February 12, 2021

Dr. Howard Zucker, M.D., J.D.  
Commissioner  
New York State Department of Health  
Corning Tower  
Empire Plaza  
Albany, NY 12237

Dr. Dave A. Chokshi, M.D., MSc  
Commissioner  
New York City Department of Health & Mental Hygiene  
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Long Island City, NY 11101-4132

Dr. Mitchell Katz  
President and Chief Executive Officer  
New York City Health + Hospitals  
25 Worth Street  
New York, NY 10013

Dear Commissioner Zucker, Commissioner Chokshi, and Dr. Katz,

We, the undersigned members of the COVID-19 New York Working Group\(^1\) and other interested parties, write to express our deep concern with the way vaccine rollout has proceeded in New York City and New York State and to urge several commonsense measures that would help ensure that the most vulnerable New Yorkers are able to access vaccines.

Although the State hosts a centralized sign-up website for State-run vaccination sites,\(^2\) this site lists only a fraction of the locations offering vaccines throughout the state\(^3\) – and each of these

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\(^3\) E.g., compare id. with Press Release, Westchester County, Westchester County Vaccine Allocation – Week 6 (January 21, 2021) (https://www.westchestergov.com/home/all-press-releases/8780-westchester-county-
additional locations runs its own vaccine sign-up system. Similarly, while the City hosts a centralized vaccine finder website, individuals must navigate to each provider’s website to try to register for one of precious few vaccination slots, often answering the same intake questions over and over again with each new attempt to obtain an appointment. Comptroller Scott Stringer reports that “[t]hose seeking appointments [at DOHMH locations] must fill out a multi-step verification process to set up an account and face about 51 questions or fields to check off.”

Worse still, some vaccine intake forms, like CVS’s, ask for a social security number, state identification number, or driver’s license number, a question that may deter many individuals from receiving vaccines. This includes those who, whether for fear of deportation, criminalization, losing custody of their children, or any other reason, may be afraid to share such intimate information. And, a social security, state ID, or driver’s license number requirement may close the door to vaccination for those who lack such identity documents. Other sites, like AdvantageCare, use individuals’ credit histories to determine whether they are eligible for vaccination, running individuals through Experian to verify their identities – despite the fact that one in five Americans is “credit invisible” and cannot be verified by a credit check. This is a particularly pernicious problem for Black Americans, who are also disproportionately impacted by COVID-19.

Compounding these issues, the vast majority of vaccine sign-ups take place online. Although the City has developed a hotline for New Yorkers to make appointments, that phone line is often overwhelmed, frequently delivers only an automated recording that no appointments

6 Id.
8 While CVS asserts that it collects this information to facilitate reimbursement from the federal Health Resources & Services Administration (HRSA) for uninsured vaccine recipients, reimbursement is available regardless of immigration status, and HRSA does not require a social security number, driver’s license number, or state ID to facilitate reimbursement. See FAQs for COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment and Vaccine Administration, HRSA, https://www.hrsa.gov/coviduninsuredclaim/frequently-asked-questions (last visited Feb. 2, 2021); COVID-19 Claims Reimbursement, HRSA, https://coviduninsuredclaim.linkhealth.com/patient-details.html (last visited Feb. 2, 2021) (explaining how to submit reimbursement for a patient who does not provide a social security number, driver’s license number, or state ID).
10 Id.
remain, and, moreover, only accommodates English and Spanish speakers. An effectively online-only sign-up system disadvantages a remarkable number of the very people New York should be targeting for vaccination. About 30 percent of Latinx and Black New Yorkers lack broadband internet access, compared with 20 percent of white New Yorkers. Nationwide, half of all adults ages 65 and older do not have home internet access, and one-third of that population reported in 2019 that they had never used the internet. Forty-six percent of New York City households living below the poverty line – a category that disproportionately includes essential workers – also lack home internet access. The vaccine sign-up websites are impossible to navigate on a smartphone.

Against this backdrop, it is no surprise that nearly half of individuals who have received vaccines in New York City are white – outpacing their prevalence in the population – or that a disproportionate percentage of those vaccinated at the Washington Heights Armory hail from outside of the neighborhood, and frequently, outside of the City – as The City observed, “most people entering appeared to be white and unfamiliar with the neighborhood. Some asked security guards where they could find parking. Nylon Longchamp handbags and Burberry scarves stood out.” The Armory, gallingly, lacked any Spanish-speaking workers on the day The City visited. Similarly, outreach workers from some of our organizations, who have been at vaccination sites distributing masks, have been asked to translate for vaccine providers who do not speak the languages prevalent in the communities in which they are located.

Recommendations

12 Scott M. Stringer, Census and the City: Overcoming NYC’s Digital Divide in the 2020 Census 5 (July 2019).
13 Jessica Fields, We are leaving older adults out of the digital world, TECHCRUNCH, May 5, 2019, https://techcrunch.com/2019/05/05/we-are-leaving-older-adults-out-of-the-digital-world/.
15 Even if the sign-up websites were smartphone navigable, over 40 percent of those over 65 do not own a smartphone, and nearly 30 percent of those who earn less than $30,000 annually lack a smartphone. Similarly, people with disabilities are 20 percent less likely to own a smartphone than the general population. See Allie Bohm, Unbridled Surveillance Will Not Save Us From COVID-19, TECHDIRT, July 7, 2020, https://www.techdirt.com/articles/20200706/07440844842/unbridled-surveillance-will-not-save-us-covid-19.shtml.
19 Id.
Vaccine Intake Forms

First, there should be one, standard vaccine intake form used throughout the state, and completing that form once should provide potential vaccine recipients with the opportunity to sign-up for any open vaccination slot at any provider in the state. We understand that Commissioner Chokshi recently testified to the challenges adopting such an approach in New York City.\(^{20}\) We are skeptical that these challenges are insurmountable given that states as large as California have adopted centralized vaccine sign-ups.\(^{21}\) However, there are several steps that New York could take short of adopting a centralized vaccine intake system that would make vaccines more accessible to all of our communities.

Although New York State has issued a model COVID-19 Immunization Screening and Consent Form,\(^{22}\) use of this form is optional.\(^{23}\) Even without making this form mandatory, New York State and City could issue binding rules ameliorating the most common problems with vaccine intake forms. Such rules must proscribe requests for social security numbers, driver’s license numbers, or state identification numbers – this action would be consistent with the demands Governor Cuomo has made of the federal government\(^{24}\) – as well as the use of credit checks to verify identity for the purposes of vaccine receipt.

Intake Phone Number

Second, New York must develop an effective, language-accessible means for individuals to sign-up for vaccine appointments by phone. This is the only way to ensure that the most vulnerable New Yorkers, who disproportionately lack internet access, are able to sign-up to receive vaccines.

Language Access at Vaccine Sites


\(^{23}\) Id. (“Use of this form is optional.”) New York State should remove “Sex Assigned at Birth” from this form, as this question is irrelevant to vaccination and may be viewed by some as stigmatizing and alienating. Furthermore, “Sexual Orientation not Listed” is irrelevant in the context of “Sex Assigned at Birth,” because sexual orientation and gender identity are not connected to one another.

Third, each vaccine site must be obligated to have staff on site that speak the languages prevalent in their neighborhoods. They must further have access to a language line to provide appropriate and timely translation for those who speak less common languages. No vaccine site can claim to be serving the community in which it is situated if language barriers prevent community members from seeking vaccines at that site.

Community Health Centers and Vaccination Pods and Hubs

Fourth, New York must engage community health centers as vaccination partners. Although some community health centers received initial distributions of vaccines to vaccinate their own staff, to the best of our knowledge, their vaccine supply has not been replenished once it was exhausted, and they have not been authorized to vaccinate their patients. This is a missed opportunity. Community health centers serve very low-income individuals who face numerous barriers to receiving vaccines. Community health centers are deeply integrated into their communities and are trusted sources of care for the populations they serve. They therefore have an integral role to play in ensuring that the vaccine reaches everyone, and the City and State must invest in their participation in vaccine distribution.

Finally, the vaccination pods and hubs, particularly those located in low-income neighborhoods, must give priority vaccine access to local residents. One strategy to achieve this goal would be to give local community groups blocks of appointments to fill with qualifying residents who may not have internet access or might otherwise be unable to access an appointment. We are aware that the City has piloted programs like this with some of the signatories to this letter. These programs must continue and expand.

Conclusion

The undersigned organizations stand ready to assist the City and State to implement the changes we suggest. The health and vibrancy of our communities, our City, and our State are at stake. The City and State must do everything in their power to ensure that all of our communities – particularly those who endure increased COVID risk coupled with multiple burdens, including limited English language proficiency, digital illiteracy, and lack of connectivity – are able to easily schedule vaccination appointments and receive vaccines.

Sincerely,

9/11 Environmental Action
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Bannon Consulting Services
Black Health
The Bronx Defenders
Callen-Lorde Community Health Center
Center for Community Alternatives
Coalition for Asian American Children and Families
Commission on the Public’s Health System
Community Service Society of NY
GMHC
Health Care for All New York
Healthcare Equity Action League of New York
Hispanic Health Network
Housing Works
Immigrant Defense Project
Latino Commission on AIDS
Legal Aid Society of NYC
Legal Action Center
Make the Road New York
Metro New York Health Care for All
Neighborhood Defender Service of Harlem
New York Civil Liberties Union
New York Doctors Coalition
New York Immigration Coalition
NY StateWide Senior Action Council
Physicians for a National Health Program – New York Metro
Schuyler Center for Analysis and Advocacy
South Asian Council for Social Services
S.T.O.P. – Surveillance Technology Oversight Project
Treatment Action Group
Uptown Progressive Action
Young Invincibles

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   Council Member Mark Levine, Chair, City Council Health Committee
   Council Member Carlina Rivera, Chair, City Council Hospitals Committee