowledgement of  
14 what we must continue to do, improve data collections  
15 that we can have more informed responses to COVID and  
16 it's complications in communities of color, older  
17 adults, immigrant LEP communities, LGBTQ communities,  
18 those with disabilities and others disproportionately  
19 impacted, hyper focus on the communities that  
20 continue to be the most impacted and overall  
21 continuing to build a more equitable New York. I,  
22 you know, I am very appreciative of everyone that  
23 have participated and we, you know, some of the  
24 issues that came up that we are going to look into  
25

1 further are primary care, preventive care, diabetes  
2 was a major focus too in terms of underlying  
3 conditions, all of the things we've spoken about  
4 today. We will continue to move forward and study  
5 and also I look forward to reading all of the  
6 testimony of all the advocates and panelists here  
7 today and with that I want to turn it back over to  
8 our moderator.  
9

10 COMMITTEE COUNSEL: Thank you Chair and  
11 I'm going to turn it to Chair Moya for closing  
12 remarks.

13 CHAIRPERSON FRANCISCO MOYA: Thank you.  
14 Thank you so much I just want to reiterate thanking  
15 the Administration and of course the Commissioner for  
16 taking the time to meet with our Committees and  
17 answering our questions. There's definite follow up  
18 that we have to do but I thank him for taking the  
19 time and I also want to thank my Co-Chair, Chair  
20 Schulman, thank you so much. Congratulations on your  
21 first Committee hearing.

22 CHAIRPERSON LYNN SCHULMAN: Thank you.

23 CHAIRPERSON FRANCISCO MOYA: You did  
24 great as always. Thank you so much for bringing a  
25 lot of the insight and passion that you have for the

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1 overall health of the City of New York. We truly  
2 appreciate it and we're very grateful to have you.  
3 And also to my colleagues, members of both committees  
4 we thank you for participating today and a big shout  
5 out and a big thank you to the staff. To Horvani,  
6 thank you so much for moderating this and helping me  
7 and Chair Schulman look good. Thank you to you.  
8 Thank you to Sara Liz. Thank you to Em Bulkin.  
9 Thank you to Lauren Hunt. To my Chief of Staff Megan  
10 Dattio and Carolina Lindsey from my office. We have  
11 a real opportunity to take the learning of the past  
12 two years of the Omicron surge to address the  
13 inequities and protect the most vulnerable  
14 populations from COVID 19 and any future pandemics.  
15 And as we move forward we need to continue to work  
16 collectively to make information available in  
17 language, in cultural relevance in entrusted ways.  
18 That is about making sure we are investing in primary  
19 and preventative care, investing in tools that  
20 will protect us from COVID. This is about making  
21 critical and timely resources accessible and ensuring  
22 that no community, no neighborhood is left behind and  
23 this is how we can build resilient communities. Our  
24 recovery is incumbent on truly representing and  
25

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1 serving the population that make up the City. So,  
2 thank you for that and thank you for all the  
3 panelists. Thank you for your patience and thank you  
4 for participating here today. This meeting is hereby  
5 adjourned. Thank you. (Gavel pounding).  
6

7 COMMITTEE COUNSEL: The hearing is done  
8 and thank you all so much. I am now closing out the  
9 room.  
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C E R T I F I C A T E

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



Date MARCH 19, 2021