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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH

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HELD AT: COUNCIL CHAMBERS – CITY HALL

B E F O R E: Lynn C. Schulman, Chairperson

COUNCIL MEMBERS:
Joann Ariola
Oswald Feliz
Crystal Hudson
Mercedes Narcisse
Kalman Yeger
Erik D. Bottcher

A P P E A R A N C E S

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Torian Easterling, First Deputy Commissioner of Department of Health and Mental Hygiene
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CLERK: Check, check. This is a sound check for the Committee on Health. Today's date is August 24, 2022, located in the Chambers. Recording done by Pedro Lugo.

SERGEANT LUGO: Good morning, everyone. Welcome to today's hybrid New York City Council hearing of the Committee on Health.

Everyone please place all electronic devices to vibrate or silent mode.

If you wish to submit testimony, you may send it to testimony@council.nyc.gov. Again, that's testimony@council.nyc.gov.

Thank you for your cooperation. Chair, we are ready to begin.

CHAIRPERSON SCHULMAN: [GAVEL] Good morning, everyone. I am Council Member Lynn Schulman, Chair of the New York City Committee on Health. I would like to start this hearing by thanking my Colleagues for joining me for this important discussion. We've been joined by Council Members Yeger and Bottcher.

Today, we are here to talk about a very important and pressing issue, the ongoing monkeypox virus outbreak in New York City. By now, we have all

heard a ton of information, theories, opinions, and rumors about this outbreak. For that reason, the purpose of today's hearing is to speak openly and candidly about monkeypox, to clear up misinformation, to educate, to destigmatize, to give a platform for the Department of Health and Mental Hygiene, providers, and advocates on the ground combating this outbreak, and, most of all, to directly address the fear, panic, and anxiety that is understandably gripping New Yorkers, particularly in our LGBTQIA+ community, of which I am a proud member. There are many things I wish the city, state, and federal government had done differently early on in responding to this outbreak, but there is no point in looking backwards. We have an opportunity to do better as move forward, and we will use this hearing to reset, to plan, and to do better now and in the future. As we all know, New York City is now the epicenter of the monkeypox outbreak, with 90 percent of the state's cases, or just under 3,000 cases, currently reported. As we know, monkeypox is most prevalent in the LGBTQIA+ community, especially among men who have sex with men, and people of color are the least likely to be receiving care and an

inequitable share of resources. An estimated 150,000 New Yorkers are at risk for monkeypox exposure and are, therefore, eligible for the vaccine, but the city has only been allotted 80,000 vaccine doses by the federal government. It is no surprise that every time vaccination appointments open, they are filled within minutes, leaving many anxious and scared for their own safety and the welfare of their loved ones. In addition, with the most recent news from the federal government about reducing vaccine dosages to expand availability of vaccines, there is new uncertainty about their efficacy and the method by which they will be administered. Though there is nationwide shortage of vaccines and no national action plan, the City Council, and I want to particularly commend my Colleagues in the Council's LGBTQIA+ Caucus, has worked closely with DOHMH and community-based organizations to work toward the time provision of vaccine appointments and to provide the public with much-needed information about symptoms, treatment, and prevention. I have devoted my personal and professional life to healthcare advocacy that was born out of the HIV/AIDS movement where I witnessed friend and neighbors die because of the indifference

of those in power. Sadly, we have been reminded of that indifference with COVID and now monkeypox with major misses and miscalculations primarily by the federal government. Even while grappling with significant challenges posed by the federal government and even with initial missteps, I want to acknowledge and thank DOHMH for its responsiveness to the issues we raised as we confronted this outbreak. As the Chair of the Health Committee, I am committed to working with you to ensure that the inequities of the past are not repeated and that the city addresses monkeypox in a fair and strategic manner. We have been reminded many times over the last few years that New Yorkers are resilient and strong, and the city is strongest when we all work together to care for one another, to lift each other up, and to fight for equity. We will work together as we battle the ongoing monkeypox outbreak to make New York safe and equitable for everyone.

I want to conclude by thanking the Committee staff for their work on this issue, Committee Counsels Harbani Ahuja and Sara Sucher and Policy Analyst (INAUDIBLE) as well as my amazing team

including Fossia Klaus (phonetic), Seth (INAUDIBLE), Kevin McAleer, and Javier Figueroa (phonetic).

A few administrative items. We have several folks signed up to testify today, and we want to be respectful of everyone's time. Therefore, before we begin, I would like to remind everyone that we will be enforcing a time limit for Council Member questions and for members of the public, and we ask that everyone please adhere to their allotted time. Council Members will be given 5 minutes each for their questions. Those giving public testimony will be given 2 minutes for their remarks.

Thank you, and I look forward to hearing from all of you.

Just one other item before we start, I want to thank Commissioner Vasan for being here today and for bringing along Senior Members of his team including Dr. Easterling.

I will now turn it over to the Committee Counsel to administer the oath.

COMMITTEE COUNSEL: Thank you, members of the administration. We are joined by Dr. Ashwin Vasan, the Commissioner for the New York City

Department of Health and Mental Hygiene and Dr. Torian Easterling, the First Deputy Commissioner.

Can you please raise your right hands?

Do you affirm to tell the truth, the whole truth, and nothing but the truth in your testimony before this Committee and to respond honestly to Council Member questions?

COMMISSIONER VASAN: Yes.

FIRST DEPUTY COMMISSIONER EASTERLING: Yes.

COMMITTEE COUNSEL: Thank you. You may begin.

COMMISSIONER VASAN: Good morning, everyone. Good morning, Chair Schulman. Good morning, Members of the Committee. I'm Dr. Ashwin Vasan, and I'm the Commissioner of Health of New York City and of the New York City Department of Health and Mental Hygiene. I'm joined today by Dr. Torian Easterling, First Deputy Commissioner and Chief Equity Officer at the Health Department. He will be supporting me in answering your questions today.

I want to start by thanking you all for the opportunity to testify and to provide an update on the city's response to the ongoing public health

emergency of monkeypox, which, for the purposes of this hearing and for reasons which I have publicly explained related to language, stigma, and discrimination, I will refer to as MPV going forward.

As we all know, New York City is once again the epicenter of an outbreak of a relatively unknown-to-us infectious disease in this country, and we are responding with the urgency and equity this serious virus merits. As of yesterday, we have 2,794 confirmed cases of MPV in our city, which makes up about 18 percent of the cases in the country. In recent days, we have began to see cases fall and transmissions slow due in no small part to our city's efforts to get tens of thousands of people vaccinated and the heroic efforts of community leaders and advocates to disseminate messaging around primary prevention and behavior modification, and, of course, community members themselves. All of this is clearly taking hold and having a positive effect in slowing this outbreak. I want to take this opportunity now to educate New Yorkers about the virus and to address what we do and do not yet know about its behavior in the current outbreak.

MPV is a contagious disease caused by the monkeypox virus, a member of the family of Orthopoxviruses and related to smallpox. There are now over 44,000 cases in 88 countries where the virus has not yet been previously seen. The World Health Organization, the U.S. federal government, New York State, and New York City have all declared a state of emergency due to the rapid spread of the virus. The most common system is a rash or sores, and some people also experience flu-like symptoms. While usually these symptoms are self-limited and self-resolving, the discomfort and shame caused by this disease should not be understated. Symptoms can last for several weeks and can be very painful. We are seeing the virus spread mostly during sex and other intimate contact. MPV can also spread through direct, usually prolonged, contact with the rash or sores of someone with the virus, contact with items such as towels or sheets they may have used, and prolonged face to face contact. We do know that MPV is less contagious than COVID-19 or the flu. There are still unknowns about whether asymptomatic spread can occur and whether the presence of virus in semen, blood, and vaginal fluids means that sexual transmission is

a primary mode of spread. Anyone of any sexual orientation or gender identity can get MPV. Currently, reported cases in New York City, in the U.S., and across the world show that the virus is spreading primarily in the social and sexual networks of gay, bisexual, and other men who have sex with men and among transgender, gender nonconforming, and non-binary people. People in these communities with multiple or anonymous sex partners are currently at highest risk of exposure. While the current outbreak continues, the best way to protect yourself is to avoid sexual and other intimate contact with multiple or anonymous partners. The Department has put out guidance on how people can lower their risk, what precautions they can take, and harm-reduction measures so people can best protect themselves if they choose to engage in high-risk activities. We are also working directly with healthcare providers to provide technical assistance on how to best care for patients with suspected MPV infection.

Since the first reported case of MPV in New York City in May, the Department has mobilized efforts to ensure we are all deploying all available resources to the communities impacted, focusing on

how to get vaccines, treatment, and testing to people as quickly and effectively as possible. Notably, we did this before a federal strategy was announced. This trailblazing effort has been extremely challenging, and I am proud to speak to the tireless work that our staff has undertaken in the face of multiple ongoing public health crises.

New York City led the country in setting up the first MPV vaccine extended post-exposure prophylaxis clinic using the very limited vaccine supply we had received from the federal government. Since that initial pilot in late June, and, with the lessons throughout the process, we've been able to administer more than 63,000 doses of the MPV vaccine. That's more than twice the number of any jurisdiction in the country. This has been done mostly through our city-run sites but also in close partnership with private healthcare providers, referrals from community-based organizations who are partners in serving the LGBTQ+ and BIPOC communities.

In an environment of extremely constrained vaccine supply, we have adopted a delayed second dose strategy. After reviewing the data, we have concluded that significant protection is

conferred from a single dose, if not as much as 2 doses. This has allowed us to protect more people through first-dose vaccination and to help slow the spread of the virus. Leveraging our experience and infrastructure from COVID-19, we mobilized 13 city-run vaccination sites in the Health Department's Sexual Health Clinics, at mass vaccination sites across the boroughs, and at New York City Health and Hospitals' locations. Appointments that are publicly available continue to be posted on the vax4nyc platform and 887-VAX-4NYC call center on a rolling basis as vaccine allocation arrives from the federal government. We've also partnered with our Colleagues at New York City Emergency Management to deploy text alerts via Notify NYC in English and Spanish to further our communication strategy. We've prioritized data transparency throughout the response, making information available on our website as quickly as possible. Our website displays case and vaccination data including demographic breakdowns by race, ethnicity, gender identity, sexual orientation, and borough. Last week, we released vaccination data that shows that while we have reached more than 63,000 New Yorkers so far, an enormous accomplishment and a

testament to the operational capability of our agency and our city, it also shows that there is work to do to realize full equity in vaccination rates. We remain committed to making sure that those at highest risk of exposure to MPV have speedy and equitable access to vaccine, to testing, and treatment, particularly New Yorkers who have long born the brunt of racism and its intergenerational impacts on access to and quality of healthcare. It's clear we have more to do, and I'm happy to answer questions about the specific equity strategies we are deploying to address this. These new data show that our efforts are making a difference but, just as importantly, that we must double down to ensure the distribution gap in equity is addressed.

This goes without saying but COVID-19 has fundamentally shifted people's expectations of what a public health emergency response should look like and what they should expect from their public health system at large. New Yorkers depend on us to rise to the occasion in crisis, and we strive to deliver for them. My team, leading the health apparatus of this city, is driving this response with expertise, with speed, and a focus on equity while simultaneously

fighting 2 other infectious diseases. Despite these challenges, we have worked tirelessly to meet these demands, and I'm very proud of the commitment, strength, and integrity of the Department staff and our partners.

We cannot do this alone though. The role of the city's public health agency is to strategize, to organize, and to plan our public health responses, to be the chief architect of public health for our city, but we work in partnership with sister agencies for some key aspects of execution and operations. For this response, we are working closely with Emergency Management to leverage broad city agency across multiple disciplines under a unified and coordinated public health vision. This is in addition to the Health Department's internal Incident Command System, which was activated at the end of June. ICS, as we call it, allows the Department to pull expertise from across the agency to support emergency needs.

Finally, we rely heavily on the federal government for vaccine supply, treatment, procurement, and testing capacity. It's been extraordinarily challenging to mount an effective and equitable response to MPV in an environment of

limited access to vaccines, testing, and treatment. We are thankful for the federal government's efforts to expand access, and we will continue to rely on these to mount an ongoing public health campaign at this scale. We also work in close collaboration with the New York State Department of Health and thank them for the actions they've taken to help facilitate our work including redirecting their relative oversupply of vaccines back to New York City and the declaration of an imminent threat to public health which allows us to temporarily increase our Article VI (INAUDIBLE) from the State for core public health functions related to the response. This work and the work to respond to public health crises to come requires massive investment and attention to the public health workforce, our public health infrastructure, and empowerment of public health leadership. I hope that this is an opportunity to draw attention to these needs in the city which is often the first port of call for infectious outbreaks in our nation.

To meet the expectations that New Yorkers and all Americans have of their public health systems, we need to renew trust, and that begins by

investing in public health, including its workforce data systems, communications, and its physical infrastructure, and its position in balancing prevention and treatment to achieve population health goals, in our case to improve the health and well-being of all New Yorkers.

I want to end by taking a moment to thank the Council specifically and especially Chair Schulman for your continued efforts to engage directly with the community and your offer of support to the Department. As public health leaders, we rely on your partnership to get accurate and timely information out to your constituencies as well as to escalate any issues, concerns, and problems that you hear from them. We'll continue to work collaboratively while prioritizing equity, leading with compassion, and keeping New Yorkers healthy. I look forward to hearing your questions and answering thoughtfully and to the best of my ability. Thank you, once again, for the opportunity to be here today.

CHAIRPERSON SCHULMAN: Thank you, Commissioner. Before we get started, I also want to acknowledge we've been joined by Council Member

Narcisse, Council Member Hudson, and virtually by Council Member Ariola.

The first question I want to ask is you mentioned in your testimony that the case rate has been decreasing. Is this due to lower case counts or because of the lack of testing or the slowing down of testing?

COMMISSIONER VASAN: Thank you for the question, Council Member. We actually are seeing testing volume increase so that's a good sign that we're seeing declining case rates in an environment of increasing testing so we think that this is driven by 2 primary factors, as I mentioned in my testimony. Number one, real behavioral modification amongst the at-risk community, and that's a big testament to community leaders, advocates, and organizations that have been disseminating the messages that we've been leading with as well. Number two, the vaccination campaign. We've gotten tens of thousands of people protected, even partially, against acquiring monkeypox, and that has created the conditions of some immunity toward slowing transmission.

CHAIRPERSON SCHULMAN: My understanding is that testing was done by the State at one point and

that took a long time, but it's now being done by commercial entities. Can you expand on that?

COMMISSIONER VASAN: Yes, that's correct. We had a limited public health test available to us through the CDC, which was run through our public health laboratory here in New York City as well as the Wadsworth Public Health Laboratory upstate, and those labs are not intended for high throughput clinical testing for care so the federal government negotiated with some of the largest commercial test providers including LabCorp and Quest and others to ensure that clinicians like me, like Dr. Easterling can just order the test when we see it and to get a turnaround time as well as our partners at Health and Hospitals have taken steps to decrease their turnaround time on testing so I think we're in fairly good shape in terms of testing resources in our city.

CHAIRPERSON SCHULMAN: I think it would be helpful if the public knew where they could get testing because I don't think it's widely known so I don't know if that's something that could be put up on the website or something along those lines.

I want to ask, you mentioned the vaccines, there's a new protocol that's going into

effect, is it as of today, I'm not clear but at any rate, on the new vaccine protocol there's been some issues concerning that it's a lower dosage. Does that mean people are going to be receiving inferior treatment? Can you explain how that all works?

COMMISSIONER VASAN: Yeah. Thank you for the question, Chair. I think your question highlights some of our concerns about the strategy and the messaging around it, but, let me say, as a doctor the intradermal dosing strategy, it appears to have similar effect on the immune system as the traditional subcutaneous dosing strategy so from a scientific perspective and an efficacy perspective the early data that we have is very promising. Let me just take a minute to explain the differences. A traditional vaccine that most of you have had for different causes is delivered through the subcutaneous tissue, which means usually in a place with a lot of tissue around it, a thigh, a buttock, an arm, and a longer needle that gets down below the fat underneath the skin and into and around the subcutaneous tissue beyond it. This intradermal dosing, which we do for other vaccines in times of constraint, is delivered just underneath the skin and

creates a little bit of a bubble, called a bleb or a weal, and that then is absorbed more slowly through the fat underneath the skin, and that generates a similar immune response so it's just a slow absorption and requires a smaller actual effective dose of the vaccine, but we see the immune response in terms of the number of antibodies produced seems to be quite similar, and so this is a promising strategy to expand supply, but your questions are very important because it highlights the fact that to make a switch like this midstream in a vaccination campaign is extraordinarily difficult for a number of reasons.

Number one, technical reasons. We have to get providers trained to do this effectively. If intradermal dosing is administered incorrectly, it can be ineffective and not produce a response so that requires training and we're working without providers right now to get that training and education out there.

Number two is just logistics and operations. How do we get the needles and how do we apportion the supply and the appointments accordingly if we are now taking our vials of vaccine and

multiplying that by 4 or 5, which is the number of doses that we think we can get out of one vial now?

I think underneath it all is equity considerations. We want to reassure people that we believe that this is a safe, effective, and equivalent means of getting protection against MPV, but we want to be sensitive to the fact that we have to build up trust and we have to engage communities in order to make this transition, which is why we continue to work with community providers, community organizations to allow them to access the vaccine in the ways that are best for them as we make an entire transition over to the intradermal strategy, which is really being mandated by the federal government. It’s not optional.

CHAIRPERSON SCHULMAN: How are you working to train providers, and, just as an addendum to that as well, under the public health emergencies that have been declared, there’s an expansion of who can give the vaccine so EMTs, paramedics, some others, pharmacists, so how are they going to get trained, number one, and, number two, how long do you think it's going to take to ramp up?

COMMISSIONER VASAN: Yesterday, we announced 12,000 public-facing appointments made available on the city's vaccine portal, and all of those are going to be intradermal doses aside from people who have contraindications to getting an intradermal dose, for instance people who have keloids, scarring. We're focusing those appointments now on the providers that can make the switch more easily, that is our public health clinics, our mass vaccination sites, but starting the process of working with smaller providers, community providers, community organizations to educate, to train, to practice as we make this entire switch over the coming weeks. It will take some weeks to get to 100 percent intradermal, but the federal government has made it clear that we won't get more vaccines until we make the switch so we're making the switch in a transition. We're listening to community partners as we do so. We've convened community partners every week and we convened them just on Monday, especially on this issue, and so we're trying to hear from them about what's the best way to roll this out.

CHAIRPERSON SCHULMAN: I'm guessing that even current providers are not that used to giving

intradermal vaccines so who's monitoring them, how are we making sure that they're up to speed in terms of how they do this because what I'm told also is that the intradermal vaccines can cause scarring, can be painful, so it's not just like your regular shot that you get.

COMMISSIONER VASAN: Yeah. I haven't given an intradermal dose of an injection since medical school, and that's usually done for PPD, which is an older TB test that we don't really use in common practice any longer. Yes, it is a technical issue. Is it difficult to do? I'm not sure it's difficult to do, but it will take training and will take time, and our Health Department staff are out there in the field working with providers. Both the federal government as well as the Health Department have resources to train providers and educational materials. The federal government has put out videos on how to administer a vaccine intradermally amongst other things so we're working closely with providers to hear their feedback and the challenges they're facing technically and logistically and making sure that we're doing it okay, in an effective way.

CHAIRPERSON SCHULMAN: I appreciate that. If you could keep us advised in terms of, you said weeks, but you didn't give a specific date, if you could keep us informed as to when and how that's coming along and also I presume that the physicians giving the vaccines are going to be audited, they're going to be monitored to make sure they're doing it the right way. You also mentioned, by the way, the vaccine portal. I just want to make sure because this was one of the issues that came up early on, that people can actually also make a phone call to make an appointment, not just go up online because that was a source of issues with some people in the community that weren't able to do that.

Now, I want to ask you also, when you talked in your testimony about how monkeypox is transmitted, or MPV, one of the issues that's come up recently is whether with school starting soon if parents need to be concerned about the transmission of monkeypox amongst students.

COMMISSIONER VASAN: Thank you for the questions, Chair. I'll repeat what the State Health Commissioner said recently in a press conference. Schools are not a major source of transmission. We do

not believe that this is going to be a major location of risk for MPV transmission. That said, we have issued guidance to school members, to parents, to stakeholders about how to keep environments safe, what to look out for, when to talk to your provider if you're a parent, and so we are certainly trying to raise awareness with good information to try to lower people's sense of the risk in schools. We're also later today having a meeting with colleges and universities across the state including those in New York City to talk about back to school, about dorm life, and the risks associated there. We're aware and we're certainly communicating with this sector and stakeholders, but I want to reiterate what the State Health Commissioner said which is that we do not believe schools are going to be a primary location of risk for this outbreak.

CHAIRPERSON SCHULMAN: I want to talk just a little bit about education. What's your strategy for timely monkeypox information in New York because I know you put stuff up on the website but beyond that. Also, as information changes, how you're updating New Yorkers and how are you prioritizing messaging to individuals at high risk of exposure?

COMMISSIONER VASAN: That's a great question. Thank you for the question. Yes, the website is a primary location of broad-based dissemination of information, and it's a place where people can download that information and put it into their materials, number one.

Number two, we're producing our own materials, whether it's palm cards or fliers or other digital resources for people to access, and those are being distributed out to community organizations, at parties, at clubs. We've been doing that basically since before Pride, in and around Pride events, in June, and we continue to do that. We are leveraging our networks of almost 100 community-based organizations that are a part of our HIV Unity Project, that are partners that we've worked with through Public Health Corps during COVID so community organizations, community leaders remain an important mechanism through which to disseminate information and then the average New Yorker can also sign up for text alerts. If they sign up at 692-692, they can text monkeypox or monkeypox esp for Spanish to get regular updates, not only on vaccine supply but on prevention messaging as well. As I stated in my

original comments, primary prevention and behavioral modification has been one of the main drivers in slowing transmission so it's really critical that this message gets out there.

CHAIRPERSON SCHULMAN: Are you also doing things in other languages in addition to Spanish?

COMMISSIONER VASAN: Yes, we're working to translate our materials to other approved languages. We had, at a minimum during COVID, 13 languages that we translated all of our materials, and we're working toward that as part of our goals.

CHAIRPERSON SCHULMAN: Are you also working with dating apps such as Grindr, Tinder, and Scruff to help with outreach? If so, what kinds of ads are you doing?

COMMISSIONER VASAN: Yes, absolutely. We are working with Grindr, Hornet, other networks as well as Facebook, Instagram, and so forth. We've run ads, targeted ads, widespread ads to get our messages out there, and so we'll continue to use that as a major medium because we want to meet people where they are and where they're engaging in high-risk behavior.

CHAIRPERSON SCHULMAN: Do you have an advertising budget to use? Are you doing stuff in radio, tv, subway like you did with COVID?

COMMISSIONER VASAN: This is a really good question, and I think it speaks to the expectation piece. While anyone can get monkeypox, this isn't a generalized epidemic that affects everyone equally currently. We've tried to take some caution in putting out billboards and PSAs and other ads. I'll also just say that we don't currently have COVID-like emergency funds to fund that. All of those ads you saw over the last 2 years were paid for by federal government emergency resources. We don't have that budget so we're working with the budget we have currently to put out information in the best way that we can, but we have been doing a lot of (INAUDIBLE) media. I've certainly been and others have been doing a lot of public appearances, and we're doing a lot in terms of town halls and community events so we have a Speakers Bureau at the agency, and our clinicians are out there every week meeting with community leaders and advocates across the 5 boroughs.

CHAIRPERSON SCHULMAN: Currently, the highest number of monkeypox cases are present in

Latino men aged 25 to 34 who identify as LGBTQIA+. What specific outreach is the agency doing to reach this community?

COMMISSIONER VASAN: I think meeting people where they are across the domains that we talked about, whether it's at social gatherings, sexual gatherings, community organizations through our routine healthcare system is critical. Doing so in a culturally competent way using language-appropriate resources and culturally appropriate resources is essential, and we've been leaning into that. While we have so much work to do on equity overall, we're pleased that amongst this risk group we've been able to vaccinate the majority of people that we are estimating to be in the Latino New Yorker risk group currently, and so we'll continue to double down on that going forward, especially as we look to strengthen our efforts in other boroughs.

CHAIRPERSON SCHULMAN: The Mayor has a Public Health Corps that goes door to door in different communities. Are you utilizing them at all to put out information about MPV?

COMMISSIONER VASAN: That's correct. We are leaning on some of the organizations that are a

part of the Public Health Corps network and the staff associated with those organizations in order to go door to door to deliver MPV-related messaging resources, even navigation to appointments, but I'll let Dr. Easterling add any more detail if he chooses.

FIRST DEPUTY COMMISSIONER EASTERLING: Thank you, Commissioner. Thank you, Chair, for the question. You're absolutely right. We have funded over 80 community-based organizations through the Public Health Corps, and we've expanded that network by also putting in additional funding to make sure that we are working with additional organizations to get messages out around MPV and also access to the vaccines.

CHAIRPERSON SCHULMAN: Thank you. I'm going to actually now turn to my Colleagues. Council Member Hudson.

COUNCIL MEMBER HUDSON: Thank you so much and good morning. Just a few questions. One, when did DOHMH first identify that monkeypox would become an issue in New York City?

COMMISSIONER VASAN: Thank you for the question. We identified our first case of monkeypox, MPV, in the city I believe in May, and, since that

time, we've been making preparations for the campaign that we've launched. As I said, access to the tools of the campaign, vaccines, testing, treatment, are all predicated on the federal government's support.

COUNCIL MEMBER HUDSON: Understood. Sorry. My time is limited so I just want to make sure I can get to my questions.

COMMISSIONER VASAN: Sure.

COUNCIL MEMBER HUDSON: You said the first case was in May, but my question was when did you first identify that monkeypox would become an issue?

COMMISSIONER VASAN: Right away. That's when we started to develop messaging, that's when we started to develop guidance…

COUNCIL MEMBER HUDSON: So you had no idea before the first case in May that monkeypox might come to New York City or that it was a concern?

COMMISSIONER VASAN: Certainly we were watching the cases in Europe and watching the first case in the U.S. in Massachusetts, cases in Canada so my epidemiologists have been tracking this from the beginning but whether it was definitely going to land here and expand the way that it did, I think all of

us have just been watching this closely and following this carefully.

COUNCIL MEMBER HUDSON: Do you have anybody on staff that is specifically dedicated to studying, researching, tracking infectious diseases?

COMMISSIONER VASAN: Yes. We have a whole Bureau of Communicable Diseases that does exactly this.

COUNCIL MEMBER HUDSON: I just want to make sure I'm understanding what you're saying accurately which is essentially nobody in an entire division anticipated the type of outbreak that we've seen where New York City has the most cases in the country.

COMMISSIONER VASAN: That's not correct. That's not what I said. We were watching the spread in Europe and watching the spread through networks in Europe and tracking that carefully. We've been talking with our federal partners since those cases appeared. We have many people on staff in that division I mentioned that are actually (INAUDIBLE) from the federal government so our conversations have been early, often, but, in terms of mounting a response, that requires resources that requires tool,

and those tools, I think we can all agree the tools have been mobilized a little more slowly than we would've liked from federal partners and otherwise.

COUNCIL MEMBER HUDSON: Is the federal government, you're saying, the biggest hindrance to being able to address… If not, then what are other…

COMMISSIONER VASAN: I think those are your words, not mine. I think that we appreciate the federal government's support. The Biden-Harris administration has been working hard to mount a response. I think, if we're being honest, we all as a public health apparatus in this country could have moved more swiftly to turn on that response, but we appreciate their partnership and their support.

COUNCIL MEMBER HUDSON: What steps has DOHMH implemented since the botched vaccine rollout for MPV to ensure the portal does not crash again, and are there plans for preregistration of appointments to ensure that they are distributed equitably and not all taken by a highly resourced sub-population within the targeted group?

COMMISSIONER VASAN: We had City Council testimony on technology, I believe it was…

COUNCIL MEMBER HUDSON: A few weeks ago.

COMMISSIONER VASAN: Two weeks ago where our head of the Office of Technology, Matt Fraser, and Dr. Easterling testified to the steps we've taken to strengthen our vaccine portal, and, since the initial rollout, our vaccine portal has operated as designed with stability and the ability to expand access. We've also added analog resources through our phone line, and we will have announcements in the days and weeks ahead around the vaccine registration system you mentioned, which is something we're working on actively right now.

COUNCIL MEMBER HUDSON: After a new communicable or infectious disease is reported to DOHMH, what steps does the agency take to stop the spread of the districts in the affected population and likely affected populations? What's the order of operations, I guess?

COMMISSIONER VASAN: I think I understand your question, but I'll try to answer it as best as I can, Council Member. Whenever we track either a new or a known pathogen that's entering our community, we start by identifying how it transmits, what are the chains of transmission, and then the guidance we can give to the public and to people who appear to be at

elevated risk on how to manage that risk. Then, of course, we look at tools like available potential vaccines. Certainly, all of this is challenging to do without widespread access to testing, which was the situation in this country throughout April, May, and June. We didn't have enough testing in the country and in our city as well. Then, of course, I think we're lucky that we have a treatment that was on the shelf for this outbreak and making access to treatment as widespread as possible as well. Those are the core principles of epidemic response.

COUNCIL MEMBER HUDSON: Thank you.

CHAIRPERSON SCHULMAN: By the way, if we have time, we'll do a second pass on question. I'm actually going to call on Council Member Narcisse.

COUNCIL MEMBER NARCISSE: Good morning and thank you, Chair, for the opportunity for us to be here for the oversight.

Dr. Vasan, I appreciate your work. I was on the street. I'm a nurse (INAUDIBLE) Registered Nurse for over 3 decades and now Chair of Hospitals. Before I go through the questions, I want to ask how we're doing with H and H with access to the vaccines for the monkeypox?

COMMISSIONER VASAN: Thank you for the question, Council Member. Access overall has been limited but increasing, and that is largely a national supply issue. The switch to an intradermal dosing strategy now potentially expands that supply significantly in terms of the number of doses we can give out with the limited supply of vials that we have. The way that we get those doses out to the public is multifold. It's through our city-run mass vaccination sites, it's through our community-based partnerships. We reserved thousands of appointments that the public never sees that goes directly to community organizations so they can make referral and have a clear pathway to get access to appointments as well as clinical providers, whether they be our H and H system who have been great partners in brick-and-mortar and mobile vaccination as well as other health systems throughout the city.

COUNCIL MEMBER NARCISSE: Thank you. The reason that I'm asking that for the hospital is because when H and H doesn't have the supplies, we know that the inequities that we're talking about are going to be higher, right, because the folks that are going to H and H are folks that are undocumented,

people without insurance, black and brown communities. That's the reason I asked that. By the way, I was on the street all over trying to educate my community in the 46th District about monkeypox because it's important, we saw what happened with COVID, how we got affected big time. Over the weekend, I think Chair Schulman was talking about it, we have in New York State we have a minor that contracted MPV, if we say it since the name has changed, so you know about that and I heard she ask the question how should we be concerned about the children as they're coming back to school. You said it's not much of a concern, but I hope that we're paying close look on that because we have so many kids that got affected with COVID while we thought that was not going to happen.

One of the things that I'm very concerned about and what is another reminder, which we're talking the inequities which exist in our healthcare delivery system, black men have received the monkeypox vaccine at a much lesser rate than other groups. Black New Yorkers who make up 31 percent of at-risk population receive only 12 percent of the doses administered so far. We need to do much better,

which I've been (INAUDIBLE) to. How can we do better? What is the city doing to correct these racial inequities that we all talk about all the time?

COMMISSIONER VASAN: Thank you for the question, Council Member. I share your concern about the data you presented. Just to be clear, it's not 12 percent of overall vaccines. It's 12 percent of the risk group. Either way, we have a lot of work to do with the African American community and getting them access to vaccination. We have, since the beginning of our rollout, worked with community-based organizations and trusted clinical providers to build up trust in the vaccine, to build up trust in our systems, and to encourage them to get vaccinated and then, of course, to access care if they need it later on. I will say that we have a lot of work to do in this front, and that's partly why we announced additional resources to community-based organizations with the focus on African American-serving organizations in order to really start to combat that inequity that we have seen before. I'll kick it to Dr. Easterling if he wants to add any further comment.

COUNCIL MEMBER NARCISSE: How many vaccines we have received, and since the federal will not deliver any vaccine until we convert the administering way for intradermal, that's what I'm hearing if I'm correct, so how long will it take to train the professionals that we need to deliver those vaccines?

COMMISSIONER VASAN: It's a great question, Council Member, and thank you for asking it. It's going to take a bit of time. We're releasing 12,000 appointments just for this week, and we're going to learn about how quickly we can adapt and then we'll be making further announcements next week about subsequent weeks, but, over the next several weeks, we're going to have to make this switch.

COUNCIL MEMBER NARCISSE: Thank you. Last one. Is the name injured the efforts to stop the monkeypox? Does changing the name mean something?

COMMISSIONER VASAN: I think we've learned throughout history with public health that language matters and the way we refer to illnesses matter in terms of stigma discrimination, and this isn't just an issue of politics and language. This is an issue of saving lives. That pushes people further into the

shadows, causes them to delay care, and worsens health outcomes. You just have to look at the history of HIV which was called gay-related infectious disease and stigmatized the gay community. More recently, COVID-19 was pejoratively referred to as the Asian flu or Kung flu, and we've seen the impact of that on Asian American communities. I just read a report this morning that in Brazil they've started to attack monkeys because of misinformation about this virus being explicitly connected to exposure to monkeys so, let alone, I think the racist connotations of this being a virus that has predominated in West and Central Africa without a concerted public health response from anyone, including the WHO, including the U.S. government so I think language is extraordinarily important. I think the WHO is actually preparing to make a switch globally in our language, and, as soon as they do, we'll adopt it.

COUNCIL MEMBER NARCISSE: By the way, I'm in agreement with you. I just want to make sure that people understand that because the same in our community when people were talking about monkeypox and they start talking about genders, it's more this

group and that group, so I wanted you to highlight so I understood that fully. Thank you so much for your time.

CHAIRPERSON SCHULMAN: Now I'm going to turn it over to Council Member Bottcher.

COUNCIL MEMBER BOTTCHER: Hello, Commissioner, how are you.

COMMISSIONER VASAN: Hello. I'm well. How are you?

COUNCIL MEMBER BOTTCHER: I'm good. Thank you. I'm going to ask you about second doses. As we know, the JYNNEOS vaccine is a 2-dose vaccine and maximum immune protection does not occur until 14 days after the second dose. Here in New York City, like many other places, we've adopted a first dose strategy, ensuring that we get first doses out, and that makes sense for a couple of reasons. From a fairness perspective, to make sure that everyone can get their first dose, which does offer a degree of protection, and also to get as many people at least partially protected, and I think that has been seen in some of the declining case numbers we've seen. However, over 63,000 people have had their first dose, some of them months ago, and I can tell you

that a lot of people feel like they're in the dark and they are becoming more and more anxious about when they're going to get their second dose. Can you tell us when you think the city will be making those calls to people about scheduling their second doses and what criteria will you be using to make that decision? What data points are you currently watching to decide when you can start making those calls for second dose appointments?

COMMISSIONER VASAN: Thank you so much for the question, Council Member. We are committed to a 2-dose strategy. We adopted a first-dose, single-dose strategy in an environment of extremely constrained supply to get as many people partial, but significant, protection as quickly as possible, but we're still committed to a 2-dose strategy and to getting as close to if not following FDA guidance. I think the switch to intradermal administration will tell us a lot about how quickly and when we can start doing second doses. Currently, we hope to learn enough this week from the launch of those intradermal appointments to be able to make some announcements in the next several weeks around when the first traunch of second doses could occur and then, of course,

working to ensure that that's spaced out appropriately. The good news in our read of the data is that a single dose actually confers significant immune protection and a second dose delivered up to a year later actually makes that protection durable so it's not to say that we are planning to wait much longer but I think the switch to intradermal is offering up some challenges on that front.

COUNCIL MEMBER BOTTCHER: When you say you hope to learn a lot more in the next few days, couple of weeks, what does that mean? Are you going to be watching when the first dose appointment requests slow, when you have unfilled appointment requests, what specifically are you going to be looking for?

COMMISSIONER VASAN: That's a great question, Council Member. Thank you. Amongst other things, we're looking at where demand is for first doses, and I think we can all just see publicly that demand is slowing slightly. We're not seeing the fever pitch that we saw in the beginning of the rollout. I think if you go today online you'll still find a few appointments even before the release later today of intradermal appointments so we're looking at that as one data point. I think I mentioned earlier

the technical aspects and the training aspects and the safety aspects of providing effective intradermal dosing as something that we want to make sure we're doing correctly for first doses before we start switching over to second doses. Those are really the things. Then, of course, that has an impact on staffing. We have definitely done first and second doses together, for instance, of COVID. We are able manage that, but we have to think about the deliberately in terms of the number of appointments we launch and the amount of space and staffing and the number of sites we have open to deliver those second doses, but I think we'll be making some announcements in the coming weeks.

COUNCIL MEMBER BOTTCHER: What should we be telling our constituents who are seeing people in other municipalities and counties get their second doses? Last week, on Fire Island, they were giving out second doses to anyone who walked up to the clinic, which is great, but does that mean that other counties in New York State are getting a disproportionate vaccine supply if they have all these doses to give out, what's your read on that?

COMMISSIONER VASAN: Thank you for the question. We're dealing with the epicenter of the outbreak. We've had extraordinary demand. As you know, we're in the most diverse city with the most complex delivery system in the country so having a single site or a couple of sites in the rest of the state that deliver second doses for a relatively small amount of people I think is a much simpler task logistically, and we're also seeing that in other jurisdictions that just aren't as impacted as much as we are so I think we took the sound public health approach which was to get a widespread level of protection as much as we could out there quickly and now is the step to transition to this ongoing control phase.

COUNCIL MEMBER BOTTCHER: Last question. I've been hearing from people who had their first dose subcutaneously, the way it's been done, and they are asking if it's going to make a difference if they get their second dose intradermally with the quarter vial. Can you speak to that concern for them?

COMMISSIONER VASAN: Thank you for the question. This has been a question that we've been wrestling with internally, but the data suggests that

from a safety and efficacy perspective that the 2 routes of administration, subcutaneous dosing of a full vial or intradermal dosing of a fifth of a vial produce a similar level of antibody response, which is ultimately what we want, right? We want the immune system to respond to the vaccine to produce durable antibodies that will protect you from getting sick. I think we feel pretty strongly that the intradermal dose will provide that effective level of protection. We know that it's not just an issue of scientific efficacy. It's also an issue of acceptance and equity and perception, which is why we're working with providers, especially in serving higher risk or marginalized communities to work with them to make this transition at a pace that makes most sense for them.

COUNCIL MEMBER BOTTCHER: Thank you.

COMMISSIONER VASAN: Thank you.

CHAIRPERSON SCHULMAN: Because we don't have quorum, Council Member Ariola who is a Member of the Committee and is joining us virtually cannot ask a question, herself, but she did send us her questions so I'm going to ask it verbatim.

Since we are ramping MPV testing and back sites and downsizing COVID testing and vaccination sites and on the heels of the new CDC guidelines, which no longer differentiate based upon a person's vaccination status and noted people who have had COVID but are not vaccinated have some degree of protection against the virus, will you be reversing your decision to require vaccinations for students to participate in after-school activities as well as parents who are not vaccinated being able to enter a school building?

COMMISSIONER VASAN: Switching gears to COVID. Thank you for the question wherever you are, Council Member. Our vaccine mandates and our vaccine requirements have in an interlocking sense, whether it be a city worker, private sector, DOE, after school, have been a major driver of building up the wall of immunity and protection that we've built up over the better part of 18 months, 2 years, and that is a big explanation for why we're seeing, finally, over the last couple of months a divergence between case transmission and severity of illness. This is where we want to be. We want to be in a place where even with the virus circulating, people are not

getting severely ill at the levels that they used to be, people are not getting hospitalized, people are not dying, and we have treatment and other resources to keep them from doing so, but that level of immunity that we maintain is essential for now as we enter into the fall, as we enter into a time when we're not sure what this virus will throw at us going forward. As well, we are seeing a new vaccine come online, a bivalent booster which covers Omicron and its subvariants, and so we're going to be promoting that heavily over the coming weeks and months as it's available and so we're always willing to reassess our rules at the appropriate time, and we'll make those adjustments as needed.

CHAIRPERSON SCHULMAN: Thank you. I'm going to go back to monkeypox for now. My understanding from the press conference the Governor had the other day is that the federal government is pushing back on giving New York State and New York City more doses because they feel that under the new criteria that we're going to have enough to give out vaccines. What's your response to that?

COMMISSIONER VASAN: Thank you for the question. I would not characterize it as pushback. I

would characterize it as a pretty significant switch in approach midstream, which is coming from a good place. All of us want more supply, and we have some data that suggests that there's a way in which we can get more supply with the actual vials that we have and so, as a city, we've chosen to adhere to that. Frankly, it's not really a question; it's a mandate. It's becoming a part of the rules of procurement and supply acquisition from the federal government to adopt this strategy. From the beginning when this proposal was made, all of us were glad that we had the potential to increase supply. It's just a question of timing and transition and how to do so safely, how to do so equitably, in a city as large, complex, diverse, and impacted as ours.

CHAIRPERSON SCHULMAN: I appreciate that. I'm going to talk about treatment for a little bit. Number one is if you could explain what the different treatment options are. Number two is that I understand that one of them was a TPOXX, that it's very difficult for a provider to give that because you have to fill out hundreds of sheets of paper and forms so that keeps us from being able to give some

treatments to people that need it so can you just talk about that?

COMMISSIONER VASAN: Thank you for the question. Tecovirimat, otherwise known as TPOXX, is the treatment that has been indicated for MPV. It’s actually a treatment that we know works for smallpox, which is related, of course, and seems to have some efficacy against MPV. Currently, it’s only available through the federal government, through the FDA under investigational use, which means it hasn’t really been studied for this indication which means that clinicians are forced to fill out a significant amount of paperwork in order to access the treatment. It's not an issue of supply. We have enough of it. It's just a question of authorization. We’re grateful the federal government has reduced that paperwork burden, but what they haven’t done is adopted an emergency use authorization, and that could be an additional step they could take to make access to treatment more widespread. That said, we’re grateful to our partners at Health and Hospitals for using a research protocol authorization to make TPOXX widely available at their 11 hospital sites so, if any New Yorker is facing challenges to getting TPOXX when

they or their clinician thinks they need it and there's for whatever reason barriers to the clinician filling out the paperwork, they can do one of two things. They can certainly call the Health Department and we've worked directly with over 1,000 cases to get people treated. That's far more than any jurisdiction, and that's just the staff time on task filling out paperwork and training and education, but they can also go to a Health and Hospitals hospital site in order to access treatment slightly more quickly if, for whatever reason, there are barriers.

CHAIRPERSON SCHULMAN: Are providers aware that they can send somebody to an H and H facility?

COMMISSIONER VASAN: Yes, we've made that announcement, but we can certainly ramp up that messaging.

CHAIRPERSON SCHULMAN: I think that's important. I'm going to ask a technical question, which you may not know the answer to. I know having worked at H and H previously that there are affiliation agreements with the private hospitals, and, since you talked about a research use protocol, because a lot of research is done by the affiliates, those private hospitals, will they have the ability

to provide the treatment at a reduced amount of paperwork?

COMMISSIONER VASAN: That's a good question. This is approved under an Institutional Review Board, or an IRB, and each institution has its own IRB. I'm not sure whether we've got any mechanisms citywide. We can certainly look into that.

CHAIRPERSON SCHULMAN: Yeah. The IRBs, because I worked at Woodhall Hospital, which had an affiliation agreement with NYU and we had a lot of our IRBs so that's why I'm just asking if there's a way to expand the ability for people to get treatment.

COMMISSIONER VASAN: That's a good question. Thank you.

CHAIRPERSON SCHULMAN: That's the question. Is there anything other than the TPOXX, is there over-the-counter treatments or anything else that people can use if they have symptoms?

COMMISSIONER VASAN: That's a great question, Council Member. There's certainly, as I mentioned in my remarks, MPV causes lesions. Those lesions can be extraordinarily painful, especially depending on their location. They can be itchy. Let

alone scarring and disfiguration that might occur. There are certainly topical pain relief strategies which we've talked about and disseminated to providers. We issued a health alert to over 100,000 providers in the city several weeks ago that includes some of this pain management and discomfort guidance. We've also talked a lot about barrier methods, just covering up and dressing and bandaging sores and wounds is really essential, not just for moving about in the world but also for pain relief and protection, the avoidance of additional infections, bacterial infections that could take root if not cared for appropriately.

CHAIRPERSON SCHULMAN: You said you've given those to providers, but you don't have that listed on your website or anything else if somebody wants to go and get some over-the-counter…

COMMISSIONER VASAN: I think we do.

CHAIRPERSON SCHULMAN: I think that would be important to get out to the communities about what's available over the counter.

COMMISSIONER VASAN: Absolutely.

CHAIRPERSON SCHULMAN: The other thing I'm going to switch gears a little bit and talk about

there are a number of cases that have been reported recently in dogs interestingly enough that belong to people who have monkeypox, who are actually getting monkeypox from their owners and what is being done, if anything, along those lines?

COMMISSIONER VASAN: Thank you for the question. It's certainly something we've heard of. As I mentioned in my opening remarks, we know that MPV like other Orthopoxviruses can spread on fabrics and clothing and linens and towels and so dogs and fur seem, to me, to be another similar mode of transmission. We're happy to go back and look at the ways in which we're engaging with our animal control, our environmental health team as well as in our messaging for dog owners…

CHAIRPERSON SCHULMAN: And veterinarians, yeah.

COMMISSIONER VASAN: Absolutely.

CHAIRPERSON SCHULMAN: I think that's really important. Council Member Bottcher, do you want to ask more questions?

COUNCIL MEMBER BOTTCHER: I would just love a little more clarity on how many vaccines we expect to be coming from the feds in the future. I

believe that 80,000 were allocated in that traunch that was announced in July. How many of those 80,000 doses have we received? How many are we still expecting?

COMMISSIONER VASAN: It's a really good question, Council Member, because the way that the federal government is now reporting publicly, its supply is through doses and so the numbers basically have been multiplied by 5, the assumption is by 5. I can tell you that last week we ordered 9,600 vials against our allocation, and we were able to order another 10,000 vials this week and so how we apportion that through doses as we transition over to 100 percent intradermal dosing will determine when and how much we can order going forward. I think that's been one of the biggest challenges for the whole country has been forecasting. Normally, when we plan a mass vaccination intervention, we need the ability to forecast and look ahead and plan on how quickly and how many sites and how much staff and logistics are needed in order to deliver a certain volume of doses, and that's been challenging throughout this response.

COUNCIL MEMBER BOTTCHER: Of the 80,000 vials that were announced in July, how many have we received in New York City?

COMMISSIONER VASAN: I'm happy to go offline and get you the information on that.

COUNCIL MEMBER BOTTCHER: Okay. Thank you.

CHAIRPERSON SCHULMAN: Another concern that's been raised are the hours for the vaccination sites which are typically during work hours so how is DOHMH ensuring that folks who are less likely to be able to take time off from work are able to get vaccinated?

COMMISSIONER VASAN: Thank you for the question. One of the steps we're taking is to extend hours beyond the end of the workday so up until past 6 p.m., often until 8 p.m., but we have been doing over the last several weeks, weekend appointments through our pods and our mass vaccination clinics to ensure that working people can get access to the vaccine, but we're always looking for ways in which to expand access. We're also doing through H and H mobile vacs which doesn't have the same hourly restriction, and so through the vacs app folks can

try to find timing that work for them that are off-hours.

CHAIRPERSON SCHULMAN: Where do those mobile vacs, where do they go, how are they dispersed?

COMMISSIONER VASAN: We work closely with H and H and our community partners to basically decide where they need to be at any given day and at any given time. Obviously, a big aspect of using mobile vacs is to achieve equity and to bring resources closer to where people are so we're focused in on where the data is telling us we need to be.

CHAIRPERSON SCHULMAN: We spoke earlier about people with limited digital literacy and all of that so I just want to ask if the phone numbers are being given out with the materials that go to CBOs and providers and all of that because I think that's very important?

COMMISSIONER VASAN: Thank you for the question. Absolutely. Our 1-877-VAX-4NYC number is included in all of our materials. It's included on our text messages. It's included on all of our physical pamphlets, leaflets, palm cards as well as on our website so, absolutely, we are cognizant that

there are folks that don't access digital resources that need to see things physically or don't have access and so that phone number, as well, 311, we have a direct referral from 311 so even if they don't know the number, they can get referred from 311 directly to the VAX4NYC hotline.

CHAIRPERSON SCHULMAN: DOHMH has an Office of Disaster Preparedness or Public Health Disaster Response, something like that?

COMMISSIONER VASAN: We have an Office of Emergency Preparedness.

CHAIRPERSON SCHULMAN: Right, so I'm guessing you're supposed to monitor things that are happening in the world and all that to see how that's going to possibly affect the New York City area. How are you going to determine whether MPV is morphing into the rest of the population other than where it is now, which is it's a little bit confined in terms of community?

COMMISSIONER VASAN: Yeah. That's a great question. A lot of it is just surveillance and testing and where we're seeing cases. The Council Member mentioned the case in the child in Upstate. That isn't altogether unexpected because that was a

household contact, and it was not a contact acquired in daycare or school or an environmental contact, it was a household contact, and we know that men who have sex with men, LGBTQI, and trans people have families and have children so a lot of it is really just tracking the testing, which is why we're trying to also find the balance between targeted messaging to the groups that are highest risk as well as widespread messaging to say look, if you've got these symptoms talk to your provider, get tested, but it's not surprising that we see isolated cases in different risk groups. We'll know that we're making a difference if we continue to see a downward trajectory in case transmission without an increase in cases in other risk groups.

CHAIRPERSON SCHULMAN: Right, but on the other end, you're monitoring to see if it goes in the opposite direction. You'll be able to detect that early on.

COMMISSIONER VASAN: Early is all dependent on testing so our ability to do disease surveillance is predicated on the results we get from clinical tests, and we use that data to model, but we also use that data to respond so that's why a lot of

our messaging is about clinicians doing more testing, raising awareness on who should get testing, when people should suspect that they need to be tested and evaluated by a clinician. Right now, we think we're meeting that testing need through our regular healthcare system, but, if something changes, we can also expand that.

CHAIRPERSON SCHULMAN: I just want to make sure whatever the next virus is that, and I know you do wastewater monitoring and surveillance and all of that, but that we're prepared for because, hopefully that won't happen, but we know that just in the world we're in that that could happen.

COMMISSIONER VASAN: You're raising important questions. I think we're dealing with a couple of infections at once. Wastewater surveillance is becoming an important tool, which we've been doing since really September, October of 2020 with our partners at the Department of Environmental Protection. We have to have a broader conversation, of course, around preparedness and investment into public health and public health infrastructure, but, in terms of the MPV response, I think we have the

resources and the assets we need currently to mount an effective response.

CHAIRPERSON SCHULMAN: Do you have a breakdown of the demographics of the cases by borough, age group, gender, race, sexual orientation?

COMMISSIONER VASAN: Absolutely. That's publicly available on our website, and it's updated every Thursday.

CHAIRPERSON SCHULMAN: I want to thank you and Dr. Easterling. You answered a lot of questions. I'm sure there will be more in the days to come and all of that but really appreciate, one, I want to just say we really appreciate the work of the Department of Health and Mental Hygiene, the staff. On a personal note, you've been extraordinarily responsive when we bring stuff up, and we look forward to working with you moving forward.

COMMISSIONER VASAN: Thank you so much. Those kind words are well-received by me and by my entire staff. We have an amazing agency. Our team has worked so hard over the last 2 and a half years under extraordinarily difficult circumstances with extraordinary gaps and needs, and I'm just extraordinarily proud of them but I'm also very, very

proud and thankful to all of you, to you, Chair, to Council Member Bottcher, to others who have been great partners to us. We need you as advocates, as partners to raise information, to disseminate information, to bring us to your constituencies, and to bring information from your constituencies to us so that we can be as responsive as possible to all of New York so we're grateful for your leadership and your thoughtful partnership so thank you.

CHAIRPERSON SCHULMAN: You can be dismissed, and I know that you're leaving one of your staff behind so that they can listen to the testimony from the public and we appreciate that as well too.

COMMISSIONER VASAN: That's correct. Thank you.

CHAIRPERSON SCHULMAN: As we get ready for the public testimony, I just want to remind everyone who's testifying that there's a limit of 2 minutes because we have a lot of people testifying so we want to make sure we get everyone in. If you have a long testimony, you can submit it to us online at testimony@council.nyc.gov. Again, that's testimony@council.nyc.gov if you have lengthier testimony, and we do read all of the testimony and

it's summarized for all of the Members of the Committee so I just want to make sure that people are aware of that. Thank you.

Our panel 1 is Andrea Jacobson and Kathleen McKenna.

ANDREA JACOBSON: My name is Andrea Jacobson, and I am the Director of Public Policy for Emblem Health. On behalf of our company and the thousands of New Yorkers we employ, I would like to thank Chair Schulman and Members of the Committee on Health for holding this hearing and for providing the opportunity to speak on this timely and important public health issue.

Emblem Health is one of the largest community-based non-profit health insurers in the country, serving more than 2 million New Yorkers including approximately 1 million New York City municipal workers who receive coverage in our plans. However, we are not only a health insurer. Our physician partner, Advantage Care Physicians, is a primary and specialty care practice serving half a million patients at over 35 locations across the New York area. Additionally, our 14 Emblem Health Neighborhood Care Centers provide in-person and

virtual services to all community members, offering health education, wellness classes, and connecting individuals to community resources to address social determinants of health.

As the monkeypox virus, or MPV, spreads throughout the country and world, we are once again seeing New York emerge as an epicenter of a new infectious disease outbreak. We thank the Members of the Committee on Health, LGBTQIA Caucus, and others on the City Council for your tireless work to ensure our city has the resources we need to address this virus.

During the COVID-19 pandemic, Emblem Health and Advantage Care Physicians worked in partnership with New York State, New York City, community-based organizations, and local leaders to ensure that tests and vaccines were accessible and equitably distributed to our city residents, particularly those living in underserved and hard-to-reach communities as well as frontline workers and first responders. It’s imperative that we utilize the lessons learned to continue to keep our communities healthy.

MPV can affect anyone, and it is important that individuals and communities have clear information and education to understand how to prevent or reduce exposure to the virus as well as what to do if they are exposed or have symptoms. Community providers and organizations like Advantage Care Physicians and Emblem Health Neighborhood Care are trusted sources of information and understand the unique and diverse communities we serve. To continue to better educate and inform our communities, Emblem Health is hosting a virtual educational webinar on MPV on August 31st at 11:30 a.m. We invite all City Council Members, staff, and community members to join this discussion. Information on how to join the event can be found on our events page and through our social media channels, both of which we will share to ensure this information is distributed widely. We greatly appreciate your help and the help of the Department of Health in sharing this information to help us reach a wider audience of the community. The webinar will feature physicians from Emblem Health and Advantage Care physicians answering commonly asked questions and concerns about MPV symptoms, testing, vaccines, and prevention. The clinical

experts will also be joined by representatives from GMHC to discuss how to ensure the virus response prioritizes vulnerable communities while decreasing stigma associated with the disease. Combatting MPV will require a coordinated effort among public and private stakeholders to ensure all communities, especially the most vulnerable, have access to education, preventative services, testing, and vaccines. Emblem Health hopes we can be a constructive partner to the City Council and Department of Health to accomplish these goals.

Thank you for your time, and we look forward to working together to keep New York City healthy. Thank you.

CHAIRPERSON SCHULMAN: Okay. Kathleen McKenna.

KATHLEEN MCKENNA: Hi. Good morning. My name is Kathleen McKenna. I'm the Senior Policy Social Worker at Brooklyn Defender Services. I want to thank Chair Schulman for the opportunity to testify today about MPV. Brooklyn Defender Services, we're a public defense office. We represent about 25,000 New Yorkers each year. Thousands of people we represent live or are detained in congregate

institutional settings in the city, including shelters, detention facilities, jails, and foster homes, which put them at risk of communicable diseases including MPV. Despite the Mayor having declared MPV a public health crisis on July 30th, no plans have been released for addressing the emergency in public congregate settings. We recognize that MPV cases have been primarily among gay, bisexual, and other men who have sex with men and that it's critical to continue outreach and education in the LGBTQ community, and we encourage the expansion of outreach and education and prevention for people who live in congregate settings. These populations are not separate. They overlap and intersect. Gay and bisexual men and LGBTQ people are disproportionately represented in jails, the foster system, and experience homelessness at higher rates, and, notably, these settings are unsafe for LGBTQ people to disclose identity, which is required for vaccination. We know that at least 2 DOC staff members have tested positive for MPV, and we fear that the virus might be spreading in the jails. The Department of Corrections has repeatedly demonstrated an inability to keep people in custody safe, and

their egregious failure to fulfill their obligation to provide medical care has led to undue suffering and death. Twelve people have died in the jails this year alone. The jails are overcrowded, unsanitary, and unsafe. We have a number of recommendations in our written testimony, but we really want to recommend that the City Council work with community partners and all stakeholders to decarcerate the jails to ensure that people leaving jail have access to single beds to quarantine and stabilize as they reenter the community, and we encourage you and all Members of the Council to visit the jails and other congregate settings to talk to people inside about what is happening, especially when it comes to MPV education and prevention. Thanks so much for your time.

CHAIRPERSON SCHULMAN: Sure. Before I go on, I want to acknowledge that we've been joined by Council Member Feliz.

I do want to say to you that we did send out a letter to Corrections and to the entity that works on healthcare at Rikers as well asking them about MPV so that's been done so we're just waiting

for a response, but I just wanted you to be aware of that.

KATHLEEN MCKENNA: Thank you.

CHAIRPERSON SCHULMAN: Sure. Okay, you're dismissed and please submit the remainder of your testimony. That would be great. The second panel is on Zoom, and I'm going to announce all the names and then I'm going to call you individually. Anthony Fortenberry, Brandon Michael Cuicchi, I'm sorry if I mispronounced, Shear Avory, and J.R. Cehonski. Anthony Fortenberry, you're first.

SERGEANT LUGO: Time starts now.

ANTHONY FORTENBERRY: Good morning, Chairperson Schulman and the entire Membership of the Committee on Health for holding this hearing. We share your commitment to addressing MPV.

My name is Anthony Fortenberry. I'm the Chief Nursing Officer at Callen-Lorde Community Health Center. Callen-Lorde provides comprehensive healthcare services for New York City's lesbian, gay, bisexual, and transgender communities while remaining welcoming to all and regardless of the ability to pay. We saw our first patient with a confirmed case of MPV on June 3rd, and, over the subsequent weeks,

that number has risen into the triple digits. This rapid increase in cases has generated several challenges. Primary concern, of course, is the lack of adequate vaccine supply which stunts efforts to achieve widespread immunity and negatively impacts health equity. When you ration healthcare like this, only those with the most resources are able to access care, and, of course, these are not our patients. A third of our patients are uninsured, many struggle with income, housing, and food insecurity, 20 percent of our patients are living with HIV, and 30 percent are transgender or gender nonbinary. While the new intradermal administration route is meant to expand vaccine supply, we are concerned with the lack of community education about this new method and call for monitoring the efficacy of intradermal delivery, especially for those living with compromised immune systems. Our patients are those who have historically lacked appropriate healthcare access, and we need to ensure they are not left behind again by ensuring adequate access to vaccines.

Closely related is the need for antiviral treatment. Callen-Lorde is witnessing a high number of severe infections requiring tecovirimat, TPOXX. We

prescribed roughly 20 percent of all TPOXX treatment in New York City, and we draw from this experience when we call for emergency use authorization that would make TPOXX available at any pharmacy in the city and for all those who need it.

An additional concern is the lack of support for those who are required to quarantine for long periods. We've seen this firsthand. Many of our patients are experiencing MPV infections that require quarantine periods for up to 4 weeks, but many do not have jobs that do not allow for remote work or other suitable accommodation. This needs to change if we're going to ensure…

SERGEANT LUGO: Time expired.

ANTHONY FORTENBERRY: Excuse me.

SERGEANT LUGO: Your time expired.

CHAIRPERSON SCHULMAN: You want to finish your sentence and (INAUDIBLE)

ANTHONY FORTENBERRY: I appreciate that. This needs to change if we're going to ensure patient safety and reduce opportunity for transmission. Employers must be compelled to accommodate quarantine recommendations without consequence to employees. Thank you so much.

CHAIRPERSON SCHULMAN: Thank you. I just want to say before we go on to the next panelist that we heard the Commissioner testify about the emergency use authorization and so we'll be talking to the staff and seeing what measures that the Council can take in terms of trying to get that.

Now, I want to ask Brandon Michael Cuicchi, I hope I didn't screw up the last name, to testify. Please, I just want to remind everyone to keep it to 2 minutes as much as you can. Thank you.

SERGEANT LUGO: Time starts now.

COMMITTEE COUNSEL: Brandon, are you able to speak?

BRANDON MICHAEL CUICCHI: Hello.

COMMITTEE COUNSEL: Yes, we can hear you. Go ahead.

BRANDON MICHAEL CUICCHI: Hi. Can people hear me?

SERGEANT LUGO: Yes, we can hear you.

CHAIRPERSON SCHULMAN: Yes, go ahead.

SERGEANT LUGO: You may begin.

BRANDON MICHAEL CUICCHI: Hello. Is my time starting?

SERGEANT LUGO: Yes, sir, you may begin.

BRANDON MICHAEL CUICCHI: I'm going to proceed as if everyone's hearing me. My name is Brandon Cuicchi. I'm from Act Up New York. That's the AIDS Coalition To Unleash Power. I've been very upset and worried lately about hearing about the twin pandemics of COVID-19 and monkeypox now and not seeing any mention of the original epidemic that wiped out the LGBTQ community, has been for decades, which is HIV and AIDS. When I went to get my monkeypox vaccine 2 weeks ago, I saw hundreds of people from the LGBTQ community lined up outside. I waited for an hour to get my vaccine. I want to ask DOHMH why there were not HIV testing trucks outside that site to capture people coming in who need to get tested. We have people who haven't had access to care for 2 years, who haven't had HIV tests, who haven't necessarily had their PrEP prescriptions updated, who need to get their viral loads checked or their treatment for HIV checked out. While we as a city are funneling people into these 4 mega-sites for monkeypox vaccinations, we need to be targeting HIV testing around those sites. It's a complete no-brainer. If DOHMH can't stock those vans, they need to get subcontractors like Housing Works and Callen-

Lorde to those sites so that people have the option and the accessibility of getting tested for HIV while they're there.

I also have questions. I want to know what DOHMH's plan for vaccinating prisoners looks like. Currently, we have prisoners who aren't getting their daily medications as is so I want to know what DOHMH plans as far as a mass vaccination plan for prisoners at Rikers and other sites.

SERGEANT LUGO: Time expired.

BRANDON MICHAEL CUICCHI: All right. Thank you.

CHAIRPERSON SCHULMAN: Thank you very much. Now, I'm going to ask Shear Avory to give testimony.

SERGEANT LUGO: Time starts now.

COMMITTEE COUNSEL: Chair, the computer is now back on mute. Please unmute the computer in the Chambers.

We can hear you now. Please announce the next panelist.

CHAIRPERSON SCHULMAN: The next panelist is Shear Avory. Can you hear us?

SHEAR AVORY: Yes. Hello. Good morning. Thank you so much, Council Member, Chairwoman. I would like to begin by shouting out my Council Member from the 35th District, Crystal Hudson, who serves on this Committee. I would like to thank the Committee for this very important oversight hearing and acknowledge my disappointment in the majority of the Members leaving at the beginning of the start of public testimony (INAUDIBLE) that is one of the fundamental duties to your constituents to listen, to hear, to engage.

I am a black and Indigenous nonbinary trans fem. I am a personal survivor of monkeypox, otherwise known as MPV. As Anthony from Callen-Lorde mentioned, there have been severe cases. I am a survivor of one of those severe cases. There has been a disproportionate and inequitable focus on gay men who have sex with gay men as opposed to the widespread transmission of monkeypox regardless of sexual identity, gender identity, and their relationship status. As a trans person, I am deeply concerned about the impacts that the focus on primarily gay men who have sex with gay men will have on young people like me. This is a failure across the

board from the city, state, and federal perspective on the rollout of vaccines, the rollout of public health services. I'm not so surprised at the Adams' administration, but I am disappointed in the slow response from Governor Hochul given her (INAUDIBLE) and I'm appalled by the response from the White House, having worked with then-Vice-President, now President Biden as the 2018 LGBTQ Biden Fellow for LGBTQ Equality at the Biden Foundation.

I'd like to end my remarks by acknowledging what's already been mentioned.

SERGEANT LUGO: Time expired.

CHAIRPERSON SCHULMAN: Why don't you just finish what you were saying? Go ahead.

SHEAR AVORY: I would like to acknowledge that I served on the (INAUDIBLE) Council Commission Task Force (INAUDIBLE) custody, and I (INAUDIBLE) the concerns around vaccinating people who are disproportionately marginalized in congregate settings so that they have the services and the same connection to public health that everyone else does. Thank you.

CHAIRPERSON SCHULMAN: Thank you very much. J.R. Cehonski.

SERGEANT LUGO: Starting time.

J.R. CEHONSKI: Good morning, everyone. My name is J.R. Cehonski. I'll just begin because I got unmuted, and I think my time is short. First, I want to thank Member Schulman as the Chair of this Committee for holding this public hearing and the LGBTQIA+ Caucus of the City Council for their leadership and advocacy on this monkeypox issue. I represent the LGBT Network which our center is in Astoria Queens, but we serve the entire borough of Queens. I want to echo what other folks have already shared as major concerns for our community but also share that we need more accessible vaccination information. Right now, there are some private hospitals and clinics that are able to offer the vaccine to our community, which is a great thing, but you cannot find this information in a centralized place so the VAX4NYC site and hotline does not have the private clinics and other organizations doing vaccination listed for easy access nor does the health map which DOHMH runs. There is a vaccine information section of the health map, and MPV is absent from that so New Yorkers are faced with having to be their own case manager and do a lot of work to

find vaccines that are available to them, and that should be something that our city government is aiding in. Also, I want to just say that lots of people are now eligible for their second dose of this vaccine. I know that vaccines have been dispersed by the federal government, but the first-dose strategy that the city is using has created undue stress and anxiety for our community, knowing that this is a 2-dose vaccine and not having any answers currently as to when folks will be able to get their second dose creates some anxiety but also…

SERGEANT LUGO: Time expired.

J.R. CEHONSKI: Increases medical distrust, and I just want to share that I am aware that many, many of our community members are going to New Jersey, Westchester County, Long Island in search of that second dose, and that's, again, an undue burden on the community. Thank you so much.

CHAIRPERSON SCHULMAN: Thank you very much. Now, I'm going to announce the third panel and then call each one individually. Jason Cianciotto, Jennifer Barnes Balenciaga, Juan Pinzon, and Victor Li. Jason Cianciotto, I hope I said that correctly, you're up next.

SERGEANT LUGO: Time starts now.

JASON CIANCIOTTO: Thank you, Chair Schulman and Council Members, for this hearing and the opportunity to testify. My name is Jason Cianciotto, and I am the Vice President of Communications and Policy at GMHC. I'd like to focus my time on 3 proposals to help identify how NYC could have responded better to the MPV outbreak and how to be more prepared for future emergencies.

The first is I'd like to suggest an independent third party analysis, perhaps in partnership with CUNY and/or other academic centers of excellence based in NYC, of steps that were taken by the City as well as available data on vaccination and public education outreach activities with the goal of producing policy and structural recommendations to implement in advance of the next public health emergency.

The second recommendation is to leverage public health expertise at NYC DOHMH and in academia to develop guidelines for the determination of what an outbreak is, when something becomes an outbreak that warrants an emergency public health response. We were well aware of the outbreak in Europe in Spring

2022, the first confirmed case in the U.S. was announced on May 18th. Yet, NYC did not declare a public health emergency until July 30th. Why did it take that long? Why did it take until the end of August for DOHMH to formally fund and begin working with CBOs on public education and vaccination appointment navigation. Caution and/or social political fear and anxiety can't be an excuse for inaction that leads to unnecessary suffering and disparities in access to vaccination and treatment.

The third recommendation is proactive response or activities to help prevent disparities in healthcare access including vaccination before they actually happen. NYC's response does show some important lessons learned and implemented from the HIV and AIDS epidemic, messaging was on point and consistent in balancing communicating with the available data-driven info on what…

SERGEANT LUGO: Time expired.

JASON CIANCIOTTO: Thank you. I look forward to submitting my testimony.

CHAIRPERSON SCHULMAN: Yes. We look forward to that as well, and I used to have someone

of your position at GHMC myself previously. Thank you very much. We look forward to that.

Now, I'm going to ask Jennifer Barnes Balenciaga to testify.

SERGEANT LUGO: Time starts now.

JENNIFER BARNES BALENCIAGA: Good morning. I'm so thankful to be here and extremely proud to be able to represent women of trans experience. I'm a black woman of trans experience who happens to be a co-investigator for MPX NYC RESPND-MI, which is an epidemiological study here in New York City that is specifically inclusive of queer, trans, gender-nonconforming, nonbinary individuals, and I want to make sure that the emphasis is placed upon making sure that trans individuals are part of leadership that is made clear that there are individuals who are qualified in order to be a part of the teams that are discussing disseminating and giving enlightenment to what is actually happening in our community so it is not just hearsay. It is actually individuals who are participating and skilled in these instances. MPX NYC RESPND-MI is a website, mpxresponse.org, that gives and disseminates the information that is being given from the information provided here in NYC in order to

get those vaccine necessities down, in order to make sure that people are understanding what is happening with the second dosage or understanding that it's intradermal. The information that you provide for that for individuals like myself and other spaces is going to be essential for people to understand exactly what they need to do as we're seeing that the doses are being cut and the recommendations for that are still going so we want to make sure that the information you disseminate…

SERGEANT LUGO: Time expired.

JENNIFER BARNES BALENCIAGA: Is specifically for individuals to be able to get that information equitably. Thank you very much for your time.

CHAIRPERSON SCHULMAN: Thank you very much, and we will make sure to bring that to the Department of Health and Mental Hygiene.

I'm now going to call on Juan Pinzon to testify.

SERGEANT LUGO: Time starts now.

JUAN PINZON: Good morning and thank you, Chair and Members of the Committee, for holding this hearing. My name is Juan Pinzon. I'm the Director of

Government Relations at the Community Service Society.

In this testimony, I would like to urge the City Council and the Department of Health and Mental Hygiene to partner with programs like the Managed Consumer Care Assistance Program in the rollout of the monkeypox vaccination community outreach efforts. MCCAP is a partnership between the Department of Health, CSS, and a network of 12 community-based organizations including groups like the LGBT Network who testified before me who work directly with the most vulnerable populations across the city. As part of this program, CSS runs live-answer hotline and trains and supports advocacy in the community to help people understand their insurance, resolve their health insurance problems, get medical services, access affordable care, and address social (INAUDIBLE) During the pandemic, MCCAP has helped residents (INAUDIBLE) including tests and vaccines, and, as New York City continues to respond to the monkeypox outbreak, we are asking (INAUDIBLE) the same way we did during the COVID-19 vaccination rollout, ensuring that there is an equitable access to vaccine, testing, and treatment by providing

accurate information in culturally and linguistically competent manner. Because of our community-based approach, we can be an effective partner to help the city with it's vaccination outreach efforts to the LGBTQ+ and BIPOC communities who are at high risk of exposure and who also face creative barriers in accessing affordable (INAUDIBLE) care. Some examples include providing accurate information in multiple languages about vaccine availability and vaccination sites, booking appointments directly for clients, providing insurance navigation for those who are uninsured and cannot access vaccines and/or treatment, and for those who have insurance providing education on what is covered under their insurance, providing accurate information about the virus' spread, symptoms, prevention, and care, and, finally, addressing health and socioeconomic disparities by connecting clients to additional social supports. MCCAP stands ready to help the city achieve a rapid and equitable rollout of the monkeypox vaccine…

SERGEANT LUGO: Time expired.

JUAN PINZON: Our network of CBOs who are best positioned to provide accurate and culturally and linguistically competent information to those

communities at the highest risk. Thank you so much for the opportunity to provide this testimony.

CHAIRPERSON SCHULMAN: Thank you very much. Now, I'm going to call on Victor Li.

SERGEANT LUGO: Time starts now.

VICTOR LI: Hello. My name is Victor Li. I'm also a member of ACT UP, and I want the city to know that as reported by the New York Times there are 16 million subcutaneous doses' worth of raw vaccine material paid for and owned by the United States stuck in Denmark because the manufacturer, Bavarian Nordic, can't process them into vials for use fast enough and only recently have third party contractors, including just one in the United States, been brought on board to help meet vaccine demand around the world. If the U.S. and Bavarian Nordic had increased vaccine production capacity earlier, then we might not be in the situation that we're in today of being forced to spread one dose into 5 shots through a riskier method of vaccination in order to try to control the growing national outbreak. It is baffling that the same United States with the largest pharmaceutical industry in the world, a lot of which is just across the river in New Jersey, and used the

Defense Production Act to make millions upon millions of COVID-19 vaccines would then have to resort to rationing for monkeypox. While the FDA has given emergency use authorization to vaccine rationing, it has withheld authorization for TPOXX, the antiviral medication for orthopoxviruses which has been approved in Europe and the United Kingdome for monkeypox treatment but not in the U.S. People with monkeypox have had to suffer in order to get access to TPOXX and have been calling on the FDA to give emergency use authorization to this essential treatment for months now, but these calls have landed on deaf ears. It is a little insulting that the FDA would authorize the splitting of vaccines before the approval of treatment. I do hope that the intradermal dosing strategy works because we are in desperate need of more vaccines, but I also hope that we can ramp up vaccine manufacturing here to meet growing global demand and eventually switch back to subcutaneous injections for Americans as well. Intradermal dosing is one fix of the problem that was itself created by the federal government when it failed to order 16 million doses worth of JYNNEOS on time and failed to assemble the industrial policy

necessary to increase production. We are stuck between a rock and a hard place, and I hope that New York City…

SERGEANT LUGO: Time expired.

VICTOR LI: Has switched to intradermal injections judiciously, carefully, and with necessary scientific studies. Thanks.

CHAIRPERSON SCHULMAN: Thank you so very much. The next panel, I'm going to announce who we're going to have and then call everyone individually. M.J. Okma, Bryan Fotino, Soraya Elcock, Donald Powell, and Dr. Don Weiss. I'm going to call on M.J. Okma to testify.

SERGEANT LUGO: Time starts now.

M.J. OKMA: Good afternoon. My name is M.J. Okma with SAGE, the country's first and largest organization dedicated to improving the lives of LGBTQ+ and HIV-affected older people.

Finding clear and concise information about MPV has been a major problem that has created an environment that fosters stigma in our communities, distrust of the new intradermal vaccine strategy, and malicious misinformation. These past months have been detrimental for the mental health of

long-term survivors of HIV. The messaging has been all over the place, resulting in elders feeling extremely unsafe. They have shared that they feel like test rats, speaking straight from their trauma experienced around HIV. Many elders also feel left out of the vaccine rollout and were unable to get appointments before they filled up, even while using the phone line. This gap is reflected in the city's MPV vaccine demographic data. The city's partnership with community organizations has directly allowed SAGE to connect LGBTQ+ elders to vaccines but only for those who already have an established and trusted relationship with us. There are still major accessibility concerns that must be addressed with a direct focus on equitable access for transgender elders and elders of color. There also must be more communication and coordination between the city and community providers. Slots are released in the evenings on Thursdays and Fridays with no way to ensure that they're available in locations accessible for LGBTQ+ elders on our waiting list. Transportation is a major barrier for elders who cannot easily or safely travel long distance for an appointment. It often takes 15 to 20 minutes on the phone with each

elder being connected to a vaccine appointment. This is necessary to make sure that their questions and concerns are addressed and help create travel plans. More information about when and where appointments will be available would be extremely helpful for this work. It is also important that the city's messaging around MPV is targeted and inclusive to others.

Finally, it must be stated that over 60 percent of the New Yorkers living with HIV are over the age of 50. The data currently available shows that a person with advanced HIV might be at more increased access for severe MPV. Regardless of the vaccine supply, the city can invest in greater access and HIV care. The city can also take…

SERGEANT LUGO: Time expired.

M.J. OKMA: Clear guidance for aging service providers about providing HIV-competent care and connecting eligible elders (INAUDIBLE) to the vaccine. Thank you so much for providing me the opportunity to testify.

CHAIRPERSON SCHULMAN: Thank you very much. Bryan Fotino.

SERGEANT LUGO: Time starts now.

BRYAN FOTINO: Hello. My name is Bryan Fotino. I'm a resident of Midtown Manhattan who contracted, suffered from, and survived MPV earlier this month. I received my first dose of the monkeypox vaccine on July 17th. I had to go to Canada to get my vaccine because no appointments were available in New York City even though it had already been 2 months into the outbreak. Despite having received my first dose more than 2 weeks prior, I still came down with symptoms on August 1st including swollen lymph nodes that left me in constant pain, a singular genital lesion, muscle aches, and pain while urinating. I am a living example that the one-dose strategy is not based on quality, real-world trials and may not offer adequate protection for people at risk of contracting MPV. After I reached out to my doctor at NYU-Langone, it took me several days to get a test. I would check every day to see if my results had come in, but they hadn't. It was only when I gave the testing site a call, 9 days after my first symptoms, when they finally posted my positive test result. However, even after I received my positive test result, I still had to attend work despite being sick and potentially contagious. I could not afford to take off from work

for several weeks with the 50 percent pay offered under the State's Short-Term Disability Law because I needed to pay my rent, I needed to put food on the table. Likewise, I along with the other members of ACT UP New York are urging the City Council to pass the 3 bills introduced by the LGBTQIA+ Caucus. In addition, we urge the City Council to expand funding, dedicated staff, and space for testing and ensure MPV tests are free of charge.

Two, expand COVID-19 paid leave to cover people isolating due to MPV as well as other COVID-era programs including isolation, hotel, and food delivery programs.

Three, call on the federal government to grant emergency use authorization for TPOXX, which would allow for increased access to this in-demand treatment. Thank you.

SERGEANT LUGO: Time expired.

CHAIRPERSON SCHULMAN: Thank you very much. Soraya Elcock.

SERGEANT LUGO: Time starts now.

COMMITTEE COUNSEL: Soraya, I'm so sorry. We can't hear you. Can you accept the unmute request?

SORAYA ELCOCK: Can you hear me now?

COMMITTEE COUNSEL: Yes. Go ahead. Thank you.

SORAYA ELCOCK: Thank you. My name is Soraya Elcock, and I'm the Chief Strategy Officer at the Hetrick-Martin Institute, the nation's oldest and largest organization serving at-risk LGBTQIA youth across New York City.

I would like to start by thanking Council Member Lynn Schulman and the Health Committee for convening today's hearing, and I would also like to acknowledge and thank the LGBTQIA Caucus for their leadership on this issue.

When a health emergency hits, it is inevitable that the most vulnerable experience the greatest harm and are put at the greatest disadvantage and risk. Because of the scarcity of information, lack of access to care, and existing treatment or vaccines, vulnerable and marginalized populations are exposed to the double hit of the disease and institutional failures. We are in an international public health crisis. Yet, the response by our government, both federal, state, and local, has been insufficient, slow, and lacking. When we continue to talk about MPV at HMI, 2 words continue

to pop up for young LGBTQ youth. That's fatigue and fear. They are still wrestling with the impacts of COVID, HIV, and AIDS. They are still parts of their lives. They're exhausted, numb, and afraid that there is yet another disease where they will be blamed, shamed, and not have equal access to the benefits of treatment or care.

While completely MPV is solidly in the community at this point, we want to make sure that we have to be able to discuss the disproportionate outbreak in our community without creating stigma, shame, blame, and fear. This is what drove the AIDS epidemic underground and made it harder for us to reach our communities…

SERGEANT LUGO: Time expired.

SORAYA ELCOCK: As our experiences have demonstrated, if we want to successfully provide health services to populations who have long been unseen and unheard by large public institutions, these services must be located in places and environments where people feel safe, acknowledged, and cared. Thank you for the opportunity to provide testimony.

CHAIRPERSON SCHULMAN: Thank you so very much. I now want to call on Donald Powell.

SERGEANT LUGO: Time starts now.

DONALD POWELL: Good morning. First of all, I would like to thank Chair Lynn Schulman and the Members of the Committee on Health for convening this oversight hearing. My name is Donald Powell, and I have, for the last 13 years, served in leadership roles at Exponents. Exponents is a community-based organization founded in 1991 and whose mission is to compassionately serve individuals with HIV, substance use, incarceration, and behavioral health challenges. We deliver these services through a client-centered (INAUDIBLE) based approach which greatly improves health, outcomes, and promotes overall wellness in our communities. As a black gay man who lived many of my formative years under the cloud of HIV, it hit the ground running about 6 weeks ago when I began to hear information and, unfortunately, much more information about what some still refer to as monkeypox. As the information tells us, this virus does not originate with monkeys and the perception that it did is troubling. As a black man in America, I find the other connotative association with the term even more

troubling. As an individual who has worked in community for more than 30 years, I was fearful as I had to navigate crashing websites, limited appointment availability in the outer boroughs, and those few quickly being booked by individuals not representative of those neighborhoods. This last revelation made me angry. It occurred to me that if this was what I encountered with some access to information and my own privilege, I could only imagine what others in my community were encountering. Among the many lessons HIV work taught me was the importance of being at the table. Therefore, I began to participate in many town halls and other meetings. I want to take an opportunity to thank Council Member and LGBTQI Caucus Chair Crystal Hudson and the Members of the Caucus for requesting a comprehensive plan authored by the City Health Department to address MPV, transparency around who has access to vaccinations, and pressing the federal government for our fair share of doses. I also want to thank our partnership with New York Knows' staff Amanda Phi and Patrick (INAUDIBLE) who made appointments available to us in the outer boroughs. I just want to leave you with 3 recommendations.

SERGEANT LUGO: Time expired.

DONALD POWELL: (INAUDIBLE) We should also think about visual imaging and, finally, increase access and be mindful of what that access looks like in terms of safety for individuals of trans and nonbinary experience. Thank you so much for this opportunity to testify.

CHAIRPERSON SCHULMAN: Thank you very much. Dr. Don Weiss.

SERGEANT LUGO: Time starts now.

DAVID SEIDE: Thank you, Chair Schulman. I am here to represent Dr. Weiss who is suffering from COVID and had to check into the hospital this morning. My name is David Seide, and I am Dr. Weiss' Counsel at the Government Accountability Project, which is a non-profit public interest organization that represents whistleblowers in New York City and throughout the United States.

Dr. Weiss until a few weeks ago was the Chief Epidemiologist at the Department of Health, and he has over 20 years of experience on the job. He's been the leader in virtually every serious health epidemic that the city has faced over the last 22 years. He was the leading voice on MPV, or monkeypox,

until the last few weeks when he effectively blew the whistle on mismanagement by specifically Commissioner Vasan with respect to the messaging on monkeypox. After he blew the whistle, he was transferred out of being the leader on MPV to a remote location in the Department of Health where he is now tasked with creating PowerPoint slides for visiting nurses engaged in maternal health matters.

Now, the specifics of this are, to be brief, Commissioner Vasan proposed messaging that said anyone with sores from monkeypox, if they choose to have sex can do if they bandage those sores. Dr. Weiss thought that was outrageous and advised his colleagues…

SERGEANT LUGO: Time expired.

DAVID SEIDE: At DOHMH of that and they agreed. Dr. Weiss alerted the Commissioner to it, felt compelled because of the explosive nature of the disease to go to the New York Times, which he did, and 4 days later he was summarily and abruptly removed of all duties and transferred to a remote outpost. All we're asking is that Dr. Weiss be reinstated to his job as Chief Epidemiologist. All we're asking is that the Commissioner, after the kind

of transparency and accountability that he has articulated he wants, and we expect that Dr. Weiss can make an important contribution to solving the MPV endemic. Thank you.

CHAIRPERSON SCHULMAN: Thank you very much. Now, I'm going to ask is anyone present who would like to testify who was not called yet?

Okay. If anyone is still here on Zoom who would like to testify, you can raise your hand and use the raise hand function now.

Seeing none, I want to say thank you to everyone who testified today including DOHMH Commissioner Vasan and Dr. Easterling as well as advocates and members of the public that shared their experiences and raised issues that we will continue to work on.

I also want to thank my Colleagues who were present and asked questions today. We learned about public outreach and education on MPV, how the city is working to ensure equitable access to vaccinations, testing and treatment, and what challenges the city is facing in relation to the current outbreak. The Council will continue to work

together with the administration to address the city's response to this virus.

I want to thank, again, everyone for their participation in this hearing. I now call this hearing to a close. [GAVEL] Thank you, everyone.

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 August 29, 2022