



Legislation Text

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Res. No. 1535

Resolution calling on the New York State Legislature to pass, and the Governor to sign, legislation allowing local health departments to implement changes to improve the COVID-19 vaccine roll out.

By Council Members Miller, Cabrera, Moya, Ampry-Samuel, Adams, Koo, Louis, Kallos, Chin, Grodenchik, Ayala, Lander, Levine, Rosenthal, Powers, Riley, Gibson, Brannan, Rose, Rodriguez, Cumbo, Reynoso, Eugene, Perkins, Salamanca, D. Diaz, Cornegy, Rivera, Barron, Dromm, Koslowitz, Van Bramer and Holden (at the request of the Brooklyn Borough President)

Whereas, A novel coronavirus, called SARS-CoV-2, first emerged in late 2019 and spread rapidly around the world; and

Whereas, New York City, which was the epicenter of the pandemic for months, has been devastated both economically and emotionally; and

Whereas, As of January 15, 2021, 517,729 residents of New York City had tested positive for the disease caused by SARS-CoV-2, called COVID-19, with 73,272 hospitalized for treatment and 25,909 dying from the virus; and

Whereas, According to data from the New York City Department of Health and Mental Hygiene (DOHMH), COVID-19 has disproportionately impacted New York City residents who are Black, Latino, and lower income; and

Whereas, Residents of neighborhoods with 30 percent or more households living below the poverty line were more than twice as likely to die from COVID-19 as those living in neighborhoods with under 10 percent of households living in poverty; and

Whereas, New York City residents who are Black or Latino die from COVID-19 at nearly twice the rate of those who are white; and

Whereas, According to a preliminary report about disparities among Asian Americans at New York City's Public Hospital System, certain Asian American communities, including South Asians and those who are Chinese, were also disproportionately impacted by COVID-19; and

Whereas, DOHMH data, and other health data in general, is limited because they aggregate all Asian ethnic groups into a single race category, which can obscure differences in characteristics and outcomes between these diverse groups; and

Whereas, Starting in December 2020, the City began administering COVID-19 vaccines to the first group of individuals eligible, including staff and residents of long-term care facilities and frontline health care workers; and

Whereas, In January 2020, eligibility was expanded to all New Yorkers over the age of 65, as well as many essential workers; and

Whereas, Despite increased eligibility, the pace of vaccine deployment is insufficient to combat the crisis as infections and deaths continue to rise; and

Whereas, The COVID positivity rate in New York City, as of January 15, 2021, is nearly 8.5 percent, with some neighborhoods experiencing rates of over 15 percent; and

Whereas, As of January 14, 2021, only 337,518 vaccine doses have been administered in New York City, out of 800,500 available doses; and

Whereas, On January 5, 2021, Brooklyn Borough President Eric Adams and the New York City Council's Black, Latino, and Asian Caucus shared a letter with New York State Department of Health (NYSDOH) Commissioner Howard Zucker and DOHMH Commissioner Dave Chokshi outlining steps to improve the vaccination process; and

Whereas, According to the letter, vaccine distribution must be executed with maximum urgency, and no less frequently than 24 hours per day, 7 days per week; and

Whereas, NYSDOH must expand eligibility to include those with underlying health conditions as well as those who live in the zip codes most impacted by COVID-19; and

Whereas, NYSDOH should create a more transparent, color-coded, tiered system to define each level of eligibility for the vaccine; and

Whereas, Regardless of eligibility, the City and State should ensure that all vaccine doses are used each day by creating a vaccine standby list for residents, so individuals can receive a vaccine if it would otherwise go to waste; and

Whereas, The City and State should create a hotline for New Yorkers to use to book vaccine appointments as well as educate them about the proof they will need to provide at the vaccine site; and

Whereas, All vaccination sites should require proof of eligibility from everyone with an appointment; and

Whereas, To ensure immigrants and other at-risk communities are connected with the vaccination program, the City and State must work with advocacy organizations and those groups on the ground that can help them prove eligibility and to build the queue for the next round vaccines, once more individuals become eligible; and

Whereas, The City must immediately provide a map of vaccine locations; and

Whereas, To ensure equitable distribution, locations should be open 24 hours a day and should include schools without student populations currently doing in-person learning, schoolyards, houses of worship, and senior centers; and

Whereas, To provide adequate staffing, the City and State should incentivize people to help supervise sites and administer the vaccine, including individuals who are retired health professionals, medical students, the American Red Cross, and the NYC Blood Bank; and

Whereas, The City needs a vaccine distribution plan that recognizes the urgency of vaccinating every resident, while prioritizing those most in need, and one that ensures that the City and State are working in concert with one another; and

Whereas, In addition to the vaccine distribution planning steps in the letter, the State must also develop a publicly accessible, real-time vaccination dashboard which discloses vaccination data disaggregated by race, ethnicity, gender, age, sexual orientation, employment, and zip code; and

Whereas, Along with urgency, we must ensure that our vaccination plan is equitable and reaching communities most impacted by COVID-19; now, therefore, be it

Resolved, That the Council of the City of New York calls on the New York State Legislature to pass, and the Governor to sign, legislation allowing local health departments to implement changes to improve the COVID-19 vaccine roll out.

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