



**Testimony of Brooklyn Borough President Eric Adams before the Hearing of the
Committee on Health
February 17, 2021**

I would like to thank the Chair of the Committee on Health, Mark Levine, for inviting me to testify today on the important issue of New York City's vaccine implementation system. Since the first cases of COVID-19 were diagnosed more than a year ago, the goal has been to develop and distribute a vaccine. Over that same time period, we have seen the damage that the lack of clear information from government officials and others can do. We have also seen the effects of inequity in testing and PPE distribution. Across the City, we have witnessed more than 550,000 confirmed COVID-19 cases and more than 22,000 confirmed deaths attributed to the virus. With probable cases and deaths included, these numbers jump by thousands.

Our fears that the lack of priority for vaccine distribution to those most impacted by COVID-19 came to the expected realization with the release of ZIP code data yesterday. As of the morning of February 16, 2021, New York City had received more than 1.7 million total vaccine doses with 1.3 million administered. Only 14.4 percent of those vaccinated have been Black and 16 percent have been Latinx, despite comprising 30 percent and 24 percent of the eligible population, respectively. As with testing, residents in affluent neighborhoods such as the Upper West Side and the Upper East Side have received a higher percentage of vaccinations, above 10 percent, than those in economically-disadvantaged neighborhoods such as Brownsville and East New York, where the numbers are approximately three percent. We know that, throughout the pandemic and in the rollout of the vaccine, Black and Brown communities have both been disproportionately affected by the virus and are the least vaccinated among racial/ethnic groups.

These facts make it all the more important that New York City have a clear, equitable, and transparent plan for vaccine distribution. I testified to these facts one month ago and yet we are still seeing a vastly inequitable vaccine distribution plan in New York City. That is why I am calling on the Council to adopt Resolution 1535, introduced at my request by Council Member I. Daneek Miller, and co-sponsored by 22 council members, urging the State to remove themselves as a roadblock to local health departments so that changes can be made to the rollout that will reach our goal of access, clarity, and equity. I thank my partners in government for their partnership in advancing this vision.

We need a real-time demographic data vaccination reporting system to track test positivity rates, death rates, and hospitalizations so that we do not see the same disparities that we saw in testing. Many steps that I called for have been implemented, such as expansion of eligibility to receive the

vaccine and the establishment of 24-hour vaccination sites. However, more remains to be done to ensure the most vulnerable are receiving the vaccine, including expanding further eligibility to businesses and workers such as barber shops, hair salons, and nail salons. Additionally, I called for the following measures to be undertaken:

1. The New York State Department of Health (DOH) should create a transparent, three-tier color-coded system to define each level of eligibility for those who still need to receive vaccines.
 - Red – People with the highest level of need, such as frontline workers and first responders
 - Yellow – All of the red group, plus the ZIP codes most impacted by the virus, those with medical conditions that make them susceptible, those in high-risk industries, and all New Yorkers over 75
 - Green – All of the red and yellow groups, plus all in the public who have not already been vaccinated
 - Regardless of tiered status, the City and State should ensure that all doses are used each day by creating an open call for residents when the day's appointments are complete.
2. To ensure immigrants and other at-risk communities who are eligible get 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 of dosages. For example, the City and State should work with groups like the Biking Public Project to ensure delivery workers are educated and informed about eligibility.
3. To set up the distribution hubs, the City must immediately provide a real-time map of the locations it says will be used so that we can ensure they can cover the most at-risk populations.
 - Schools without student population currently doing in-person learning
 - Schoolyards
 - Houses of worship
 - Senior centers

In addition to these common sense measures, we should also:

- Provide a map of vaccine locations
- Create a real-time, publicly available dashboard that has vaccination data aggregated by race, ethnicity, gender, age, sexual orientation, employment and ZIP code
- Develop a vaccination implementation plan for homebound individuals

Perhaps most important of all, the City and State governments must assure New Yorkers that they are working in concert with each other toward the goals of vaccinating all residents in an equitable manner. We cannot continue to let the sacrifices of the past year continue for any longer than absolutely necessary and we cannot allow them to have been in vain.

Thank you.