

Committee on Public Health and Human Services
February 5, 2021

COUNCIL OF THE CITY OF PHILADELPHIA
COMMITTEE ON PUBLIC HEALTH AND
HUMAN SERVICES

Remote location using Microsoft® Teams
Friday, February 5, 2021
1:00 p.m.

PRESENT:

COUNCILWOMAN CINDY BASS, CHAIR
COUNCILMAN BOBBY HENON, VICE-CHAIR
COUNCILWOMAN KENDRA BROOKS
COUNCILMAN DEREK S. GREEN
COUNCILWOMAN HELEN GYM
COUNCILMAN DAVID OH
COUNCILMAN ISAIAH THOMAS

ALSO PRESENT:

COUNCILMAN ALLAN DOMB
COUNCILWOMAN JAMIE GAUTHIER
COUNCILWOMAN KATHERINE GILMORE RICHARDSON
COUNCILMAN KENYATTA JOHNSON
COUNCILWOMAN CHERELLE L. PARKER
COUNCILWOMAN MARIA D. QUINONES-SANCHEZ
COUNCILMAN MARK SQUILLA

RESOLUTIONS: 200520, 210041

1 - - -

2 COUNCILWOMAN BASS: I

3 understand that state law currently
4 requires that the following announcement
5 be made at the beginning of every remote
6 public hearing as follows: Due to the
7 current public health emergency, City
8 Council Committees are currently meeting
9 remotely. We are using Microsoft Teams
10 to make these remote hearings possible.

11 Instructions for how the public
12 may view and offer public testimony at
13 public hearings of Council Committees
14 are included in the public hearing
15 notices that are published in the Daily
16 News, Inquirer and Legal Intelligencer
17 prior to the hearings and can also be
18 found on PHLCouncil.com. I now note
19 that the hour has come.

20 And, Clerk, will you please
21 call the roll to take attendance.
22 Members that are in attendance will
23 please indicate that you are present
24 when your name is called. Also, please
25 say a few brief words when responding so

1 that your image will be displayed on
2 screen when you speak.

3 Madam Clerk.

4 THE CLERK: Councilmember
5 Henon.

6 COUNCILMAN HENON: Thank you,
7 Madam Chair, and I want to thank you for
8 convening this meeting today. I think
9 it's extremely important and I want to
10 thank all the members of the Committee
11 for joining as well as other of our
12 colleagues that are joining us today.
13 This is important. Everybody must get
14 vaccinated. Thank you.

15 COUNCILWOMAN BASS: Thank you.

16 THE CLERK: Councilmember Oh.

17 COUNCILMAN OH: Good afternoon.

18 Thank you very much for holding this
19 hearing, Chairwoman. Colleagues, I am
20 ready to begin this hearing. Thank you.

21 COUNCILWOMAN BASS: Thank you,
22 Councilman.

23 THE CLERK: Councilmember Gym.

24 COUNCILWOMAN GYM: Good
25 afternoon, Madam Chair. Good afternoon,

1 colleagues.

2 COUNCILWOMAN BASS: Good

3 afternoon.

4 THE CLERK: Councilmember

5 Green.

6 COUNCILMAN GREEN: Good

7 afternoon, Madam Chair. Good afternoon,

8 members of the Committee. Anticipating

9 today's conversation.

10 COUNCILWOMAN BASS: Thank you.

11 THE CLERK: Councilmember

12 Thomas.

13 COUNCILMAN THOMAS: Good

14 afternoon, Madam Chair. Good afternoon,

15 colleagues.

16 COUNCILWOMAN BASS: Good

17 afternoon.

18 THE CLERK: Councilmember

19 Brooks.

20 (No response.)

21 THE CLERK: And Chair Bass.

22 COUNCILWOMAN BASS: Okay. And

23 I do note that Councilmember Brooks I

24 believe is trying to log on now, so I'm

25 sure she'll be joining us shortly.

1 Okay. Thank you. A quorum of
2 the Committee is present and this
3 hearing is now called to order. I would
4 also like to recognize Councilmembers in
5 attendance and I may not get this all
6 right actually because I cannot see from
7 my screen everyone who is here, but I
8 expect that we have all members of
9 Council, mostly all members of Council,
10 that will be joining at some point
11 throughout the hearing. So thank you to
12 all of my colleagues for joining us on
13 this Committee today. We really
14 appreciate you being here.

15 This is the public hearing of
16 the Committee on Public Health and Human
17 Services regarding Resolution No.
18 210041. Resolution No. 200520 is being
19 held at the request of the sponsor and
20 will not be heard today.

21 Clerk, will you please read the
22 title of the resolution.

23 THE CLERK: A Resolution
24 authorizing the Committee of Public
25 Health and Human Services to hold

1 hearings to investigate the City's
2 vaccine contracting process, including
3 an examination of Philly Fighting
4 COVID's contract with the City.

5 COUNCILWOMAN BASS: Thank you.
6 Before we begin today to hear testimony
7 from the witnesses, everyone who has
8 been invited to the meeting to testify
9 should be aware that this public hearing
10 is being recorded. Because the hearing
11 is public, participants and viewers have
12 no reasonable expectation of privacy.
13 By continuing to be in the meeting, you
14 are consenting to being recorded.

15 Additionally, prior to
16 recognizing Members for their questions
17 or comments that they have for
18 witnesses, I will note for the record at
19 this time that we will use the chat
20 feature available in Microsoft Teams to
21 allow Members to signify that they wish
22 to be recognized. In order to comply
23 with the Sunshine Act, the chat feature
24 must only be used for this purpose.

25 I would like to now make an

1 opening statement and after my opening
2 statement if any member of Council would
3 like to make an opening statement, and
4 we will then call forward the first
5 panel of witnesses. So my opening
6 statement reads as follows: Actually
7 first, I want to thank everyone for
8 being here today. This is really a
9 hearing about saving lives. How can we
10 get right what went so terribly wrong.
11 There are lives on the line and everyone
12 is asking when and where can I get my
13 vaccine, and we want to make sure that
14 there is an emphasis on getting people
15 vaccinated because that's what needs to
16 happen in really short order. But in
17 order to be able to do that and to do it
18 properly, we must also look back on what
19 has become an incredible embarrassment
20 for the City of Philadelphia.

21 The City of Philadelphia has
22 broken trust with its citizens in the
23 past and it is undeniable that we are in
24 that space again. I said it before and
25 I'll say it again, we were duped. But

1 it is one thing to be duped by someone
2 on the outside, someone wanting
3 something of value and that someone is
4 not in City government.

5 It is totally something else to
6 be misled by those with the authority to
7 give the green light to contracts and/or
8 verbal agreements in lieu of a written
9 contract, which was likely to avoid the
10 attention and scrutiny in an attempt to
11 conceal said agreement. This type of
12 conduct put City government on the map
13 for all of the wrong reasons. I as a
14 member of City Council, as a citizen, as
15 a taxpayer, as a lifelong Philadelphian,
16 I'm outraged and I want answers now.

17 I also want it to be clear that
18 Philadelphia City Council is the
19 legislative arm of government. This
20 Committee held a hearing to ask the
21 Kenney Administration to provide to the
22 citizens a plan for vaccine
23 distribution. Although the vaccine was
24 not yet ready, we wanted our City, the
25 so-called City of Eds and Meds, to be

1 ready when the moment arrived. We were
2 assured that it would be. But at no
3 time did anyone with the ability to make
4 a contract, whether written or verbal,
5 at no time did the organization Philly
6 Fighting COVID come from them as part of
7 the City's strategy during this hearing,
8 although it is clear to me now that at
9 that time when we had this hearing, it
10 is highly likely that at least some
11 people within City government were
12 having serious conversations with an
13 unknown, untested and unqualified
14 entity, allowing them to arrive at the
15 Pennsylvania Convention Center when they
16 were less than qualified to sell snake
17 oil.

18 Philly Fighting COVID's CEO
19 came in and made a sales pitch and as we
20 are required to do, we let him speak.
21 Anyone at any time with any opinion has
22 the ability to come and sign up and
23 testify and be heard, whether they
24 desire to rant, express opinions, share
25 ideas or otherwise say what they wish.

1 But let's be clear, to suggest
2 that Council was somehow responsible for
3 something that it doesn't have the
4 authority to be responsible for is
5 disingenuous. The responsibility for
6 this fiasco falls squarely on the
7 Mayor's shoulders as the City's Chief
8 Executive, as recent statements suggest
9 that he is not aware of the duties,
10 options and responsibilities of Council.
11 After serving in this body for 23 years
12 and now serving as the Mayor of five,
13 that's a total of 28 years of City
14 government and leadership positions. I
15 find this attempt to disavow himself a
16 responsibility troubling in this very
17 time of crisis. It should be of concern
18 to every Philadelphian. To be negligent
19 during a pandemic is irresponsible when
20 the people have entrusted you with their
21 well-being. To camouflage, disguise or
22 otherwise conceal a contract and/or
23 business agreement which has the
24 potential to affect a life is fraud.

25 And finally, I would actually

1 like to thank you, Andrei Doroshin. His
2 incredible greed and enormous sense of
3 entitlement drew the attention of the
4 press and uncovered the debacle before
5 us. If it were not for his actions, we
6 may have never known about the magnitude
7 of this wink-and-nod contract, which has
8 put thousands of already vulnerable
9 Philadelphians in an even more
10 precarious position. How many more of
11 these agreements exist? How many
12 unqualified organizations have we
13 contracted with? We may never know.
14 But let us begin with this arrangement
15 here and now.

16 Those are my opening comments.
17 I wanted to -- before we hear from
18 Commissioner Farley, if any members of
19 the Committee had an opening comment or
20 statement. I don't see anything in the
21 chat.

22 (No response.)

23 COUNCILWOMAN BASS: Okay. So
24 we will go right into the testimony.
25 Madam Clerk, if you could call the first

1 panel to testify.

2 COUNCILWOMAN GYM: Madam Chair.

3 COUNCILWOMAN BASS: Yes.

4 COUNCILWOMAN GYM: I just had
5 my hand up.

6 COUNCILWOMAN BASS: Oh, I
7 apologize. I didn't see you.

8 COUNCILWOMAN GYM: That's okay.

9 COUNCILWOMAN BASS: Chair
10 recognizes Councilwoman Gym.

11 COUNCILWOMAN GYM: Thank you
12 very much, Madam Chair.

13 So I think as has been noted,
14 what happened with Philly Fighting COVID
15 damaged trust and caused massive
16 confusion for our communities. But we
17 want to also be clear that Philadelphia
18 has had health disparities that have
19 long existed. We are the largest
20 American city without a public health
21 hospital network. We have seen two
22 hospitals, two private hospitals, close
23 down since 2019.

24 This is particularly important
25 right now as we talk about the pivot

1 towards restoring and building and
2 re-establishing public trust. Because
3 if there's one thing that we know about
4 a pandemic, there is a portion of it
5 that is absolutely science and medicine,
6 and then there's a portion that is all
7 about communities and relationships and
8 the ability of City institutions to move
9 rapidly, purposefully and confidently to
10 reach the communities that desperately
11 need this.

12 I hope that this hearing will
13 of course focus on the issues at hand,
14 but does need to emphasize how we are
15 going to ensure an equitable
16 distribution of vaccines as we move
17 forward. It should emphasize the
18 importance of transparency and
19 communication in order for us to ensure
20 successful vaccination roll-out from the
21 Administration, and it should emphasize
22 the importance of our Black, Brown and
23 immigrant communities and other
24 communities and vulnerable populations
25 that have long been left behind. I look

1 forward to that conversation.

2 COUNCILWOMAN BASS: Thank you,
3 Councilwoman.

4 If we could have Madam Clerk
5 call the first panel to testify.

6 THE CLERK: Dr. Thomas Farley,
7 Health Commissioner of the Department of
8 Public Health.

9 DR. FARLEY: Okay. Can you
10 hear me?

11 COUNCILWOMAN BASS: We can hear
12 you. We can hear you well. Please
13 state your name for the record and begin
14 your testimony.

15 DR. FARLEY: Good afternoon,
16 Councilmember Bass and members of the
17 Council Committee on Public Health and
18 Human Services. My name is Dr. Thomas
19 Farley and I'm the Health Commissioner
20 for the City of Philadelphia. I
21 appreciate the opportunity to provide
22 testimony on Resolutions 200520 and
23 210041 regarding the COVID vaccination
24 program in Philadelphia.

25 In the past 11 months,

1 Philadelphia residents have suffered
2 through the worst pandemic in the
3 century. Some have lost jobs. Some
4 have lost businesses. Some have lost
5 loved ones, and all of us have suffered
6 the mental strain of being physically
7 separate from the people we care about.

8 The Department of Public Health
9 has worked hard for those 11 months to
10 combat this epidemic. We have lost many
11 lives, but we have also saved many
12 lives, and working with a sense of
13 urgency to save lives, we have sometimes
14 made mistakes. The COVID vaccination
15 program began in mid-December 2020.
16 While the planning of this effort had
17 begun in September, much was unknown
18 about the COVID vaccines at the time,
19 would remain unknown until days before
20 the vaccines arrived.

21 This Committee heard testimony
22 from experts on November 19, 2020. And
23 in that testimony, then Deputy
24 Commissioner Caroline Johnson testified
25 that we did not know whether the

1 vaccines being tested would be found
2 safe or effective, whether they would be
3 approved by the FDA for use on everyone
4 or only in certain populations, how many
5 doses Philadelphia would receive for the
6 storage and handling requirement of the
7 vaccines. Each of those factors has
8 crucial implications for how and where a
9 vaccine is made available. This
10 uncertainty made it impossible to make
11 detailed plans.

12 The first of those vaccines was
13 approved for use just three and a half
14 weeks later and arrived in Philadelphia
15 just five days after that. The arrival
16 of the vaccines occurred at a time when
17 COVID case counts were just past the
18 all-time high of more than 1,000 cases
19 reported per day and more than 100
20 Philadelphia residents were dying each
21 week of the infection. The entire
22 nation was and is in a hurry. The
23 Department of Public Health was likewise
24 in a hurry to offer this protection to
25 Philadelphia residents.

1 Unfortunately, the number of
2 doses available to us then, now is
3 nowhere near enough to meet this demand.
4 As of this week, we have received
5 approximately 150,000 first doses of
6 vaccines and we're receiving
7 approximately 20,000 additional first
8 doses per week. If vaccine supply
9 continues at the current rate, we will
10 have only enough vaccine to vaccinate
11 two-thirds of the adult population
12 October 1, 2020 and 100 percent of the
13 adult population by March 1, 2022.

14 While many Philadelphians are
15 hesitant to be vaccinated, in part
16 because of the legacy of racism and
17 inequitable treatment by the health care
18 treatment in this country, many more are
19 extraordinarily eager to receive this
20 vaccine. Many of those eager people
21 will not be able to receive vaccine for
22 weeks or months. That means that any
23 system we have of distributing the
24 vaccine will inevitably leave many
25 Philadelphia residents feeling

1 frustrated and some very angry.

2 From the beginning, we have had
3 three objectives with this vaccination
4 effort, to deliver the vaccine doses we
5 have as quickly as possible, to deliver
6 them to the people whose vaccination
7 will save the most lives and to achieve
8 racial equity with vaccine distribution.
9 Defining the priority groups, the people
10 whose vaccination will save the most
11 lives is not an easy task. Because of
12 weatherization on doses, we have gone
13 through an open process to develop a
14 priority for vaccine.

15 We convened the Philadelphia
16 Vaccine Advisory Committee, a diverse
17 group of some 40 participants
18 representing hospitals, health care
19 providers, social service agencies and
20 others, which has met biweekly since
21 October. That Vaccine Advisory
22 Committee took as a starting point the
23 recommendations of the Federal Advisory
24 Committee and Immunizations Practices or
25 ACIP, which were published on December

1 22, 2020 after the vaccines were
2 approved.

3 The ACIP recommended that
4 Phase 1A include healthcare workers and
5 residents of nursing homes and we
6 followed that recommendation here. The
7 ACIP recommended that Phase 1B include
8 frontline essential workers and persons
9 over 75 years of age. Here in
10 Philadelphia, our Vaccine Advisory
11 Committee added to Phase 1 the persons
12 age 16 to 74 with high-risk and medical
13 conditions. These decisions were made
14 specifically with racial equity in mind.

15 In Philadelphia,
16 African-Americans and members of other
17 racial and ethnic minorities are more
18 likely to suffer from chronic conditions
19 like diabetes or chronic kidney disease
20 and are more likely to die young.
21 Because of that, persons over the age of
22 75 in Philadelphia are much more likely
23 to be White and persons younger than
24 that who have high-risk medical
25 conditions are more likely to be

1 African-American or ethnic minorities.

2 The ACIP recommended that
3 persons age 65 to 74 who do not have
4 high-risk medical conditions as well as
5 essential workers that are not
6 considered front line, that is those who
7 don't have regular close contact with
8 other people be in Phase 1C. Our
9 Philadelphia Vaccine Advisory Committee
10 followed this guidance.

11 When the vaccine arrived, the
12 Department of Public Health moved to
13 deliver vaccine to people in the
14 priority groups, healthcare workers who
15 worked for hospitals and large clinics
16 were vaccinated primarily by their
17 employers. However, healthcare workers
18 who are not affiliated with hospital
19 systems or clinics need the vaccination
20 as well. At the Department of Public
21 Health, we were particularly concerned
22 about home health aides, a group of
23 approximately 17,000 low-wage workers
24 who worked with vulnerable populations
25 like the elderly or disabled and who

1 were disproportionately a minority race
2 or ethnicity.

3 Because these workers could not
4 be vaccinated by their employers, our
5 Department needed to outrange special
6 high-volume clinics to reach them and
7 needed one or more organizations to
8 manage those clinics. That brings me to
9 the issue of how providers receive
10 vaccine to deliver to patients. The
11 national process for distributing all
12 federally-purchased vaccine is managed
13 by the Centers for Disease Control and
14 Prevention, CDC.

15 Healthcare providers who wish
16 to enroll to receive these vaccines must
17 meet CDC standards for storing, handling
18 and administering vaccine. They must
19 also meet standards for reporting
20 electronically extensive data and
21 persons vaccinated typically through
22 state or local immunization registries.

23 It is my understanding that to
24 apply, providers must first submit to
25 state and local health departments a

1 provider enrollment form developed by
2 the CDC. In Philadelphia, the
3 Immunization Program then engages with
4 the providers to ensure that they are
5 meeting the CDC requirements for cold
6 storage and that they can report to the
7 Immunization Information Systems all the
8 data elements required in a timely
9 fashion.

10 Once these steps are completed,
11 they can begin ordering, administering
12 pediatric and/or adult vaccines to the
13 appropriate populations. There's no
14 monetary contract between the City and
15 providers for those providers to receive
16 vaccines against measles and polio, only
17 a provider agreement.

18 And though my Department
19 verifies the information and effectively
20 acts as CDC's representative in
21 Philadelphia, legally the provider
22 agreement is between the provider and
23 the CDC. Should we identify problems
24 with storage and handling,
25 administration or data reporting, the

1 Immunization Program can and does
2 suspend providers from ordering
3 federally-purchased vaccine. The same
4 process is being used for providing
5 vaccine against COVID here in
6 Philadelphia and in other jurisdictions.

7 Based on the providers approved
8 to deliver vaccine, the Health
9 Department's Vaccine Distribution Unit
10 has directed COVID vaccine to 98 health
11 care providers, including hospitals,
12 clinics, Federally Qualified Healthcare
13 Centers, dialysis centers, pharmacies
14 and specialty medical providers such as
15 Corizon, the organization that provides
16 medical care in Philadelphia prisons.
17 From mid-December through today, these
18 providers have been administering
19 vaccine to healthcare workers.

20 When the Department's Vaccine
21 Distribution Unit needed to reach home
22 health aides, they agreed to have the
23 organization Philly Fighting COVID
24 operate clinics at the Philadelphia
25 Convention Center to do so. This

1 organization completed a provider
2 agreement and met all the standards set
3 by the CDC. Like all other providers
4 that have received COVID vaccine so far,
5 that organization did not at the time
6 have a contract with the City of
7 Philadelphia to administer the vaccine
8 or receive funding from the City of
9 Philadelphia to perform this vaccination
10 service.

11 However, in parallel with the
12 provider enrollment process, on December
13 30, 2020 the Department of Public Health
14 issued a request for proposals for
15 organizations interested in funding to
16 cover the cost of administering COVID
17 vaccines. Late last week because of
18 concerns that two potential applicants,
19 PFC and the Black Doctors COVID
20 Consortium received information that was
21 unavailable to other applicants, the RFP
22 was canceled.

23 The process by which the
24 Vaccine Distribution Group chose PFC to
25 manage clinics to vaccinate home health

1 workers is now a subject of an
2 investigation by the Inspector General.
3 That independent investigation will lead
4 to a report that will be shared with the
5 public. The Inspector General has asked
6 that I not question or request documents
7 from the staff persons involved which
8 might interfere with his investigation,
9 but I'm happy to provide answers to your
10 questions based on what I recall about
11 this today, and I'm eager for the
12 Inspector General's complete review to
13 answer my own questions about how this
14 decision was made.

15 After a few of these clinics
16 took place, I received information from
17 an Inquirer reporter that PFC had
18 changed its status from nonprofit to a
19 for-profit organization and had included
20 in its online data policy that it would
21 have allowed it to share the names of
22 the people who had signed up on its
23 website.

24 Based on that information, I
25 felt the organization was untrustworthy

1 and directed the Vaccine Distribution
2 Unit to end the relationship with PFC.
3 While this organization did successfully
4 vaccinate some 6900 people, in
5 retrospect it was a mistake for the
6 Department of Public Health to ask the
7 organization to operate these clinics.
8 As the person in charge of the
9 Department of Public Health, I bear the
10 ultimate responsibility for that
11 mistake.

12 One week ago, Mayor Kenney sent
13 a letter to me to rectify that mistake.
14 He directed me to hold clinics to
15 provide the second dose of the vaccine
16 to those persons given the first dose by
17 PFC, allocate doses that would have
18 otherwise gone to PFC to other
19 organizations, increase the allocation
20 of doses to the Black Doctors COVID-19
21 Consortium and include Commerce Director
22 Michael Rashid on any committee
23 constituted to review proposals to
24 provide COVID vaccination services.
25 He's also directed me to bring any

1 information suggestive of wrongdoing to
2 the attention of the Inspector General.

3 At the Department of Public
4 Health, we have been working quickly in
5 the past week to meet those directives.
6 We have re-organized the Vaccine
7 Distribution Group into an Incident
8 Command Group within the Health
9 Commissioner's office and redeployed
10 many additional staff to broaden its
11 decision-making abilities and enhance
12 its communications with people being
13 vaccinated, people in organizations
14 wanting to be vaccinated, stakeholders,
15 elected officials and the general
16 public.

17 As part of this reorganization,
18 we have vetted staff from the Office of
19 Emergency Management into this incident
20 command structure. We have scheduled
21 and operated with Health Department
22 staff clinics to provide the second dose
23 of vaccine to those persons who received
24 the first dose through PFC. Those
25 clinics were started two days ago and

1 will continue through next Saturday.

2 We have strengthened the racial
3 equity emphasis of the vaccine
4 distribution initiative by adding a lead
5 staff person for racial equity,
6 including involving that person in
7 vaccine allocation decisions and
8 clarifying to the entire team that the
9 objective of achieving racial equity
10 must be built into all decisions rather
11 than into just a separate plan.

12 As one part of our emphasis on
13 racial equity, we have allocated
14 additional doses of vaccine to the Black
15 Doctors COVID-19 Consortium. This
16 organization had done excellent work in
17 providing large-scale COVID testing to
18 minority populations in Philadelphia and
19 has strong staff of physicians and
20 nurses to administer vaccine. Last week
21 they received 1,000 doses. This week
22 they will receive 2,000 doses. Next
23 week they will receive 2,500 doses.

24 We've also allocated additional
25 doses to Federally Qualified Health

1 Centers as they are located in
2 underserved neighborhoods and serve
3 vulnerable populations. We are revising
4 the request for proposals that have been
5 previously released to increase the
6 emphasis of providing vaccine to
7 minority, underserved and hard-to-reach
8 populations. We have expanded the
9 review committee, increased its
10 diversity and included Commerce Director
11 Michael Rashid on it.

12 We're working on plans to
13 increase contact with traditionally
14 hard-to-reach communities by
15 strengthening our call center capacity
16 with the assistance of 311 and utilizing
17 a team of organizers previously assigned
18 to Philly Counts that maximized
19 residents' participation in 2020 Census.

20 As I said, our objectives with
21 the vaccination initiative are
22 threefold, to administer the vaccine
23 doses we have as quickly as possible, to
24 do it in a way that will save the most
25 lives and to achieve racial equity in

1 vaccine distribution. We still have
2 more work to do on all three of these,
3 but we must also recognize that those
4 objectives are not always in alignment.
5 If we would allow anyone to receive
6 vaccine, we would deliver doses very
7 quickly. But the persons receiving them
8 would likely be the most privileged or
9 with the most resources to get to the
10 front line.

11 On the other hand, if we were
12 to maintain extremely time restrictions
13 on the persons meeting eligibility
14 criteria by demanding a sense of
15 documentation, we would slow down the
16 rate of vaccination. Either of those
17 would reduce the number of African-
18 American and other minority persons who
19 get vaccinated. We will continue to
20 work hard to achieve the right balance
21 of these three objectives.

22 Remember, the vaccination work
23 is still in its infancy. The first
24 vaccines arrived just seven weeks ago,
25 but we will likely be at this for at

1 least a year. With our urgency, the
2 Department of Public Health has made
3 missteps in this vaccination initiative.
4 I acknowledge these missteps and ask the
5 residents of Philadelphia to allow us
6 the time to make things right. I'm
7 happy to answer any of your questions.

8 COUNCILWOMAN BASS: Well, thank
9 you, Commissioner. Thank you for you
10 asking, requesting support from the
11 residents of the City of Philadelphia to
12 help get us back on track. I think
13 that's very important and that's really
14 ultimately where people want to be. We
15 want to have us back on track because we
16 know that getting the vaccine is really
17 going to save people's lives, so we
18 thank you for that.

19 I do have some questions and I
20 know a lot of my colleagues have
21 questions as well. So I'm going to ask
22 just a few of my questions. And I think
23 Councilman Derek Green is up first.

24 So the first question I wanted
25 to go back to and clarify: You said the

1 Inspector General was conducting an
2 investigation so I just want to make
3 sure. You are able to provide
4 information, because as I understand it,
5 the Inspector General is not requiring
6 you to withhold information from this
7 hearing because of that investigation,
8 correct?

9 DR. FARLEY: That is correct,
10 Councilmember. Just to clarify, I did
11 in anticipation of this hearing ask the
12 Inspector General what I could say or
13 could not say. And he said he had no
14 prohibition on things that I could
15 say --

16 COUNCILWOMAN BASS: Excellent.

17 DR. FARLEY: -- however, he did
18 say he did not want me questioning staff
19 members, asking people for
20 documentation, doing our own internal
21 investigation to understand things that
22 I don't already know because that might
23 interfere with what he's doing. So I
24 can talk to you about what I know and
25 what I remember, but I can't talk to you

1 about things that I was not a part of or
2 anything that -- I cannot be conducting
3 my own review or investigation while
4 he's doing his.

5 COUNCILWOMAN BASS: Okay. All
6 right. Well, let's proceed then. One
7 question that I have for you just
8 based -- and it wasn't an original
9 question, but I think you said we were
10 receiving something like 20,000
11 vaccines. Was that weekly, monthly? I
12 can't remember the --

13 DR. FARLEY: 20,000 per week is
14 what we're getting now.

15 COUNCILWOMAN BASS: Per week,
16 okay. And you said you thought based on
17 that we would be able to vaccinate
18 two-thirds of the City by October or so?

19 DR. FARLEY: Two-thirds of the
20 population by October 1st, that's if
21 that current rate of vaccines continues.
22 I hope it's going to grow over time, but
23 we have no guarantee of that.

24 COUNCILWOMAN BASS: Do we know
25 where Philadelphia is in comparison to

1 other cities receiving vaccine? So is
2 Philadelphia receiving less? Are we
3 receiving more? Are we getting about
4 the same amount for cities of a similar
5 size?

6 DR. FARLEY: So the vaccines
7 are distributed to jurisdictions on a
8 strictly per capita basis. So we're
9 getting as much per capita as any other
10 city or state in the nation. However, I
11 should say this, that's per capita of
12 the resident population, not per capita
13 who may work in the City but live
14 outside the City. And so, this has been
15 a concern. The cities that get direct
16 vaccine from the CDC, of which there are
17 only about five of us, that they end up
18 vaccinating more people than their
19 resident population so it ends up being
20 a disproportionately low share.

21 COUNCILWOMAN BASS: Okay.
22 Thank you. Dr. Farley, can you tell us
23 when were you first introduced to Philly
24 Fighting COVID and under what
25 circumstances? And I would specifically

1 like to know did you have contact with
2 Philly Fighting COVID before the hearing
3 this Committee had in the fall to ask
4 about vaccinations?

5 DR. FARLEY: I have not had an
6 exchange of emails or conversations with
7 this organization at all. I had staff
8 that were reviewing proposals for
9 testing and they were communicating with
10 them about their testing. And then I
11 was in conversation with a separate set
12 of staff who were doing the vaccination
13 initiative, and they were in
14 communication with them about the
15 vaccination work.

16 COUNCILWOMAN BASS: So you're
17 unfamiliar with them? You were
18 unfamiliar with them; is that what
19 you're saying?

20 DR. FARLEY: I was familiar
21 with them with regards to the
22 information that was given to me, but I
23 did not have direct communication with
24 that organization.

25 COUNCILWOMAN BASS: Okay. You

1 normally would not have contact or is
2 that something usual or unusual? How
3 would you describe that?

4 DR. FARLEY: That would be
5 normal. There are many other
6 organizations that work with the
7 Department. We have a large department.
8 We have large teams working on all
9 aspects of this. And so, I don't
10 interface directly with majority of
11 them.

12 COUNCILWOMAN BASS: Okay. Do
13 you know exactly when the Health
14 Department and/or the Kenney
15 Administration on behalf of the City of
16 Philadelphia discussed contracting
17 services from Philly Fighting COVID for
18 COVID testing and/or vaccine
19 distribution, do you know when? Because
20 I know before the vaccine clinic opened
21 up at the Convention Center, they had a
22 testing operation going. Do you know
23 when that started or are you familiar
24 with that and can speak to it?

25 DR. FARLEY: Testing operation

1 was going on for some number of months.
2 I don't know when the first
3 conversations were about having them
4 manage vaccination clinics.

5 COUNCILWOMAN BASS: Can you
6 tell me what did we know about Philly
7 Fighting COVID when we entered into an
8 initial contract with them? Did we know
9 how long they had been in business? Did
10 we request any work history, background
11 information, et cetera, in the field?

12 COUNCILWOMAN GILMORE

13 RICHARDSON: Madam Chair. Madam Chair.

14 COUNCILWOMAN BASS: Yes, ma'am.

15 COUNCILWOMAN GILMORE

16 RICHARDSON: This is Councilmember
17 Gilmore Richardson. I --

18 COUNCILWOMAN BASS: Chair
19 recognizes Councilwoman Gilmore
20 Richardson.

21 COUNCILWOMAN GILMORE

22 RICHARDSON: Yes. I rise with a quick
23 point of clarification because I do
24 think this date is important. We need
25 to know the exact date per Dr. Farley

1 that Philly Fighting COVID began testing
2 operations in this City.

3 COUNCILWOMAN BASS: Thank you,
4 Councilwoman.

5 COUNCILWOMAN GILMORE

6 RICHARDSON: Thank you.

7 COUNCILWOMAN BASS:
8 Commissioner Farley, I think that's an
9 excellent question. Can you give us the
10 exact date that Philly Fighting COVID
11 began testing?

12 DR. FARLEY: I don't have that
13 date. I don't remember that date. I'm
14 not sure if I ever knew that date. It
15 was some months earlier. And that
16 information will come out in the
17 Inspector General's report. But sitting
18 here today, I don't know that date.

19 COUNCILWOMAN GILMORE

20 RICHARDSON: Madam Chair, point of
21 clarification.

22 COUNCILWOMAN BASS: Chair
23 recognizes Councilwoman Gilmore
24 Richardson.

25 COUNCILWOMAN GILMORE

1 RICHARDSON: Yes. So according to a
2 spreadsheet submitted to Council by the
3 Health Department on January 27th, the
4 testing began I think June 26th. Can
5 you clarify that for us, Dr. Farley,
6 because that is important to the
7 additional questions that I know most
8 members of Council will have this
9 afternoon?

10 DR. FARLEY: Again, I did not
11 review documents -- if that came from
12 the Health Department, I would have no
13 reason to believe that it's not true. I
14 know that they were testing for some
15 number of months before the vaccination
16 initiative came about.

17 If I could explain a little bit
18 of the background about how they get
19 involved in testing, that might help a
20 little bit.

21 COUNCILWOMAN BASS: Okay.

22 DR. FARLEY: So when -- there
23 was a very sharp demand for testing in
24 the spring of 2020 in the sense somewhat
25 similar to where we are now with the

1 sharp demand for vaccination. And so,
2 we were looking for opportunities for
3 other organizations besides the Health
4 Department to provide testing services.
5 So we put out a request for proposals
6 for organizations to get funding for
7 testing.

8 Philly Fighting COVID applied
9 for testing under that request for
10 proposals. Those proposals were
11 reviewed by a committee. They were
12 scored and they were provided funding.
13 So that would have happened -- if that
14 thing that came to you said that they
15 started in June, I would suggest they
16 applied some time in the spring and that
17 they were awarded funding some time
18 around the time that they started.

19 COUNCILWOMAN BASS: Okay. And
20 so, this was a brand new start-up
21 organization that received testing
22 supplies and support and a contract from
23 the City at the same time that or right
24 around the same time that the Black
25 Doctors Consortium finally received some

1 support and a contract with the City of
2 Philadelphia after much work and push
3 and just advocacy, because so many
4 people were being hurt by COVID and
5 dying from COVID in communities of
6 color.

7 It's just astonishing to me
8 that these folks seem to come out of
9 nowhere and land a contract in June to
10 do testing.

11 DR. FARLEY: So the Black
12 Doctors Consortium was the first
13 organization to receive funding for
14 testing under the request for proposals
15 that I just described, and there were a
16 number of other organizations, perhaps
17 12 or 14 that were ultimately funded,
18 and Philly Fighting COVID was one of
19 them but they were not one of the first
20 ones according to my recollection. I do
21 know the Black Doctors Consortium was
22 the first.

23 COUNCILWOMAN BASS: Okay. It
24 would be helpful if we could get more
25 information on that. I know that you

1 said the Inspector General doesn't want
2 you digging for information, but clearly
3 that information is already out there in
4 some way, shape or form. So any details
5 you can follow up with would be great.

6 Councilman Henon, did you have
7 a point? I saw your hand was raised
8 around this matter.

9 COUNCILMAN HENON: I think you
10 addressed it. And I certainly will wait
11 my turn in the queue. But if the Health
12 Commissioner could provide to the Chair
13 a list of all organizations and the
14 process of which they received an RFP
15 for COVID testing last year, the timing
16 of it and the dollar amount and the term
17 of the contract. So I was just jumping
18 in on the conversation, but I'm going to
19 wait for my turn. Thank you.

20 COUNCILWOMAN BASS: Okay.
21 Thank you. Thank you Councilman.

22 And, Dr. Farley, one last
23 question and then I'm going to get some
24 of my colleagues to ask questions. Can
25 you please tell us about the vetting and

1 selection process by the Health
2 Department and/or Kenney Administration
3 on behalf of the City in which Andrei
4 Doroshin was selected to run this
5 Convention Center site for individuals
6 qualified under the category of 1B
7 health providers. And so, I know you
8 said earlier that the CDC basically made
9 the selection.

10 So are you saying that the
11 Administration had no involvement at all
12 in the selection of this organization;
13 is that what you're saying?

14 DR. FARLEY: No, not at all.
15 I'm not saying we didn't make the
16 selection.

17 COUNCILWOMAN BASS: Okay.

18 DR. FARLEY: The CDC sets up a
19 process by which providers can receive
20 vaccine and that could be measles or
21 polio vaccine, in this case COVID
22 vaccine. Then the Health Department
23 communicates with the providers who are
24 interested in receiving vaccine, gives
25 them this form that they must complete

1 where they have to show if they can
2 handle the vaccine. Then the Health
3 Department reviews that form and based
4 upon that, approves them to be
5 providers.

6 The CDC has the legal contract,
7 but it's the Health Department that
8 channels that communication. But it is
9 not -- to be clear, it's not a contract,
10 legal contract, with the City. And that
11 provider agreement does not have funding
12 attached to it. It's just an agreement
13 that they must complete in order to
14 receive vaccine.

15 COUNCILWOMAN BASS: Okay. I'm
16 going to come back to that because I
17 have a lot more questions just around
18 that response.

19 Councilman Derek Green. Chair
20 recognizes Councilman Green.

21 COUNCILMAN GREEN: Thank you,
22 Madam Chair.

23 Dr. Farley, previously I
24 commended you for your outstanding work
25 at the beginning of this pandemic on

1 addressing the issues of public safety,
2 making some very hard decisions
3 regarding restrictions on how we were
4 going to fight this virus and pandemic,
5 keeping people informed about what
6 measures should occur as we deal with
7 this pandemic, something that no one has
8 ever seen before in our lifetime. And I
9 did that before and I do that again now.

10 In comparison, our former
11 Secretary of State also did a phenomenal
12 job in dealing with an election in a way
13 that we've never had an election before
14 with all of the issues and concerns that
15 occurred during the election in 2020. A
16 lot of different aspects to that
17 election and a lot of challenges, and
18 she did a phenomenal job.

19 Recently she resigned based on
20 a mistake that was made by our staff,
21 and that was a mistake based on failing
22 to advertise a Constitutional amendment
23 to impact victims of child abuse. In
24 her resignation statement she says the
25 following: I'm extremely proud of what

1 we've accomplished for the people of
2 Pennsylvania. I've always believed that
3 accountability and leadership must be a
4 cornerstone of public service. While I
5 only became aware of the mistake last
6 week and immediately took steps to alert
7 the Administration to the error, I
8 accept the responsibility on behalf of
9 the Department.

10 Last week in our first briefing
11 with the Health Department regarding
12 vaccinations in this regard and also
13 dealing with the questions that a number
14 of people raised regarding Philly
15 Fighting COVID, I asked you who made the
16 selection of Philly Fighting COVID, and
17 you said it was your staff. You also
18 said you ultimately take responsibility
19 for your Department.

20 So in comparison to the former
21 Secretary of State, do you believe that
22 you should be held to the same standard
23 that she held herself to in reference to
24 accountability for her department in
25 reference to accountability of your

1 department?

2 DR. FARLEY: Thank you very
3 much, Councilmember. Let me say again I
4 believe in the same accountability the
5 same way that she does. If this
6 happened in the Health Department,
7 ultimately the responsibility goes from
8 me -- goes to me, I should say.

9 And the question then at this
10 point is, is it in the best interest of
11 the City of Philadelphia for me to
12 resign and have another person step in
13 as Health Commissioner. We certainly
14 have a major epidemic still to fight.
15 We have a lot of vaccines still to
16 distribute, a lot of lives to save. I
17 think that -- I first want to
18 acknowledge the mistake, apologize to
19 the City of Philadelphia, apologize to
20 anybody who feels that they were wronged
21 by this, and I'm sure there are many,
22 for the actions of the entire
23 organization, including my own actions.

24 But the question at this point
25 now is my being here better for

1 combating the epidemic than my
2 resigning. I think I still can
3 contribute. I think I have those
4 skills. However, again at any point if
5 the Mayor feels in his own opinion or on
6 the advice of anyone else that I'm not
7 the best choice, even if my image is not
8 the best one, then he can ask me to
9 resign and I will be happy to do so.

10 COUNCILMAN GREEN: In your
11 statement, you talked about the need to
12 rebuild trust with the citizens in the
13 City of Philadelphia and you made
14 statements in reference to making an
15 apology and acknowledging the mistake.
16 Based on what you just said and based on
17 the current perspective, what citizens
18 are seeing from other public officials
19 who have made mistakes in their
20 department and took that step, how do
21 you believe you will be able to restore
22 that level of trust considering that
23 some in the City have real fear
24 regarding this pandemic?

25 You made reference to some of

1 the historical issues regarding the
2 African-American community in reference
3 to health care and vaccinations and
4 medicine, and we have a population of
5 the City of well over 40 percent
6 African-Americans and there's been a
7 disparity of just those even first
8 responders receiving the vaccination.
9 So based on that, how do you believe you
10 can instill trust based on what has
11 transpired over the past number of weeks
12 regarding the vaccination process here
13 in the City of Philadelphia?

14 DR. FARLEY: I think trust is
15 something that is only built up over
16 time with actions and fulfilling
17 promises, and you can lose trust in a
18 hurry but it takes a long time to regain
19 it. I think the way for us to rebuild
20 trust is to say here's what we plan to
21 do, here's how we plan to improve this
22 and then to demonstrate that we can do
23 that. That's not going to happen
24 overnight. That's going to take place
25 over time, but that's my plan to try to

1 do that.

2 COUNCILMAN GREEN: Thank you,
3 Madam Chair.

4 COUNCILWOMAN BASS: Thank you,
5 Councilman.

6 Councilman Oh.

7 COUNCILMAN OH: Thank you very
8 much, Madam Chair.

9 Good afternoon, Dr. Farley. I
10 have some tough questions for you, and I
11 want to start by saying that I
12 appreciate your work, it's incredibly
13 difficult, it's very hard. I have been
14 a little bit more of a critic than
15 others in Council, but I don't want to
16 at all convey that I don't recognize how
17 difficult your job is and I appreciate
18 everything you're trying to do.

19 My concern is how we address
20 problems, very much as the rest of the
21 Councilpeople have been saying to
22 resolve this, the COVID-19 pandemic, in
23 a way that is most beneficial to our
24 City as quickly as possible. So I want
25 to go through a couple of things because

1 I want to point out, at least on my
2 part, just speaking for myself, that I
3 have an ongoing problem.

4 In June of this year, June
5 18th, I introduced Bill 200382. That
6 was a bill that basically said when the
7 City gives a contract of 1 million and
8 then modifies it more than 10 percent,
9 they have to notify Council. And the
10 impetus of the bill was the fact that
11 the Administration said, we're not
12 issuing a new contract, we're just
13 adding more money to an existing
14 contract which had no female, minority
15 participation as required by the City's
16 contracting law. That's the law that
17 exists. And so, modification of
18 contracts that simply in the first place
19 did not include opportunities for
20 qualified minorities and women and
21 simply adding more money to it is not
22 proper. That's the reason that bill was
23 there.

24 I say that because it has been
25 an ongoing issue because the

1 Administration said, and I agreed with
2 them and I supported this, COVID is
3 unknown, it's a pandemic, it's deadly,
4 we need as much flexibility, as much
5 money, we're not going to tell you -- we
6 don't know what the money is for, we
7 just need to have it and we need to be
8 able to get past a lot of the typical
9 checks and balances, bureaucracy, in
10 order to address quickly, fine.

11 But from there, there have been
12 restrictions issued by your office, by
13 you, by the City that did not -- it was
14 not supported by the CDC, was not
15 supported by science and data. And I
16 introduced on September 17th a
17 resolution calling on the Mayor and the
18 Administration nonbinding to work more
19 closely with Council. And on December
20 3rd, I introduced a bill mandating that
21 in order for the Health Department to
22 continue its emergency powers, it must
23 come before City Council to justify what
24 it is doing, why does it have emergency
25 powers, what work has it been doing, how

1 is it addressing this, why are there
2 restrictions, what is the plan for
3 reopening, who's included, who's not.
4 I'm only saying that because there has
5 been a history of trying to get
6 transparency and accountability from the
7 Health Department and from the
8 Administration, which I find very, very
9 frustrating. And quite frankly, if we
10 had some checks and balances and
11 oversight, I don't know if we would
12 exactly be in this position, but here we
13 are.

14 My concern is given the fact
15 that we have been trying to give as much
16 flexibility and leeway to the
17 Administration who is in charge of this,
18 and we all understand that, headed up by
19 you and the Health Department, but at
20 the same time trying to do our job of
21 oversight and support, it's shocking,
22 beyond shocking, it's bizarre to learn
23 of something like this.

24 My understanding is that our
25 City knew that we were going to receive

1 vaccines as one of only five cities
2 receiving it directly from the federal
3 government, not from the state of
4 Pennsylvania, but from the federal
5 government and that we did not plan on
6 distributing the vaccines in November
7 and then in December. And it just
8 appears mindboggling. It also looks as
9 though the City was completely
10 unprepared to distribute and somehow
11 ended up giving the distribution to a
12 group that is inexperienced and
13 unqualified.

14 And it's difficult to
15 understand with all the restrictions,
16 closing businesses, people losing their
17 jobs, all of that in the name of public
18 safety, the vaccines is what everybody
19 is waiting for, there's no distribution
20 plan, we find out that this organization
21 is not a program of the City, it's not
22 the City, has a City seal. And then we
23 find out that all these top-level health
24 providers were excluded. Who got a
25 contract? How did they get a contract

1 and how is it that you don't know who
2 they are? It is the most critical thing
3 you have been doing, receiving and
4 distributing vaccines. Can you explain
5 that?

6 DR. FARLEY: Again, just to
7 clarify, there are 98 providers who have
8 received vaccines. The City does not
9 have a contract for that with any of
10 those providers. This is about the way
11 that we channel vaccines --

12 COUNCILMAN OH: Can I stop you
13 right there. I also find that amazing.
14 The City has no contract with any
15 providers. They can violate whatever.
16 They can say I quit. They have no
17 guidelines. There's no written
18 understanding of what they're supposed
19 to do. There's no agreement, no
20 attestation to their methodology, you
21 just give it to people. I don't
22 understand that.

23 DR. FARLEY: No. The
24 organizations, the medical providers
25 receive vaccines based upon a provider

1 agreement. These are CDC vaccines,
2 based upon provider agreement that the
3 CDC writes and it's a contract
4 essentially between the CDC and that
5 provider. And there are things in there
6 that the provider needs to do in order
7 to receive that vaccine.

8 COUNCILMAN OH: I'm going to
9 stop you because I'm confused. Did the
10 Philly Fighting COVID sign an agreement
11 with the CDC? Is that how they got the
12 agreement, not through the City of
13 Philadelphia?

14 DR. FARLEY: I tried to explain
15 in my testimony this relationship and
16 it's a little complicated. And so,
17 pardon me for taking a minute to
18 describe it again. Legally, it's a
19 contract between the provider and the
20 CDC. That's the way it says it in
21 there. However, we are the ones that
22 provide that blank form to the
23 providers. They provide that
24 information to us. We then go interview
25 them, verify the information they

1 provide, do onsite inspections and then
2 if they can meet that, then they are
3 approved to receive vaccine, so we have
4 a key role in this. But the legal
5 contract -- it's not a contract, the
6 legal agreement is with the CDC.

7 So there are 98 providers now
8 who have done that. Those are for the
9 most part organizations that you are
10 very familiar with. They are the
11 hospitals, they are the clinics, they
12 are just dialysis centers, they are
13 pharmacies. There were these two
14 organizations that are relatively new
15 organizations that have come in to
16 respond to this crisis, including Black
17 Doctors COVID Consortium and PFC that
18 were part of that as well, but they were
19 part of this much larger group of people
20 who received vaccine.

21 COUNCILMAN OH: I don't have a
22 problem with University of Penn Health
23 Care, Thomas Jefferson Health Care, the
24 Black Doctors Consortium. I wonder how
25 this brand new group that appears to be

1 completely unqualified, they would not
2 get past anything on paper to receive
3 this agreement recommended by the City,
4 in place of them by the City. I cannot
5 understand how that happened.

6 And so far, I'm not clear on
7 who's responsible. So if we don't know
8 who's responsible and what the
9 methodology was, how do we fix it, as
10 you said regain trust, fix the problem,
11 make sure people are vaccinated?

12 COUNCILWOMAN GILMORE

13 RICHARDSON: Madam Chair, point of
14 clarification.

15 COUNCILWOMAN BASS: (Muted).

16 COUNCILWOMAN GILMORE

17 RICHARDSON: Madam Chair, you're on
18 mute.

19 DR. FARLEY: Can I answer that
20 question?

21 COUNCILWOMAN GILMORE

22 RICHARDSON: I have a point of
23 clarification.

24 COUNCILWOMAN BASS: Chair
25 recognizes Councilwoman Gilmore

1 Richardson.

2 COUNCILWOMAN GILMORE

3 RICHARDSON: Thank you, Madam Chair.

4 I wanted to circle back to what
5 Dr. Farley just stated relative to how
6 the process works with the form or the
7 relationship happening between the
8 provider and the CDC. Dr. Farley, for
9 clarification, can you please review
10 what the City's role is as a part of
11 that process?

12 DR. FARLEY: The City's role as
13 part of this process is providers who
14 have an interest in receiving annually
15 federally-purchased vaccine. Medical
16 providers communicate to us that they
17 have an interest in that. They are
18 given this form. They have to provide
19 information that shows that they have
20 medical licenses, shows that they have
21 particular focus on the ability for safe
22 management of the vaccine, so they have
23 to have a refrigerator of a certain type
24 and they're monitoring the vaccine in a
25 certain way, make sure the vaccine

1 doesn't spoil.

2 Then they have to demonstrate
3 that they can provide electronic
4 information to us, which then in turn
5 goes to the CDC. Again, it's not a
6 legal contract, but we provide that
7 form. We then verify that. And so,
8 they're not going to get approved to
9 receive the vaccine without our
10 approval, but the legal contract is with
11 the CDC --

12 COUNCILWOMAN GILMORE

13 RICHARDSON: So the --

14 COUNCILWOMAN BASS: One point,
15 Councilwoman. I have a quick question.
16 I want to jump in here. So you're
17 saying that someone from the City of
18 Philadelphia did essentially approve
19 this arrangement? We basically
20 approved, we passed along, we thought it
21 was a good idea. So the bottom line is
22 I think everybody wants to know who
23 looked at it, who thought this was a
24 good idea, what did they say in this
25 application? Those are the kind of

1 questions that I think that we're all
2 looking for here. Can they be answered?

3 DR. FARLEY: And I think those
4 are excellent questions. I want to know
5 the answers to those questions myself.
6 Those are going to be the essential
7 questions of the Inspector General's
8 report. Who was it that first spoke to
9 this organization, what information did
10 they look at, what steps did they go
11 through to make this decision.

12 I was informed that the
13 decision was made. I was not the one
14 that was doing those conversations or
15 that vetting so --

16 COUNCILWOMAN BASS:
17 Commissioner, was it your office? Was
18 it a committee? Was it PMHCC? I saw
19 that they were involved through the
20 selection process.

21 DR. FARLEY: All right. So let
22 me try to explain a little bit about the
23 structure for decision-making so I can
24 explain it a little bit better. So
25 during November and December of 2020, I

1 was very busy in response to the COVID
2 epidemic overseeing the work of a new
3 division that we had set called the
4 Division of COVID Containment, which
5 managed testing, contact tracing,
6 isolation quarantine, social distancing
7 restriction, safety guidance and the
8 work of collecting and reporting data.

9 I delegated to Deputy
10 Commissioner Dr. Caroline Johnson the
11 responsibility for delivering the
12 vaccine to Philadelphia residents based
13 on her decades of experience with
14 vaccine deployment, especially during
15 the novel H1N1 pandemic of 2009. But I
16 asked that I be informed about what
17 decisions were made through meetings
18 with her and her lead staff persons once
19 or twice a week.

20 So some time in November or
21 December, her team told me that
22 Mr. Doroshin had proposed a plan to hold
23 mass vaccination clinics at one of the
24 stadiums. They said they believed the
25 plan was an overreach and they did not

1 approve it. Then around the 1st of this
2 year, the team told me that PFC would
3 manage clinics at the Convention Center
4 to vaccinate home health aides. I asked
5 whether the team believed that the
6 organization had the strength to conduct
7 these clinics successfully. The team
8 believed that PFC could do so and they
9 said they would be meeting with PFC a
10 few days later to ensure that the
11 organization had a sound operational
12 plan.

13 That was my last conversation
14 with them about the choice of PFC to
15 manage these clinics until questions
16 started being raised by the press later
17 in January.

18 COUNCILWOMAN BASS: So who was
19 that? Who did you communicate with that
20 said that this was a good idea to have
21 Philly Fighting COVID as the provider at
22 the Convention Center site?

23 DR. FARLEY: Dr. Caroline
24 Johnson and her lead staff people in the
25 Vaccine Distribution Group.

1 COUNCILWOMAN BASS: Okay.

2 Councilman Oh, did you have additional
3 questions?

4 COUNCILMAN OH: I'm going to
5 wrap --

6 COUNCILWOMAN BASS: I still
7 think that it's still not answered.
8 But, Councilman Oh, if you have
9 additional questions.

10 COUNCILMAN OH: Yeah, I'm going
11 to wrap up because I know other people
12 have questions. I just want to say that
13 in reviewing the written responses from
14 Councilmembers to the Department of
15 Health, I read this answer, due to the
16 ongoing OIG, Office of Inspector General
17 investigation, we are unable to provide
18 further details regarding Philly
19 Fighting COVID.

20 From what you said today, you
21 are able to answer questions about
22 Philly Fighting COVID; is that correct?

23 DR. FARLEY: I'm able to answer
24 questions about based on what I know
25 right now.

1 COUNCILMAN OH: What you know,
2 yes.

3 DR. FARLEY: What I know right
4 now. And just to be clear, what we
5 received from Council last week, a
6 number of Councilmembers, maybe 100
7 questions and we were requested to
8 return responses within 24 hours. It
9 was tough to answer all of those
10 questions. And this is a staff person
11 answering the question summarizing what
12 I just said right here. The summary is
13 I cannot go and interview my staff and
14 tell me --

15 COUNCILMAN OH: I understand.
16 I understand --

17 DR. FARLEY: I can tell you
18 what I know right now.

19 COUNCILMAN OH: Okay. I got
20 it. Because what I'm saying is this,
21 that that is kind of an internal issue
22 in the Administration. We are not the
23 Administration. We're a legislative
24 body that is required under the Charter
25 to exercise oversight, required. It's

1 our duty.

2 And whatever the Inspector
3 General plans on doing or not doing, I
4 am not going to look for the answer when
5 that report comes out this year, next
6 year or three years from now. We are
7 looking for immediate answers. The
8 Inspector General must do what they do.
9 They are not an outside law enforcement
10 agency like the U.S. Attorney's Office,
11 the Attorney General's Office or the
12 District Attorney's Office. And it
13 appears to me that unless we get some
14 more answers, those agencies should be
15 notified to conduct criminal
16 investigations into exactly what
17 happened here. I hope it's not, but it
18 just appears to be -- it would be
19 appearance of corruption if it wasn't
20 for such incompetence.

21 Madam Chair, thank you very
22 much.

23 DR. FARLEY: If I could --

24 COUNCILWOMAN BASS: Thank you.

25 COUNCILMAN OH: I'm sorry.

1 Please respond.

2 COUNCILWOMAN BASS: Certainly.

3 DR. FARLEY: The letter the
4 Mayor sent me last week requested that
5 we do a review of the decision-making
6 process. And there were questions at
7 that time, fair questions about could
8 the Health Department fairly and
9 honestly do its own internal review of
10 this. And then when additional
11 information came out over the weekend,
12 we said, no, we're not in the best
13 position to do this, we need to take
14 this to an external independent body
15 that can do its own investigation to
16 reveal the public trust.

17 The Department of Investigation
18 is what was suggested to me as the
19 organization to do that, and that was in
20 the Mayor's letter. So I took it to the
21 Inspector General. The Inspector
22 General is doing that review and he's
23 going to issue a report. And the report
24 is going to be available to the public
25 as well as to the Councilmembers.

1 Like I said, I'm more than
2 happy to answer questions from you
3 today. I have many of the same
4 questions that I cannot answer myself.
5 The rest of those questions are going to
6 have to be answered when the Inspector
7 General report comes out.

8 COUNCILMAN OH: Okay. I'm
9 sorry, Madam Chair.

10 I'm going to respond this way:
11 Look, I certainly understand what you're
12 saying. However, in the meantime you're
13 still the Health Commissioner. In the
14 meantime without the look for any
15 wrongdoing, the question is how do you
16 restructure your Department to overcome
17 this problem?

18 As an attorney, when I was a
19 practicing attorney, I had paralegals
20 and attorneys working for me and they
21 briefed me and everything sounds fine.
22 But if something is not done, if
23 malpractice is committed, I am
24 responsible to the client. I cannot
25 just say, oops, one of my lawyers messed

1 up. I'm responsible. I'm liable. I
2 don't have to work on every case, but I
3 have to oversee every case and I'm
4 responsible for every case. And
5 whatever you were doing, I understand
6 it's good work, but I'm just saying your
7 primary job is to be responsible and
8 accountable for everything.

9 And the Inspector General is
10 looking for some wrongdoing. What we're
11 talking about today is how do we get
12 those vaccines out and how do we address
13 how this even happened in the first
14 place so it doesn't happen again and we
15 can get past this issue of delivering to
16 the people of Philadelphia the vaccine
17 they need, including all the disparities
18 and inequity that we have been dealing
19 with as a City. So I appreciate your
20 answer and I will leave it at that.

21 Thank you, Madam Chairwoman.

22 COUNCILWOMAN BASS: Well, thank
23 you so much, Councilman. And I just
24 wanted to pick up for a quick second
25 where you left off.

1 I know that the Mayor's Chief
2 of Staff Jim Engler also had raised his
3 hand. Mr. Engler, are you there still?

4 MR. ENGLER: I am,
5 Councilwoman. Thank you.

6 COUNCILWOMAN BASS: Did you
7 want to make a statement?

8 MR. ENGLER: Dr. Farley covered
9 the intent of my comment. Just to
10 follow up though, in the Mayor's letter
11 last week he made clear it was his
12 desire to get to the bottom of this.
13 When we were first aware that there was
14 the potential of wrongdoing last week,
15 this was referred to the Inspector
16 General.

17 The goal of the Inspector
18 General's investigation is not to hide
19 anything. In fact, we want all of that
20 information to be made public. The
21 restriction that we have now though is
22 that Dr. Farley cannot contact certain
23 people on the team to be able to get
24 answers to certain questions.

25 So, Councilman Oh, to your

1 point about how we improve the process
2 going forward, absolutely, how we can
3 answer questions related to the
4 information that we have at this point.
5 But the investigation by the Inspector
6 General is ongoing. The Mayor has asked
7 for it to be completed as quickly as
8 possible, no longer than 30 days, and we
9 intend to share all of that with City
10 Council, with the general public and we
11 are happy to come back and answer
12 questions again when that Inspector
13 General investigation is done. And in
14 the meantime, we're happy to answer the
15 questions today that we can answer based
16 off again the information that we have
17 today.

18 COUNCILWOMAN BASS: So while I
19 have you, Mr. Engler, I have a couple of
20 questions before we move on to the
21 Committee. Mr. Engler, can you tell me
22 why the City would sign a contract to
23 enter into an agreement for services
24 with Philly Fighting COVID, particularly
25 when you think about the potential for

1 liability and now it's been made clear
2 what the City's role was in selecting
3 Philly Fighting COVID?

4 Someone from City government
5 reviewed the documents that were
6 submitted by them, okayed them, we
7 assumed interviewed them, maybe asked
8 them questions. And at the end of the
9 day, someone selected an unqualified,
10 unproven, untested organization to run a
11 mass vaccine site. So can you tell me
12 why we would not have entered into some
13 sort of contract, something in writing,
14 that would protect the City of
15 Philadelphia if something should happen,
16 because certainly there could be
17 liability issues, there could be
18 criminal issues, there could be all
19 kinds of issues? So can you speak to
20 that?

21 MR. ENGLER: So I cannot speak
22 to the City's relationship with Philly
23 Fighting COVID. I did not participate
24 in any of the discussions around
25 decisions to work with Philly Fighting

1 COVID. I think Dr. Farley outlined in
2 his testimony --

3 COUNCILWOMAN BASS: Right.
4 Understood.

5 MR. ENGLER: -- how the
6 distribution of vaccines work for any
7 number of illnesses, including COVID-19.
8 A vaccination agreement is between the
9 provider and the CDC, with the City
10 serving as an agent of the CDC for the
11 purpose of the distribution of that
12 vaccine. I think Dr. Farley has covered
13 that, and that's the situation as it
14 exists in other jurisdictions across the
15 country. It's the situation that exists
16 for other vaccines, that are federally-
17 purchased vaccines provided to the City
18 to be distributed to providers that are
19 approved through that CDC process.

20 COUNCILWOMAN BASS: I hear what
21 you're saying but it doesn't really make
22 sense to me, because I know that we have
23 hundreds of attorneys in our Law
24 Department. We have on contract outside
25 counsel. We have access to a whole lot

1 of attorneys and a whole lot of legal
2 services.

3 And so, I don't understand for
4 the life of me why we would not -- if we
5 put our hands on a piece of paper and
6 say this is the group, this is who we
7 are recommending, why we would not try
8 to protect ourselves and protect the
9 citizens of Philadelphia by putting
10 something in writing, even if it's not
11 required by the CDC to say, listen,
12 we're going to ensure ourselves, we want
13 to make sure they have insurance, just
14 something that protects the citizens,
15 that protects the City of Philadelphia.
16 Because ultimately, we passed this
17 information on directly to the CDC and
18 they took our word for it. That's what
19 happened here. They took our word for
20 it. They took our word that we did our
21 due diligence and clearly that was not
22 the case.

23 MR. ENGLER: So I don't know
24 whether the CDC took our word for it,
25 how they reviewed those documents. I

1 can't speak to that. What I can speak
2 to is that this is the process for the
3 98 providers that the City is currently
4 working with to distribute a vaccine in
5 the City of the Philadelphia. And to my
6 knowledge, it's the process that exists
7 for other jurisdictions across the
8 country.

9 Now, we're happy to take a
10 review to see if other jurisdictions are
11 providing separate agreements for
12 providers who are distributing vaccine,
13 we're happy to talk to other cities
14 about how they are distributing vaccine
15 to providers in their cities, if there
16 are extra belts-and-suspender options
17 that the City can undertake in order to
18 improve that process, I'm happy to
19 review it. I'm happy to review it with
20 the Law Department as to whether there
21 are other steps to take. But this is
22 the process to my knowledge that exists
23 with the 98 providers that are currently
24 distributing across the City, including
25 all of our major health systems and

1 Federally Qualified Health Centers.

2 COUNCILWOMAN BASS: Well,
3 listen, being in City government as
4 people look at us as leaders and they
5 have expectations of us and they expect
6 that if there's a process but there's a
7 hole in the process, they expect us to
8 fix it. They expect us to have our
9 thinking caps on day and night and that
10 if something comes across our desk and
11 it's not complete, it needs addressing.
12 We need to fix it. They expect us to do
13 that.

14 So this may have been the
15 process on the federal side, but we did
16 absolutely nothing to protect the City
17 of Philadelphia from a potential lawsuit
18 or anything that could have happened and
19 still could happen as a result of the
20 negligence of Philly Fighting COVID and
21 the fact that we passed on their
22 information and said, this is who we
23 recommend. That's essentially what has
24 happened here.

25 I'm going to go to the next

1 speaker because I know everybody wants
2 to make some comments. The order is
3 going to be the Committee members first.
4 I hope everyone can just bear with me.
5 We're going to go to Committee members
6 and then we'll come back to our other
7 colleagues.

8 So next up will be Councilwoman
9 Brooks.

10 COUNCILWOMAN BROOKS: Thank
11 you. I'm here. Thank you.

12 So, Dr. Farley, you mentioned
13 the Philadelphia Vaccine Advisory
14 Committee, a group of 40 participants
15 that were meeting biweekly since
16 October. How are those committee
17 members selected? Were they invited to
18 join? Was it some type of open call or
19 application process? Basically, how was
20 that group put together?

21 DR. FARLEY: They were invited
22 to join. We sought representatives from
23 the hospitals, from clinics and social
24 service organizations, from I believe
25 the Better Business community, following

1 a general recommendation from the CDC on
2 creating an Advisory Group like this.

3 COUNCILWOMAN BROOKS: So how
4 did Andrei Doroshin become a member of
5 this Advisory Committee?

6 DR. FARLEY: That is also a
7 very good question to which I would like
8 the answer to. I don't know the answer.

9 COUNCILWOMAN BROOKS: Okay.
10 Also, could you provide us a list of the
11 98 providers that are currently
12 administering vaccines here in
13 Philadelphia? Do you have that --

14 DR. FARLEY: We can.

15 COUNCILWOMAN BROOKS: Okay.
16 And also, PDPH has done a remarkable job
17 of quickly addressing the folks who have
18 received the first dose of the vaccine
19 through Philly Fighting COVID but are
20 now in need of a second dose. So PDPH
21 stood up for the mass vaccination clinic
22 at the Convention Center with the goal
23 of vaccinating 2500 people this week and
24 4400 people next week. Beginning the
25 week of February 22nd, six additional

1 PDPH mass clinics will spread around the
2 City and they will begin vaccinating 500
3 people per day. My question is why
4 didn't we start here and why did we
5 first look to nonprofits to perform
6 these services rather than directly
7 providing them as a City?

8 DR. FARLEY: Again, I don't
9 know how that decision was made. I can
10 tell you that the Health Department has
11 been running mass vaccination clinics.
12 And so, there was always an assumption
13 that there would be a need for more
14 organizations than just us because we
15 only had so much capacity. But as to
16 why these particular clinics were not
17 run by the Health Department, that's
18 something we're going to have to learn
19 when the Inspector General gets into
20 this decision-making process.

21 COUNCILWOMAN BROOKS: Okay. My
22 next question is around the agreement
23 with the CDC. I understand that the
24 providers have an agreement with the
25 CDC, which the Health Department

1 facilitates. However, I also have some
2 concerns about the City's RFP process.

3 So it's my understanding that
4 in January the Philly Fighting COVID was
5 in the process of applying for City
6 funds for the cost related to vaccine
7 administration; is that correct?

8 DR. FARLEY: We did receive an
9 application from them, from the RFP,
10 yes.

11 COUNCILWOMAN BROOKS: Okay.
12 And you also testified that you got a
13 red flag about Philly Fighting COVID
14 because the reporters told you that they
15 were switching from nonprofit to
16 for-profit status and was that what
17 caused you to end the City's
18 relationship with them? And if that
19 didn't happen, I assumed that the RFP
20 would have still gone forward as usual;
21 is that correct?

22 DR. FARLEY: Let me say the
23 RFP -- the organizations that were
24 eligible under the RFP could be
25 nonprofit or they could be for-profit.

1 But ending the relationship of Philly
2 Fighting COVID happened when I received
3 information from an Inquirer reporter
4 that said this organization has gone
5 from nonprofit to for-profit and has
6 this language on its website that
7 enables this organization to sell the
8 names that it's receiving. And I have
9 that in the context of -- at that point
10 I had heard they had terminated the
11 testing that they were funded for, which
12 I wasn't happy with and -- there was
13 another piece of information that I had
14 in the back of mind.

15 Putting those together, I was
16 very concerned. I didn't like this
17 combina -- oh, that's right. I was
18 aware that there was a lot of confusion
19 on their website and that many people
20 signed up on their website believing
21 that they were signing up with the City
22 of Philadelphia. I was not happy with
23 that. I knew that people were signing
24 up thinking it was the City of
25 Philadelphia and then I saw that they

1 had the ability to share those names. I
2 thought, this was an organization we do
3 not want to be associated with. And so,
4 I said we're going to stop this
5 relationship immediately.

6 COUNCILWOMAN BROOKS: Okay.
7 That's helpful. So you were tipped off
8 not by the RFP process, but because a
9 reporter told you; am I correct?

10 DR. FARLEY: That's correct.

11 COUNCILWOMAN BROOKS: So I'm
12 worried that our current RFP process may
13 exclude deserving organizations that
14 could best serve marginalizing
15 communities, like the COVID-19 Black
16 Doctors Consortium rather than people
17 who are using this public health crisis
18 as an opportunity to profit off
19 Philadelphians.

20 So can you explain how the RFP
21 process currently works and what changes
22 the City can make ongoing to protect
23 itself from disasters, capitalists in
24 the future?

25 DR. FARLEY: Right. So there

1 was a request for proposals for testing.
2 It was put out some time in the spring
3 of 2020 and there were organizations
4 that applied and got funded for testing.
5 I talked about that earlier. A similar
6 process was initiated for vaccination.
7 We knew we were going to need
8 organizations to provide vaccination
9 services.

10 And so, the testing model was a
11 starting point for the writing of the
12 request for proposals vaccination
13 services. That request for proposals
14 was put out around December 30th,
15 December 31st. And the first request
16 under that, the first proposals came in
17 just before the story broke. They had
18 just been received. We had not reviewed
19 any of them. And so, we canceled all of
20 those -- we canceled the RFP and told
21 people that submitted the proposals that
22 we were not going to review those
23 proposals and we will be reissuing a new
24 RFP and we've looked at it to make sure
25 that we have a better emphasis that we

1 had before on organizations that can
2 reach minority, underserved and
3 hard-to-reach populations.

4 COUNCILWOMAN BROOKS: All
5 right. So I'm wondering if there's a
6 way for us to improve the current RFP
7 process so that in the future we can
8 find out this important information
9 during the application process rather
10 than from a reporter. And what changes
11 have you made exactly to prevent that
12 from happening again because I know -- I
13 think this might have been Engler who
14 mentioned reaching out, I don't know who
15 said this, reaching out to other cities
16 and states about how they avoided this,
17 but we already created a mess and we're
18 already on the front lines of this so of
19 course people are correcting it. But
20 what are we doing? What changes are we
21 doing to correct the RFP process so this
22 does not happen again?

23 DR. FARLEY: So again, we have
24 revised the RFP. It has not been
25 released yet. It's still in review by

1 the Law Department, but to have
2 particular greater emphasis on reaching
3 those minority, underserved and
4 hard-to-reach populations. As a
5 separate question about should we change
6 our process for review of people who
7 want vaccine but don't want funding,
8 again not the same organizations but
9 maybe some overlap between those
10 requesting vaccine and those requesting
11 funding. Just to be clear,
12 organizations can vaccinate, medical
13 providers can vaccinate and they can
14 bill for the services of providing
15 vaccination so they don't need
16 necessarily funding from the Health
17 Department to do that.

18 Now, there's some organizations
19 that feel that they need funding because
20 they wouldn't be able to bill or they
21 wouldn't be able to bill enough for
22 their costs, but there are many
23 organizations that are receiving vaccine
24 that will probably never request
25 funding, and most of those organizations

1 are ones that everyone hear which you're
2 quite comfortable with, as I said
3 well-established hospitals and health
4 clinics across the City.

5 To the separate question about
6 whether we should have a separate review
7 process for organizations that are not
8 one of these clearly established
9 reputable organizations or every
10 organization that's requesting vaccine
11 but not funding, and I think that's
12 something we need to consider and figure
13 how to improve that process.

14 COUNCILWOMAN BROOKS: Well, I'm
15 glad to hear that we're making changes
16 in our RFP process and I look forward to
17 reviewing those changes. And I agree
18 that further consideration of those
19 changes is necessary to prevent
20 people -- just because they're not
21 asking for funding from the City but
22 they're planning on obtaining funding
23 from the work, we need to look at that
24 and make sure that this current
25 situation does not happen again here in

1 Philadelphia.

2 Thank you so much, Madam Chair.

3 COUNCILWOMAN BASS: Thank you,
4 Councilwoman. And I think that you
5 brought up an excellent question that
6 was on my list as well regarding the
7 contracting process and also how that
8 differs in emergencies, because we keep
9 hearing throughout COVID, oh, well, this
10 is an emergency so we don't have to do
11 this or we don't have to do that or
12 we're doing things differently, so I do
13 want to ask Mr. Engler if he would tee
14 up and be prepared to talk about that.

15 But in the meantime something
16 else just dawned on me. Dr. Farley, if
17 you're saying technically we didn't hire
18 Philly Fighting COVID, how were we able
19 to fire them? If we didn't hire them,
20 how can we fire them?

21 DR. FARLEY: So we can
22 discontinue providing vaccines to any
23 organization that we feel is not
24 adequately protecting the vaccine and
25 protecting the main focus of the CDC.

1 So we have the ability to terminate that
2 relationship. That's not firing them
3 because we're not giving them money, but
4 we can stop giving them the vaccine.

5 COUNCILWOMAN BASS: But if we
6 stop giving them the vaccine, then we
7 have to also at the same time
8 acknowledge that we approved the
9 relationship with the City, right?

10 DR. FARLEY: Right. The
11 decision was made in the City --

12 COUNCILWOMAN BASS: Okay. I
13 just want to be clear on that, that it
14 was made and the Department of Health
15 approved this relationship with the City
16 so the City hired, just to be clear on
17 that.

18 DR. FARLEY: There's no
19 financial transaction, which there
20 wasn't at the time. But the City did
21 agree with this organization to have
22 them manage these clinics and give them
23 vaccine as part of that.

24 COUNCILWOMAN BASS: Was there
25 point of information from Councilwoman

1 Sanchez?

2 COUNCILWOMAN QUINONES-SANCHEZ:

3 Yes.

4 COUNCILWOMAN BASS: Yes, ma'am.

5 COUNCILWOMAN QUINONES-SANCHEZ:

6 Yes, point of information. I think it's
7 important since you're on that track,
8 Philly Fighting COVID received \$194,000
9 in reimbursement for the testing
10 component. At some point, we had a
11 financial and an agreement with them and
12 how that third party where we funded the
13 money, that has to be explained. That's
14 the problem people are having. We
15 advocated this responsibility to a third
16 party and that's where we have the
17 flaws. They got \$194,000. Who made
18 those decisions?

19 DR. FARLEY: That, you're
20 talking about the testing contract.
21 There was a contract for them for
22 testing. They got that through a
23 proposal that came in under a different
24 RFP for testing, which was done in the
25 spring of 2020, and they were one of

1 about a dozen organizations, one of the
2 ones that got a smaller amount of
3 funding for testing.

4 COUNCILWOMAN BASS: So my
5 question is, and I know there's a number
6 of very highly reputable community-based
7 organizations that have been out here
8 doing work in our communities for years
9 providing medical services to
10 underserved populations. And I just
11 don't even understand, I don't get how
12 they were overlooked completely and
13 referred to other outlets, referred
14 other places and that Philly Fighting
15 COVID jumped their way to the front of
16 the line, and that's clear, that's
17 clearly what has happened here.

18 Mr. Engler, are you available
19 to talk about the City's contracting
20 process so that we can move on to the
21 Councilmembers so we can have their
22 questions answered? Can you explain the
23 contracting process that's utilized by
24 the Kenney Administration and can you
25 also explain how this differs during

1 emergencies. We want to put that on the
2 record.

3 MR. ENGLER: Sure. I will
4 probably ask for some assistance from
5 the City solicitor related to any of the
6 contracting requirements that may or may
7 not be waived due to the current
8 emergency declaration, the emergency
9 declaration from Governor Wolf as well
10 as Mayor Kenney's emergency declaration
11 related to the COVID-19 pandemic.

12 Obviously, we have our
13 traditional contracting process and then
14 with the emergency declaration, there
15 are some contract terms that are waived.
16 And again, I'll ask the solicitor to
17 jump in if she has the specifics. I
18 don't have the specifics in front of me
19 as to which of those contract terms are
20 waived with the emergency declaration.

21 MS. CORTES: Thanks, Jim. Good
22 afternoon, Councilmember Bass and other
23 members of the Committee.

24 COUNCILWOMAN BASS: Good
25 afternoon.

1 MS. CORTES: I also do not have
2 those waivers right at my fingertips.
3 But once I do get them, I will raise my
4 hand and share that with you and the
5 other Committee members.

6 COUNCILWOMAN BASS: So you're
7 saying you don't have the answer or no
8 one can give us any information?

9 MR. ENGLER: Well, my response
10 was that I don't have the waivers in
11 front of me and that was the same
12 response from the City solicitor, and
13 she offered to find those waivers and
14 then to discuss them when we're able to
15 find them.

16 COUNCILWOMAN BASS: Are you
17 able to find them in short order before
18 the end of this call?

19 MS. CORTES: That is the plan,
20 Councilmember Bass.

21 COUNCILWOMAN BASS: Okay. Very
22 good. Thank you so much. All right.
23 We'll come back because we have a lot of
24 questions because I know we're going to
25 be here for a moment.

1 Next up is Councilman Isaiah
2 Thomas.

3 COUNCILMAN THOMAS: Thank you,
4 Madam Chair. And thank you to everybody
5 on Council for being here.

6 I will try to be as efficient
7 as possible. It's tough right now
8 because folks in Philadelphia are really
9 concerned. I think we have something
10 precious like the vaccine, and I echo
11 the frustration of a lot of my
12 colleagues because I think, and you
13 talked about it, Dr. Farley, one of the
14 things that we have to do as a City is
15 restore people's trust and we have trust
16 issues all across the board.

17 And we can all argue that that
18 started with our federal President last
19 year. Clearly, we've turned that page,
20 but we still yet have trust issues. And
21 a lot of these issues that we're facing
22 in my mind seem preventable. They seem
23 like mistakes that we made on our own.
24 And I think even you, Dr. Farley,
25 admitted that. But I think in the midst

1 of trying to gain that trust, I think
2 we're taking a step back today right now
3 because as I'm sitting here listening,
4 it seems like the majority of the
5 questions that we have Dr. Farley is
6 incapable of answering.

7 So my first question is if
8 Dr. Farley doesn't have the ability to
9 answer the majority of our questions,
10 why isn't somebody here from the Health
11 Department who can actually answer more
12 questions so we can turn the page as it
13 relates to trust?

14 DR. FARLEY: Again, I would say
15 I do think that the best way to find out
16 exactly how this happened -- and I want
17 to know exactly how this happened as
18 much as you do -- is to have an
19 independent body asking those questions
20 and gathering documentation and put that
21 together in a report, an independent
22 body. The Inspector General is doing
23 that. The Mayor asked that to be as
24 quickly as possible. And so, I do think
25 you will have the answers to those

1 questions, but we just don't simply have
2 those answers today.

3 COUNCILMAN THOMAS: And,
4 Dr. Farley, I think as an legislative
5 body I think if we felt like there was
6 enough time as it relates to this war
7 we're in with coronavirus to wait for
8 that independent body to do an
9 investigation, we wouldn't have called
10 for a hearing today.

11 The point of a hearing today is
12 because we recognize that we do not have
13 time as it relates to public trust with
14 this precious vaccine that we have in
15 the midst of this coronavirus war, to
16 wait for that and I think that that's
17 very troubling. So I really want to
18 just start right there because I think
19 that's the frustration that we have and
20 the public have, that even in the midst
21 of this conversation we as
22 Councilmembers as well as the public are
23 still being told wait and similar to
24 what Councilmember Oh said as well as
25 the Chair, we did not make these

1 decisions. We're finding out
2 information as news breaks. And it
3 becomes frustrating because people do
4 not understand the difference between
5 our role in this as the legislative
6 branch of government, the executive
7 branch's role, but specifically the
8 Health Department.

9 So with that being said, when I
10 think about the Health Department -- and
11 everybody says what's the role in the
12 RFP process, but more specifically what
13 research is required before a candidate
14 is picked to get a contract, right? So
15 in your Department, do people Google
16 folks? Is it a social media, a standard
17 required? Because I think that when we
18 look back in hindsight, and I remember
19 when the testimony took place, I think
20 that there were a lot of signs that were
21 right there in our face that either we
22 missed or we just turned an eye to.

23 So I'm wondering, you said you
24 never spoke to this organization. This
25 is the biggest organization vaccinating

1 anybody in the City. Let's start with
2 the research question and then I'll lead
3 into the next question.

4 DR. FARLEY: First, just to
5 clarify one point, the biggest
6 organization vaccinating in the City by
7 far are hospitals. This Philly Fighting
8 COVID delivered 6 percent of the
9 vaccines in the City. So I think so
10 much press attention has been given to
11 that and makes people think that they
12 are like the only organization doing
13 this. They were a relatively small
14 partner in all of this.

15 As far as the research goes,
16 again I don't know what information was
17 gathered by the people who engaged this
18 organization and how they made that
19 decision. I'll --

20 COUNCILMAN THOMAS: You don't
21 even know if they searched social media
22 or did a basic Google search. We can't
23 even assure the general public that
24 those basic steps were taken. We can't
25 say that today?

1 DR. FARLEY: I cannot say that
2 today. I'll confess as someone who's
3 old, I'm not on social media myself so I
4 don't see that. I don't do that with
5 any provider, check them or Google on
6 social media. But as far as the
7 question what information did the people
8 who engaged this organization and how
9 did they go about -- how was the
10 decision made to ask them to provide
11 these clinics, I cannot provide that
12 information today. I want to know as
13 much as you do. I'm happy to tell you
14 everything I know, but I don't know the
15 answers to all of those questions.

16 COUNCILMAN THOMAS: And I
17 apologize. For clarity purposes, I
18 didn't mean the largest operation. We
19 know that they had access to the
20 Convention Center so we're talking about
21 a significant operation as far as not
22 being one of our public health partners,
23 so I apologize for --

24 DR. FARLEY: I understand. I
25 understand.

1 COUNCILMAN THOMAS: So again, I
2 guess you can see our frustration. I
3 guess I'll pivot because I don't want to
4 waste too much time dancing when we're
5 not going to get any answers to certain
6 things.

7 As it relates to the direction
8 that we're going to move forward, I
9 think transparency is important. You
10 said that 98 organizations received the
11 vaccine, and I know Councilmember Brooks
12 asked you to give us a list of the
13 organizations who are giving vaccines.
14 But I think it's also important that we
15 get a list of the organizations who
16 didn't get vaccines. Can we get those
17 organizations as well too?

18 COUNCILWOMAN BASS: Yes.

19 COUNCILMAN THOMAS: You talked
20 about the 12 organizations who received
21 funding for testing. Can we also get
22 the organizations who didn't receive
23 funding for testing as well too, so that
24 we can kind of begin to recognize --
25 number one, transparency is important

1 but we want to recognize how folks got
2 picked and how folks didn't and maybe we
3 can start to do our own investigating
4 ourselves since you're prohibited to do
5 some investigation. Can that
6 information be provided to us?

7 DR. FARLEY: We can certainly
8 provide to you the names of
9 organizations who applied for funding
10 for testing who got funded and who did
11 not get funded. As far as who did not
12 get vaccine, that universe is sort of
13 everybody because there wasn't an open
14 solicitation for that. So every
15 doctor's office in the City in theory
16 could be eligible. But the storage and
17 handling and information reporting
18 requirements are pretty heavy. And so,
19 I'm not sure how many of them would be
20 interested in it. Some of them probably
21 would. As you can see, a number of
22 pharmacies are interested in it and
23 haven't gone through that process yet.
24 So I don't think we can give you a list
25 of who didn't get vaccine, but we can

1 certainly give you a list of
2 organizations that requested funding for
3 testing and did not get funding for
4 testing.

5 COUNCILMAN THOMAS: I'm glad
6 you brought up storage as well too as
7 far as folks wanting to essentially
8 distribute the vaccine. I'm going to
9 come back to that in a minute. But one
10 last thing about Philly Fighting COVID,
11 you said you never spoke to them. I'm
12 wondering did you speak to the Black
13 Doctors Consortium at all?

14 DR. FARLEY: Yes, I speak to
15 Dr. Stanford fairly frequently.

16 COUNCILMAN THOMAS: So just for
17 clarity purposes, you can understand why
18 that might present the perception of a
19 double standard, whereas though this
20 organization gets a contract and gets
21 access to the Convention Center without
22 much dialogue, whereas though I know a
23 lot of us have the public perception
24 that the Black Doctors -- I think it's
25 more than public perception honestly.

1 But the Black Doctors Consortium, it
2 seems like they have to jump through
3 hoops to kind of prove themselves
4 worthy.

5 So why is it that you take time
6 to kind of talk to the Black Doctors
7 Consortium? Is that for advice or for
8 best practices? I'm kind of confused
9 why you would talk to Dr. Stanford and
10 her organization when they didn't have
11 the significant operation, but allow
12 this organization to kind of just do
13 their own thing without oversight from
14 you?

15 DR. FARLEY: I would say the
16 conversations I have with Dr. Stanford
17 up until, I don't know, mid-January were
18 all about testing and I probably didn't
19 talk to her that often in November or
20 December about testing. None of those
21 conversations were about vaccinations.
22 However, when this story broke,
23 Dr. Stanford called me and said that she
24 would like to provide vaccination
25 services too and was unhappy that she

1 was not given the opportunity to do it
2 at the same time, and a week later she
3 was given the vaccine and was off
4 vaccinating. But I did not have a
5 conversation with her about vaccination,
6 and the vaccination work. The decisions
7 about where the vaccine was going to be
8 channeled were done by this Vaccination
9 Distribution Group.

10 COUNCILMAN THOMAS: So for
11 clarity purposes -- and I really want to
12 move on. I'm sorry, Madam Chair.

13 COUNCILWOMAN BASS: That's
14 okay.

15 COUNCILMAN THOMAS: Would you
16 say you and Dr. Stanford and the Black
17 Doctors Consortium have a good working
18 relationship right now? Because again,
19 from the seat that I sit in just doesn't
20 look that way.

21 DR. FARLEY: I think we have a
22 good relationship. You have to talk to
23 her to verify that, but I think so. I
24 have a lot of respect for the work that
25 she's done.

1 COUNCILMAN THOMAS: Go ahead,
2 Madam Chair, because I'm going to --

3 COUNCILWOMAN BASS: You know
4 what, I had a question exactly along
5 those lines. And so, I just want to
6 jump in here if I can.

7 Dr. Farley, why was it
8 recommended to the Black Doctors
9 Consortium, which is a highly qualified
10 and Board-certified group of physicians,
11 that they work with Philly Fighting
12 COVID, a group that had been around
13 really for all of about five minutes,
14 that we recommended that they work with
15 Philly Fighting COVID regarding vaccine
16 distribution? Why would we ask someone
17 highly skilled and educated to work with
18 someone completely unqualified? And
19 besides being simply the wrong course of
20 action, the appearance of these constant
21 microaggressions towards the Black
22 Doctors Consortium suggest a level of
23 disrespect from the Kenney
24 Administration.

25 So I hear what you're saying.

1 But I think the way that we initially
2 approached the Black Doctors Consortium
3 when they came to the table, wanted to
4 do work, wanting to save lives, it felt
5 as if from my perspective, and I think
6 some of my colleagues will agree with
7 me, it felt as if we really did push
8 them away and say thanks, but no thanks,
9 we're not interested in what you have.

10 And it feels like on the other
11 hand, the flip side, Philly Fighting
12 COVID came out of nowhere based on the
13 numbers you gave us, they had been in
14 business for a month or two when they
15 got a contract to begin doing testing.
16 They had been in business for just a
17 minute and had no experience.

18 Dr. Stanford is a Board-certified
19 surgeon. This guy had just graduated
20 from Drexel University. There's no
21 comparison in terms of qualification,
22 and yet I just don't understand why the
23 Black Doctors Consortium has been sort
24 of sidelined, if you will, compared to
25 this other organization. They received

1 2500 vials of the vaccine versus Philly
2 Fighting COVID, unproven, untested,
3 unknown, no experience, they received I
4 believe 7,000, so I just don't
5 understand how that all happened.

6 DR. FARLEY: If I can respond,
7 I also don't understand. And I
8 completely understand why Dr. Stanford
9 would see it as disrespecting her, and
10 let me publicly apologize to her for
11 that. I was not involved in that,
12 especially the issue of Philly Fighting
13 COVID providing some training to her.
14 When that first happened, she gave me a
15 call quite upset. She said, how did
16 this happen. I said, I don't know.

17 COUNCILWOMAN BASS: Can you
18 back up on that and provide some clarity
19 in detail? That wasn't something I was
20 familiar with. Philly Fighting COVID
21 offered to train Dr. Stanford; is that
22 what you said?

23 DR. FARLEY: No. Here's what I
24 heard subsequently from my staff person,
25 that there was an event at Martin Luther

1 King Day and that a staff person had
2 invited both organizations to be at that
3 site. It may also had been a request
4 because Philly Fighting COVID had been
5 trained about the specific handling of
6 this vaccine, which had very specific
7 handling requirements, that they could
8 show them those handling requirements.
9 I don't know the full details of that.
10 That is as much as I know. But when
11 Dr. Stanford received that invitation,
12 she was quite offended. She called me
13 up and said she was quite offended. I
14 said, you're right, that was not
15 appropriate and I apologize for that.

16 COUNCILMAN THOMAS: So,
17 Dr. Farley, I think that's -- first of
18 all, thank you for the transparency, but
19 I think that's part of the concern that
20 we have. We want to know who those
21 staffers are, why that took place, what
22 was the thought process behind that. So
23 you're giving us surface level
24 information. But again, if we're going
25 to move in the direction to restore

1 trust, I think it is important that we
2 do a deeper dive into what the thought
3 process was behind that. Because again,
4 you're telling us one thing, but I agree
5 with Councilmember Bass that we're being
6 showed something else, right. So it's
7 not just what you say. It's what you
8 show me. And I think we're being showed
9 something else.

10 And I know, Madam Chair, other
11 folks want to chime in. I want to try
12 to see if we can pivot real quick.

13 You talked about the storage of
14 the vaccination. We heard that there
15 have been -- and I'm concerned now about
16 the distribution of the vaccination. We
17 heard that we had been struggling as it
18 relates to the storage of the
19 vaccination as far as the requirements.
20 We heard there's been some logistical
21 challenges. Can you talk to us about
22 some of the discrepancies that's been
23 taking place as far as our ability to
24 store the vaccine and the distribution
25 of the vaccine?

1 DR. FARLEY: Yeah. So there
2 are two different vaccines that we're
3 distributing. One that's made by a
4 company called Pfizer. Another made by
5 a company called Moderna. The one that
6 is made by Moderna need to be stored in
7 a freezer. It does have specialized
8 handling requirements, but it is not
9 extremely onerous, let's say.

10 The one made by Pfizer needs to
11 be stored ultra cold, -70 degrees.
12 There's a very limited number of
13 freezers in the entire City that can
14 handle that. And once you get it out of
15 that -70 degree temperature, you have a
16 very limited amount of time to
17 distribute it. There are very specific
18 steps about how it's reconstituted from
19 a powder into a liquid and drawn up into
20 a syringe.

21 And so, the Pfizer vaccine ends
22 up being more difficult to make
23 available in a variety of different
24 sites. Because of these complicated
25 requirements, it's much better suited

1 for a large site where a number of
2 people are being vaccinated at the same
3 time. But both of them have some
4 complexity to them.

5 COUNCILMAN THOMAS: So in the
6 midst of some of the issues that we've
7 had, has any of this impacted our
8 ability to receive vaccinations? I'm
9 concerned without looking at our numbers
10 if you compare the amount of
11 vaccinations we have as a City to other
12 places, you can clearly see that we're
13 lagging behind as it relates to how many
14 vaccinations that we're receiving.
15 Anything that's happened recently as it
16 relates to us working with an
17 organization that wasn't ideal, maybe
18 some other issues that we might have
19 faced, has anything put our City in a
20 place where we might be receiving less
21 vaccinations because of some of the
22 issues that we've had thus far?

23 DR. FARLEY: The limits on the
24 Pfizer vaccine that needs to be stored
25 ultra cold means it needs to be stored

1 either at the Health Department or in
2 the different big hospitals around the
3 City. And so, our ability to get that
4 vaccine out is dependent on the ability
5 of the hospitals to do vaccination work.
6 So we're encouraging hospitals to step
7 up their vaccination of community
8 members because they're sort of the only
9 ones -- not the only ones, but it's
10 harder for groups outside of them to use
11 that vaccine.

12 At the same time, we are trying
13 to figure out ways to make it easier for
14 organizations that are non-hospital
15 hospitals to use that Pfizer vaccine,
16 which is tougher to get a hold of. For
17 example, engage in conversations of are
18 there ways to make it available for the
19 Federally Qualified Health Centers.
20 It's technically somewhat complicated,
21 but we may be able to sort that out and
22 then that would make more vaccine
23 available in those clinics.

24 COUNCILMAN THOMAS: So I guess
25 two follow-ups and then I'll pass:

1 Number one, are you assuring us that
2 Philadelphia has not been penalized, no
3 one's looking at our City any
4 differently, we do not have a black eye,
5 we still will receive the same number of
6 vaccinations that we were on schedule to
7 receive?

8 DR. FARLEY: Yes. The vaccine
9 is still distributed on a per capita
10 basis. And we received no indication
11 from the federal government that that's
12 going to change.

13 COUNCILMAN THOMAS: Okay. And
14 so, to close out -- and if we have
15 another time for rounds or I can submit,
16 that's fine -- but have we lost any
17 vaccinations because we could not have
18 the proper storage or have we lost any
19 vaccinations because of the debacle with
20 the Philly Fighting COVID organization?

21 DR. FARLEY: So no because of
22 storage. As far as the Philly Fighting
23 COVID, the man you heard about
24 acknowledged to taking four doses from
25 the stockpile here, you know, from the

1 amount that he got and vaccinated his
2 friends, which was highly inappropriate.
3 We can measure how many doses are given
4 to an organization, how many doses come
5 back at the end of a clinic day, how
6 many people they vaccinate, so we can
7 get within pretty close measure of how
8 the doses are being used. But I can
9 tell you that we did that reconciliation
10 after the Convention Center clinics
11 operated by PFC and the numbers matched.
12 There's always a certain amount
13 uncertain because you can sometimes get
14 more than 5 doses out of a vial or more
15 than 10 doses out of a different vial.
16 But within our typical margin of error,
17 they matched up so we don't think we've
18 lost vaccine as part of this whole
19 history here.

20 COUNCILMAN THOMAS: Okay.
21 Thank you, Dr. Farley. And to close
22 out, you are now -- again, I definitely
23 want to reiterate my disappointment in
24 the lack of answers -- involved in the
25 distribution of the vaccine? Before you

1 said that it was delegated to someone
2 else, you didn't have much information.
3 I'm assuming you have your hands and
4 eyes and ears and everything else all
5 over the distribution of the vaccination
6 now?

7 DR. FARLEY: That is true.

8 COUNCILMAN THOMAS: Thank you,
9 Madam Chair. If there's time, I'll come
10 back around.

11 COUNCILWOMAN BASS: Thank you,
12 Councilman.

13 Next up we have Councilman
14 Henon. Councilman Henon.

15 COUNCILMAN HENON: Thank you,
16 Madam Chair. And first, I want to thank
17 you for working together for the City
18 and the Health Committee for having the
19 hearing in November in which the Health
20 Department was a participant. And I'd
21 be happy to share that hearing with you,
22 Madam Chair, and you can disseminate
23 that and get it out to our Members and
24 Council At-Large, because a lot of
25 important information still was

1 discussed at that, and it was in the
2 beginning of discussing the City's
3 vaccination plan.

4 As a matter of fact, that same
5 day, that very same day, the City
6 submitted to the CDC its vaccination
7 distribution plan, and that was only a
8 starting point. Obviously, here we are
9 here and we have a lot of questions and
10 I look forward to the Inspector
11 General's report just like everybody
12 else.

13 Dr. Farley, I have a quick
14 concise series of questions I'm going to
15 ask. One, can you start off -- and I
16 think it will be helpful. Can you start
17 off by explaining PhilaVax because
18 PhilaVax is the vehicle in which we
19 report to the CDC for the vaccine
20 distribution in making sure that we're
21 eligible for our allocated doses?

22 DR. FARLEY: So PhilaVax is the
23 name we have for our local immunization
24 registry. It's a computerized database
25 that is used to track the vaccines that

1 we receive from the federal government
2 or that the providers in the City
3 receive at our direction, and it's also
4 when a provider delivers one of those
5 vaccines, administers it to a child or
6 an adult, that record goes into that
7 registry. And if that person then shows
8 up at another site, then that
9 information is available or if they show
10 up at a different medical provider, it
11 shows up in that medical provider's
12 electronic health record.

13 It's also a way of tracking
14 inventory. So it's a really central
15 information source for tracking all of
16 our vaccines across the City, for all
17 the data that we have about vaccines and
18 that's true for all the other vaccines
19 as well as the COVID vaccines.

20 COUNCILMAN HENON: Great.
21 Thank you. So when we started off the
22 hearing this afternoon, and then we had
23 a lot of conversation about it and I
24 know Councilwoman Sanchez had mentioned
25 it and other Councilmembers, about the

1 term and funding of the 12 organizations
2 that were COVID testing last year, and
3 I'm glad you mentioned the billing
4 aspect for insurance and Medicare or
5 Medicaid, whatever vehicle is
6 appropriate. Were we aware of anybody
7 that's contracted with the Health
8 Department if they are billing the
9 federal government and/or insurers, the
10 federal government and the insurance
11 providers for their services?

12 So let's just say somebody
13 contracts with the Health Department for
14 \$10, but they could be billing 1,000
15 times that. I'm not sure how that
16 works. You started on that. But if you
17 can get to the Chair how that process
18 works and what those estimated values
19 are. Are they fixed rates when they
20 bill for COVID testing and/or -- well,
21 vaccine is free, but other services can
22 be billed to the insurer; is that
23 correct?

24 DR. FARLEY: I think the cost
25 of having a provider there administering

1 the vaccine is something that can be
2 billed to insurance and similar for
3 testing, the cost of collecting that
4 swab, that sample, can be billed to
5 insurance. But then the vaccine itself
6 is free and the laboratory testing is
7 billed separately by the laboratories.

8 COUNCILMAN HENON: So the
9 question is if you can provide to the
10 Chair some estimate numbers of what
11 somebody could bill an insurer or could
12 bill the federal government and compare
13 it to what the contracts are with the
14 City.

15 Also, we had -- I apologize.
16 So in your recent press conference you
17 talked about having a preregistered
18 expressive interest in the vaccine. I
19 have received, and I know you provided a
20 number for those in particular, I have
21 1500 senior citizens who do not have
22 emails, and you can only use a number,
23 that have already called my office. So
24 we called 311. We've had a lot of
25 people call 311 and just getting some

1 feedback, and this isn't necessarily --
2 this is more constructive criticism in
3 the sense that we want to make sure that
4 the 311 has the proper information,
5 because they're letting people know that
6 they have to go online, but the reason
7 why they're calling is they can't go
8 online. So if you are a person of low
9 income in a neighborhood that doesn't
10 have access and they haven't had the
11 opportunity to bridge the digital divide
12 and/or if you're a senior citizen, you
13 will use your phone, if we can focus in
14 a little bit on that. And like I said,
15 I have 1500 people who have called my
16 office, who don't have access to either
17 Internet or have email.

18 A couple other quick questions
19 for you: Moving forward, when we will
20 reach the herd immunity?

21 DR. FARLEY: Well, different
22 experts have different sort of
23 thresholds when they think herd immunity
24 is met. That's when we have enough
25 people are protected from infection

1 through vaccination to where the virus
2 is no longer circulating or circulating
3 only at very low levels. It could be 70
4 percent or it could be 80 percent of the
5 population.

6 So at the rate we're going now
7 if we continue these doses, that will be
8 in October or November, which means that
9 we're going to be living with some risk
10 and continue to have to wear masks, et
11 cetera, for months and we're going to
12 continue to be vaccinated for months and
13 there are going to be people who are
14 still frustrated because they can't get
15 the vaccine for months.

16 COUNCILMAN HENON: And what
17 process did you use to vaccinate nursing
18 homes and assisted living facilities?
19 What percentage of the workforce and
20 what percent of residents were
21 vaccinated?

22 DR. FARLEY: In the first wave
23 of the epidemic, nursing homes were hit
24 very, very hard. Roughly half of our
25 deaths occurred in nursing home

1 residents, a very large number right off
2 the bat. So they were very high
3 priority for us and the federal
4 government when vaccine became
5 available. The federal government had
6 an arrangement at the national level
7 with pharmacies to have pharmacies send
8 their pharmacists into nursing homes and
9 assisted living facilities or nursing
10 homes just for starters and to provide
11 vaccine to both the residents and the
12 staff, and states and cities could opt
13 in or out and those individual nursing
14 homes could sign up or not. We thought
15 it was a good idea. The nursing homes
16 in the City all did as well, so every
17 nursing home in the City signed up for
18 that and those teams have been out to
19 all the nursing homes in the City at
20 least once and are now working on their
21 second round.

22 I looked at some numbers.
23 About two-thirds or a little more of the
24 residents got vaccinated on the first
25 pass. Only about a third of the staff

1 got vaccinated on the first pass. I'm
2 not sure if the other staff did not get
3 vaccinated just because they were not
4 there when the team came through or they
5 were hesitant, but there are more
6 opportunities because they'll be doing
7 at least two more visits to the
8 facilities. So we are looking at that.
9 And to the extent that we feel like they
10 need more vaccination, we're going to
11 see if we can help sure that up.
12 Because again, if half of your deaths
13 occur at those institutions and we get
14 high levels of protection in those
15 institutions, even if many people
16 outside of nursing homes get infection,
17 we've greatly cut down on our total
18 deaths in the City.

19 COUNCILMAN HENON: And how does
20 the vaccination dovetail with the
21 restrictions that have been rolled back
22 on the City and when do you or can you
23 predict that we reopen?

24 DR. FARLEY: So we have --

25 COUNCILMAN HENON: Or take

1 further steps in reopening.

2 DR. FARLEY: Yeah. So we have
3 had much tighter restrictions than we
4 have right now. As you know, we've just
5 went through the worse peak of the
6 epidemic. Our case counts were over
7 1,000 per day. And because of that, in
8 November we shut down indoor dining, we
9 shut down museums and gyms and that was
10 tough. A lot of people weren't happy
11 about that. I'm sure it hurt a lot of
12 businesses as a result of that.

13 However, from that point until
14 about a week ago, our case rates for
15 COVID dropped by about 50 percent in the
16 City, whereas in the state it actually
17 rose by about 5 percent, so I'm
18 convinced that that step prevented a lot
19 of infections, prevented hospitals from
20 being overrun and saved a lot of lives.

21 So at this point we're
22 gradually peeling back those
23 restrictions. But because this is such
24 a slow roll-out of vaccines over months,
25 our vaccination coverage is not going to

1 be enough to say, okay, we can end the
2 restrictions now. It's going to be
3 months before we have enough people
4 vaccinated to where we're going to feel
5 comfortable where people can get
6 together again because too many people
7 will still be unprotected.

8 COUNCILMAN HENON: To your
9 statement there, you had mentioned in
10 your testimony about the RFP for, I
11 guess, partner providers that had gone
12 out and you canceled, and rightfully so,
13 to take a look at our protocols and
14 procedures and run it by Law. Again,
15 will that delay the inoculation and
16 vaccine in arms with the City of
17 Philadelphia? How much of a delay do
18 you think that will be and what is your
19 timeline on that?

20 DR. FARLEY: We hope to get the
21 RFP out very soon, perhaps even within
22 the next few days. We have talked to
23 the hospitals and said, we want you to
24 provide additional vaccination services
25 to your own mass clinics, if you can

1 operate that, and at the moment we can't
2 give you any funding, we are going to
3 get this RFP out as soon as possible and
4 obviously we can't tell you anything
5 about the RFP in advance, but it's a
6 request and in the best interest of the
7 City, can you do this without any
8 funding at any point before any RFP
9 funding is available.

10 COUNCILMAN HENON: And I think
11 back in the fall and early winter the
12 hospitals didn't have, I'm going to say,
13 an interest in becoming vaccination
14 clinics. They just thought it would
15 logistically be a little bit difficult
16 while COVID patients were coming in,
17 emergencies and not having the vaccine
18 for the hospital workers and frontline
19 workers. Are they working through
20 rethinking that?

21 DR. FARLEY: So the
22 hospitals -- when the vaccine first
23 arrived as you remember with publicity,
24 the first place it went was to hospitals
25 and they started vaccinating their

1 staff, very large staff at these
2 hospitals, so it took them through
3 until, I guess, late January to get
4 through most of their staff. There's
5 still some that they're doing, so
6 they've been busy during this period
7 just vaccinating their own staff.

8 COUNCILMAN HENON: Right, so
9 they really couldn't accommodate any
10 kind of mass vaccination clinics for the
11 general public?

12 DR. FARLEY: I can't say that
13 they couldn't have and I don't know if
14 there were conversations about that.
15 But I can tell you that they were busy
16 vaccinating their staff at that time.

17 COUNCILMAN HENON: Okay. Last
18 question and I'll yield. We were
19 allocated through one of the CARES Act
20 \$90 million or \$92 million for contact
21 tracing, and I've asked these questions.
22 I've submitted as you well know to date
23 probably with our Chair of the Committee
24 Councilmember Bass over 50 questions and
25 every other day or daily communication

1 with trying to get some of the questions
2 answered to the best of the ability at
3 the time.

4 So one of the questions was we
5 received \$90 million in the springtime
6 for our budget in the first CARES Act.
7 To what extent has the contact tracing
8 effort been successful and will the
9 Department and can the Department
10 reallocate some of those funds for some
11 of these community-based organizations
12 to vaccinate the residents of the City
13 of Philadelphia?

14 DR. FARLEY: So the contact
15 tracing program was initiated and paid
16 for with that money. And so, we had at
17 the peak probably over 150 staff that
18 were doing contact tracing. I do think
19 that was successful through July,
20 August, September. Then when around
21 October the dynamics of this epidemic
22 really changed and it was clear that the
23 virus was moving faster than we were,
24 that despite our contact tracing
25 efforts, the case rates were rising.

1 That's why in November we put in place
2 these restrictions. We knew that the
3 contact tracing itself wasn't going to
4 prevent a bad winter surge of the
5 epidemic.

6 Now case rates are falling.
7 We're in the 300 to 400 cases per day
8 range. As we get to lower rates, then
9 contact tracing will again become more
10 important. And ultimately, that's the
11 way to kind of snuff out the last few
12 cases in the City. And so, I do think
13 that that is worthwhile. But that
14 particular method for dealing with the
15 epidemic was definitely less valuable
16 during the peak months.

17 COUNCILMAN HENON: The solution
18 is the vaccine and any way we could
19 reallocate some of that for start-ups of
20 some of these community-based
21 organizations, especially Black and
22 Brown neighborhoods where there's a
23 historic mistrust in government and in
24 health care, I think will go a long way.
25 So I just wanted to put that on the

1 record. And if you could take another
2 look at that, we would appreciate it.
3 Thank you.

4 DR. FARLEY: If I can be clear,
5 so that funding has not all been spent.
6 So there is funding that could be used
7 out of that for supporting vaccination
8 services.

9 COUNCILMAN HENON: That sounds
10 great. Thank you.

11 Madam Chair, I'm finished.

12 COUNCILWOMAN BASS: Thank you.
13 And it's good to know that there are
14 opportunities there that we can
15 hopefully get some providers that have
16 been out here on the ground for a long
17 time in the community.

18 Councilwoman Gym was next.
19 Councilwoman Helen Gym.

20 (No response.)

21 COUNCILWOMAN BASS: We'll come
22 back as soon as she's available.
23 Councilwoman Sanchez.

24 COUNCILWOMAN QUINONES-SANCHEZ:
25 Thank you, Chair Bass. Thank you all

1 Members. I too just want to reiterate
2 how hard is all of this decision-making.
3 But I want to go back to the
4 questioning.

5 Dr. Farley, which one of the
6 alphabet soup of our third-party
7 agencies is actually partnering? As you
8 recall in the initial conversation
9 around COVID, there was a lot of
10 hesitancy by members of Council, me in
11 particular, around the fact that we
12 weren't RFPing that process and that we
13 were using an existing contract. So for
14 me, can you explain to folks what rules
15 we're looking to bypass when we use an
16 existing contract versus an open
17 transparent process?

18 DR. FARLEY: As far as the
19 organization that was used for the RFP,
20 it's PMHCC, which is not PHMC, those two
21 are very similar, but they're different
22 organizations, PMHCC. And they provide
23 funding -- basically, they in turn
24 provide a contract with organizations
25 and then take an administrative fee as

1 part of that, so it's an administrative
2 process that enables us to move quickly.
3 To move a contract through City
4 government takes months. To issue an
5 RFP takes many months, so this process
6 enables us to move quickly which we felt
7 we needed to do in this epidemic.

8 COUNCILWOMAN QUINONES-SANCHEZ:

9 I think it's important that we talk
10 through this, because I think part of
11 building trust is when we use third-
12 party organizations, how do we hold them
13 accountable, right. Because in that
14 process, it's very disheartening for me
15 to hear people say, well, we don't have
16 a contract with them. Of course we
17 don't. We have a contract with PMHCC,
18 right. So that PMHCC Board, they're not
19 accountable for taxpayers. They're not
20 the ones that have to answer these
21 questions. It's us. So we in Council
22 reluctantly said, okay, go there, but
23 then understanding there had to be some
24 protocols. So what is your
25 understanding of what decision-making

1 they did to give the initial contract to
2 a new company and reimburse them
3 \$194,000?

4 DR. FARLEY: That PMHCC serves
5 essentially as a passthrough. So the
6 decision-making about who receives a
7 contract is on the part of the City.
8 They're something providing that
9 administrative service so they're not
10 responsible for that service. It's the
11 responsibility of that organization and
12 the City.

13 COUNCILWOMAN QUINONES-SANCHEZ:
14 Are they responsible or not responsible?
15 Do they not write the RFP? What is
16 their role? So you're saying they're a
17 fiduciary, a passthrough as you say,
18 which is a bad term as it is. We got to
19 get to the bottom of this if we're going
20 to build trust, and part of it is really
21 speaking to some bad practices that we
22 really do need to revisit because
23 ultimately, it's taxpayer dollars and
24 we're accountable and now we're
25 answering questions about these third

1 parties and what happened. So they were
2 just a fiscal agent who managed
3 contracts and all of the decisions were
4 at the Health Department; is that what
5 you're telling me?

6 DR. FARLEY: That is correct.

7 COUNCILWOMAN QUINONES-SANCHEZ:

8 So in the contracting for the testing,
9 and you know because I strongly
10 advocated for testing, we have an eds
11 and meds city, robust federally
12 certified health centers. I strongly
13 advocated in addition to the Black
14 Doctors Consortium, Esperanza Health,
15 Maria De Los Santos. Can you tell me
16 all things being equal, which they are
17 not, were all of these contractors for
18 these existing organizations given the
19 same review as this new company and were
20 there standards set up for
21 reimbursement, the amount of
22 reimbursement for testing for all of
23 these different sites?

24 DR. FARLEY: Yes. So every
25 organization that wanted funding for

1 testing had to apply under a request for
2 proposals. They were all reviewed by a
3 committee of multiple people, scored and
4 some were funded and some were not.
5 That request for proposals was posted
6 and it was open and I believe it is
7 still available on the website, so
8 organizations can still apply for
9 testing.

10 COUNCILWOMAN QUINONES-SANCHEZ:

11 And so, your Department with all these
12 people that applied, because I know
13 there was an issue about the limited
14 number of testing capability, with all
15 of the folks that applied, everybody got
16 it who applied?

17 DR. FARLEY: No, there were
18 organizations that we turned down.

19 COUNCILWOMAN QUINONES-SANCHEZ:
20 Because?

21 DR. FARLEY: Because they did
22 not score high enough and we were
23 concerned whether they would follow
24 through on the requirements of testing.

25 COUNCILWOMAN QUINONES-SANCHEZ:

1 You mean to tell me an existing
2 federally certified health center did
3 not pass that threshold? Who did not?

4 DR. FARLEY: No, I didn't say
5 an FQHC. I said that there were
6 organizations that applied. We had a
7 number of organizations, including
8 out-of-town organizations we hadn't
9 heard of, laboratories that really
10 wanted funding for their laboratory
11 testing but weren't going to be out
12 there in the communities. And so, they
13 were all reviewed and they were all
14 scored, and some of those organizations
15 were not funded based upon our thinking
16 that they either couldn't perform what
17 they said they were going to do or our
18 thinking that what they said they were
19 going to do didn't meet the needs of the
20 City --

21 COUNCILMAN JOHNSON: Madam
22 Chair, point of information please.

23 COUNCILWOMAN BASS: Absolutely.
24 Chair recognizes Councilman Johnson.

25 COUNCILMAN JOHNSON: Just so

1 we're on the topic, Commissioner Farley,
2 can you detail what the scoring criteria
3 was in reviewing the applicants for the
4 request for proposals?

5 DR. FARLEY: I don't have it
6 with me, but we can send you what the
7 criteria are.

8 COUNCILMAN JOHNSON: Thank you.
9 Can you provide that information to the
10 Chair?

11 Thank you, Madam Chair.

12 COUNCILWOMAN QUINONES-SANCHEZ:
13 Thank you. So let's go to they go from
14 testing, we go to this vaccination, and
15 I know this because we're strongly
16 advocating for a plan for teachers to
17 get priority. So we know we're going to
18 get a limited number of vaccinations.
19 How is the decision made based on the
20 groups that need to be prioritized and
21 the competing interest that we have, how
22 is the decision made about the
23 distribution of that many to this
24 particular site versus the School
25 District who is setting up a

1 relationship with CHOP to get teachers
2 and school personnel done to other
3 folks?

4 Tell me when you know I'm
5 getting 20,000 a week, how do I
6 distribute it, why do you make a choice
7 of that big of a chunk for them versus
8 all of these others? I mean, that's a
9 tough decision. I just want to know
10 what the thought process was because we
11 knew how many we were getting from the
12 beginning.

13 DR. FARLEY: All right. So the
14 decision is less about what
15 organizations are sticking needles in
16 people's arms and more about what group
17 of people can we vaccinate in order to
18 go down our priority listing. So if we
19 have Police and Fire, for example, we
20 went to Police and Fire and said, well,
21 we have an organization that we think
22 can do that, that organization is
23 vaccinating for the Police and Fire.
24 That's something the Health Department
25 is not doing.

1 When we're trying to do
2 teachers, we engaged in a conversation
3 with a large medical provider that I
4 don't want to give a name here that says
5 we think we can do teachers. And so,
6 it's what priority groups we want to
7 reach and then we see what organizations
8 say that they can reach those groups.

9 COUNCILWOMAN QUINONES-SANCHEZ:

10 So the experience that they had, how is
11 the criteria of the experience or was it
12 just their access to the particular
13 constituents?

14 DR. FARLEY: I'm sorry. Can
15 you say the question again? I didn't
16 hear it.

17 COUNCILWOMAN QUINONES-SANCHEZ:

18 So you're saying the priority was who
19 had access to certain constituencies
20 versus the criteria or a combination of
21 the two?

22 DR. FARLEY: It was again for
23 giving vaccine, which is separate from
24 an RFP. There's no funding attachment.
25 Giving vaccine, the details of that I

1 was not in the decision-making process.
2 But I can say that staff here got
3 engaged with Philly Fighting COVID about
4 vaccinating home health workers. There
5 was a need to vaccinate home health
6 workers. And there was a discussion
7 with them, okay, they thought they could
8 do it, our staff thought they could do
9 it. That was a specific agreement to
10 reach that population.

11 COUNCILWOMAN QUINONES-SANCHEZ:

12 As we move forward, because again in
13 order to generate public trust, we have
14 to demonstrate that we've learned from
15 this experience, moving forward as you
16 know because we're all concerned about
17 school reopening and access to
18 vaccination for school personnel, the
19 folks who've been in the buildings for
20 nine months and the folks who don't want
21 to come in the buildings which is the
22 teachers who are set to come on Monday,
23 what can you tell us to reassure us that
24 this group is going to be prioritized as
25 home health care workers? So what are

1 we doing different now? How are we
2 prioritizing the 20,000 as part of with
3 public faith that we're going to do the
4 best job as we can?

5 DR. FARLEY: So let me say if
6 you look at our priority listing,
7 there's police and fire, first
8 responders, then there's corrections --
9 okay, corrections. Then there's a group
10 of food services, people who work in
11 grocery stores. That is a very large
12 and very important group as well.
13 Somebody -- I ride by my groceries,
14 there's a woman that looks like she's
15 about 70 years old. Hundreds of people
16 go by her every day when she checks them
17 out. Those people are important to be
18 vaccinated.

19 Underneath them are teachers
20 and child care center workers. So we
21 hope soon to be going to both of those
22 groups and offering vaccine to both of
23 those groups. They are very large
24 groups. It's going to take a long time
25 to get through them. Because you said a

1 number -- it's not just teachers. It's
2 everybody who works in that school
3 building. But I hope soon to be able to
4 announce a plan to do that and to
5 announce a plan with an organization
6 that people feel is very reputable and
7 we have it as an explicit plan. We want
8 the teachers to be vaccinated so
9 children can get back in school. But
10 again, we have many other needs so it's
11 not going to be all at once.

12 COUNCILWOMAN QUINONES-SANCHEZ:

13 Since we're one of the few cities that
14 are getting the vaccinations, Biden puts
15 out a challenge that schools need to be
16 open in 100 days. What are they
17 indicating they're going to do to get
18 that number if they don't provide
19 additional vaccinations to take care of
20 those constituencies?

21 They're the ones saying we want
22 schools open in 100 days, right. School
23 buildings have been open because we have
24 workers who've been in those buildings
25 since March and now we have the teachers

1 before we can determine whether the
2 buildings will have the protocols for
3 children. So what are the Feds telling
4 you if they're telling you in 100 days
5 they want schools open? And I know
6 vaccines are not contingent of that.
7 But in light of the fact that they've
8 made this pledge, what additional
9 allocation do you foresee getting for
10 that population to meet that goal?

11 DR. FARLEY: So the federal
12 government has -- when the Biden
13 Administration came in, they told us in
14 the next three weeks, you will receive a
15 15 percent increase in your weekly
16 allocation, so that will be from about
17 20,000 to 23,000 doses per week, still a
18 very small amount of vaccine relative to
19 the population. Beyond that three
20 weeks, we cannot tell you anything.
21 They said, though, we will be as
22 transparent as possible. Whatever we
23 know, we will tell you. But the
24 production schedule of the companies
25 must be unknown to them.

1 So we can estimate how much is
2 going to be available. We will work
3 under the assumption that we will get no
4 less than that amount in future weeks.
5 I hope that's true. But the Biden
6 Administration has not and I think
7 cannot give us more specifically in
8 general or specifically for teachers.

9 COUNCILWOMAN QUINONES-SANCHEZ:

10 So we know we can't force people to take
11 vaccination and we know that you want to
12 get to a place where 60, 70 percent of
13 the people are vaccinated in a
14 situation. What are you seeing as the
15 trend for the different constituencies?
16 Again this is about public faith, the
17 numbers speak for themselves. Black and
18 Brown communities are not having access
19 to it.

20 As we prioritize first-
21 responders, unfortunately we prioritize
22 folks that tend to be White. As we
23 prioritize police and firefighters, we
24 continue to prioritize, you know. On
25 the one hand we say we want this to be

1 equitable, on the other hand the
2 prioritization I would argue that people
3 who have access to PPE and are better
4 instructed than my parents who are on
5 three lists and can't go anywhere and 75
6 with underlying conditions.

7 What are you seeing for the
8 trend for those constituencies as cities
9 try to get back to whatever our new
10 normal is going to be? What is the
11 percentage of people that are really
12 participating in getting vaccinated and
13 what work do we need to do to close that
14 gap? Because if the trend is -- and all
15 the schools around us are open. If the
16 trend is that only 60 percent of the
17 building is going to be vaccinated, are
18 we going to plan that way? What do you
19 see?

20 DR. FARLEY: Well, first of
21 all, I do think the schools can open
22 before all the teachers are vaccinated.
23 I said that before. I still think that
24 that is true. The parochial schools
25 have been open throughout all of this.

1 We've been in close contact with them.
2 A small number of them have had people
3 who got infected, mostly from their
4 personal exposure. But I don't think
5 school opening should be contingent upon
6 the vaccination.

7 To get back to your other point
8 as far as who we're vaccinating, we know
9 that people who are most eager to get
10 vaccinated tend to be White and tend to
11 be privileged. And we are working hard
12 to make it available to low-income
13 minority people who we are
14 undervaccinating. This is a problem
15 nationwide, but absolutely a problem
16 here in Philadelphia. So --

17 COUNCILMAN JOHNSON: Point of
18 information, Ms. Chair.

19 COUNCILWOMAN BASS: Chair
20 recognizes Councilman Johnson.

21 COUNCILMAN JOHNSON:
22 Mr. Farley, can you clarify why Fighting
23 Philly COVID 19 group received 7,000
24 vaccines and the Black Doctors received
25 somewhere around 2500? If we're trying

1 to reach those very same Black people
2 that everybody's talking about now we
3 want to help the Black and Brown
4 community, can you follow up with
5 Councilwoman Maria Quinones-Sanchez
6 regarding those specific numbers if
7 we're trying to reach those who are
8 severely impacted, low-income
9 communities?

10 DR. FARLEY: I think that
11 there's a misunderstanding that Philly
12 Fighting COVID was just given the
13 vaccine to vaccinate whoever they want.
14 They were given vaccines specifically to
15 vaccinate home health workers. And the
16 home health workers are
17 disproportionately low-income minority
18 workers, so they were given a specific
19 task there --

20 COUNCILWOMAN BASS:
21 Commissioner, a point of information. I
22 do want to point out that Council
23 President Clarke and I sent you a letter
24 asking for the details of
25 African-Americans who had been

1 vaccinated on site, and the response
2 from Philly Fighting COVID was that they
3 had lost the data, that somehow their
4 computer crashed or they forgot to press
5 the save button or something along those
6 lines, and that they were unable to tell
7 us exactly how many people who were
8 African-American or Latino were
9 vaccinated.

10 DR. FARLEY: Right. And just
11 to finish, I think in those clinics we
12 did not achieve vaccinating a high
13 proportion of African-Americans based
14 upon my being over at the Convention
15 Center at the past couple of days and
16 just looking at people there. And so,
17 the intent was there to try to reach
18 low-income predominantly minority
19 populations, but that has happened there
20 and I believe that's happened elsewhere
21 as well.

22 The people who force their way
23 to the front of the line and manage to
24 get in often are people who are White
25 and more eager to get the vaccine.

1 People of color either are hesitant or
2 are less aggressive about getting in
3 there. That is a problem. I will fully
4 acknowledge that problem so --

5 COUNCILWOMAN BASS:

6 Commissioner, just point of information.
7 I think that we all know people who are
8 very anxious to be vaccinated. And so,
9 if you all are having a problem and
10 having difficulty reaching those
11 populations, then I think that that says
12 something that we have the information
13 that you're looking for and yet we
14 haven't been able to put you in touch
15 with the providers who can make sure
16 that it's getting out in the community.

17 DR. FARLEY: All right. So I
18 agree. Just to explain, at that time
19 when Philly Fighting COVID was running
20 their clinics, we were still in Phase 1A
21 just doing health care workers. It
22 wasn't supposed to be open to the
23 general public. We are now in Phase 1B,
24 so the eligibility is much broader.

25 We need to, I believe, direct

1 more vaccine to the providers that are
2 clearly reaching low-income minority
3 populations. Federally Qualified Health
4 Centers are the best. We looked at the
5 demographics. They are clearly reaching
6 those populations, so we are channeling
7 more vaccine to them now. We need to
8 channel more vaccine to them in the
9 future while they increase their method
10 for -- their (inaudible), the number of
11 people they vaccinate per day. So that
12 is one step that we are taking and we're
13 going to have to continue to do things
14 like that in order to reach that
15 population. We know we are not
16 succeeding right now in reaching that
17 population. We need to do better.

18 COUNCILMAN THOMAS: Madam
19 Chair, I'm sorry. This is Councilmember
20 Thomas. Point of clarity. I'm sorry,
21 Councilmember --

22 COUNCILWOMAN BASS: Sure.
23 Councilman Thomas.

24 COUNCILMAN THOMAS: Just to
25 this same line of questions, if my

1 memory serves me correctly, Philly
2 Fighting COVID also had a testing
3 contract which we discussed earlier.
4 And if I remember correctly in another
5 hearing -- maybe not in a hearing, maybe
6 in an article, we found out that in the
7 midst of their testing that they did not
8 test majority people of color. So if we
9 knew from their testing that they did
10 not meet majority people of color, why
11 would we think that they would be able
12 to do it with the distribution of the
13 vaccine?

14 DR. FARLEY: I'm not familiar
15 right now with what the demographics
16 were with who they tested. And again,
17 as far as what information was looked at
18 and how a consideration was made for
19 them to be giving vaccination, I wasn't
20 there for those decisions, but we'll try
21 to find that out.

22 COUNCILMAN THOMAS: I'm sorry.
23 I forgot. Thank you, Madam Chair.

24 Sorry, Councilmember Sanchez.
25 I apologize.

1 COUNCILWOMAN BASS: Thank you.

2 COUNCILWOMAN QUINONES-SANCHEZ:

3 And then lastly, if you could submit to
4 the Chair, part of getting access is the
5 way we do it. We know we have a digital
6 divide, but everybody has some
7 (inaudible) on the Internet. So what is
8 the language access plan as it relates
9 to language minority communities? What
10 is the phone access plan as it relates
11 to that where people can call?

12 We have a literacy issue. We
13 have a language issue. What are we
14 doing to close those gaps? Because I
15 can tell you, I have signed up everybody
16 in my family because nobody, you know,
17 you don't have the technology thing so
18 they're calling me and saying, can you
19 sign me up on this website, can you sign
20 me up on this website. So in
21 recognizing that everything we've done
22 the numbers just don't bear out, what
23 language access and alternative plans
24 are we using to close that gap?

25 DR. FARLEY: I --

1 MR. ALEXANDER: I'll take that
2 for you, if you don't mind.

3 DR. FARLEY: Okay.

4 MR. ALEXANDER: Thanks,
5 Councilwoman. Tumar Alexander. In
6 terms of what you're talking about
7 regarding access of folks who don't have
8 Internet, we've been talking with Health
9 and Philly 311 to resource, bringing on
10 temporary resources for 311 to be able
11 to support the Health Department's small
12 call center, so a citizen can call
13 311 -- and I'll acknowledge that
14 Councilman Henon mentioned that there
15 were some logistical hiccups with that
16 that we will address while we are on
17 this call. A citizen can call 311 and
18 they can complete that form and have
19 that interest form completed without an
20 email address, leave a phone number.
21 When the Health Department circles back
22 to that citizen, they will circle back
23 via phone and not via email or also
24 reconstituting the Philly Count's
25 engagement staff and their whole entire

1 operations to be a part of this vaccine
2 outreach and engagement.

3 As you all I think know and are
4 familiar with working with them, they
5 were working in very vulnerable and
6 hard-to-reach communities with multi-
7 languages and will continue to do that.
8 The Health Department is funding them to
9 do that. There's also some outside
10 funding from philanthropy in order to
11 push this work and we certainly are
12 prepared and ready for that work to
13 start.

14 But in terms of us staffing of
15 311 not only for the vaccine interest
16 form, but also we're trying to staff
17 them up on the rental assistance piece
18 too so we can be able to have folks be
19 able to complete those applications over
20 the phone rather than -- so folks who
21 have limited access to email will have
22 more access to be able to do this. So
23 certainly, we thank Dr. Farley and the
24 Department because they stepped up to
25 support these efforts financially to

1 make sure we can get these resources in
2 place.

3 COUNCILWOMAN QUINONES-SANCHEZ:

4 Well, I look forward to seeing all the
5 literature in the languages that we know
6 are the most used by other communities.
7 Strongly encouraging you to text, use --
8 I think the Census special constituency
9 groups are definitely a major component.

10 I will tell you that in the
11 Census we had a lot of folks who did
12 volunteer work, and I don't want any
13 effort to be beholden on volunteers
14 going beyond the call of duty. I
15 appreciate them, love them. But this is
16 life or death. We're not going to get
17 to those numbers if we're not really
18 being intentional about that. And
19 again, I think the numbers are just
20 going to continue to bear out that our
21 communities that are the most vulnerable
22 are going to be last.

23 We in Council should be looked
24 at as a resource. I think we've been
25 good partners on the Mask Up and some of

1 the other PR campaigns. And I don't
2 feel like we're a partner in this. So
3 if I don't feel like we're a partner in
4 this, I know people don't feel like
5 we're in a partner in that messaging.
6 So I look forward to that as we move
7 forward and we try to regain some trust
8 about where we are as a City, so thank
9 you very much.

10 Thank you, Madam Chair.

11 COUNCILWOMAN BASS: Thank you,
12 Councilwoman.

13 I think that just to underscore
14 her point, that if we were really
15 partners in this, I think the numbers
16 would be higher. And maybe it's just me
17 believing that, but I really do think
18 that because we're so connected to our
19 communities and our Districts, I think
20 that the numbers in terms of
21 African-Americans and Latinos who have
22 access to the vaccine and have been
23 vaccinated, I do think that the numbers
24 will be significantly higher. So I hope
25 that's something that you all hear us

1 on.

2 Councilwoman Gym is next.

3 COUNCILWOMAN GYM: Thank you
4 very much, Madam Chair.

5 COUNCILWOMAN BASS: You're very
6 welcome.

7 COUNCILWOMAN GYM: I'll
8 continue on with this line of
9 questioning. From the outset,
10 centralizing race and equity has been
11 core to our ability to end this
12 pandemic. This is a city where there's
13 a two-decade life expectancy difference
14 between zip codes that are less than
15 half a mile apart. This is a city where
16 two hospitals have closed down since
17 2019, a city where the largest American
18 city without a public hospital network.
19 So we always knew even from the
20 beginning as we were entering this, how
21 vulnerable Black and Brown, immigrant
22 and disabled and other vulnerable
23 communities would be.

24 And one of the reasons I think
25 that the comment of your lack of

1 involvement around vetting and direct
2 operating and controlling of the
3 vaccination sites, which could have
4 reached the exact vulnerable populations
5 the City said that it prioritized, meant
6 that the plan was deeply flawed from the
7 outset and why we have to change course.
8 And the consequences have been very
9 obvious. With Black Philadelphians
10 constituting only 15 percent of total
11 vaccinations, it is a difficult problem.

12 Black and Brown Philadelphians,
13 vulnerable communities have been less
14 able to access testing. They've had
15 less of an option to stay at home and
16 self-quarantine. They've been more
17 likely to die from COVID-19 as compared
18 to White counterparts. So the racial
19 disparities that exist in the testing,
20 in the infection rates and now in
21 vaccine distribution is a serious
22 statement on the Health Department's
23 approach to advancing a racial equity
24 approach to the City's health and proves
25 why we have to take this more seriously.

1 And so, I need answers for the
2 Philadelphians who are home right now
3 watching and wondering how they are
4 going to get access to their vaccines.

5 So a couple of very specific
6 questions: As you mentioned, Philly
7 Fighting COVID was meant to provide
8 access to unaffiliated health care
9 workers specifically. Many of them are
10 Black workers. They're 17,000 of them.
11 There have been serious allegations that
12 Philly Fighting COVID vaccine sign-up
13 links were circulated widely to
14 individuals who are not health care
15 workers. So of the people vaccinated by
16 PFC during Phase 1A, do you know how
17 many of them were actually health care
18 workers?

19 DR. FARLEY: We don't. That
20 information is not logged into the
21 Immunization registry that we use for
22 tracking our data.

23 COUNCILWOMAN GYM: And so, even
24 if you review the records --

25 COUNCILWOMAN BASS:

1 Councilwoman, I'm sorry, point of
2 information. I just wanted to make a
3 point that just came to me regarding
4 this information not being provided.
5 And so, the City's RFP for a community
6 vaccination program stated all ordering,
7 storing, administration and reporting of
8 COVID-19 vaccine use will be managed or
9 overseen by the Philadelphia Department
10 of Health. These processes must be
11 conducted in accordance with rules and
12 practice guidelines established by the
13 CDC and the FDA. So I don't understand
14 how that information couldn't have been
15 logged in.

16 DR. FARLEY: There's a lot of
17 information that's requested, but
18 occupation is not one of them.

19 COUNCILWOMAN BASS: But if this
20 was specifically for a particular
21 occupation, if this site was set up for
22 those who were in a particular
23 occupation, then how could we not
24 commit, guarantee, ensure that we were
25 hitting our target market?

1 DR. FARLEY: Every provider
2 that we've given vaccine to, to one
3 degree or another, those invitations
4 have sometimes been forwarded to other
5 people and people have come in and been
6 vaccinated who were not in that targeted
7 population. Every provider that we've
8 given the vaccine to that has happened.
9 There are so many eager people out
10 there.

11 That's why I said in my opening
12 statement we could have put in place
13 very extensive documentation
14 requirements, you need to really prove
15 that you're a health care provider when
16 you walk in the door or else we're not
17 going to vaccinate you. I think that
18 that would have worked against us. It
19 would have slowed down the process,
20 number one, and it also might have taken
21 some people who very legitimately were
22 home health aides but didn't have an ID,
23 didn't have any documentation and then
24 they would not have been vaccinated.
25 And so, this is the reality.

1 And I would say this is here
2 and across country talking to my
3 colleagues, where you can invite certain
4 people, you want to vaccinate certain
5 people, some of those invitations get
6 out and we get some people who are not
7 invited who come and get vaccinated.

8 COUNCILWOMAN GYM: So I just --

9 COUNCILWOMAN BASS: That
10 process is deeply flawed. I'm sorry.
11 Councilwoman Gym.

12 COUNCILWOMAN GYM: So I just
13 want to make sure that this means we do
14 not know how many of the 17,000
15 unaffiliated health care workers are
16 actually vaccinated and that this is an
17 issue. So we've heard from many of
18 these heroes who are still struggling to
19 get vaccinated right now, especially
20 understanding that home health care
21 workers travel from household to
22 household. They serve vulnerable
23 individuals already. Many of them are
24 disabled. Many of them are seniors.
25 Many of them are already struggling with

1 their health care right now. And also,
2 these individuals are women of color.
3 They cannot respond quickly to a
4 scheduling email. So how is the Health
5 Department working right now to reach
6 these frontline workers since you've
7 terminated the relationship with Philly
8 Fighting COVID?

9 DR. FARLEY: So anybody who is
10 eligible in Phase 1A, including all
11 health care workers, is still eligible.
12 Even though we've moved on to Phase 1B,
13 we're not closing out Phase 1A. So any
14 of those people, home health workers,
15 are eligible now to get vaccine through
16 our sites.

17 COUNCILWOMAN GYM: Are you
18 tracking them at all?

19 DR. FARLEY: We don't have a
20 database of home health workers. What
21 we have is the agencies that they work
22 for in general. So we've contacted
23 those agencies and they in turn pass on
24 the invitation to their employees.
25 That's why this is an invitation which

1 could be forwarded, so any health care
2 worker who has not been vaccinated yet
3 can, if they have not already, log into
4 our website and as vaccination
5 opportunities are available, we will
6 notify them.

7 Now, just to be clear, they
8 don't have to have web access to do
9 that. They can call the Health
10 Department. They can call your staff
11 people. You can log them in and then we
12 will reach out to them not just by
13 email, but also by telephone. So if
14 they have a telephone --

15 COUNCILWOMAN GYM: Who will be
16 providing them with the vaccines?

17 DR. FARLEY: It could be a
18 range of different providers. So the
19 Health Department will start its own
20 mass clinics that we're going to be
21 operating on February 22nd, that we're
22 going to be moving around the City at a
23 number of sites. We do not think that's
24 going to be enough. We are also
25 encouraging hospitals to run mass

1 clinics and we have the request for
2 proposals for other organizations to run
3 mass clinics. The Black Doctors COVID
4 Consortium is running mass clinics. We
5 have increased --

6 COUNCILWOMAN GYM: I'm speaking
7 very specifically to the group of
8 workers who go door-to-door
9 household-to-household serving
10 vulnerable Philadelphians. I understand
11 that there are mass clinics that are
12 available. But I want to make it clear
13 that this is a group of individuals
14 serving vulnerable individuals who need
15 to be tracked. They are 1A. Many of
16 the people that I've spoken to have no
17 clue about how to reach the City's
18 Health Department. It needs to change.
19 It's one of the fallouts of the Philly
20 Fighting COVID fiasco that must be dealt
21 with.

22 I'm going to move on to some
23 other questions because we need more
24 information in order to be able to judge
25 the progress ensuring racial equity and

1 access across neighborhoods, so I'm not
2 going to ask you to go through all of
3 these. But very specifically, you did
4 say that the Health Department is now
5 looking to prioritize zip codes, but we
6 need more detail on how you are actually
7 reaching people in those priority zip
8 codes and the people who live in them.
9 Can that be provided to Council?

10 DR. FARLEY: Yes, but I'm not
11 quite sure I understand the question.
12 Can you phrase it again?

13 COUNCILWOMAN GYM: So just say
14 that you are prioritizing zip codes of
15 vulnerable communities, but we need to
16 know what you mean by that. What does
17 that actually look like in specific
18 detail? What are the community clinics
19 that they are being provided in? What
20 are the health centers that are being
21 outreached to? There have to be
22 specific strategies other than saying
23 you are prioritizing zip codes.

24 DR. FARLEY: Yes, we can
25 provide that information to Council.

1 COUNCILWOMAN GYM: All right.

2 And that includes how many doses are
3 provided per zip code, what is the
4 vaccination rate per zip code. We also
5 need the Health Department to begin
6 reporting the amount of doses provided
7 to each partner on a regular basis as
8 well as the information regarding each
9 provider's success in meeting those
10 equity goals that are stated in the
11 Department. Is that something that is
12 being planned or is being prioritized?

13 DR. FARLEY: We're looking at
14 that to see if we can do that. The one
15 thing that you need to be aware of is
16 any time it becomes public that a
17 certain provider has vaccine, they
18 quickly become overwhelmed with requests
19 of people to get vaccinated. So when
20 some new pharmacies, Shop Rite and I
21 forget who else, got vaccine, they put a
22 sign up for anybody over 75 to be
23 vaccinated and within minutes, they were
24 filled. And so, we can provide you more
25 information. I'm a little bit reluctant

1 to put numbers out there about this
2 clinic has vaccine today for fear that
3 they're going to be overwhelmed. In
4 general, people aren't coming to these
5 clinics because they're invited --

6 COUNCILWOMAN GYM: This is not
7 about looking forward and advertising.

8 This is about establishing an
9 accountability metric as we look
10 backwards. One of the things that we
11 have heard from hospitals is that there
12 must be an affirmative approach towards
13 race equity. Otherwise, as you said,
14 once things open up, it just gets filled
15 and there's no way to be able to --

16 there's no other means except to
17 establish some amount of clarity that if
18 you have a race equity strategy, knowing
19 that this has failed before and that
20 there are dramatic consequences to
21 communities, we need more specific
22 strategies and the Department needs to
23 be accountable. So I'm not asking you
24 to provide them in advance. I'm asking
25 that you have a weekly accounting for it

1 and that there's a weekly review of each
2 provider, its ability to meet your race
3 and equity goals as established. The
4 failure to do that has put us
5 consistently in the same place where we
6 ask these same questions over and over.
7 And at the end of the day, Black and
8 Brown, disabled, immigrant communities
9 are left behind; is that clear?

10 DR. FARLEY: That's clear. And
11 if you're saying can we give the
12 demographics of who's being vaccinated
13 by different providers, we can do that
14 for sure.

15 COUNCILWOMAN GYM: Right. And
16 again, as I said our hospitals are
17 explicit. They must go to people who
18 meet the race and equity goals.
19 Otherwise, they're gone. They're just
20 gone. You mentioned a lead person for
21 diversity that the Department hired.
22 Can you tell us who that individual is
23 and can you provide contact info to our
24 whole Council body?

25 DR. FARLEY: I can. I'm a

1 little reluctant to give her name here,
2 but I can give it in follow-up.

3 COUNCILWOMAN BASS: That's
4 fine.

5 COUNCILWOMAN GYM: That's fine.
6 I wanted to talk a little about -- I'm
7 grateful that Councilmember Sanchez
8 covered our immigrant communities, but
9 there are many people with disabilities
10 who are deeply terrified about what's
11 happening. We've made some pretty
12 thoughtful prioritization decisions, but
13 I am pretty shocked to learn that
14 disabled people are left out of the 1B
15 when they are eligible in other parts of
16 Pennsylvania, so that means people on
17 ventilators whose home health care
18 workers are not themselves vaccinated or
19 may not be vaccinated have been told
20 that they are not eligible for the
21 vaccine yet.

22 Our hospitals aren't currently
23 able to offer to those vaccines to many
24 of the patients with serious
25 disabilities and now the doses have been

1 reserved out for weeks. So what are you
2 committed to do right now to make
3 changes so that we know that
4 Philadelphians with disabilities are not
5 left behind?

6 DR. FARLEY: Councilmember, I
7 know that this is a particular interest
8 of yours and we are concerned as well
9 for the people who have serious
10 disabilities. The list of conditions
11 that qualifies high-risk medical
12 conditions was taken straight from the
13 Centers for Disease Control. However,
14 we do have concerns about people who
15 have severe disabilities. I'm committed
16 to working with you about how do we
17 determine whose within the very large
18 group of people who might be considered
19 disabled are at high enough risk --

20 COUNCILWOMAN BASS: I'm sorry,
21 Commissioner. Somebody needs to go on
22 mute. Somebody needs to mute their
23 phone. Go ahead, Commissioner.

24 DR. FARLEY: Because, for
25 example, people with ADHD which at this

1 point that's a huge percentage of the
2 population they like to consider
3 disabilities too. If we try to
4 prioritize them, that's a huge group
5 that I don't think are as important as
6 the type of folks that you talked about.
7 And so, I want to make sure we're not --
8 if we put everybody as a priority, then
9 nobody's a priority. So I want to make
10 sure that we're thoughtful about it so
11 that the people who really are at
12 greater risk for serious illness are the
13 ones that are getting prioritized, but
14 I'm committed to work with you on how we
15 do that.

16 COUNCILMAN GREEN: Madam Chair,
17 I have a point of information.

18 COUNCILWOMAN BASS: Chair
19 recognizes Councilman Green.

20 COUNCILMAN GREEN: I just
21 wanted to provide a point of information
22 to the Committee. I've been in
23 conversation with the Health Department
24 regarding this very issue of people with
25 disabilities and the concerns that a

1 number of people have raised. I do have
2 to say that Dr. Farley's office did
3 provide some information that was
4 helpful for those who were direct
5 service providers. We did meet with the
6 Department about two weeks ago and there
7 was from my understanding a commitment
8 to continue the conversation because so
9 many people with physical learning
10 differences would not be able to go to a
11 convention center-like facility or large
12 location like a church and look into
13 possibilities based on vaccines that are
14 available for more vaccination
15 opportunities for those that have
16 physical learning differences, and we'll
17 be continuing those conversations.

18 Thank you, Madam Chair.

19 COUNCILWOMAN BASS: Thank you,
20 Councilman.

21 Councilwoman Gym.

22 COUNCILWOMAN GYM: Thank you,
23 Councilmember.

24 Again, we have been asking for
25 some of these questions. We know the

1 state already has prioritized. So I
2 want to say that it can't wait, it's
3 urgent. People are on dialysis.
4 They're exposed to individuals who have
5 not been prioritized nor are being
6 tracked for vaccination, so we will work
7 with you. We want to make it clear
8 though that this is an urgent thing.
9 This requires action, not dialogue.
10 And --

11 DR. FARLEY: We're vaccinating
12 people on dialysis right now.

13 COUNCILWOMAN GYM: I do not
14 know that people know that and that
15 needs to be made clear. And that's
16 another reason why you do want a weekly
17 dashboard that tracks some of these
18 vulnerable communities and that the
19 Department itself is tracking. Because
20 in the absence of that, we don't know
21 what we don't know. That's just the
22 bottom line.

23 My last questions are about
24 communications and outreach. And one of
25 them is why the City waited so long to

1 establish its own registration portal to
2 collect for people who both want and are
3 eager to have the vaccine and what went
4 into the City's decision to push Philly
5 Fighting COVID's online portal rather
6 than just establish your own platform?

7 DR. FARLEY: When we were in
8 Phase 1A our messaging was, we're doing
9 these health care workers, everybody
10 else is just going to have to wait. So
11 there were many, many people that wanted
12 vaccine and were eager to get it and
13 they didn't want to just wait, they
14 wanted to be able to be on some registry
15 so everybody knew they were on a waiting
16 list of sorts. We discovered that. And
17 in retrospect, we should have recognized
18 earlier that that was going to happen.

19 We discovered that when Philly
20 Fighting COVID had their website, people
21 believed it was a City website. There
22 were many people signing up on that. I
23 was not at all happy that people signing
24 up on that thinking that this was a City
25 website. And so, we set up our own. We

1 should have done it earlier. I'll be
2 the first to acknowledge that.

3 I have to be clear with
4 everyone that I didn't want anybody to
5 think that this was an appointment. You
6 go in there and no vaccine is going to
7 come out. What this is, is putting
8 yourself on a list that we will then get
9 back to you, invite you when a vaccine
10 opportunity becomes available and it's
11 going to be a long time. So we should
12 have done it earlier. We should have
13 not allowed any confusion between us and
14 Philly Fighting COVID. That was clearly
15 a mistake. We're trying to be better on
16 that in the future.

17 COUNCILWOMAN GYM: I just want
18 to underscore how confusing and
19 difficult it is. And again, our job is
20 to really get as much information out
21 there as we can. Is it possible to
22 create a one-stop web page so it's easy
23 to navigate and have all the information
24 available to people?

25 DR. FARLEY: I mean, there is a

1 web page with our vaccination
2 information that has a link to the
3 sign-up. It's not very user-friendly
4 right now as we first acknowledged that.

5 COUNCILWOMAN GYM: No, it's
6 not.

7 DR. FARLEY: This epidemic
8 unfolds in waves and there's always new
9 information that can be given. The
10 website has grown too big for its own
11 good. We need to improve its
12 architecture. There is at least a
13 sign-up there. And when you go in there
14 at all for anything right at the top,
15 you're going to see a sign about if
16 you're interested in vaccine, here's
17 where you go. But we need to improve
18 its otherwise structure.

19 COUNCILWOMAN GYM: You and I
20 both know this, that again the pandemic
21 is partially medicine and then a huge
22 amount is about communications and
23 outreach. So we just want to underscore
24 the Department needs to get a one-stop
25 website, one page, one-stop landing

1 place where people can get the
2 information that they need, so City
3 Council's staff who are trained in
4 constituent services don't have to be
5 confused and have to call your
6 Department over and over again.

7 We've had almost no official
8 information as City Councilmembers to be
9 able to use and distribute to educate
10 our own constituents. And in order for
11 us to get this information out, we
12 really need to meet people where they
13 are.

14 And the last point I'll make,
15 the last point I just want to underscore
16 again and I'll cede my time if we have a
17 second round, but literally I think
18 nobody knows about the fact that
19 dialysis patients have access to the
20 vaccine. I know for a fact that people
21 have called our office people, family
22 members, people that we know have called
23 us to say that it's confusing and it's
24 not clear.

25 And one of the reasons why we

1 are asking for a dashboard and for the
2 Health Department in particular to be
3 accountable to the providers is that you
4 can track whether doses are being sent
5 to dialysis centers and places where we
6 know these vulnerable populations are
7 going, which we think is probably a
8 fraction versus tens of thousands of
9 doses that might be sent to Penn
10 Medicine, so that is where the inequity
11 happens, when we do not track, when
12 we're not attentive to either because we
13 can't control it on the front end. But
14 if we don't even do it on the back end,
15 we're going to be in this same place and
16 that is where myself, my colleagues on
17 Council and others have got to draw the
18 line. But the Department must
19 prioritize equity. It must hold itself
20 accountable. It must hold the providers
21 accountable for equity, race and
22 particularly for vulnerable populations.

23 I want to thank -- the time,
24 Madam Chair, and I'll wait for another
25 round.

1 COUNCILWOMAN BASS: Thank you.

2 COUNCILMAN GREEN: Madam Chair,
3 one another point of information.

4 COUNCILWOMAN BASS: Sure.
5 Councilman Green, point of information.

6 COUNCILMAN GREEN: Yes. Last
7 week in a meeting with the Health
8 Department, it was asked by myself and
9 others that on the website that the
10 Health Department would connect with our
11 Office of Information Technology to do
12 some of the things that Councilmember
13 Gym talked about. That's when you
14 register with the City's website, you
15 have the least basic information about
16 what space it would be in and the range
17 of time. My understanding from
18 Dr. Farley's response is that connection
19 or inquiry or step has not been taken as
20 of yet.

21 COUNCILWOMAN BASS:
22 Commissioner Farley, can you address
23 that, please?

24 DR. FARLEY: That is true.
25 That is -- I don't remember that

1 request, but it makes sense. We
2 would --

3 COUNCILWOMAN BASS: Yes, I
4 remember that. Okay. Commissioner, one
5 other thing I think that everybody on
6 Council feels is that this is incredibly
7 confusing, unnecessarily so. It doesn't
8 have to be so confusing. We should be
9 able to have more information that we
10 can get out into the community, that we
11 can get out to folks.

12 And so, the idea that we --
13 like some of the basic steps, here we
14 are in February and some of the very
15 basic steps we still don't have done
16 yet. It's just incredibly frustrating.
17 And it's confusing when you acknowledge
18 on our call today that patients on
19 dialysis have begun to receive the
20 vaccine. Well, who knew and when did
21 they know. How come we don't know.
22 It's just all very confusing and
23 frustrating that we have to keep finding
24 out information, bits of information, a
25 little bit here and a little bit there.

1 It makes us feel or I'll say it
2 makes me feel as a member of Council
3 that we're not getting all of the
4 information that we really should have,
5 and that draws a whole line of questions
6 about transparency from the
7 Administration. So please share the
8 information with us. We're really just
9 trying to help you. We're trying to
10 help our constituents. We're trying to
11 help in getting information out into the
12 hands of the people who need it most.

13 DR. FARLEY: If I can just
14 respond, Councilmember.

15 COUNCILWOMAN BASS: Certainly.

16 DR. FARLEY: I think one of the
17 mistakes we've made as viewing this as
18 mainly an operational task, an
19 operational challenge. And it's become
20 clear that the communication piece is in
21 many ways much bigger than the
22 operational piece.

23 COUNCILWOMAN BASS: Absolutely.

24 DR. FARLEY: So a lot of the
25 reorganization that we've had with this

1 unit now in just the past week is to
2 beef up our communications ability,
3 communications with Council,
4 communications with the general public,
5 communications with people who are being
6 vaccinated, communications with people
7 who want to be vaccinated. Everybody's
8 frustrated. And at least if they know
9 what's going on, then they are slightly
10 less frustrated. And so, we're going to
11 work harder in improving that
12 communication.

13 COUNCILWOMAN BASS: For the
14 Committee that meets for the vaccination
15 and the Administration's Committee, is
16 there a representative from Council on
17 the Committee?

18 DR. FARLEY: I don't believe
19 so, but we can look at that.

20 COUNCILWOMAN BASS: I'm just
21 saying, there it is right there. That
22 is just really such a basic, just really
23 such a basic, having someone from
24 Council, particularly from the Health
25 and Human Services Committee, that will

1 be able to sit on that Committee,
2 provide information, provide resources
3 and also get information back to members
4 of Council and have that responsibility.
5 I just think it's just a basic. That's
6 an easy one. That's low-hanging fruit.
7 So thank you, Commissioner.

8 Councilwoman Gilmore Richardson
9 was next.

10 COUNCILWOMAN GILMORE

11 RICHARDSON: Thank you. Thank you so
12 much, Madam Chair.

13 COUNCILWOMAN BASS: You're
14 welcome.

15 COUNCILWOMAN GILMORE

16 RICHARDSON: And I wanted to start again
17 by thanking Dr. Farley for your work.
18 I'm a former health care worker, former
19 unit secretary, former staffing
20 coordinator at Penn Medicine, so I
21 really want to underscore how difficult
22 I imagine this past year has been for
23 you and for your entire team.

24 Before I go into the questions
25 that I have prepared, I want to start by

1 revisiting one of the questions from
2 Councilmember Gym in asking who is
3 currently determining who is receiving
4 the vaccine and how much? Because you
5 talked about earlier a process around,
6 you stated medical providers get the
7 form from the CDC. So who has the form
8 that determines who can receive the
9 vaccine in Philadelphia and who is
10 currently determining who gets the form?
11 And then after that, who makes the
12 actual determination of how many
13 vaccines that particular entity will
14 receive?

15 And then my follow-up question
16 to that is looking at this racial and
17 equity lens and trying to close the gap
18 around the amount of vaccines that have
19 been currently distributed in
20 Philadelphia, how are we going to look
21 at that information, combined with what
22 we know to change what we're currently
23 seeing around vaccine hesitancy and the
24 amount of individuals who have not been
25 vaccinated in certain demographics?

1 DR. FARLEY: So to answer your
2 first question, the form is available to
3 any medical provider. If a medical
4 provider were to contact us, any medical
5 provider who has the ability to provide
6 any vaccines already knows us, they can
7 request a form and they can fill out the
8 form and if they meet the requirements,
9 then they at least have the possibility
10 of getting vaccine. And so, in that
11 sense at least the form is available to
12 everyone.

13 COUNCILWOMAN GILMORE

14 RICHARDSON: So pardon me --

15 COUNCILMAN JOHNSON: Madam
16 Chair --

17 COUNCILWOMAN GILMORE

18 RICHARDSON: -- real quick, because
19 you're saying medical providers. You're
20 saying any medical provider can get the
21 form.

22 DR. FARLEY: Yes.

23 COUNCILWOMAN GILMORE

24 RICHARDSON: So how did Philly Fighting
25 COVID get the form if they are not

1 technically a medical provider? That's
2 what I'm trying to understand.

3 DR. FARLEY: Philly Fighting
4 COVID --

5 COUNCILWOMAN BASS: Can we
6 pause for one second. We had a point of
7 information from Councilman Johnson.
8 Councilman.

9 COUNCILMAN JOHNSON: I'll
10 concede back to Madam Katherine Gilmore
11 Richardson.

12 COUNCILWOMAN BASS: Okay.
13 Thank you. Commissioner.

14 DR. FARLEY: So Philly Fighting
15 COVID had a medical director and they
16 had medical licenses that enabled them
17 to meet the requirements of this.

18 COUNCILWOMAN GILMORE
19 RICHARDSON: So when you say they had
20 medical licenses, do you mean people who
21 are a part of their staff and their
22 operation but not the actual company?
23 So I'm trying to understand since
24 they're not a hospital or a Federally
25 Qualified Health Center, how did you

1 make the determination that they had the
2 prerequisite qualifications to receive
3 the form and they're not a hospital or a
4 Federally Qualified Health Center?

5 DR. FARLEY: To be a medical
6 provider, the director of the
7 organization doesn't himself or herself
8 need to be a medical provider. So they
9 have one where there's an executive
10 director who is not a physician, for
11 example, but is a medical director. So
12 they had a medical director, they had an
13 executive director, they were able to
14 meet the requirements. The staff
15 approved them so they must have had to
16 meet the requirements. More than that,
17 I can't tell you. So that's how someone
18 becomes eligible for vaccine.

19 There are pretty difficult
20 information technology challenges around
21 doing this. And so, I know that the
22 pharmacies, independent pharmacies, are
23 still working through those challenges
24 which is why they have not been approved
25 yet. We want more independent

1 pharmacies delivering vaccine, so that
2 will be an example of an organization
3 that has a nonphysician as the president
4 or whatever, but there's a medical
5 provider that is essentially vouching
6 for the vaccine.

7 COUNCILWOMAN GILMORE

8 RICHARDSON: Sure. If you could just go
9 back to my last questions around who's
10 currently determining who's receiving
11 vaccinations and how much when we talk
12 about looking at the distribution of the
13 vaccine from a racial and equity lens.
14 And then I will go back to the question
15 around our local community pharmacies.

16 And, Madam Chair, if you would
17 allow --

18 COUNCILWOMAN BASS: Absolutely.

19 COUNCILWOMAN GILMORE

20 RICHARDSON: -- I have a number of
21 questions that I would like to get in
22 with Dr. Farley.

23 COUNCILWOMAN BASS: Certainly.

24 COUNCILWOMAN GILMORE

25 RICHARDSON: So, Dr. Farley, if you can

1 address that first question and then we
2 can go back to the local community
3 pharmacies.

4 DR. FARLEY: So the
5 organizations that receive vaccine
6 changes week to week and has changed
7 over the course of the vaccine roll-out,
8 in the beginning, our target population
9 was healthcare providers. So it was
10 largely hospitals and clinics that were
11 vaccinating their own staff and they
12 were also vaccinating some of the
13 unaffiliated health care providers that
14 were associated with them.

15 We've now shifted to 1B which
16 is really quite different. So as I
17 said, we have Police and Fire and we've
18 got Corrections and we have people who
19 live in congregate settings, so vaccine
20 are being given to providers who can
21 meet those populations. Now, we're also
22 moving into the general population,
23 people who are eligible not by virtue of
24 their employment, but by virtue of their
25 age or medical criteria. So vaccine is

1 being provided to organizations that can
2 meet those patients.

3 And so, that includes hospitals
4 meeting their patients, but also
5 increasing the Federally and Qualified
6 Health Centers because they deal with a
7 lot of these patients who are very
8 appropriate, and the Black Doctors
9 Consortium would be another one and
10 pharmacies. And as we go through this,
11 we will probably continue to shift to
12 delivering the vaccine to different
13 providers in different amounts in order
14 to meet the populations that are coming
15 up on the priority list.

16 COUNCILWOMAN GILMORE

17 RICHARDSON: So I want to stop there
18 because I really want to get an answer
19 to this question: Who is currently
20 determining who is receiving the vaccine
21 and how much, who?

22 DR. FARLEY: That is going on
23 in our Vaccine Unit. And that's
24 something with the reorganization, I
25 took direct charge of that just this

1 week. And so, I'm involved in that
2 decision but as of just this week. I
3 can tell you as we're looking at it now,
4 we're pushing more vaccine to these
5 sites, the Federally and Qualified
6 Health Centers and to Black Doctors
7 Consortium, for example, because we
8 think that they can reach the population
9 we want to reach, the low-income and
10 minority population which we know we're
11 not reaching enough of right now.

12 COUNCILWOMAN GILMORE

13 RICHARDSON: Okay. So to confirm your
14 response, you are now in charge of the
15 Vaccine Unit in the Health Department?

16 DR. FARLEY: Yes.

17 COUNCILWOMAN GILMORE

18 RICHARDSON: If you can provide to the
19 Chair of this Committee and to the
20 members of Council who else comprises
21 that internal committee within the
22 Health Department, that would be
23 helpful.

24 I'm now going to move on to one
25 of my next questions that you sort of

1 alluded to. If you can provide Council
2 with an updated organizational chart for
3 the entire Health Department, but also
4 zero in on a workflow diagram chart, who
5 is specifically responsible for
6 vaccination distribution or anything
7 related to vaccination distribution and
8 also COVID-19 testing. That would be
9 helpful. Is that something that you can
10 provide?

11 DR. FARLEY: Let me see, I'll
12 try to provide it in a way that isn't
13 overwhelming.

14 COUNCILWOMAN GILMORE
15 RICHARDSON: Okay. That would be
16 helpful so that we can understand
17 currently what the workflow process is
18 within the Health Department and who is
19 responsible for what portion or sector
20 of this work.

21 I wanted to also circle back
22 because I know that right now this is
23 really about us ensuring that we can all
24 come together from a City perspective,
25 so that as many Philadelphians as

1 possible can receive the vaccine. But I
2 think in order for us to do that
3 adequately, we need to have a real
4 serious conversation about how contracts
5 are awarded, how partnerships are
6 entered into in our City.

7 So I wanted to circle back to
8 some of the testimony you stated
9 earlier, specifically starting with the
10 testing because I do think this point is
11 very important. And it also sets a
12 precedent for any later activity around
13 what happened with the vaccine
14 partnerships. So on January 27th of
15 this year, of 2021, City Council
16 received an email from the
17 Administration that had a spreadsheet
18 attachment listing all the testing
19 contracts and the start date of those
20 contracts. So if we can circle back to
21 that, that will be helpful.

22 On that spreadsheet, it stated
23 that Philly Fighting COVID's initial
24 testing contract, the term of that
25 contract began on July 1, 2020. Is that

1 something that you can confirm? Did
2 Philly Fighting COVID's initial testing
3 contract begin with the City on July 1,
4 2020?

5 DR. FARLEY: No, I don't have
6 that sheet in front of me. There were
7 staff that were trying to answer these
8 questions. I assume it's true, but I
9 can't verify that sitting here right
10 now.

11 COUNCILWOMAN GILMORE

12 RICHARDSON: Sure. So if you don't
13 mind, Madam Chair, I just want to pull
14 that email so that we can have clarity
15 on that --

16 COUNCILWOMAN BASS: Absolutely.

17 COUNCILWOMAN GILMORE

18 RICHARDSON: -- of the questioning. So
19 from my email here, the notes that I
20 have, there was -- pardon me, because
21 this is very important. There was an
22 email that was sent to Councilmembers
23 and staff. We have been working through
24 our Chair and our office on January 27,
25 2021 titled COVID-19 Council Updates,

1 wherein there was a spreadsheet that
2 detailed the testing contracts by
3 organizations, initial contract term and
4 initial term of six-month funding.

5 There's a number of
6 organizations I see here, including the
7 Black Doctors and several others. But I
8 zeroed down to Philly Fighting COVID,
9 wherein it stated initial contract term
10 July 1, 2020 to December 31, 2020. The
11 initial term of the six-month funding
12 was \$194,234. That is from your
13 Department. Is that something that you
14 can confirm?

15 DR. FARLEY: Again, sitting
16 here right now, I can assume that's
17 correct. I'll be happy to double check
18 that.

19 COUNCILWOMAN GILMORE
20 RICHARDSON: Okay. If you could, that
21 will be most helpful. Because what is
22 interesting is after that was an article
23 that was dated Wednesday, June 24, 2020
24 and it stated Philly Fighting COVID
25 testing will begin on Friday, June 26,

1 2020, although the term of the contract
2 stated that testing was slated to begin
3 per their contract July 1st. And I just
4 want to zero down and drill down on this
5 because this becomes an important piece
6 of the puzzle that we're trying to
7 understand around how they were able to
8 get this vaccine contract.

9 So for the record, is that
10 something that typically occurs? Can
11 organizations start testing prior to
12 entering into their official contract
13 with the City?

14 DR. FARLEY: So any
15 organization that has a medical provider
16 can do testing and do it for no cost.
17 The test itself is funded by insurance.
18 And also, as a medical provider they can
19 bill for the testing itself. They don't
20 need to go through the Health Department
21 to do testing. They don't need to go
22 through the Health Department to get
23 funding to do testing. There are
24 probably a number of organizations out
25 there, I'm sure there are, that do

1 testing that have not gotten funding
2 from the Health Department. And so, it
3 probably was the case that this
4 organization started providing testing
5 at the same time they were applying for
6 funding.

7 COUNCILWOMAN GILMORE

8 RICHARDSON: So is it the case that the
9 testing started for Philly Fighting
10 COVID on June 26th, although their
11 contract with the City began July 1st?

12 DR. FARLEY: Yeah, that's
13 highly possible. I want to just point
14 out Dr. Stanford likewise was testing
15 before she got the contract from the
16 Health Department.

17 COUNCILWOMAN GILMORE

18 RICHARDSON: I'm aware of that, and they
19 established also an independent
20 operation. And the reason why I asked
21 that question is because when you were
22 speaking with Councilmember Brooks, you
23 stated how the testing RFPs were used as
24 a model for how you all would set up the
25 process for the vaccination RFP. So I

1 wanted to highlight that point because
2 we know that different from the testing,
3 the vaccines have to come directly from
4 the federal government utilizing the
5 forms that you have spoke about from the
6 CDC with a passthrough from the Health
7 Department, so I just wanted to note
8 that for the record. I will leave that
9 there for now, but I do think it's
10 important that we have the
11 organizational chart and also the
12 workflow diagram chart for the Health
13 Department around current vaccines and
14 how we are distributing them.

15 Madam Chair, I have a few more
16 questions if you will allow.

17 COUNCILWOMAN BASS: Sure. If
18 you don't mind, if we can move them
19 along quickly because we have quite a
20 few people waiting, if you don't mind.

21 COUNCILWOMAN GILMORE

22 RICHARDSON: Yes, ma'am.

23 So the next question I have is
24 relative to how we are prioritizing the
25 dissemination of the vaccines. And I've

1 been still traveling to City Hall on a
2 daily basis. And I wanted to zero in on
3 the essential workers in City
4 government, specifically those who are
5 keeping our City operating in this
6 moment and how we are prioritizing them,
7 specifically the workers who are still
8 at City Hall, and also how you are
9 working with the local community
10 pharmacies to ensure that we can spread
11 more of the vaccine distribution within
12 communities, because a number of the
13 local community pharmacies are located
14 in low-income neighborhoods, where
15 there's more vaccine hesitancy than
16 other communities.

17 So how are you working with the
18 local community pharmacies because I've
19 heard from a number of them and they
20 stated that they don't even hear back
21 from the Health Department? So they
22 submit an inquiry and they don't hear
23 back. So I think again it goes to a
24 communication issue that we're currently
25 having around this issue. How are you

1 communicating with them on next steps
2 and what you'll continue to do to work
3 with them to ensure that we can have an
4 equitable distribution of the vaccine?

5 DR. FARLEY: So first, as far
6 as the City workers go, so Dr. Johnson
7 when she was here worked with Stephanie
8 Tipton, Chief Administrative Officer,
9 where all the different City workers
10 would fit in the priority schemes, who's
11 in 1B and where they are or who's in 1C
12 and where they are. And as we work
13 through them, vaccine will be made
14 available to those workers basically
15 when they come up in the queue.

16 With regards to community
17 independent pharmacies, we are
18 enthusiastic about them becoming
19 vaccination providers. We do think we
20 can get a lot of vaccine out in a hurry.
21 There's a number of them that have
22 expressed interest. There are things
23 you need to go through in order to have
24 mainly the information systems in place
25 in order to provide reporting to the

1 Health Department to do vaccination.
2 And so, we are working with them to get
3 them through that. And to my mind, the
4 sooner we can get them to do that, the
5 better.

6 COUNCILWOMAN GILMORE

7 RICHARDSON: Okay. So that will be
8 important follow-up for me if you could
9 submit that information in writing to
10 the Chair and to this Committee on how
11 you will continue to engage the local
12 community pharmacies.

13 Quickly, I just wanted to note
14 for the record, you talked about
15 ensuring that you're prioritizing
16 vaccine distribution for our teachers.
17 I just wanted to put on the record that
18 I think we need information in writing
19 down exactly how that process will work.
20 Not only am I a member of Council, but
21 I'm a mother of a kindergartner so I
22 think it's important for all of the
23 parents in Philadelphia and all the
24 teachers so we know exactly how that
25 process will work since there's been a

1 number of points of ambiguity around
2 some of the other distributions for
3 other groups.

4 Lastly, I just wanted to put on
5 the record, and I'm sure you don't have
6 this information today, but I would like
7 a response to some of the contracting
8 that we've seen in your Department. If
9 you could give us a listing of all of
10 the contracts that have been made
11 available from your Department,
12 including all the M/WBE goals of each of
13 those contracts and if there's any
14 discrepancies from the goal to actual,
15 if you can detail how that occurred.

16 Madam Chair, I'll submit the
17 rest of my questions for Dr. Farley's
18 response to the Committee and to members
19 of Council so that we can move on. I
20 have seven pages of questions and I
21 don't want to waste our time today, so
22 thank you very much.

23 COUNCILWOMAN BASS: And thank
24 you very much. It's certainly not a
25 waste of time because this is very

1 important, so I want to thank you for
2 your work on this issue.

3 Commissioner Farley, you said
4 you are now in charge of the vaccine
5 distribution for the City of
6 Philadelphia. Just going back to the
7 Black Doctors Consortium, they're
8 receiving how many doses right now?

9 DR. FARLEY: I believe 2,000
10 this week and 2,500 next week.

11 COUNCILWOMAN BASS: Okay. So
12 we're upping the number by 500. And so
13 the --

14 DR. FARLEY: And there were
15 1,000 last week.

16 COUNCILWOMAN BASS: So does the
17 number change?

18 DR. FARLEY: Yeah. It'll
19 change week to week, absolutely.

20 COUNCILWOMAN BASS: Okay. So
21 they got an extra 1,000 last week, is
22 that what you're saying, and an extra
23 500 this week?

24 DR. FARLEY: Last week was
25 1,000. This week 2,000. Next week

1 2,500.

2 COUNCILWOMAN BASS: Oh, I see.

3 Okay. All right.

4 COUNCILWOMAN GILMORE

5 RICHARDSON: Point of information, Madam

6 Chair.

7 COUNCILWOMAN BASS: Yes, ma'am.

8 Yes, Councilwoman.

9 COUNCILWOMAN GILMORE

10 RICHARDSON: Quick point of

11 clarification, if Dr. Farley could

12 detail the status of the City's current

13 relationship with the Black Doctors

14 COVID-19 Consortium for the record.

15 DR. FARLEY: You're asking me

16 to respond now or is that in --

17 COUNCILWOMAN GILMORE

18 RICHARDSON: Yes.

19 DR. FARLEY: So we have a

20 contractual relationship with them for

21 testing. We do not have a contractual

22 relationship with them for vaccination.

23 They do have a provider agreement to

24 receive vaccine along with the other 97

25 providers out there and they're

1 receiving vaccine under that provider
2 agreement.

3 COUNCILWOMAN GILMORE

4 RICHARDSON: Question -- so, Madam
5 Chair, though --

6 COUNCILWOMAN BASS: Yes.

7 COUNCILWOMAN GILMORE

8 RICHARDSON: -- with the provider
9 agreement, the City has the ability to
10 determine the change in quantity. You
11 just stated that they will receive an
12 increase in the vaccines week over week.
13 So even though they have the provider
14 agreement with the CDC technically, the
15 City has the right to determine the
16 quantity of vaccines they're receiving;
17 is that correct?

18 DR. FARLEY: Yes, absolutely.

19 COUNCILWOMAN GILMORE

20 RICHARDSON: Thank you, Madam Chair.

21 COUNCILWOMAN BASS: So how do
22 we raise that number? If that number is
23 2,500 and we know that they are actually
24 in the neighborhood of reaching the
25 population that we want to reach, how do

1 we increase that number, Dr. Farley?

2 DR. FARLEY: Now, it's
3 two-fold. It's how many doses can we
4 deliver of all the doses we have and
5 it's also how many doses can that
6 organization administer to people. I
7 found out next week is going to be the
8 first week that that organization is
9 also going to be giving the second dose
10 to people that they administered the
11 first does to four weeks ago. And so,
12 that may be a bit of a logistical
13 challenge for them --

14 COUNCILWOMAN BASS: Have we
15 asked them? Have we asked them about
16 their capacity to do both?

17 DR. FARLEY: Yes.

18 COUNCILWOMAN BASS: And their
19 response, have they said it was a
20 challenge?

21 DR. FARLEY: They're --
22 thinking about it now, okay, that's
23 going to be a challenge. She's going to
24 work through that. We are in close
25 contact with that organization. If that

1 organization has capacity to provide
2 more vaccine --

3 COUNCILMAN JOHNSON: Point of
4 information.

5 COUNCILWOMAN BASS: Point of
6 information, Councilman Johnson.

7 COUNCILMAN JOHNSON: Point of
8 information, Ms. Chair.

9 COUNCILWOMAN BASS: Yes.

10 COUNCILMAN JOHNSON:
11 Dr. Farley, can you just clarify your
12 response? Did the Black Doctors
13 Consortium say that they would be
14 challenged as it relates to distribution
15 of additional vaccines or are you saying
16 that it may be challenging, because
17 there's a difference in the statements
18 as it relates to your response?

19 DR. FARLEY: I spoke to
20 Dr. Stanford and she was sort of
21 thinking through it on the phone in our
22 conversation. She says, oh, yeah, I
23 guess next that's the first time we're
24 going to be doing the second dose and
25 the first dose in the same week, we're

1 going to have to figure out how to do
2 that, and so --

3 COUNCILWOMAN BASS: So I'm just
4 reading it as it's your interpretation
5 that this will be a challenge to them,
6 but not necessarily that she's saying
7 that it will be challenging to the point
8 that she will not be able to administer
9 additional doses?

10 DR. FARLEY: I --

11 MR. ALEXANDER: Let me --

12 COUNCILWOMAN BASS: Tumar.

13 MR. ALEXANDER: In Dr. Farley's
14 conversations with the Black Doctors
15 Consortium and also in Dr. Stanford's
16 conversations with the Mayor, there's
17 been times where they've needed
18 resources and come to us to help
19 problem-solve. One of those times was
20 for making sure ensuring that a site
21 that they stood up during the snowstorm,
22 that we adequately cleaned up around and
23 we gave traffic support, which we did.

24 This recent conversation that
25 Tom is talking about is looking at

1 challenges of how you do first dose and
2 a second dose, so we --

3 COUNCILWOMAN BASS: Certainly.
4 I get it.

5 MR. ALEXANDER: -- or, you
6 know, helping Tom and trying -- helping
7 Dr. Farley, my apologies, and trying to
8 work with them to see if we can add
9 resources from the MRC or other places
10 to help that. But that's why it's also
11 important to have that RFP up and
12 running and that groups like Black
13 Doctors and others could apply to it,
14 because there are some other logistical
15 challenges that they need funding for in
16 order to provide, so that's why we're
17 working frivolously to try to get this
18 RFP back up, right, notwithstanding all
19 the challenges we had, the two emails
20 that went out to groups that maybe
21 shouldn't have went out to groups.

22 We want to get this back up
23 because we know these organizations that
24 are doing these vaccines are going to
25 need those resources to beef up their

1 staff, beef up their -- a lot of these
2 folks rely on volunteers as their staff
3 so we need to beef them up. In
4 instances where we can help, we're
5 trying to provide that, but that's why
6 that RFP and that pot of funding is
7 important, even outside of the
8 Administration, whatever they can charge
9 to the health care folks.

10 COUNCILWOMAN BASS: Well, thank
11 you, Tumar. I just want to say that the
12 best known entity that's doing anything
13 around COVID and prevention with the
14 vaccine and testing is the Black Doctors
15 Consortium in the City of Philadelphia
16 right now.

17 And so, the idea that it may be
18 questionable as to whether they can
19 handle it or not, it goes back to what I
20 was saying earlier in terms of we
21 haven't treated them the way that they
22 should. We gave 7,000 doses to some
23 guys off the street who were completely
24 unqualified, just started up their
25 entity, never had any sort of patient

1 care, community outreach, connection
2 with these neighborhoods that we're
3 trying to serve and then when it's come,
4 you know, it's the same sort of thought
5 process, well, we got to see, it'll be a
6 challenge, she's got to work through it,
7 she's got to figure it out. I would
8 submit to you that she can figure out.

9 MR. ALEXANDER: Absolutely.
10 And I don't think we were saying she
11 needs to figure it out on her own or any
12 organization needs to figure it out on
13 their own. If we're working with them,
14 I think a lot of those conversations
15 have taken place back and forth with
16 folks under Dr. Farley, folks under the
17 previous Administration with
18 Dr. Johnson. Those problem-solving
19 things we're all working with because as
20 Tom stated, our main goal is to get the
21 vaccine in folks' arms as quickly as
22 possible, as many arms as we can as
23 quickly as possible.

24 COUNCILWOMAN BASS: Absolutely.
25 Thank you.

1 Commissioner Farley, did you
2 want to add anything else?

3 DR. FARLEY: No. Thank you.

4 COUNCILWOMAN BASS: I think
5 next up was Councilwoman Gauthier. Is
6 she still with us? Councilwoman
7 Gauthier and then Councilman Domb.

8 COUNCILWOMAN GAUTHIER: Thank
9 you, Madam Chair. My questions have
10 been answered by -- have been asked by
11 other members of the Committee. Thank
12 you so much.

13 COUNCILWOMAN BASS: Have they
14 been answered as well?

15 COUNCILWOMAN GAUTHIER: I don't
16 think many questions have been answered
17 today.

18 COUNCILWOMAN BASS: Well --

19 COUNCILWOMAN GAUTHIER: But
20 they've been asked.

21 COUNCILWOMAN BASS: Councilman
22 Domb.

23 COUNCILMAN DOMB: Thank you,
24 Madam Chair.

25 Good afternoon, Dr. Farley.

1 How are you doing?

2 COUNCILWOMAN BASS: Councilman,
3 we're having some -- okay. I can hear
4 you now.

5 COUNCILMAN DOMB: Can you hear
6 me now? Is that better?

7 COUNCILWOMAN BASS: That's much
8 better.

9 COUNCILMAN DOMB: Okay. So,
10 Dr. Farley, I hope you're doing okay
11 today. I know this is not an easy day
12 for you, but I do appreciate all the
13 work you've done and I know that, I
14 believe your heart's in the right place.
15 And hopefully, we can get past this and
16 I think there's a lot of issues and a
17 lot of concerns. But my questions are
18 focused on what we're going to do today
19 and tomorrow right now. I think we've
20 covered a lot of the yesterday, but
21 we'll still need answers on those
22 things.

23 But in that light, I have four
24 things that I'm going to mention to you
25 that I think myself and my colleagues

1 are constantly questioned on, very
2 simple, from our constituents: One, how
3 do I get the vaccine? Two, how do I
4 register? Three, what is the location
5 to obtain the vaccine? And four, what's
6 the time frame when I can get the
7 vaccine? I think that's what our
8 residents and our citizens of the City
9 want to know.

10 And so, I just want to confirm
11 what I think I've heard today. Does the
12 City have a database for registration
13 and tracking the vaccine administration?
14 Because what's happening now, and I
15 heard this yesterday from my colleagues
16 and I see this from people, they're
17 going online, they're registering on
18 three, four, five, six different sites
19 and it would be easier if we just had
20 one location and it was coordinated, so
21 do we have that right now?

22 DR. FARLEY: So we do have that
23 central database where anyone can
24 register to express their interest in
25 getting vaccination. But each of the

1 different sites that is offering vaccine
2 has got their own scheduling system and
3 their own procedure and tying them all
4 together into one city-wide database,
5 which would be wonderful, is something
6 we're not going to be able I don't think
7 in the next six months, certainly not in
8 the next 60 days. So we're doing what
9 we can, which is to have the interest
10 database and refer people in there by
11 email and telephone, but we're not going
12 to be able to unfortunately get past
13 this issue of -- not going to be able to
14 get to a single registration database.

15 COUNCILMAN DOMB: Okay. And
16 the other question I have for you, not
17 too many, it's imperative the City
18 stands up these mass vaccinated sites
19 and satellite sites, and I saw in the
20 Inquirer there's going to be six mass
21 sites for vaccination. Do you know
22 where those six sites are and do you
23 know the amount of vaccinations that
24 could occur at each site?

25 DR. FARLEY: All right. So

1 these are what the City is going to run,
2 the Health Department is going to run.
3 We don't have specific sites now. We
4 want to have them in different areas of
5 the City so people have different
6 opportunities. We're working right now
7 with the Office of Emergency Management
8 and others to find specific locations
9 that are suitable for a mass vaccination
10 site.

11 Our target to start is 500
12 people. If you run the numbers, you'll
13 know that that's not nearly enough. So
14 that's what we the Health Department can
15 run. We need to be supplemented by many
16 of the providers out there running these
17 sites, so we are encouraging hospitals to
18 run 500-a-day clinics like that and with
19 the request for proposals, other
20 organizations, Black Doctors Consortium
21 among them, running sites like that.

22 So I'm going to say if
23 everything works out well, looking
24 months out we'll have many organizations
25 running many opportunities like that.

1 Some smaller than others. Some people
2 can get their vaccine at their regular
3 medical provider, their clinic, but
4 other people can just go to these sites
5 and just go in and out and get their
6 vaccine, but it'll be a patchwork of
7 many organizations running them.

8 COUNCILMAN DOMB: And I know
9 we've had this conversation, Dr. Farley,
10 because I've seen Boston and I've seen
11 New York and I've seen LA, I've seen a
12 lot of cities all over the country
13 implementing alternative sites like
14 mobile sites in addition to all the
15 other sites, not instead of, but in
16 addition to.

17 And I know that the
18 Administration has said that that's not
19 going to work because 18 percent of the
20 population doesn't have a car. And I
21 say I understand that, but 82 percent do
22 have a car. And if Boston and New York
23 are doing it -- and I was also told the
24 weather was a problem, I think our
25 weather is a little better than

1 Boston's -- they're doing it and in New
2 York, 50 percent of the people don't
3 have a car. I'm just saying as an
4 alternative and we have, by the way,
5 Eagles are willing to help down by the
6 stadium to have a mass site down there
7 where we can get thousands of people
8 through, and the key of course is that
9 once someone gets vaccinated in their
10 car, they have to stay in that parking
11 lot probably 20 minutes to a half hour
12 to make sure there's no reaction to it.

13 I'm just wondering if that
14 would be something you would consider
15 because I think it would go a long way
16 to getting the volume of vaccinations
17 out once we get the vaccines. This is
18 not going to happen now because we have
19 20,000. But once we get more vaccines,
20 we got to think in a bigger term how do
21 we vaccinate 70 to 80 percent of our
22 population to get that herd immunity.

23 DR. FARLEY: Yeah. I think at
24 some point there may be a role for that.
25 Right now, remember, we have three

1 goals, getting the vaccine out quickly,
2 getting it to people for whom we can
3 save the most lives in the early going,
4 and then racial equity. A drive-through
5 site in the stadium works against the
6 second and third goal, who's going to
7 drive into there. Not just people who
8 have cars in Philadelphia, but people
9 who have cars in Delaware and in the
10 state of Pennsylvania. And so, it's
11 going to maybe drain the vaccine away
12 from populations that we're supposed to
13 be vaccinating. We are allocated
14 vaccine based upon a resident
15 population, not based upon a
16 metropolitan area. So there may be a
17 role down the line, but that's why we're
18 reluctant right now to jump into a site
19 like that.

20 COUNCILMAN DOMB: We can put it
21 though in the parking lots of churches
22 all over the City, okay. It can be in
23 any location it can go in. I just think
24 it's a great alternative. And if 82
25 percent of the population which gets us

1 to the herd immunity has the ability to
2 get there and we have the other sites
3 for everybody else, I'm not saying this
4 is one. We should have 10 or 15 sites.

5 I talked to a doctor today at
6 the University of Penn. He's on the FDA
7 Vaccination Advisory Board. He's on the
8 Pennsylvania State Advisory Board. And
9 he told me almost every other city,
10 every other city, is doing these mass
11 mobile vaccination sites and we should
12 consider it.

13 And by the way, what we should
14 also do, Dr. Farley, we have tremendous
15 people in this City who want to help.
16 And I believe myself and my colleagues
17 today, we're here today to be
18 constructive. We're here today because
19 we're all in this together, together.
20 We got to figure this out and we got to
21 move forward and we got to vaccinate the
22 City. It's not a democratic or
23 republican thing. This is a
24 Philadelphia thing. And so, tap into
25 us. I'm one person. I'll be happy to

1 help you any way I can. I think all my
2 colleagues feel the same way.

3 I heard Councilmember Bass
4 speak about that also. We all want to
5 help get this done. But we have
6 professionals in this City and I'm happy
7 to help you make those calls. We talked
8 about it. I'll make those calls, bring
9 those people to the table and let's get
10 this done because I think this is the
11 number one issue for all of us right
12 now. Anyway, thank you.

13 Thank you, Madam Chair.

14 DR. FARLEY: Thank you for that
15 offer.

16 COUNCILWOMAN BASS: Thank you,
17 Councilman.

18 Next up we have Councilman
19 Johnson. Councilman Kenyatta Johnson is
20 next.

21 COUNCILMAN JOHNSON: Well,
22 thank you, Madam Chair.

23 A lot of my questions were
24 already answered. I just wanted to
25 clarify just a couple of things

1 regarding the equitable distribution of
2 the vaccines as we move forward in the
3 future and to make sure that we have a
4 plan. And one of the eye-openers for me
5 is just again how the Black Doctors
6 received only 2,500 vaccines compared to
7 the organization who received 7,000.
8 Just want to be reassured that as we
9 move forward, Commissioner Farley,
10 there's a strategy to make sure that if
11 we're talking about supporting Black and
12 Brown communities, that there is really
13 a priority here in the City of
14 Philadelphia.

15 Dr. Farley, are you familiar
16 with the Tuskegee Experiment?

17 DR. FARLEY: I am, the Tuskegee
18 Study, yes.

19 COUNCILMAN JOHNSON: Okay. And
20 so, obviously there's a lot of
21 apprehension and mistrust in the
22 African-American community as it relates
23 to the social injustice as it relates to
24 the federal government, and the average
25 person just looks at the federal

1 government, those in our State House and
2 those in the City as one single
3 government. It's important as we
4 rebuild the trust of particularly Black
5 and Brown people that this roll-out is
6 an aggressive approach into communities
7 of color as a process that's sound and
8 fair and equitable across the board. So
9 that's really all the comments that I
10 have.

11 I have chimed in several
12 different times regarding points of
13 information and had my questions
14 answered. But nevertheless, I know some
15 people may think that this is not as
16 serious of an issue and we can kind of
17 continue to just move forward. But in
18 the Black and Brown communities, and
19 this is what I'm hearing on the ground,
20 I know the organization had partnered
21 with several different neighborhood
22 organizations to do roll-outs of
23 vaccines. And when the article hit,
24 they called and said, well, Councilman,
25 we got an email saying they aren't

1 partnering with our organizations
2 anymore, and these organizations are
3 predominantly in Black neighborhoods,
4 and saying what's our process on moving
5 forward.

6 And so, how will we as a City
7 come up with a strategy to partner with
8 those other nonprofit organizations that
9 we want to be doing vaccine roll-outs
10 inside the communities or is that not a
11 part of the City's process?

12 DR. FARLEY: The request for
13 proposals is specifically for providers,
14 medical providers who can administer
15 vaccine. However, we're certainly
16 enthusiastic to work with any
17 organization that plays other roles to
18 facilitate this, for example, helping
19 educate people or guide people or
20 transport people to vaccination sites.
21 So we think there's a role for all of
22 those organizations.

23 COUNCILMAN JOHNSON: And I also
24 will follow up with Councilwoman Gym's
25 comments as well as Councilman Derek

1 Green's comments regarding supporting
2 those who are on dialysis and making
3 sure that they're a part of this overall
4 strategy and plan for vaccination
5 because constituents specifically
6 addressed me around that issue.

7 And just one last note before I
8 wrap up, I know the Black Doctors are
9 doing great work and also in my District
10 we have Greater Philadelphia Health
11 Action, which is a Black-founded
12 and -led health care facility that's
13 providing vaccines and also have done
14 testing in the past. And so, as long as
15 we continue to make sure that Black and
16 Brown people are treated fairly in this
17 process, hopefully we will begin to
18 regain their confidence.

19 And just one last thing you
20 touched on, if an organization is going
21 to do testing, what's the qualifications
22 and criteria to do testing?

23 DR. FARLEY: Again, they can do
24 testing without funding from the Health
25 Department if they are a medical

1 provider and you have to have a medical
2 provider who signs off on the collection
3 of the sample and sending it off to the
4 laboratory. And if they want funding
5 from the Health Department to support
6 that testing, then we have a request for
7 proposals. Those proposals come in and
8 they are scored according to criteria
9 that we will send to Council.

10 COUNCILMAN JOHNSON: Okay. And
11 I guess in this particular case, again I
12 know that we have an investigative
13 report that will be coming forward some
14 time in the future and I guess we will
15 all see how this process just rolled
16 out.

17 But nevertheless from a
18 leadership standpoint, I personally
19 believe the buck stops with you because
20 you are the Commissioner. I mean,
21 myself, I'm an elected official. I'm
22 responsible for the actions of my staff
23 and how they operate throughout my 2nd
24 Councilmanic District in my office. And
25 so, hopefully there will be answers that

1 will be put forward that at least when
2 I'm questioned inside my community, I
3 can be able to respond and say, this is
4 what really happened, but be reassured
5 that in terms of our community, you're
6 going to be taken care of, we're going
7 to rebuild that trust between City
8 government, particularly Black and Brown
9 people here in the City of Philadelphia.

10 So I just want to state that for the
11 record and let's make sure that we
12 rebuild the people's trust moving
13 forward. Thank you very much,
14 Commissioner.

15 Thank you, Madam Chair.

16 DR. FARLEY: If I can just
17 answer a couple of --

18 COUNCILMAN JOHNSON: Sure.

19 DR. FARLEY: The Inspector
20 General's investigation will include
21 everything that happened as well as any
22 actions by me. And so, you will see
23 that report. And as far as Greater
24 Health --

25 COUNCILMAN JOHNSON: Can I ask

1 you a question, though?

2 DR. FARLEY: Yes.

3 COUNCILMAN JOHNSON: As the
4 leader, do you meet with your team like
5 in a war room weekly because this is
6 such a very, very critical, important
7 life and death type of issue and kind of
8 get updates from each department head
9 and say, let me know where we're at, how
10 many vaccines are going out, what's the
11 numbers, are we on target, where's the
12 problems? I have to be upfront and ask
13 that. You are the leader. The buck
14 does stop with you. Nevertheless, the
15 young lady resigned, but the buck stops
16 with you.

17 So give me an idea from your
18 perspective to rebuild our faith in you,
19 you said basically you're not resigning,
20 the Mayor's going to keep you. So we
21 want to have our faith rebuilt in you as
22 the leader of our health and the work
23 you do as the Health Commissioner for
24 the City of Philadelphia and this
25 happened under your watch. So just

1 clarify as we move forward what does
2 your operation look like.

3 DR. FARLEY: So we do have an
4 incident command structure. In case
5 you're not familiar with that term,
6 that's what you do for an emergency.
7 There are probably, I don't know, 30 or
8 40 people in that call that we are now
9 doing every single day and going through
10 what information we have, what decisions
11 we're making and fixing the things we
12 need to fix, improving the things we
13 need to improve. So I was not involved
14 in that degree before for vaccination.
15 I was involved in that degree before for
16 the other work around COVID testing,
17 contact tracing, isolation quarantine,
18 social distancing restrictions. But now
19 I'm involved to that degree around
20 vaccination.

21 COUNCILMAN JOHNSON: I would be
22 remiss if I didn't ask this because
23 vaccinations are so, so critically
24 important and it's the next phase of us
25 really going back to our society as a

1 normal society, why weren't you a part
2 of those discussions? Why would you
3 delegate such a very, very critically
4 important responsibility? I just have
5 to ask that just for the public because
6 I've been asked these same questions
7 myself.

8 DR. FARLEY: That is a fair
9 question. This epidemic has certainly
10 strained the Health Department. We
11 created an entire new division for
12 testing, contact tracing, all that,
13 there's a huge amount of work there.
14 And restrictions like shutting down
15 restaurants, it is appropriate, I was
16 very involved in that.

17 When vaccination came along, I
18 had a Deputy Commissioner who was an
19 expert in this. She had been doing it
20 for decades with the Health Department.
21 She had overseen the roll-out of the
22 vaccine for the influenza pandemic of
23 2009, H1N1 influenza. She had actually
24 more expertise in that than I did. And
25 so, I chose to let her deal with that

1 but while still keeping me informed,
2 while I dealt with the other aspect of
3 that.

4 COUNCILMAN JOHNSON: Thank you,
5 Mr. Commissioner.

6 COUNCILWOMAN BASS: Thank you,
7 Councilman.

8 Councilman Squilla had a
9 question.

10 COUNCILMAN SQUILLA: Thank you,
11 Madam Chair.

12 COUNCILWOMAN BASS: Councilman
13 Squilla, before you go, one quick
14 question: Just following up on
15 Councilman Johnson's question, so you
16 said you just started going to these
17 meetings around the vaccine
18 distribution. When did you start?
19 Around what time did you start? Do you
20 remember --

21 DR. FARLEY: We reorganized the
22 team, had a meeting on Friday of last
23 week --

24 COUNCILWOMAN BASS: So last
25 Friday?

1 DR. FARLEY: Yes. Then we
2 started meeting daily as of Monday of
3 this week.

4 COUNCILWOMAN BASS: Okay. So
5 just this week?

6 DR. FARLEY: Yes.

7 COUNCILWOMAN BASS: All right.
8 Thank you. Councilman Squilla.

9 COUNCILMAN SQUILLA: Thank you,
10 Madam Chair. Thank you for the
11 opportunity to speak. I know I'm not on
12 the Committee.

13 But just a couple of quick
14 questions. A lot of questions were
15 asked already. But questions that I
16 didn't hear and maybe I missed it was,
17 how many vaccines have we received to
18 date?

19 DR. FARLEY: Approximately --
20 there's first doses and second doses.
21 So it's approximately 150,000 first
22 doses.

23 COUNCILMAN SQUILLA: And we
24 received 150,000 second doses too?

25 DR. FARLEY: The second doses

1 arrived three or four weeks to match the
2 first doses that arrived before so that
3 it would come in time for the people who
4 are due for their second doses.

5 COUNCILMAN SQUILLA: All right.
6 So that's in addition then to the 20,000
7 a week?

8 DR. FARLEY: Yes.

9 COUNCILMAN SQUILLA: Okay. So
10 we get 20,000 a week and then the second
11 doses come and that's in addition to
12 that. Out of that, how many have we
13 distributed?

14 DR. FARLEY: So we have
15 vaccinated over 100,000, maybe about
16 110,000 now.

17 COUNCILMAN SQUILLA: And that's
18 out of the 150,000 that we received?

19 DR. FARLEY: Yes.

20 COUNCILMAN SQUILLA: So those
21 numbers are vaccinations. And then the
22 second vaccinations that we have, out of
23 them how many second doses have we
24 received?

25 DR. FARLEY: I don't have that

1 number in front of me. I think it's in
2 the 30,000 to 40,000 range. I can tell
3 you that we feel like we're being pretty
4 good at getting people their second
5 doses if they have got their first
6 doses. So to the extent that it's less
7 than that first dose number, it's just
8 because those people haven't gotten to
9 their three or four week point yet.

10 COUNCILMAN SQUILLA: Okay. All
11 right. Now that you say that, it seems
12 like we put some restrictions on people
13 who have been able to get vaccinated
14 whereas we're waiting for 1A to get done
15 to start 1B, and then we as a City
16 instead of doing 65 and over like
17 everybody else did, we did 75 and over
18 and those restrictions to try to reach
19 all of them before we go to the next
20 phase. As we get more and more
21 vaccines, is it possible to do parallel
22 vaccines as we're doing the people with
23 diabetes and the people who are 75 and
24 65 and over? Do we have to finish these
25 before we go jump into the next level

1 (inaudible) like sanitation workers?

2 DR. FARLEY: So we don't wait
3 to finish one phase to move to the next
4 phase or finish one group to move to the
5 next group. We do like to get started
6 and we do get a good chunk of them. But
7 we don't wait to finish because there
8 can be a long period of time of
9 stragglers. So as you know, there are
10 still health care workers that we
11 haven't vaccinated, so we're definitely
12 at 1B now.

13 COUNCILMAN SQUILLA: And 1B,
14 that's part of my question. 1B, I mean
15 we are doing -- we said that 75 and
16 older, not like the state, is getting
17 the vaccine first. So the way you made
18 it sound was you made it sound like we
19 have to wait for them to get done before
20 we jump, even if it's 1B, into the next
21 category 65 and over, and then first
22 responders or essential workers like
23 grocery store workers, SEPTA drivers,
24 sanitation workers and teachers. I was
25 wondering if we could partner with folks

1 as we're getting these vaccines in and
2 we can do them parallel. So you're
3 saying we are doing that?

4 DR. FARLEY: We are doing in
5 parallel the essential workers and the
6 people who are over 75 or who have
7 medical conditions and that are under
8 65, that is happening in parallel.

9 COUNCILMAN SQUILLA: Okay.
10 Because that's something different than
11 what I heard you say earlier. Because
12 we believe that we have to get the
13 vaccine to as many people as possible.
14 And it just seems like the more
15 restrictions we put in there, the harder
16 it will be to do that.

17 And then somebody else had
18 asked and I'll just reiterate it, the
19 people who do not have access to sign up
20 for the vaccine interest, 311 is taking
21 those calls now and trying to process
22 them. How are we contacting them, and
23 there is a phone number associated with
24 that, so people are calling our office
25 and saying when are we getting

1 vaccinated.

2 Are we going to be able to
3 touch base with them periodically to say
4 that we believe, around March, the
5 second week of March we should be
6 getting to your area of folks or how are
7 we reaching out to folks to get
8 vaccinated?

9 DR. FARLEY: And this is a very
10 long process. It's going to take
11 months. When people register on the
12 website, there's a warning about that.
13 Okay, it's going to take weeks or months
14 for us to get back to you. So far we
15 haven't invited any of those folks in
16 for vaccination. We hope to do that
17 soon, but we will be sending some sort
18 of updates to people just to let them
19 know they're in our database, we know
20 about them, so that they don't take it
21 as it's going into a void.

22 COUNCILMAN SQUILLA: All right.
23 Because right now it seems like they
24 think they did it and there's no
25 response. So it's great that they will

1 be getting a response because that will
2 help us at least be able to answer the
3 questions. And we know that a lot of
4 the affiliates, the doctor affiliates
5 that are affiliated with certain
6 institutions, whether it's Temple or
7 Einstein or Jeff or Penn, they have
8 started to do their patients, so they
9 also have a form that the people fill
10 out and get registered and vaccinated
11 through them. Are they abiding by the
12 same 65 and older patients to get
13 vaccinated and people with health
14 issues?

15 DR. FARLEY: It's 75 and over
16 and the same medical conditions. And
17 what they are doing is not just saying
18 are you registered, but they're sending
19 out a message that says, please schedule
20 in the following way, and then they
21 schedule and they come in and get their
22 appointments. So they are reaching out
23 to those folks right now and that's
24 actually for scheduling.

25 COUNCILMAN SQUILLA: All right.

1 So that's all happening simultaneously.
2 But again, now you just said 75 and
3 older. So you're still limiting them to
4 only doing 75 and older. If they're not
5 able to schedule them, you're limiting
6 them to 75 and older; is that correct?

7 DR. FARLEY: 75 or under 75 and
8 have medical conditions that put them at
9 high risk. Those medical conditions
10 cover an awful lot of people. So it
11 includes diabetes, includes chronic
12 kidney disease. So anybody with
13 diabetes who's an adult is eligible.
14 Many, many, many people like that, we're
15 going to be working through those people
16 for months.

17 COUNCILMAN SQUILLA: Okay. All
18 right. Thank you for clarifying that.
19 That's very helpful. Because the
20 challenges that we receive and when
21 people call, obviously they're in a
22 panic, the people who want it, we have
23 to get it to them. And I just wanted to
24 make sure parallel we can do a lot of
25 these folks at the same time. And

1 hopefully, we will increase our vaccine
2 numbers that we receive from the Feds
3 and they can get their act together and
4 then we're ready to go and distribute
5 them to our folks so that we can catch
6 up.

7 One last question -- and I know
8 this was an issue with Philadelphians,
9 you had mentioned it earlier -- a lot of
10 our health care workers and a lot of our
11 folks who have worked that are going to
12 be on this list don't live in the City
13 of Philadelphia, but we still have to
14 vaccinate them; is that correct?

15 DR. FARLEY: That is true.

16 COUNCILMAN SQUILLA: Okay. So
17 really our numbers are higher than other
18 municipalities or counties who are
19 getting these vaccines because we're not
20 just doing residents, we're doing people
21 who work in the City of Philadelphia?

22 DR. FARLEY: That is true, and
23 we have advocated at the federal level
24 for us to be compensated for that by
25 getting more vaccine and then to reflect

1 our worker population, not just our
2 resident population. So far the federal
3 government hasn't changed their
4 outpatient scheme. The state government
5 has agreed to give us some vaccine to
6 match the vaccine that we have used to
7 vaccinate non-city residents. But what
8 we're getting from the state does not
9 match the number of people we're
10 vaccinating that are non-city residents.

11 COUNCILMAN SQUILLA: Okay.
12 That's helpful. Maybe that's something
13 we as Council can advocate for with our
14 other state and federal elected
15 officials to try to advocate to help
16 that, because that will be a challenge
17 and it'll take us a lot longer of a
18 process where outside residents are
19 getting vaccinated before local
20 residents.

21 DR. FARLEY: That will be very
22 helpful. I'd appreciate that.

23 COUNCILMAN SQUILLA: Thank you.

24 COUNCILWOMAN BASS: Councilman
25 Squilla, I think that's an excellent

1 point. I think that the idea or the
2 ability to organize along with our
3 partners, particularly those immediately
4 surrounding the City of Philadelphia,
5 could be helpful in that regard,
6 especially since they're getting doses
7 also. So thank you for mentioning that.

8 Council Majority Leader Parker
9 was next with a question.

10 COUNCILWOMAN PARKER: Good
11 evening, Madam Chair. And thank you,
12 Dr. Farley, for being here.

13 Madam Chair, a lot of the
14 questions I've been on since you started
15 that I had have been answered. So I
16 want to thank the Committee and
17 Dr. Farley and everyone for their due
18 diligence, and Councilman Squilla for
19 that intergovernmental sort of
20 cooperation, understanding and planning,
21 and that we do need to have a united ask
22 in ensuring that reciprocity is
23 occurring when Philadelphia is using
24 doses to vaccinate workers who live in
25 other counties. I mean, that's just

1 equity, so definitely want to affirm
2 that.

3 Dr. Farley, I appreciate your
4 acknowledging that we have not achieved
5 the goals desired in ensuring that there
6 is an equitable distribution of the
7 vaccine. This follows up on Councilman
8 Johnson's line of questioning. And with
9 that, I was pleased to read a couple of
10 days ago and here both you and Managing
11 Director Tumar Alexander note the
12 partnership between Philly Counts.

13 My question to you is when we
14 think about this, resources become key
15 and because innovation is so important
16 now, when you have completed this RFP
17 process, are you scoring for cultural
18 competency and experience for those who
19 will be awarded the opportunity? Will
20 that play a role in your scoring
21 mechanism?

22 DR. FARLEY: The scoring
23 sheet -- actually, I'm not sure what I
24 can say. I'm going to say it anyway.
25 The scoring sheet takes into account

1 what we're calling community
2 connections. It takes into account
3 ability to reach minority, underserved
4 and hard-to-reach populations.

5 COUNCILWOMAN PARKER: So those
6 are -- and I appreciate you mentioning
7 that. And even if you don't know, you
8 can forward this to the Chair,
9 Dr. Farley. You talked about that
10 scoring process valuing community
11 connections, and that's important to
12 know.

13 Now, it will be great to see if
14 we're talking about a 100-point system,
15 what's the value of community
16 connections, right, what percentage of
17 that 100-point scoring system is
18 community connections or what I would
19 like to call cultural competency and/or
20 credibility. Do you happen to know that
21 answer, Doc?

22 DR. FARLEY: I don't have that
23 off the top of my head, but I don't see
24 any reason why I couldn't give that to
25 you.

1 COUNCILWOMAN PARKER: Okay. If
2 you could forward that to the Chair,
3 that would be great. In addition to
4 that, Councilmember Domb noted something
5 that has also been a great concern to
6 me. It's been the issue of mobile
7 testing, but not mobile testing the way
8 Councilman Domb referenced it in terms
9 of the mass drive-through vaccine
10 process. I'm now thinking about like
11 seniors who would normally be in the
12 senior centers right now, Doc, but they
13 are not. They are in their homes and
14 they have caregivers, and they are not
15 because their immune systems are
16 compromised. Their families are like we
17 are not taking any chances.

18 As we are working on that RFP
19 structure and we're thinking about
20 groups like the Black Doctors COVID-19
21 Consortium and/or Philly Counts because
22 they had a great ground game but some of
23 that was volunteer, and I think
24 Councilwoman Sanchez referenced this, we
25 have to make sure that groups that weigh

1 heavily in cultural competency get
2 access to the resources that they need
3 to strengthen what they have and they
4 shouldn't have to be apologetic about
5 that, right, Doc.

6 Because when I talk about
7 mobile testing, I'm talking about if you
8 have been able to map out zip codes by
9 zip codes the most impacted community
10 that you want to get to and that
11 demographic, let's say we're even
12 talking about 75 or older, I would love
13 to be able to see Black Doctors COVID-19
14 Consortium know the addresses, Doc, and
15 be able to while they're running another
16 unit at Temple, like they just did last
17 week, why couldn't they be in those very
18 specific communities making house calls.

19 So has that sort of mobile,
20 direct, how do we get inhouse for those
21 people who cannot come outside to the
22 hospital? I'm thinking about my
23 Einstein that I hope is now distributing
24 the vaccine. Have we given any thought
25 to that and have we quantified its value

1 in the development of our RFP for the
2 future?

3 DR. FARLEY: So, yes, we do
4 think that there is a need for mobile
5 teams like that. The Health Department
6 has mobile teams right now going to
7 behavioral health facilities, which have
8 been particularly hard hit recently, to
9 vaccinate folks there. We also have the
10 pharmacies that once they finish the
11 nursing homes, they're going to do
12 assisted living facilities and personal
13 care homes and then we're going to be
14 looking sort of what we call senior
15 housing as part of that, but we're going
16 to need more of that outreach for people
17 who may not be part of any group
18 setting. And so, the RFP likewise has
19 an encouragement and point value to
20 organizations that can reach those
21 folks, which I would put in the category
22 of hard-to-reach.

23 COUNCILWOMAN PARKER: And, Doc,
24 listen, I want to affirm this because
25 I'm thinking about the data in

1 particular. Having spent some years in
2 the Pennsylvania General Assembly, I
3 remember when Pennsylvania and our
4 silver foxes, we increased our aging
5 population. And when Estelle Richmond
6 was our Secretary of Health, one of the
7 things that she is widely recognized for
8 across the nation is the transition from
9 having seniors age in place in their
10 home, creating a new economy.

11 You hear all of this talk that
12 we're talking about home health care
13 workers. Well, much of that, these jobs
14 wouldn't be available had Estelle not
15 moved Pennsylvania in the direction
16 where we have more people aging in place
17 in home than were in those senior
18 citizen developments and/or what we know
19 as senior homes. So I just strongly,
20 Doc, want to ask that we take that into
21 consideration because there are a
22 significant amount of seniors who are
23 aging at home, and I don't want
24 organizations like the Black Doctors or
25 others that have the cultural competency

1 and experience to do it, if they don't
2 have "a fleet of vehicles on board right
3 now" that would allow them to make those
4 house calls. I want us to be able to
5 find a way to include that kind of cost
6 and take that into consideration when
7 we're thinking about who we're funding.

8 DR. FARLEY: Understood. Thank
9 you.

10 COUNCILWOMAN PARKER: And the
11 next thing I wanted to say and you
12 talked about all of these, I'm happy,
13 Doc, to hear you say because again, I'm
14 interested in moving forward and seeing
15 how many vaccines we can get into the
16 arms of as many Philadelphians as
17 possible. But that data that you talked
18 about earlier many of my colleagues
19 asked for, firms who applied to do
20 testing versus firms who were granted,
21 those who wanted to do vaccine
22 distribution versus those, Doc, did you
23 say 97 or 98 who were selected, we need
24 to know that?

25 And the reason why I'll tell

1 you that, Dr. Farley, is I was in
2 receipt of about five copies of
3 different letters that grassroots
4 community-based organizations on the
5 ground who were interested in doing
6 contact tracing, right, who were denied
7 the opportunity to do it because I think
8 it was said that they didn't meet a
9 certain criteria. And so, the double
10 standard when we talk about credibility
11 within the community is how is there one
12 standard, particularly for this
13 minority-owned and -operated
14 community-based organization that again
15 has the cultural competency, or I'll use
16 your term, community connection but
17 there's a different standard of
18 eligibility applied to that. So that's
19 why that information becomes extremely
20 important.

21 In addition to that, I want you
22 to help me, Doc, here with teachers
23 because we see all of the competing
24 interests. Councilwoman Sanchez talked
25 about our building engineers and our

1 maintenance workers, SEIU and others,
2 who have been in our buildings forever
3 working, trying to bring them up to
4 speed in preparation for this and then
5 teachers.

6 Doc, right now are you prepared
7 to give us an amount? The number I
8 heard from the School District was
9 9,000. And again, I know you've had
10 communication with them. But out of
11 that 9,000 number, are you prepared to
12 say, well, we are anticipating that we
13 could reserve approximately 500 a week
14 or how much out of that 20,000 batch,
15 how many of those doses will go to them?
16 Has that kind of quantifiable
17 decision-making been made?

18 DR. FARLEY: No. We are
19 working on that. We have not finalized
20 that. I think we do need to have
21 numbers like that in order for people to
22 plan, but we don't have those right now.

23 COUNCILWOMAN PARKER: Okay,
24 Doc. And when you talk about that
25 dashboard, number of doses received,

1 number of Philadelphians -- number of
2 doses Philadelphia has received from
3 federal government, number of
4 Philadelphians who have been vaccinated,
5 actual heat map of where those people
6 live or by zip code, Doc, I think that
7 that is the kind of transparency that
8 will help us rebuild and regain the
9 confidence of the public at large and
10 ensuring -- I was just watching
11 something on CNN or MSNBC and I'm like,
12 wow, it's really interesting,
13 Dr. Stanford was doing an interview, and
14 they called her the most credible public
15 health advisor in Philadelphia and in
16 our region, particularly for
17 disadvantaged communities and
18 communities and color and always making
19 sure that they have a priority in our
20 decision-making. So thank you so much
21 for that, Dr. Farley.

22 The last thing I want you to
23 comment on, and this is extremely
24 important for me, Doc, you have to help
25 me understand why -- because I saw the

1 state so I want you to know that you
2 won't be alone in this -- but I heard
3 the state say that this statewide
4 registry that a lot of advocates have
5 been advocating for, they said, listen,
6 it's not about a statewide registry,
7 they're saying we just need more doses,
8 right.

9 And on many cases, I've heard
10 you and obviously we've all been jumping
11 up and down about the need for
12 Philadelphia to get more doses, but,
13 Doc, tell me how I, Cherelle Parker, for
14 example for my grandfather, I would have
15 Daddy on 10 lists right now until
16 somebody called to say, it's time,
17 Cherelle, to bring Mr. Parker and he can
18 come and this is his date.

19 Doc, tell me how having him on
20 10 lists, and we can't fault
21 Philadelphians for doing this, how that
22 doesn't inflate or muddy our data when
23 we get the number of people who are on
24 waiting lists from these 98 entities who
25 are distributing the vaccine and they're

1 talking about these waiting lists, but
2 Mr. James Parker are on 10 of them out
3 of the 98. Tell me how are we like a
4 single central system for data
5 collection, how would that not bring
6 value to this process? I'm just trying
7 to understand.

8 DR. FARLEY: I think that would
9 bring value. It would make things
10 simpler. It would be far more difficult
11 than you think. When you think about
12 our health care system, it's very
13 fragmented. Many different players,
14 different data systems. We're not the
15 United Kingdom where there's one
16 national health system. And so, it's a
17 lot harder than you think to sort of tie
18 them all together with information.

19 I should also say though that
20 the major way that people are hearing
21 about vaccination opportunities is
22 through invitation. The providers that
23 have vaccine are contacting the folks
24 that they have who are over the age of
25 75 in their electronic health record and

1 inviting them in to be vaccinated. The
2 major way is not by people initiating
3 that contact themselves, but going
4 through the providers initiating that.

5 However, if people don't want
6 to wait to be invited essentially, they
7 can sign up. I would recommend they
8 sign up at our database. And then as
9 opportunities arise, we will invite
10 them. We just don't have enough doses
11 to sort of throw it open and have it be
12 essentially first come, first serve.

13 And if we did that and make it
14 essentially first come, first serve, you
15 would find we would have even more
16 problems I think of nonvaccinating the
17 people who are most medically vulnerable
18 or the minorities. The people who are
19 most aggressive at getting in there are
20 often not the ones that are highest
21 priority for us to be vaccinated.

22 COUNCILWOMAN PARKER: West
23 Virginia, Doc, and I'll tell you, you
24 talk about preconceived notions. I know
25 you've probably read the data as well.

1 Lots of people nationally have been
2 talking about West Virginia's
3 performance, right, in vaccine
4 distribution. And I noticed that they
5 have a central registry, like a central
6 site. I just read an article about it.
7 So I'll keep my eyes open.

8 Doc, I would argue to you that
9 as we move forward, I appreciate you
10 noting for the record that things are
11 changing by the minute. I would like to
12 see a very definitive amount of doses
13 that will be distributed to the School
14 District of Philadelphia. I think there
15 is no more prescient issue right now,
16 especially with the plans that are on
17 the table for parents to be able to have
18 some sense of security and safety, Doc,
19 knowing that the teachers, but not just
20 the teachers, right, but all of those
21 who are in that school, they have some
22 sort of plan to ensure that they are
23 going to be vaccinated.

24 I know you told us that the
25 investigation is coming, Doc. And we're

1 all going to work together to make sure
2 Philadelphians get vaccinated.
3 Philadelphians are resilient. I want
4 you to know that it's still important to
5 me to find out who put their credibility
6 on the line.

7 When the Black Doctors COVID-19
8 Consortium, when we were sort of
9 fighting for them to be added to this
10 process very early on, Doc, Members of
11 this body jumped up and down publicly,
12 we wrote letters, we sent email, we
13 didn't hide it. We did interviews. We
14 told people that we could not understand
15 that this entity founded by this woman
16 who is a pediatrician surgeon, and I had
17 to tell somebody. I didn't know it and
18 I wouldn't have known it, Doc, until I
19 was doing research just about this whole
20 public health issue.

21 You may all remember Koop who
22 was our former Surgeon General. And
23 when we talk about credibility, Surgeon
24 General Koop, listen, Madam Chairwoman,
25 he was a pediatrician surgeon from CHOP,

1 from Penn, right. They have to be
2 double Board-certified, not just in one
3 aspect of medicine, but that's double
4 Board-certified.

5 And when we think about the war
6 we had to wage in essence in order to
7 get her supported, you can't not
8 understand, Doc, why Members of this
9 legislative body would not want to know
10 whether or not there was somebody inside
11 the government. But, listen, Doc, I'm
12 not even just thinking inside. There
13 could have been a doctor, a physician,
14 there could have been an educator.
15 We're a City of Eds and Meds, from one
16 of our renowned institutions of higher
17 learning or one of our hospitals who
18 said, this is something Dr. Johnson,
19 Dr. Farley or whomever team is, you
20 should take into consideration.

21 That is, Doc, extremely
22 important for us to know so that as
23 we're working through all of this
24 information from the City creating a
25 dashboard, us figuring out whether we

1 can get mobility as it relates to
2 testing, going door to door and house to
3 house for seniors who are inbound and
4 can't go out, Doc, all of this will help
5 us when we're trying to build trust.

6 I know it's tough. I know you
7 felt a lot of heat. I was pissed off
8 about it, Doc. I'm still pissed off
9 about it right now. But the passion and
10 the firmness and the advocacy as it
11 relates to communities that have been
12 disproportionately impacted but are at
13 the bottom of the rim when it comes to
14 vaccination, that's the frustration that
15 you hear, Doc. I want you to understand
16 that.

17 Madam Chair, thank you so very
18 much for your time. And I must state
19 for the record I've been on since you
20 started this morning. Thank you so very
21 much for running a very professional
22 hearing.

23 COUNCILWOMAN BASS: Thank you
24 very much. Thank you for being here for
25 the entire hearing. We appreciate that

1 and your advocacy.

2 Dr. Farley, I just have a quick
3 question for you around vaccination
4 education. Is anyone taking on the helm
5 of leading the effort to ensure that our
6 communities are getting the information
7 that they need in terms of being
8 educated around why it's important to
9 get a vaccination? There's so many
10 conspiracy theories out there.

11 And I just talked to a good
12 friend of mine the other day who said,
13 oh, I'm not getting it because of this,
14 that and the other thing. I heard this
15 and I heard that and I heard it's got
16 this in it and I heard it's got that in
17 it. And the funny thing is I just saw a
18 report last night, it was Chris Rock and
19 Gayle King, and they were talking about
20 the issues of the day.

21 And one of the things that
22 Chris Rock said, you know, she asked was
23 he getting the vaccine. He said, yes,
24 I'm getting it. He said, I don't know
25 what's in a Big Mac, but I eat those. I

1 don't know what's in Fruit Loops, but I
2 eat those. All these things we do and
3 we consume and we inhale and we take
4 into our bodies and we don't know down
5 to nth degree what's in them, but we
6 take these things in. So I say all of
7 that to say I think it's important that
8 we have some sort of vaccination
9 education effort out there that needs to
10 reach particularly communities that are
11 affected by what has happened medically
12 to them in the past, the way we have
13 been not treated well by the medical
14 community. So I don't know if you want
15 to address that or if that's in your
16 plans.

17 DR. FARLEY: It is in our plans
18 to do a better job of communication and
19 information through all channels. We
20 actually have a media campaign that is
21 in process. But just to be clear, right
22 now if we were out there pumping out
23 messages to say get vaccinated, people
24 are going to be more frustrated because
25 there is a demand for vaccination that

1 we can't meet. But, yeah, we're going
2 to need to do a lot of information. I
3 think working through trusted messengers
4 is going to be in the end the most
5 important way of addressing the vaccine
6 hesitancy concerns.

7 COUNCILWOMAN BASS: I
8 understand we don't want to say run out
9 and go get it right today because we
10 don't have enough right this moment.
11 But I do think there's a way for us to
12 phrase it and to say something to the
13 effect of, you know, when it comes your
14 way you want to get it and this is why,
15 you don't want to get COVID because of
16 the outcomes, you don't want to get
17 COVID because of the outcomes, you don't
18 want to take the risk. So I think that
19 there are ways that we can say that.

20 DR. FARLEY: Yes.

21 COUNCILWOMAN BASS: We're going
22 to go to Round 2 because of the time.
23 It's 4:57 p.m. and we're still on Panel
24 1. We have two additional panels plus
25 public comment. And as you all know as

1 members of Council, we hear from
2 everybody. So I would like to ask that
3 in Round 2 that we limit our questions
4 to two minutes, questions or statements.
5 So I'm going to have a timer. I'm going
6 to put it on for two minutes and ask
7 that everybody be willing to be helpful
8 in that regard.

9 So first up was Councilman
10 Derek Green, followed by Councilwoman
11 Gym, followed by Councilwoman Gilmore
12 Richardson, followed by Councilman Henon
13 and finally followed by Councilman Oh.
14 Councilman Green.

15 COUNCILMAN GREEN: Thank you,
16 Madam Chair.

17 This has been quite a long
18 hearing and a number of questions have
19 been raised. And I asked the question
20 earlier about the standard that you
21 should be held to considering what we
22 saw from our former Secretary of State.
23 And you made reference to and throughout
24 your testimony today in reference to
25 instilling trust back into the

1 community, and as you know actions speak
2 louder than words.

3 And in that regard, do you
4 believe the plan that you have going
5 forward in reference to addressing
6 vaccinations and all the questions and
7 issues that have been raised today will
8 provide that trust to the citizens in
9 the City of Philadelphia who are truly
10 concerned about the impact of this
11 vaccine, impact of this pandemic and
12 this virus and the ability for them to
13 receive a vaccine?

14 DR. FARLEY: I believe that we
15 can improve in all the areas that we
16 have stated as what we want to do and
17 say we're going to achieve this and meet
18 our promises. I do believe still two
19 months from now there will be still many
20 people who are frustrated that haven't
21 gotten vaccinated yet. It's just the
22 nature of where we are. But I do think
23 that we can make promises and meet our
24 promises and I hope through that process
25 to build trust in the community.

1 COUNCILMAN GREEN: And this is
2 my last question: And based on that
3 standard you said of meeting promises
4 and trying to build trust back, do you
5 believe there's a standard that if you
6 do not meet, that you feel you should
7 resign if those standards are not met to
8 allow people to feel comfortable in
9 reference to going forward?

10 DR. FARLEY: Like I said, I
11 asked the citizens of Philadelphia, the
12 residents of Philadelphia, to give us a
13 chance to prove that we can improve
14 here. If down the line, and you tell me
15 how many months down the line we're
16 talking about, if we're not making
17 progress on that, then people should
18 say, all right, this isn't working,
19 you're still the wrong guy. Then that's
20 fine. But I feel like we made a mistake
21 here. I would like to have the
22 opportunity to prove to people we can
23 make it right.

24 COUNCILMAN GREEN: Thank you,
25 Madam Chair.

1 COUNCILWOMAN BASS: Thank you,
2 Councilman. Thank you.

3 Next, Councilwoman Helen Gym.

4 COUNCILWOMAN GYM: Thank you so
5 much, Madam Chair, and thank you again
6 for running this hearing so well. We
7 appreciate it.

8 COUNCILWOMAN BASS: Absolutely.
9 Thank you.

10 COUNCILWOMAN GYM: Dr. Farley,
11 I just wanted to go over again some of
12 the questions again for individuals with
13 disabilities in particular and just
14 reclarify again. One of the things that
15 we're going to ask is if you can send
16 over in writing which providers are
17 currently serving unaffiliated health
18 care workers?

19 DR. FARLEY: There may be
20 unaffiliated health care workers
21 appearing anywhere, but they're ones
22 that we have given specific requests to
23 vaccinate unaffiliated health care
24 workers. Are you talking about in the
25 past or are you talking about going

1 forward?

2 COUNCILWOMAN GYM: Well, right
3 now. As we said, Philly Fighting COVID
4 had -- the purpose of Philly Fighting
5 COVID was specifically to deal with many
6 of these health care workers who may not
7 be picked up in other scenarios. So we
8 still need answers for them and so many
9 people are coming to us saying that
10 they're treating individuals who are
11 sick, they themselves are diabetic and
12 they have no understanding or means or
13 where and how they're getting the
14 vaccine, who they should be going to.
15 So if this is just about the future
16 health clinics, is it at all possible to
17 have hospitals pitch in and start taking
18 on this population?

19 DR. FARLEY: It is absolutely
20 possible. So if you can tell me a
21 little bit more about what you know
22 about if there are groups of people as
23 opposed to individuals, but we can see
24 what we can do to channel them into
25 opportunities at hospitals or elsewhere.

1 COUNCILWOMAN GYM: Okay. I
2 think that's -- there are organizations
3 that represent an unaffiliated health
4 care workers. We should be talking to
5 them. But then just making the call
6 very broadly so that individuals know
7 that they qualify and that there is
8 something clearly available to them.
9 The other areas that --

10 COUNCILWOMAN BASS:
11 Councilwoman, I'm sorry. That was your
12 two minutes.

13 COUNCILWOMAN GYM: Can I make
14 one quick comment then?

15 COUNCILWOMAN BASS: Very
16 quickly, please.

17 COUNCILWOMAN GYM: Very
18 quickly. When individuals fill out the
19 form on the City website, there is
20 absolutely no communication back, none.
21 There's not even a notice that their
22 form was received. There's no notice of
23 acknowledgement --

24 COUNCILWOMAN BASS: Can we fix
25 that? Can we fix that, Commissioner

1 Farley?

2 DR. FARLEY: Just to clarify
3 because I registered myself just to test
4 it out, a window pops up at the bottom.
5 It says we received it. It may be weeks
6 or months before we get back to you, but
7 we've got it. We needed to get that up
8 quickly so we don't have great
9 communications-back abilities, but we
10 will be sending out communications to
11 people as soon as we can get that
12 organized to say, okay, we got you and
13 we'll get to you as soon as we can.

14 COUNCILWOMAN GYM: Okay. Thank
15 you, Madam Chair.

16 COUNCILWOMAN BASS: Thank you,
17 Councilwoman. And any additional
18 questions, please put them in writing
19 and we'll get them over to the
20 Commissioner. Thank you.

21 Councilwoman Gilmore
22 Richardson.

23 COUNCILWOMAN GILMORE

24 RICHARDSON: Thank you, Madam Chair. My
25 team submitted our additional questions

1 in writing and I'll wait until the panel
2 for the next round of questions. Thank
3 you very much.

4 COUNCILWOMAN BASS: Very good.
5 Thank you, Councilwoman.

6 Councilman Henon.

7 COUNCILMAN HENON: Thank you,
8 Madam Chair.

9 Dr. Farley, I hope you
10 understand that -- I'm going to speak
11 for myself. I think we all recognize or
12 I recognize that you have a Department
13 of Health who have good public servants
14 who are really trying to do good for the
15 City of Philadelphia and the public's
16 interest, so I want to thank all of them
17 who are working tirelessly under these
18 conditions.

19 So on November 16th, the City
20 submitted a vaccination plan. The plan
21 is very good. It's a very good plan.
22 It talks about a dashboard. It even
23 talks about 311. It talks about
24 data-sharing agreements and it talks
25 about mobile teams. So there's a lot, I

1 think, in there that needs to be
2 relooked and maybe modified as we move
3 forward because I think it is a good
4 plan. Most of it is all contingent upon
5 the amount of doses we get from the
6 federal government and the CDC.

7 I know you're going to review
8 that. I think it's a good plan.
9 November 16th, we prepared for a hearing
10 with it. In addition, it might need to
11 be tweaked a little bit to adjust to
12 what Council is asking, but a lot of
13 things that we're discussing today is in
14 this plan. I think it's coming down to
15 execution.

16 My question: You announced
17 that there's going to be six mass
18 vaccination sites, 500 a day, seven days
19 a week. I'm asking for the record can
20 one of them be in Northeast
21 Philadelphia? There's 400,000 people up
22 in Northeast Philadelphia. Every
23 Philadelphian, everybody who works here
24 deserves to get a dose in their arm, and
25 I'm asking for at least one of them to

1 be in Northeast Philadelphia. And when
2 will you let me know?

3 DR. FARLEY: To be clear, this
4 is -- we're going to have teams six days
5 a week. Each day they'll be at one
6 location, right. So there's not going
7 to be six every single day. There's
8 going to be one on a certain day, but
9 they'll be working Monday through
10 Saturday. And on different days, there
11 will be different neighborhoods in the
12 City.

13 Northeast Philadelphia is one
14 area that we are very much looking at.
15 We don't have a specific location there
16 yet, but that is certainly a strong
17 possibility as a broad neighborhood. We
18 are not going to have it in everybody's
19 very specific neighborhood. That's one
20 region of the City that we're looking
21 at, among others.

22 COUNCILMAN HENON: I appreciate
23 that --

24 COUNCILMAN JOHNSON: Point of
25 information.

1 COUNCILMAN HENON: -- where I
2 could be helpful, I'm going to be
3 helpful. Thank you.

4 COUNCILWOMAN BASS: Thank you.
5 Chair recognizes Councilman Johnson.
6 Point of information.

7 COUNCILMAN JOHNSON: I just
8 want to ask Commissioner Farley to also
9 consider South Philadelphia and
10 Southwest Philadelphia as two key areas
11 for support. Thank you very much,
12 Mr. Commissioner.

13 COUNCILWOMAN GILMORE
14 RICHARDSON: Madam Chair, point of --
15 COUNCILWOMAN BASS: Wait.
16 Before we -- I know where this is going.
17 So let me just say, Commissioner, we
18 need vaccination sites in geographically
19 diverse parts of the City. We need one
20 in the Northeast. We need one in the
21 Northwest. We need South and Southwest.
22 We need West Philadelphia. We need
23 Center City, North Philadelphia east of
24 Broad, North Philadelphia west of Broad.
25 We have a lot of area to cover and we

1 certainly want to make sure that we
2 cover every area. You shouldn't have to
3 go more than a few miles by car in any
4 part of the City to get access to a
5 vaccine.

6 Please feel free to reach out
7 to us. As Councilmembers, we would be
8 happy to help you with selection. If
9 you're a having a hard time in the
10 Northwest or the Northeast or wherever
11 you're looking, there's a member of
12 Council that can be very helpful to you
13 in that regard to help you put it in a
14 place where there's going to be access
15 to public transportation, access to
16 parking, handicapped accessible. We
17 know all of these sites. We know the
18 good sites. So please reach out to us
19 and let us know.

20 DR. FARLEY: Thank you and I
21 appreciate that offer. But just to be
22 clear, this is the ones that we in the
23 Health Department are going to manage.
24 There will be many other opportunities
25 through hospitals, clinics, et cetera,

1 but we will be talking to Councilmembers
2 about locations.

3 COUNCILWOMAN BASS: Very good.
4 Okay.

5 Councilman Oh. We do have one
6 other question from Councilman Oh.

7 COUNCILMAN OH: Thank you,
8 Chairwoman. I have a comment really
9 directed at the Administration.

10 COUNCILWOMAN BASS: Yes.

11 COUNCILMAN OH: For me, this
12 failure is a result of an incomplete way
13 of handling this entire COVID problem.
14 And the reason I say that is because we
15 have a strong Mayor system under our
16 Charter, absolutely. But this house,
17 this government is built in three parts.
18 The biggest is the Mayor. The second
19 biggest when it comes to activity is the
20 legislative branch, City Council. And
21 then we have the judicial branch.

22 Council has been relegated in
23 my opinion to like an advisory role.
24 That's not what the Code and the Charter
25 want. We are supposed to be a partner

1 and we're actually supposed to provide
2 input and oversight from a position of
3 power. And that's why I've introduced
4 this bill. And as much as there's
5 tweaking and trying to move forward, it
6 will not fix this problem. There has to
7 be a regular input of this Council body
8 with a hammer, and that hammer is built
9 in the Code.

10 You cannot simply address COVID
11 on an unlimited basis with no checks and
12 balances. So to the Administration, I'm
13 saying that whatever the interpretation
14 is by this Administration that COVID has
15 relegated Council to kind of being
16 briefed and having hearings of
17 questions, that is not my
18 interpretation, but I have introduced a
19 bill.

20 If you cannot justify your
21 actions, if you cannot explain what
22 you're doing, if you don't provide data,
23 it's not just briefing us. You have to
24 engage with us because we engage 17
25 members with the community. I'm happy

1 to say that Dr. Epstein joined a Zoom
2 meeting talking to 20 mostly immigrant
3 business organizations of how to reach
4 people who don't speak English. There's
5 a lot of people like that, that can't
6 fill out the forms that need a lot of
7 help. Every one of them who walks
8 around without a vaccination is a
9 potential contagion, and that has to be
10 addressed. It would have been addressed
11 earlier had we had regular meetings.

12 I'm finally going to say it
13 appears from reading and seeing that not
14 always 17 members are equal in this
15 process. Some members know a little
16 more about this. Some members know a
17 little more about that. That's not a
18 way to operate this government, just
19 kind of like whoever's here or there or
20 somebody knows someone. We have to have
21 a formal public transparent process that
22 the citizens can watch and have input on
23 with us.

24 Thank you, Chairwoman.

25 COUNCILWOMAN BASS: (Muted).

1 COUNCILMAN SQUILLA: Cindy,
2 you're muted.

3 COUNCILWOMAN BASS: Thank you.
4 Thank you so much. I agree with you
5 wholeheartedly, Councilman Oh. And I
6 think that as I started out with my
7 comments at the beginning of the
8 hearing, people really hold us
9 accountable for mistakes that are made
10 by the Administration that we really
11 have nothing to do with, that we really
12 wished we could have had a seat at the
13 table, we want to have a seat at the
14 table as a partner.

15 But, Commissioner Farley, I
16 just want you or someone from the
17 Administration to confirm that City
18 Council does not execute contracts on
19 behalf of the Administration?

20 DR. FARLEY: That is true.
21 It's the Administration's
22 responsibility.

23 COUNCILWOMAN BASS: And we do
24 not vet or interview potential vendors
25 on behalf of the Administration?

1 DR. FARLEY: That is true.

2 That's an Administration task, not a
3 legislative task.

4 COUNCILWOMAN BASS: Very good.

5 Thank you. I see the City solicitor
6 Diana Cortes is available to make a
7 comment on that as well.

8 MS. CORTES: Good I think we're
9 in evening now. Good evening, Council
10 Chair Bass. I was just going back to
11 your earlier question, I think,
12 regarding in what instances we had
13 waived certain Charter provisions or
14 Code provisions in the contract. We
15 haven't been able to locate all of the
16 different instances. However, that is a
17 request. As there's many different data
18 points, we still have to identify and
19 we're more than happy to do that and add
20 that to the different requests that you
21 and the other Committee members in City
22 Council have requested. But I do have
23 some information on two examples that we
24 were able to identify within this time
25 period.

1 COUNCILWOMAN BASS: Okay.

2 MS. CORTES: So one of the
3 examples is an agreement with Dentrust,
4 which was with a company that provided
5 COVID-19 testing at a former City health
6 facility at Broad and Lombard, and the
7 initial amount for that contract was
8 about \$900,000. There might have been
9 some amendments to that. Again, once we
10 are able to obtain all of the different
11 agreements for that and amendments,
12 we'll provide that.

13 And the other example was the
14 pipeline contract for the purchase of
15 masks and other PPE from a New Jersey
16 company. That was a contract for about
17 3.8 million. And that contract we
18 allowed for payment provisions that
19 normally wouldn't occur, and in order to
20 just streamline the process as was
21 allowed by the state order and the
22 Mayor's Executive Order 320.

23 COUNCILWOMAN BASS: Thank you
24 for the information. If you can submit
25 that in writing so that we can compile

1 it with the other information that was
2 requested earlier and have a written
3 review, we can do a review of the
4 written document, I think that will be
5 helpful to us.

6 MS. CORTES: Okay.

7 COUNCILWOMAN BASS: Thank you.

8 MS. CORTES: Thank you.

9 COUNCILWOMAN BASS: Councilman
10 Squilla, I see your hand is up.

11 COUNCILMAN SQUILLA: Yes.
12 Thank you, Madam Chair. I appreciate
13 it.

14 Dr. Farley, I know you gave us
15 the numbers and they seem pretty good
16 out of the numbers we received to be
17 disbursed. Do you know what our ranking
18 is among other municipalities, like is
19 Philadelphia compared to other cities
20 throughout the country and how we
21 compare?

22 DR. FARLEY: There isn't any
23 standard metric to it and there's
24 actually different ways you can
25 calculate it. I know the Inquirer did

1 an analysis and got data from a few
2 cities and we were not at the top, but
3 amongst the higher ones. I don't know
4 where we are now. And again, it's
5 actually more complicated than you might
6 think as far as calculating how many
7 vaccines we're getting out.

8 COUNCILMAN SQUILLA: Okay.
9 Well, I think it's important to know
10 because a lot of times we get why are
11 other people doing it better than us,
12 what can we copy from them. If somebody
13 is doing it really good, maybe we could
14 see what they're doing and adapt to that
15 or add that our model.

16 I do want to say that I see
17 that you're back and you were using the
18 Convention Center. They've been a great
19 partner for the election. They've been
20 a partner for here. They're willing
21 always to help out in making these sites
22 available for us, so I appreciate your
23 efforts. But I think we as a Council do
24 always have questions and hopefully we
25 continue to work together to improve

1 this process so everybody in the City
2 can get their vaccine, so thank you.

3 DR. FARLEY: Thank you.

4 COUNCILWOMAN BASS: Thank you.

5 Are there any additional questions from
6 members of Council?

7 (No response.)

8 COUNCILWOMAN BASS: Okay.

9 Seeing none, we're going to thank the
10 Commissioner for his time today and the
11 Administration for your time.

12 We're going to move to the
13 second panel. If we can have the Clerk
14 call the second panel forward.

15 Thank you, Commissioner.

16 DR. FARLEY: Thank you.

17 THE CLERK: Cherie Brummans,
18 CEO Executive Director of the Alliance
19 of Community Service Providers; Chase
20 Trimmer, Director of the Special
21 Olympics of Pennsylvania; Shane Janick,
22 Executive Director of the Arc of
23 Philadelphia; Amy Millar, Development
24 and Communication Coordinator for Vision
25 for Equality; and Anna Perng, an

1 advocate who I know Council support will
2 have to call in. State Representative
3 Fiedler had to leave, but she has
4 submitted her testimony and I will share
5 that with the Councilmembers.

6 COUNCILWOMAN BASS: Very good.
7 Is Cherie Brummans available?

8 MS. BRUMMANS: Yes, I'm right
9 here. Can you hear me?

10 COUNCILWOMAN BASS: We
11 certainly can. Please state your name
12 for the record and begin with your
13 testimony.

14 MS. BRUMMANS: Sure. Cherie
15 Brummans. I'm with the Alliance of
16 Community Service Providers. Okay.
17 Good evening, Madam Chair and
18 distinguished members of the Committee.
19 My name is Cherie Brummans and I
20 currently serve as the CEO and Executive
21 Director of the Alliance of Community
22 Service Providers.

23 The Alliance is a professional
24 membership organization that represents
25 providers of mental health, drug and

1 alcohol, ID and autism services in the
2 City of Philadelphia, and together our
3 membership organizations serve more than
4 200,000 people annually. We inflate
5 tens of thousands and generate hundreds
6 of millions of dollars in economic
7 activity. I'm here this evening to
8 speak to you regarding Resolution
9 210041.

10 So recently we had an
11 opportunity alongside DBHIDS, City
12 Councilmembers and other Philadelphia
13 stakeholders to meet with Dr. Caroline
14 Johnson about the vaccine roll-out in
15 Philadelphia. I sit here before this
16 Committee today to reiterate some of the
17 important items that we discussed in our
18 meeting and to make you aware of some
19 specific concerns that we shared during
20 the meeting about the vaccine roll-out
21 process as it pertains to our frontline
22 workers and the vulnerable populations
23 that we serve.

24 First, we're very grateful to
25 the Department of Health, they have

1 further defined the scope of who's
2 included in Phase 1A. As you may be
3 aware, the Alliance and many other
4 advocacy groups have been adamant that
5 our direct support staff who provide
6 mental health, drug and alcohol and ID
7 and autism services need to be included
8 in Phase 1. They are after all
9 frontline health care staff who work in
10 close approximately to many high-risk
11 individuals.

12 We've also asked that family
13 members and unpaid caregivers, sometimes
14 referred to as natural supports, be
15 included in Phase 1. Given that most of
16 the City's day programs have been closed
17 since March of 2020, many families have
18 had to become full-time unpaid
19 caregivers of their loved ones who
20 struggle with intellectual and
21 developmental disabilities, autism and
22 mental health difficulties.

23 It's also the case that
24 individuals who reside in congregate
25 care, non-nursing home-related settings,

1 are very high risk. So the prevalence
2 of comorbidities and an overall high
3 level of vulnerability in all of these
4 populations necessitates that family
5 members, unpaid caregivers and people
6 residing in congregate settings also
7 need to be included in Phase 1.

8 Secondly, we have a significant
9 concern about moving to Phase 1B without
10 a focus on and plan to first complete
11 Phase 1A. I know that many of you
12 talked about this today, so thank you
13 for your attention to that. We
14 recognize that this is a complicated
15 issue and we understand that the
16 Department of Public Health is being
17 asked by many groups to receive top
18 priority. And we're also sympathetic to
19 the fact that current supply does not
20 match the significant demand.

21 However, it's been our
22 understanding that the phase system was
23 designed in part so that we do not
24 forget about our frontline staff, also
25 known as Phase 1A, and the most

1 vulnerable people, often marginalized
2 Philadelphians that we serve. These
3 persons cannot mobilize on their own.
4 And so, we therefore ask that the
5 Department of Public Health come up with
6 an effective system to identify and
7 communicate with Phase 1 individuals
8 about how they can register to be
9 vaccinated. We ask that the Department
10 ensure that these people are vaccinated
11 now before continuing to move forward
12 with 1B.

13 Finally, we discussed the need
14 with Dr. Johnson to find alternative or
15 additional solutions to get our
16 frontline workers and vulnerable
17 populations vaccinated. It is very
18 important to understand that it's often
19 the case that our consumers cannot stand
20 in line to wait in large open
21 environments like the Convention Center,
22 athletic stadiums or even drug or
23 grocery stores. And it's for this
24 reason that we believe it will be most
25 effective to utilize our provider

1 locations. These are spaces that are
2 already familiar to the people and the
3 family members we serve.

4 I want you to know that the
5 Alliance is ready and able to
6 participate. While most of our member
7 organizations are not physical health
8 providers and therefore don't have the
9 ability to administrate or deal with the
10 IT infrastructure to manage appointments
11 and reporting, we do understand that the
12 implementation of strike teams is a
13 possibility.

14 It's our understanding after
15 our conversation with Dr. Johnson that
16 if we provided available space, these
17 strike teams would be able to come in
18 and handle the scheduling, reporting and
19 administration of the vaccine to the
20 people and families we serve. To date,
21 I know that at least 11 Alliance
22 membership agencies that have expressed
23 a willingness to offer space for these
24 strike teams to run vaccination clinics.

25 These organizations can offer a

1 safe place to vaccinate frontline
2 workers, families and other paid
3 natural supports and those in their care
4 all at one time. I thank you for your
5 consideration and your time of the
6 issue -- time and consideration for the
7 issues that I've outlined above. We
8 know that solving these issues will take
9 a thoughtful and creative response.
10 We're here and we're ready to help. I
11 look forward to working together. The
12 Alliance looks forward to working
13 together with each and every one of you
14 to resolve these outstanding issues and
15 fully realize our shared vision for a
16 healthy COVID Philadelphia. Thank you.

17 COUNCILWOMAN BASS: Thank you
18 very much for being here and your
19 patience and testimony today. We really
20 appreciate your input.

21 Can we have the next witness
22 come forward, state your name for the
23 record and begin your testimony.

24 MR. TRIMMER: Good afternoon,
25 Chairwoman Bass and members of the

1 Committee. My name is Chase Trimmer.

2 COUNCILWOMAN BASS: Good
3 afternoon.

4 MR. TRIMMER: I'm a resident of
5 Philadelphia and I represent Special
6 Olympics Pennsylvania as the Director of
7 the Philadelphia program. Just want to
8 thank you for the opportunity to share
9 testimony today. I'm here to share
10 remarks on behalf of the community and
11 special athletes in our City and also in
12 support of the broader disability
13 community regarding the City's
14 management of the COVID-19 vaccine plan,
15 Resolution 210041 and more specifically
16 the City's plan for managing an
17 equitable and inclusive roll-out of the
18 COVID-19 vaccine.

19 Proposed ordinances and the
20 call for additional oversight of
21 procedures for evaluating vaccine
22 provider applicants and awarding
23 contracts is encouraging and must
24 include people with disabilities and
25 disabilities serving stakeholders in the

1 process. The Philadelphia Program for
2 Special Olympics Pennsylvania serves a
3 community of nearly 5,000 individuals
4 with intellectual disabilities.
5 Athletes and their families, including
6 individuals in the City's Phase 1 groups
7 are still experiencing significant
8 obstacles, confusion and frustration due
9 to apparent inequities regarding
10 vaccination. This is significant
11 because we know that the broader group
12 of people with intellectual
13 disabilities, not just those in
14 congregate settings or with Down
15 syndrome are, in fact, three times more
16 likely to die of COVID-19.

17 I'd like to ask that the
18 community, city, state leadership and
19 the Department of Public Health work
20 with the disability community and
21 disability-serving stakeholders to
22 address these gaps and inequities as a
23 priority as soon as possible. This
24 vulnerable group has historically been
25 vaccinated at lower rates than the

1 general population due to lots of
2 factors, including awareness, fear and
3 lack of access or accessibility. But
4 these challenges, high-risk population
5 with low vaccine uptake, present a
6 unique opportunity. If we can improve
7 vaccine uptake for this critical group,
8 we can reduce the burdens and costs on
9 our health care system. So this is both
10 a moral and an economic imperative.

11 On behalf of Special Olympics
12 Pennsylvania, I just want to express
13 that we stand ready to work with
14 partners to help meet these challenges.
15 We are a trusted partner to our athletes
16 and families and thus can help with
17 vaccine awareness and acceptance and
18 also be a resource to address this
19 vaccine issue. So thank you again for
20 the opportunity to share this testimony
21 and for your committed actions to
22 promote equity and inclusion for all
23 Philadelphians.

24 COUNCILWOMAN BASS: Thank you
25 very much for your testimony. And I

1 know that we did have quite a bit of
2 conversation around making sure that the
3 disability community was included in all
4 conversations. So we want to thank you
5 for being here today and for your
6 commentary and for Cherie as well.

7 Is Shane available? Shane, are
8 you still with us from the Arc?

9 MR. JANICK: Yes. And thank
10 you for having us.

11 COUNCILWOMAN BASS: Absolutely.
12 Thank you for being here.

13 MR. JANICK: So my name is
14 Shane Janick. I'm the Executive
15 Director at the Arc of Philadelphia and
16 appreciate you taking the time to hear
17 testimony from us today. So in light of
18 the current investigation, I wanted to
19 provide a statement and request to avoid
20 future issues with contracted providers
21 to promote the best quality care to one
22 of the most negatively affected
23 communities, which was the community
24 with intellectual developmental
25 disabilities.

1 This community will face
2 numerous foreseeable barriers to receive
3 the vaccine if contracted providers are
4 not prepared to serve this prioritized
5 group, and we would like to support
6 those efforts to effectively engage with
7 priority community with contracted
8 providers. I want to provide a request
9 to promote a fully inclusive vaccination
10 roll-out for current and future
11 contracts for one of the most vulnerable
12 communities who have intellectual
13 disabilities that I'll refer to as IDD
14 for the rest of the testimony.

15 The community of IDD has one of
16 the most transmissibility rates and case
17 fatality rates due to underlying medical
18 conditions, medical complexities and
19 associated behaviors of the various
20 diagnoses that people with IDD have.
21 The Arc of Philadelphia would like to
22 ask that all contracted providers are
23 well-equipped and trained to provide
24 vaccines in an inclusive manner to
25 people with IDD and all communities.

1 This inclusive medical care is often not
2 clinical in nature, but rather include
3 social and communicative and
4 environmental adaptations to best serve
5 this community who often face social and
6 attitudinal barriers when receiving
7 health care.

8 Some examples include to
9 anticipate individuals that may not be
10 able to wear masks or social distance
11 due to their disability or behaviors
12 related to their diagnoses and
13 appropriate solutions, to create
14 inclusive physical environments that may
15 include individual vaccination rooms or
16 quiet waiting rooms as accommodations,
17 to be comfortable in communicating with
18 individuals with different modes of
19 communication, such as sign language and
20 communication devices or those are
21 nonverbal or use vocalizations for their
22 speech, to expect that some individuals
23 may require assistance from caregivers
24 and family members to accompany them
25 throughout the process when receiving

1 the vaccine on site, including signing
2 documents on their behalf, and to
3 establish a procedure for individuals
4 who do not have a state-issued ID, which
5 will be a barrier for this community who
6 are more likely to not have a state-
7 issued ID than the general population.

8 To do so, I implore the City to
9 engage disability service providers and
10 advocates, a well-connected community,
11 who can guide officials to best
12 practices, trainings and experts in the
13 field of inclusive medicine to consult
14 with contracted providers on how to
15 provide inclusive health care during
16 administration of vaccination sites and
17 throughout the distribution plan this
18 coming year and beyond. Thank you for
19 your time and appreciate you having us.

20 COUNCILWOMAN BASS: Thank you
21 very much for your testimony. We really
22 appreciate it, and I've been to the Arc
23 many times so I know what a great job
24 you all do. Thank you so much for
25 everything.

1 MR. JANICK: Thank you.

2 COUNCILWOMAN BASS: Amy Miller,
3 Millar.

4 MS. MILLAR: It's Millar.
5 Thank you so much.

6 COUNCILWOMAN BASS: Millar.
7 Hi, Amy.

8 MS. MILLAR: Hello.

9 COUNCILWOMAN BASS: Please
10 state your name for the record and begin
11 your testimony.

12 MS. MILLAR: My name is Amy
13 Millar. Good evening. I would like to
14 begin by thanking this Committee on
15 Public Health and Human Services and our
16 City Council for holding today's
17 important hearing. I would also like to
18 thank Councilman Green for his ongoing
19 support in meeting with our families
20 around the vaccination plan and
21 addressing their fears and concerns, and
22 to all of our Councilmembers that have
23 been working by the clock to support the
24 constituents during these unprecedented
25 times and for your fierce advocacy today

1 on my behalf.

2 My name is Amy Millar as I have
3 stated and I am testifying today on
4 behalf of my employer Vision for
5 Equality on Resolution 210041 and
6 concerning the City's vaccination
7 planning. Additionally, I am a person
8 with multiple disabilities and the
9 single caregiver to three children with
10 disabilities. Vision for Equality has
11 served this City for 25 years by
12 advocating for inclusion, equity and
13 accessibility for people with
14 disabilities and their families. We are
15 proud of our long-standing partnership
16 with this great City and with many of
17 you here today. Yet there is much work
18 to do as we have all heard today.

19 If the COVID-19 pandemic has
20 taught us anything, it is that family is
21 everything, especially to people with
22 disabilities. The City's vaccination
23 planning has struggled to be inclusive
24 and equitable for disparate citizens,
25 particularly for those with intellectual

1 disabilities, medical complexities and
2 family caregivers, many of who have
3 limited access to technology and their
4 own comorbidities to put them at risk
5 for COVID-19.

6 With the lack of access to
7 technology, it makes this ever-changing
8 complex plan with allusive contracting
9 practices even more out of reach. While
10 the City's plan has always included
11 those in congregate care settings, it
12 has failed to recognize that more than
13 86 percent of Pennsylvanians with
14 disabilities do not live in these
15 settings. They live in the community
16 with their family.

17 Vision for Equality would like
18 this Committee to be aware that the
19 City's current vaccination planning has
20 fallen short for not only people with
21 disabilities, but also for the families
22 that provide unpaid care in
23 life-sustaining support. There's been a
24 lack of transparency, guidance,
25 information and meaningful inclusion.

1 There's mass confusion, particularly
2 around the recent developments of
3 questionable contracting practices. The
4 mere fact that Philadelphia's plan does
5 not align with the state's plan and has
6 significant deficits, this continues to
7 add to the confusion for our families
8 that live in other counties. This has
9 additionally increased disparities for
10 those with limited English, our Black
11 and Brown communities and City citizens
12 with disabilities and caregivers.

13 We would like to take a moment
14 to applaud the Department of Human
15 Services and Secretary Miller who has
16 provided letters certifying that those
17 of us that are either self-directing our
18 care or family caregivers that are
19 unpaid can produce to show that we are,
20 in fact, eligible in Category 1A.
21 However, Philadelphia's plan continues
22 to not clarify this for our family
23 caregivers at this time, who also
24 continue to struggle with even accessing
25 vaccinations sites, as many of those

1 that they support are homebound and
2 cannot be left alone. They are fearful
3 that when the time comes for them to be
4 vaccinated, it will be too late.

5 For Philadelphia saw the
6 highest cases of death rates for COVID-
7 19 in the entire state of Pennsylvania
8 for those with disabilities and autism.
9 This cannot continue and, therefore,
10 people with disabilities and their
11 family caregivers who are providing
12 critical care must not only be included,
13 but prioritized.

14 While the City has begun to
15 utilize Census workers, which we applaud
16 and the call in line, how would one even
17 learn of these plans or where to go or
18 where to call if you don't have access
19 to the technology to access the website
20 where these phone numbers are listed.
21 And by the way, they are only currently
22 listed in English and Spanish. There
23 are many more questions that must be
24 addressed and answered as we continue to
25 have to pivot our Philadelphia plan once

1 more, considering the troubling
2 discoveries around Philly Fighting
3 COVID. This continues to add to
4 confusion of where do I go for
5 information.

6 We urge the City to expand
7 their partnerships with qualified health
8 and community-based organizations as we
9 move forward to rebuild trust and equity
10 for all citizens. In closing, the
11 Department of Public Health recently
12 shared this statement on their Twitter
13 feed, our health center sees everyone,
14 insurance or no, citizen or no, no
15 English, we will translate, remember,
16 you are welcome. Therefore, we implore
17 that the Department must be held
18 accountable to carry this mission and
19 principle to their vaccine planning,
20 contracting and distribution.

21 On behalf of Vision for
22 Equality, I thank you so much for you
23 time. I'm happy to answer questions and
24 we are ready and willing to provide any
25 additional supports in your efforts to

1 ensure that equity within the
2 vaccination planning on behalf of all
3 citizens is carried out. There is a
4 saying among self-advocates, nothing
5 about me without me. Please include
6 people with disabilities as you move
7 forward. Thank you for your time.

8 COUNCILWOMAN BASS: Thank you,
9 Amy. And I agree, nothing about me
10 without me. I hear that loud and clear.
11 Excellent. Thank you for being here
12 today.

13 I believe our last person for
14 this group of witnesses was Anna Perng.
15 Anna, are you still with us?

16 (No response.)

17 COUNCILWOMAN BASS: Okay. If
18 we can have Madam Clerk call the next
19 panel. And if Anna rejoins us, we will
20 bring her to the front.

21 COUNCILMAN GREEN: Madam Chair,
22 I just had one quick point.

23 COUNCILWOMAN BASS: I do
24 apologize. Councilman Green, you did
25 say you had a point to make. I

1 apologize. Chair recognizes Councilman
2 Green.

3 COUNCILMAN GREEN: Thank you,
4 Madam Chair.

5 I just wanted to thank all of
6 the people on this panel that testified
7 regarding this important issue. For so
8 many of the parents, guardians and even
9 self-advocates to have a real concern on
10 their ability to receive this vaccine
11 and get tested, the current environment
12 for testing in many ways have not been
13 conducive for people that have a
14 physical learning difference. We've
15 already had those conversations as I
16 said earlier with Dr. Farley, with the
17 Health Department, to start focusing on
18 ways that we can provide testing for
19 people in this community, many who are
20 in the Phase 1B, to be able to receive
21 access to the vaccines.

22 But as Ms. Millar stated from
23 her testimony as well as testimony from
24 both Chase and Cherie as well as from
25 the Arc, too often this community is

1 left behind, so it's important that --
2 left behind and also the most vulnerable
3 from them being impacted by this
4 pandemic. And so, we will continue to
5 work collectively together in trying to
6 come up with a plan and information for
7 those in this community who want to get
8 vaccinated.

9 Just from the perspective that
10 if you are a parent like myself with a
11 child on the autism spectrum, you could
12 be classified as a caregiver in Phase
13 1A, but you're not sure so that's a
14 problem. But then even if you say that
15 you're a person under Phase 1A, your
16 child is on the spectrum and maybe Phase
17 1B. And so, it will be easier if I can
18 get vaccinated at the same time as my
19 child so my child can see me get
20 vaccinated and maybe feel more comfortable
21 because I see my dad or my mom get
22 vaccinated at the same time. But under
23 the current guidelines, I would be in 1A
24 and my child would be in 1B. And so,
25 those are some of the issues that we've

1 been addressing. There's a lot more
2 information that needs to occur.

3 So I just want to thank this
4 panel for their advocacy and we'll still
5 continue to push forward to get these
6 questions answered so that we can make
7 sure that all people that have and need
8 the vaccine, which is all of us, will
9 get the vaccine in an equitable way.

10 Thank you, Madam Chair.

11 MS. BRUMMANS: Thank you for
12 your support, Councilman Green.

13 COUNCILWOMAN BASS: Thank you.
14 Thank you, Councilman Green, for your
15 tireless advocacy.

16 Anna is available. I know
17 Lonnie from Tech staff --

18 MS. PERNG: Hi. This is Anna.

19 COUNCILWOMAN BASS: Hi, Anna.
20 All right. Very good. Please state
21 your name for the record and begin your
22 testimony.

23 MS. PERNG: Sure. My name is
24 Anna Perng. And good evening,
25 Chairwoman Bass and members of City

1 Council Public Health and Human Services
2 Committee.

3 COUNCILWOMAN BASS: Good
4 evening.

5 MS. PERNG: Thank you so much
6 for this opportunity to hear from
7 advocates. Almost six years ago, I
8 helped found the Chinatown Disability
9 Advocacy Project, an intersectional
10 coalition of immigrants with
11 disabilities, families and accomplices
12 that fight for equity, justice and
13 inclusion.

14 On January 4th, my colleague
15 Jeff Le and I published an op-ed for
16 ways to improve Philly's COVID-19
17 vaccine plan, urging the City to publish
18 its plan and racial and ethnic data,
19 update its priority list to reflect CDC
20 guidance and to spearhead a full-blown
21 campaign, revising the Census
22 infrastructure in partnership with
23 civic, neighborhood and faith-based
24 communities.

25 Just days later, Philly

1 Fighting COVID opened its invitation-
2 only clinic at the Convention Center.
3 That evening I reached out to my
4 Councilmember Mark Squilla with a number
5 of questions, including how home health
6 workers were defined. I asked whether
7 they were using the CDC's definition of
8 home health workers, which includes,
9 informal, formal, paid and unpaid
10 caregivers. I also asked whether the
11 clinic could serve nearby unhoused
12 people, immigrant and low-income
13 seniors.

14 Councilmember Squilla asked
15 Andrei Doroshin and Deputy Health
16 Commissioner Dr. Caroline Johnson to
17 respond. Doroshin's response was
18 polite, concluding perfect is the enemy
19 of the good. Dr. Johnson was
20 unresponsive. For three weekends,
21 Public Health allowed Philly Fighting
22 COVID to vaccinate nearly 7,000 people
23 without requiring them to resolve my
24 concerns or include eligible high-risk
25 populations just one block away.

1 When other disability
2 stakeholders and I tried to meet with a
3 member of the Vaccine Advisory
4 Committee, we were told we could not
5 provide input into the vaccine plan. We
6 cannot allow this to happen again. City
7 Council's proposed ordinance will level
8 the playing field by providing biweekly
9 data. It will allow the public to hold
10 the City and its partners accountable.
11 Still the disability community has a
12 saying, nothing about us without us.

13 I would urge the City to go
14 further by doing the following:
15 Building on its coronavirus racial
16 equity plan, the City should create a
17 health equity plan with measurable,
18 observable goals and outcomes that
19 contracted partners are required to
20 support and follow, and the City should
21 work with diverse communities to
22 accurately enumerate and disaggregate
23 groups in each phase.

24 Secondly, the Vaccine Advisory
25 Committee should be more inclusive and

1 representative of our City, something
2 members of this Committee have also
3 pointed out today. They should also
4 hold public meetings to invite ongoing
5 feedback about the vaccination roll-out.
6 Third, the City's current map shows
7 vaccine counts by zip code of the
8 provider. The City should instead
9 create a map of vaccine recipients by
10 zip code to reach every zip code and
11 prioritize neighborhoods suffering from
12 the highest rates of infection and
13 mortality. To ensure equity, it should
14 consider phone banking, no contact
15 canvassing and enabling vaccine
16 registration via SMS texting to sign up
17 more residents.

18 Fourth, community vaccine
19 partners must provide the City with
20 copies of their Americans with
21 Disabilities Act policy, language access
22 plan, nondiscrimination policies and
23 their budgets for providing those
24 services and accommodations. When
25 vaccine access is a matter of life or

1 death, it's time to retire perfect is
2 the enemy of the good.

3 If we as a country are serious
4 about striving toward a more perfect
5 union, then it is on all of us to heed
6 calls for equity and work together to
7 create a more just, inclusive and
8 equitable vaccine distribution plan.
9 Thank you.

10 COUNCILWOMAN BASS: Thank you,
11 Anna, for your testimony. Thank you so
12 much for being here today. I really
13 appreciate your comments. I believe
14 that you were the last speaker on Panel
15 2.

16 Are there any additional
17 questions or comments from members of
18 Council for Panel 2?

19 COUNCILMAN SQUILLA: Thank you,
20 Madam Chair.

21 This is Mark Squilla. I also
22 want to thank Anna Perng for her endless
23 advocacy, always looking out for those
24 who are at most of need --

25 COUNCILWOMAN BASS: Excellent.

1 COUNCILMAN SQUILLA: -- and she
2 is very good at getting answers and even
3 answers that we can't get sometimes, so
4 we appreciate that and looking forward
5 to continuing to work with her to make
6 this a better operation. So thank you,
7 Anna.

8 MS. PERNG: Thank you.

9 COUNCILWOMAN BASS: Thank you,
10 Councilman.

11 Any additional comments from
12 members of Council?

13 (No response.)

14 COUNCILWOMAN BASS: And if not,
15 thank you all very much for your
16 patience. It's been a long day. It's
17 been a long hearing, but your input is
18 greatly appreciated so thank you so much
19 for being here.

20 If we could have the Clerk call
21 the next panel forward.

22 THE CLERK: Voffee Jabateh,
23 President of the African Cultural
24 Alliance of North America; Oni Richards-
25 Waritay, Executive Director of the

1 African Family Health Organization;
2 Dr. Eric Edi, Chief Operating Officer of
3 AFRICOM; Dr. Karren Dunkley, Director of
4 the Jamaica Diaspora of the Northeast
5 States; John Chin, Executive Director of
6 the Philadelphia Chinatown Development
7 Corporation. And Dr. Walter Palmer will
8 not be joining us. They had a conflict
9 with the schedule.

10 COUNCILWOMAN BASS: Okay.
11 Thank you very much, Madam Clerk.

12 If we can have the first
13 panelist state your name for the record
14 and begin your testimony.

15 MR. JABATEH: Yes. Good
16 afternoon. I want to especially thank
17 you, Councilwoman Bass, for affording me
18 this opportunity to appear before this
19 Council or this Committee. Creating
20 change for the benefit of society means
21 changing public perception, public will
22 and often public policy.

23 African Culture Alliance of
24 North America was founded in 1999, 21
25 years ago. We are located in Southwest

1 Philadelphia, working across ethnic,
2 social and all racial lines. We pride
3 ourselves as a holistic community-based
4 organizations, working with other
5 nonprofit, educational institution,
6 foundation, the City of Philadelphia,
7 the state and federal government and
8 healthcare providers, principally to
9 improve the human condition and provide
10 assistance to our community,
11 hard-to-reach population.

12 Our goal has always been
13 leveling a social divide and reducing
14 poverty to improve health outcome.
15 Acana conducts critical research and
16 analyses geared to work providing
17 optimal service to service recipients.
18 This prepares and positions our
19 organization to do excellent work, but
20 at times we are held back by an
21 environment that appear like racial
22 discrimination and marginalization in
23 the (inaudible) of critical resources.

24 Our organization leadership and
25 staff do very, very qualify. Many times

1 feel like it has to be more proficient
2 than other competing counterparts,
3 seeking for the same resources.

4 Example, our organization responded to
5 the Philadelphia Department of Public
6 Health's request for proposals
7 concerning the COVID-19 testing and we
8 have submitted that application two
9 times with no contract, with not even
10 getting back to us.

11 We have also submitted -- we
12 have responded to the RFP for testing.
13 That also has not happened. Now that
14 the vaccine is around, there will be
15 opportunity for our RFP to be issued and
16 we will be asking to be because we have
17 the functional clinic with doctors who
18 are well-qualified to vaccinate. But
19 again, we are afraid that what we have
20 heard today because I was on this Zoom
21 call from the beginning.

22 Those (inaudible)
23 organizations, we are a nonprofit
24 organization and we served last year
25 almost 7,000 and we provide and we

1 continue to provide services during the
2 devastating impact of COVID-19. We did
3 not close. We are here and we will
4 continue to be here and we have become a
5 Southwest and West Philadelphia
6 institution. We will continue to
7 address concerns of our community,
8 taking into account the CDC public
9 guidelines, often working within
10 communities that is -- they're African
11 immigrant communities, including the
12 Caribbean and other communities. These
13 are the frontline health workers, so
14 they are our priority.

15 This community relies on -- it
16 is estimated that about 2,500 persons
17 was affected by COVID at the health
18 centers of which two are located in our
19 area. This include a large number of
20 African immigrants in which we serve
21 between March through October 2020. Due
22 to our 21 years of experience that's set
23 in the community through direct service
24 advocacy, trusted relationship, we are
25 an organization that would have

1 conducted excellent testing and contact
2 tracing activity, but our RFP was
3 unfunded by the City Department of
4 Health.

5 We want to take this time to
6 thank our partner and the many
7 organizations who have and continued to
8 work with us as we strive to lower
9 healthcare disparities. We especially
10 want to recognize the work of our
11 Councilperson from the 2nd and 3rd
12 Councilmanic District, Representative
13 Jamie Gauthier and Kenyatta Johnson. We
14 also recognize the work our Council
15 President, Isaiah Thomas, Helen Gym and
16 you, Cindy Bass, for making sure that
17 marginalized communities are brought to
18 this kind of forum where we express our
19 frustration and probably find a
20 solution.

21 We do not take for granted that
22 community and receptive services
23 environment for change require a
24 communication strategy designed to
25 normalize and improve public interest

1 messages, which is consistently
2 bombarded by negative media output that
3 reinforces the racial stereotype. Acana
4 and its partners are eager to join the
5 City and the Philadelphia Health
6 Department in its effort to defeat
7 COVID-19 and bring the public
8 humiliation once and for all to an end.
9 Thank you for this opportunity and we
10 look forward to an equal and just
11 distribution of resources for us to
12 defeat the virus.

13 COUNCILWOMAN BASS: Thank you
14 very being here today and thank you for
15 telling your story. And I would like to
16 get your information. I know that you
17 already probably gave it to Sabrina, but
18 I would like to get your information so
19 we can follow up as to exactly why you
20 were treated the way you were, there was
21 no response and not given any
22 consideration.

23 Councilman Johnson.

24 MR. JABATEH: When --

25 COUNCILWOMAN BASS: Oh, I'm

1 sorry.

2 MR. JABATEH: -- during this
3 hearing when you begin to ask for the
4 list of those organizations that are
5 community-based that were not funded,
6 the metrics for funding were defined,
7 especially when another Councilperson
8 was to make sure that do you have
9 competency. Now, you got a 22-year-old
10 person just coming out of nowhere and
11 getting a contract. You know, we can go
12 on and on. You guys have done a
13 wonderful job. That is the City
14 Councilpersons who came on this forum
15 and really grilled Dr. Farley. But I'm
16 seeing that Dr. Farley work for us and
17 we need to at this point make sure that
18 the Philadelphia Health Department
19 dispense resources equitably.

20 COUNCILWOMAN BASS: Absolutely.
21 Absolutely.

22 Councilman Johnson.

23 COUNCILMAN JOHNSON: Yes.

24 Thank you, Madam Chair.

25 I just want to take a moment to

1 acknowledge Voffee from Acana. I work
2 very closely with them. But more
3 importantly, just to acknowledge the
4 hard work that he has been doing in
5 Southwest Philadelphia, part of my
6 District representing the African and
7 the Caribbean community. And so, he's
8 right on point.

9 I know for a fact that if there
10 isn't health equity when it comes to
11 particularly the African-American
12 community, I know for a fact that the
13 immigrant community have to fight just
14 as twice as hard to make sure their
15 voices are heard.

16 So I'll definitely follow up
17 with Madam Chair and Voffee regarding
18 the status of your RFP that you
19 proposed. But most importantly, just
20 the lack of common courtesy just to get
21 a response. It could be yea or nay. My
22 mom always told me common courtesy is
23 due to an adult. Just respond and tell
24 me yes or no so I know how to move
25 forward. And so, Voffee, continue to

1 keep fighting the good fight and thank
2 you for staying on the call all day
3 today so we can address this very
4 critically important issue.

5 And thank you, Madam Chair, for
6 your leadership.

7 COUNCILWOMAN BASS: Absolutely.
8 Thank you, Councilman. You're doing a
9 great job.

10 Councilwoman Gilmore
11 Richardson, you have a quick comment.

12 COUNCILWOMAN GILMORE

13 RICHARDSON: Yes, ma'am. Thank you,
14 Madam Chair.

15 Quickly I wanted to just echo
16 the sentiments of our colleagues in
17 thanking Voffee for his testimony, but
18 also really underscore the need for
19 Council to receive the information
20 relative to the organizations who were
21 not selected and the why based on not
22 really understanding and having full
23 clarity around the criteria and the
24 initial points of the process. So I
25 just wanted to say thank you for your

1 testimony and for sharing your
2 experience interfacing with the City
3 during this time. Thank you very much.

4 Thank you, Madam Chair.

5 COUNCILWOMAN BASS: Thank you
6 very much, Councilwoman. You're doing a
7 great job as well. Thank you for being
8 on top of all of this with us.

9 The next panelist to speak, if
10 we could have our next witness.

11 MS. RICHARDS: Yes.

12 COUNCILWOMAN BASS: Please
13 state your name for the record and begin
14 your testimony.

15 MS. RICHARDS: Yes. Oni
16 Richards with African Family Health
17 Organization, AFAHO. Chairwoman, thank
18 you so much for having me and it's an
19 honor to be here and to all of the other
20 Councilmembers. Thank you for the work
21 today. I'm been on the call since
22 1 o'clock and I'm so appreciative of you
23 all and what you're doing to hold people
24 accountable.

25 So I represent as I mentioned

1 AFAH0. We also provide services to
2 African and Caribbean immigrants and
3 refugees throughout Philadelphia. Most
4 of our clients reside in the West,
5 Southwest area as well as North and
6 Northeast Philadelphia, and we provide a
7 host of services, health, human and
8 educational programs.

9 And since the COVID pandemic
10 started, we reached out to the Health
11 Department because we realized that a
12 lot of our clients are not receiving
13 messaging that was being put out. We
14 felt that the messaging being put out
15 about the pandemic, how to stay safe,
16 how to quarantine, how to isolate, all
17 of that was very -- it was not targeted
18 to no-literate people, limited English
19 proficient people, people experiencing
20 economic disparities. The messaging was
21 very much targeted not to that
22 demographic. And we expressed this to
23 members of the Health Department. But
24 because we didn't get any feedback, we
25 decided that we had to do the work. And

1 so, we started to create messaging in
2 different languages that was easily
3 understandable, 3rd grade level.

4 We have multiple families
5 residing in homes. And so, when you
6 tell them to quarantine, isolate, what
7 does that mean? And so, we took on the
8 work ourselves. There was a project
9 through the City and another agency
10 where they were contracting with artists
11 to design mural art type things to place
12 in different businesses. And they were
13 placing these items in businesses in
14 immigrant communities without involving
15 the immigrant community in the design of
16 these items that they were using. So we
17 knocked down those doors and insisted
18 that we had to be involved in the
19 process and questioned why did they not
20 reach out to certain populations when
21 they were doing this work within those
22 communities.

23 We also applied for what -- we
24 responded to the RFP through the City,
25 and we did get a response just to say

1 that we were not funded but no reason.
2 And reaching back out to say why we were
3 not funded, did not get a response to
4 that. And so, hearing that Acana also
5 did not get funded and I know there were
6 no other African organizations that got
7 funded, when there's a significant
8 number of African-serving organizations
9 in the City, and to overlook the
10 expertise within these organizations and
11 should not fund the work -- because what
12 is really important that the City has to
13 understand is that you can bring a
14 testing van to West Philadelphia. But
15 if you don't have partners in those
16 communities, in those neighborhoods who
17 are able to be the messengers, nobody's
18 going to access that testing. You have
19 to work in partnership with
20 neighborhoods.

21 And also saying to the City
22 that that partnership cannot just be
23 utilization of our staffing time and our
24 resources, but allocating funding and
25 resources to the work. So if we're

1 going to work as partners, it has to be
2 a real partnership and not just saying,
3 oh, we want you to help us to do
4 outreach to your community, but not
5 matching that with dollars, because it's
6 obvious that there are dollars to go
7 around to do the work.

8 So the staff with AFAHO, we
9 have become trusted messengers in the
10 community. Our clients face the
11 linguistic, cultural systemic racist
12 barriers that impact people's health
13 care. And so, our staff are able to
14 craft messages that resonate with our
15 community that will make people even
16 want to be recipients of certain
17 services.

18 And I think that with the City
19 in doing this work it's already so much
20 mistrust with the City and with the
21 health care system, and it's even more
22 exacerbated now because of what
23 happened, that it behooves the City now
24 more than ever to work in partnership
25 with local community-based

1 organizations, trusted messengers in
2 different communities. Because it's one
3 thing to have a press conference
4 briefing with very technical terms about
5 the vaccine, and it's another thing to
6 make it understandable for different
7 populations to have different levels of
8 trust, literacy and language
9 competencies.

10 Again, I am thankful to be here
11 to be able to express the needs of our
12 community with the City. Grateful for
13 the work that all of you are doing and
14 the really important questions that were
15 asked today of the Commissioner. And
16 I'm hopeful that as we move forward that
17 it's not going to be lip service of what
18 we're planning to do, but to actually do
19 the work and bring people on as equal
20 partners. So again, thank you very much
21 for having me. Yes, and thank you.

22 COUNCILWOMAN BASS: Well, thank
23 you for being here. Thank you for your
24 patience. I know it's been a long day.
25 I thank you for your comments. And I'm

1 very curious. I'd like to see the
2 correspondence that you received from
3 the City. This is exactly what we would
4 like to be able to point out and get to
5 the bottom of what happened, how was
6 this allowed to happen, that
7 organizations that are out and serving
8 the community and have been doing it for
9 a long time have been just passed over,
10 over and over again for an unknown,
11 unqualified entity that came out of
12 nowhere. So thank you so much for
13 reaching out.

14 Councilman Oh, did you have a
15 comment?

16 COUNCILMAN OH: No, I did not.
17 Just following along, Councilwoman.

18 COUNCILWOMAN BASS: Okay.
19 Thank you very much. Thank you,
20 Ms. Richards.

21 Our next panelist is Dr. Eric
22 Edi.

23 DR. EDI: It's Edi,
24 Councilwoman.

25 COUNCILWOMAN BASS: Edi,

1 Dr. Eric Edi. Hi, how are you?

2 DR. EDI: I am well,
3 Councilwoman, what a long day. I must
4 admit that I run away from this meeting
5 and I came back, and hopefully we are
6 here. My name is Eric Edi. I am the
7 Executive Director, Chief Operating
8 Office of The Coalition of African and
9 Caribbean Communities, AFRICOM. And I
10 am also a faculty member at Thomas
11 Jefferson University, College of Science
12 and Humanities, where I teach global
13 politics and human right courses.

14 I greet you for this
15 opportunity to bring a portion of the
16 voices of the members of AFRICOM and the
17 immigrants and refugees who are often
18 absent and underrepresented in spaces
19 like this one. In 2001, Councilwoman,
20 when we formed AFRICOM, we came to
21 advocate an organization that African
22 and Caribbean immigrants and refugees
23 see the sense of empowerment, belonging
24 and self-sufficiency in Philadelphia.

25 To that end, we have operated

1 multiple programs. One of them is a
2 facility for immigrants and refugees
3 access to health information and health
4 care. We do not run a health clinic.
5 However, we connect immigrant families
6 to health services. We promote health
7 information and materials, file
8 application for public benefits, hold
9 forums and lunch-and-learn series,
10 conduct a focus group session about
11 medical health and intellectual
12 disability, Black men's access to health
13 centers. Researchers from Temple
14 University, the University of
15 Pennsylvania, Swarthmore College, Bryn
16 Mawr College have relied on our network
17 to complete a research involving African
18 Caribbean immigrants.

19 For 17 consecutive years, our
20 annual Health Fair gave 100 individuals
21 and families opportunities to get
22 screened for any kind of condition,
23 diabetes, HIV, Hepatitis and receive
24 valuable health care information. All
25 these, Councilwoman and members of the

1 City Council, with insufficient funds,
2 our approach to health care in
3 Philadelphia has been very difficult.
4 However, we have built trust.

5 Trust, if there is any word I
6 want to leave you with today is trust.
7 Trust is a rarest capital. We all need
8 to defeat COVID-19 collectively and
9 equitably. In 2020, we banked on this
10 asset to help African and Caribbean
11 immigrants mitigate the pandemic's
12 social and economic impacts. Let me
13 emphasize that COVID-19 has confirmed
14 that grassroots organizations and
15 immigrant-led agencies like the two that
16 spoke before me are essential for
17 immigrants.

18 They were indispensable during
19 2020 to reach out to hard-to-reach
20 communities. They are essential to
21 reduce the literacy gap -- digital
22 literacy gap, I'm sorry. But they will
23 be, therefore, indispensable in all
24 aspects of the fight against COVID-19.
25 Our Fiscal Year 2020 end-year report

1 that we unveiled about three weeks ago
2 attest to the impact we have made in the
3 lives of numerous low-income residents
4 in Philadelphia.

5 For instance, between March
6 15th and December 31, 2020, we provided
7 direct cash assistance to about 600
8 people. We provided COVID-19-related
9 information to 150 small business
10 owners, specifically natural hair
11 braiders, restaurants and restaurant
12 owners. Based on these outcomes, we
13 were very surprised that the resources
14 are more complicated while easier for
15 others.

16 We believe that Philly Fighting
17 COVID controversy, which has triggered
18 this resolution 210041 in the current
19 hearing, makes it more challenging to
20 reach hard-to-reach communities,
21 specifically African and Caribbean
22 immigrants. Why for the following
23 reasons: First of all, this controversy
24 is an inequitable access to resources
25 and handicap Black immigrant-led

1 agencies. It also violates the human
2 right, considering that health is a
3 fundamental right and that COVID-19
4 threatens that right. It also amplifies
5 the conspiracy theory, both
6 substantiated and unsubstantiated,
7 that's circulated on social media or
8 podcast shows.

9 Councilwomen, members of the
10 Council, I can attest from my personal
11 story that based on one-on-one
12 conversations, ongoing outreach efforts
13 would firmly argue that many African
14 immigrants are not sold out on the
15 vaccine. Their views mirror what is
16 going on even in their country of origin
17 regarding access to the vaccines.

18 South African's President Cyril
19 Ramaphosa has accused rich nations of
20 getting the vaccine for cheaper while
21 African countries have to pay twice as
22 much. There's also people like me, who
23 because of past antecedents of Hepatitis
24 B, are very reluctant to take any shot
25 or any medicine regardless of what it

1 is, even the flu shot. Hepatitis B we
2 know affect so many Africans, even those
3 who are here.

4 In closing, Councilmembers, let
5 me reiterate that the City of
6 Philadelphia should implement a quick
7 access to resources and invest more in
8 immigrant-led organizations and agencies
9 to raise awareness about the COVID-19
10 vaccine. The philanthropic funders have
11 invested in that route. The City of
12 Philadelphia should follow that route
13 also. I want to thank you for the
14 opportunity to speak. We do commend the
15 City government for its responsibility
16 and for responsibly owning the Philly
17 Fighting COVID debacle and making the
18 effort to restore what I said earlier,
19 Councilwoman, trust. Thank you.

20 COUNCILWOMAN BASS: Well, thank
21 you for your comments. And I have to
22 tell you from your comments and the
23 previous panelists who spoke before you,
24 we really have to change the way we
25 operate in the City of Philadelphia. It

1 can no longer be business as usual,
2 which always is discriminating against
3 Black people, Brown people, whether
4 you're African, African-American,
5 Latino, immigrant communities, disabled
6 communities. We feel the pain. And
7 other communities don't, you know, if
8 you're not connected, then you don't
9 really know what's happening.

10 And so, if you really want to
11 make a difference, then you have to get
12 out here and you have to get in these
13 communities and do business with the
14 people who are already on the ground,
15 who are already making a difference and
16 most importantly, who are already
17 trusted by the folks who are in the
18 neighborhoods. So thank you so much for
19 your testimony today.

20 DR. EDI: You're welcome,
21 Councilwoman.

22 COUNCILWOMAN BASS: If we can
23 have our next panelist, Dr. Karren
24 Dunkley.

25 DR. DUNKLEY: Thank you so

1 much, Madam Chairwoman Councilwoman
2 Bass. Greetings and salutations to you,
3 the other Councilmembers and other
4 participants. From Tuskegee to
5 (inaudible), from medical apartheid to
6 medical racism, we find ourselves at
7 this critical inflection point and
8 fighting the COVID-19 pandemic in my
9 beloved City of Philadelphia.

10 My name is Karren Dunkley, and
11 I serve as the Global Jamaican Council
12 Representative for the Northeast United
13 States. In this role, I represent
14 approximately 1 million Jamaican
15 nationals across 14 states that include
16 Pennsylvania regarding various issues in
17 the United States and Jamaica.

18 We now confront an essential
19 question in the City of Philadelphia
20 that is literally life and death for our
21 community. So I want to thank you,
22 Councilwoman Madam Chairperson Cindy
23 Bass, for holding this hearing today.
24 We've been with you since the beginning,
25 because I have to say to you that I was

1 especially pleased with the level and
2 the depth of the questions regarding the
3 current debacle.

4 And the essential question is
5 that we know that the majority of people
6 who have contracted or died from
7 COVID-19 are Black people in the United
8 States, my cousin Floyd Parson being one
9 of these individuals who died. How is
10 it possible that one of the largest and
11 growing immigrant communities, voting
12 communities, tax-paying communities,
13 civic, faith and business communities
14 were not consulted or engaged with
15 during the City of Philadelphia's
16 COVID-19 roll-out process.

17 It's not enough to say that
18 people who look like us work on the
19 vaccine, it's not enough to say that we
20 will add Black people to the Advisory
21 Committee. If we simply add people
22 without the cultural responsive
23 competencies needed, we will only
24 regurgitate and we will get to the same
25 space. Earlier during this session, I

1 heard someone refer to Tuskegee as a
2 study. That shows me, Chairwoman, that
3 we really have deep and structural
4 issues in recommunicating in ways the
5 community, our community, will trust
6 what is coming out of the Department of
7 Health.

8 And we do know that even when
9 people of color, the global majority are
10 in the room and at the table, we
11 frequently have our voices marginalized
12 with no agency. So we're here today
13 from the Jamaican Diaspora to advocate
14 for the African and the Caribbean
15 community to compel the decision-makers
16 to answer this essential question: What
17 are the additional steps that we, the
18 City of Philadelphia, will take to
19 relieve the fears of the people who
20 already do not trust government in any
21 forum or at any level? Are Department
22 of Health officials willing and able to
23 partner with the African and Caribbean
24 communities to manage the roll-out of
25 the COVID-19 vaccine?

1 Our community is very nuanced
2 so we need to communicate in a
3 compelling manner, especially for our
4 undocumented, uninsured, our elderly,
5 our other abled, our homeless and our
6 English-as-a-second-language community
7 members. We have an example of this,
8 Chairwoman, where the small business
9 association partnered with us in the
10 Jamaica Diaspora. So as I listened
11 intently, we partnered with the SBA and
12 we were able to garner millions in loans
13 for the PPP. And we're asking that when
14 it comes to the COVID-19 process, that
15 the Department of Health really outlines
16 and take immediate actions to remedy not
17 just equity. We've heard a lot about
18 racial equity, but also justice.

19 The goals are not merely health
20 care, equity and access and opportunity,
21 but also justice. So what does justice
22 require? It requires truth-telling. So
23 firstly, we are asking that the
24 Department of Health tell the truth.
25 The Department of Health must tell us

1 the truth about its distribution and
2 tracking and management of the COVID-19
3 vaccine roll-out.

4 Who is ultimately responsible
5 for the decisions made? I have been
6 with you all day. I am still unclear.
7 The City must tell the truth about how
8 Philly Fighting COVID arrived at the
9 front of the line without meeting vital
10 requirements. This debacle was nothing
11 less than an act of violence against our
12 community.

13 Secondly, we are requesting
14 transparency. The City must demonstrate
15 transparency in its engagement efforts.
16 A critical component of all the medical
17 and health consortiums and advisory must
18 include a culturally, responsive
19 community engagement strategy. One that
20 provides for us the cultural brokers,
21 once we can refer to it as the trusted
22 individuals, the bridge builders to
23 inform the strategy and share pertinent
24 information so that our community can
25 hear it, receive it and act upon it.

1 The African and Caribbean
2 communities have informed the relevant
3 individuals. We've heard several
4 testimonies today, and these are our
5 partners that we certainly communicate
6 and collaborate with in the Jamaica
7 Diaspora. So we're speaking to each
8 other, Chairwoman. And we know that
9 despite informing and making sure that
10 we are assertive in initiating outreach,
11 letting them know that we have competent
12 medical professionals that can provide
13 as we have always done, cultural
14 responsive health care information to
15 our community, we still are ignored or
16 dismissed.

17 Thirdly, we request
18 trust-building. And building the trust
19 is to ensure that our community members
20 will have faith in what the Department
21 of Health says and does. And we're
22 asking that we build this trust through
23 intersectional and inclusive voices and
24 perspectives. And based on what I
25 heard, it will not happen if the same

1 group of people get in that room again
2 without the cultural brokers, without
3 the bridge builders.

4 So we're asking that the
5 Department of Health and the City
6 interface directly with our community
7 leaders and amplify their voices and
8 concerns, so that we can continue to
9 provide the necessary resources to
10 disseminate pertinent information and
11 education about the vaccines. Who can
12 register, how do we register, where do
13 we register and what information is
14 needed to do so.

15 Thank you again, Chairwoman
16 Bass, Councilmembers, for conducting
17 this hearing today. And thanks to our
18 good friend and partner, former City
19 Councilmember Jannie L. Blackwell,
20 Founder and Chair of the Mayor's
21 Commission on African and Caribbean
22 Immigrant Affairs, and Honorable Stanley
23 Straughter, Chairman, African and
24 Caribbean Business Council of Greater
25 Philadelphia.

1 Let us be clear about the
2 clarion call. Tell the truth. Tell us
3 the truth. Build trust with cultural
4 brokers and bridge builders. We've
5 heard my colleagues articulate the
6 different work that we do in our
7 community. The day has been long, so we
8 know that we have the capacity to engage
9 and to do what it is that we must do and
10 ensure transparency. The capsule now is
11 action. One love. Thank you.

12 COUNCILWOMAN BASS: Karren,
13 thank you very much for your testimony.
14 But actually, let me start by offering
15 my condolences on the loss of your
16 cousin, I believe you said it was. The
17 amount of devastation and loss to our
18 community has just been overwhelming.
19 And to have been treated so
20 disrespectfully, I believe, by the
21 Administration is totally unacceptable.
22 So I want to thank you for being here,
23 for staying and sticking all day even
24 though it's been a long day. This is
25 very important, and we appreciate you.

1 We want you to know we hear you and we
2 are going to be following up.

3 Councilwoman Jannie Blackwell
4 has done an outstanding job we know with
5 your group, and she's just someone I
6 rely on for information and for
7 direction on so many things. So I just
8 want you to know that we hear you.

9 DR. DUNKLEY: Thank you.

10 COUNCILWOMAN BASS: Thank you.
11 Thank you for being here.

12 Next up I believe we have
13 Mr. Chin. John Chin is the last
14 panelist from this panel, last witness
15 from this panel.

16 MR. CHIN: Good evening,
17 Chairwoman Bass and Councilmembers --

18 COUNCILWOMAN BASS: Good
19 evening, John.

20 MR. CHIN: -- on the Committee
21 on Public Health and Human Services.
22 Thank you very much for this opportunity
23 to testify.

24 COUNCILWOMAN BASS: You're very
25 welcome. Thank you for being here.

1 Please proceed.

2 MR. CHIN: My name is John
3 Chin. I'm here today in my position as
4 Executive Director of Philadelphia
5 Chinatown Development Corporation.
6 Before I begin my official statement, I
7 just want to say I really appreciate the
8 comments of the Councilmembers. They
9 were on target and my testimony shares
10 their sentiments.

11 So I'll begin by saying I
12 believe we can all agree on the
13 following statement, that disparities
14 and outcomes for COVID-19 between racial
15 and ethnic groups result from the
16 accumulated impact of centuries of
17 systemic racism. To mitigate the impact
18 of the pandemic on the City's
19 communities of color and to ensure that
20 a response to this pandemic focuses
21 resources on those at highest risk, we
22 will work with community stakeholders.

23 Well, this statement is
24 extracted from the Department of Public
25 Health's coronavirus interim racial

1 equity plan. The media's investigations
2 and data show that the City's
3 vaccination thus far has failed to live
4 up to that plan. My colleagues who
5 serve the diversity of our residents
6 across the City, limited English
7 proficient immigrants, Chinese,
8 Cambodian, Vietnamese, African,
9 Caribbean, Latino, Blacks, disabled,
10 seniors, low-income and more have shared
11 their frustrations with me as well as
12 with the Administration.

13 There's no action plan to
14 engage and vaccinate the hard-to-reach
15 populations. I'm not asking Public
16 Health to vaccinate by race or category
17 of person, but I am asking Public Health
18 to offer a vaccination plan which
19 upholds our values as a City of
20 neighborhoods, a welcoming city of
21 immigrants and a global Philadelphia.

22 Our City pledged to deliver
23 racial equity and undo a system that is
24 racist. Philly Fight COVID project did
25 nothing to advance that goal. The

1 project was absurd. Philly Fight's
2 vaccination site was next door to
3 Chinatown, which is a HUD-designated
4 low-income neighborhood. None of our
5 eligible seniors living in our
6 affordable housing development called On
7 Lok House received a vaccination. 90
8 percent of those residents are not
9 capable to register on the website due
10 to language, cultural and digital
11 barriers. There is no plan to focus on
12 vulnerable and hard-to-reach
13 populations.

14 The registration process is
15 easy if you are a person with resources.
16 The process is impossible if you do not
17 have Internet, do not have email, do not
18 speak English well. The few
19 presentations by the Health Department
20 were not targeted for non-English
21 speakers. The City learned how to
22 successfully reach people of color and
23 immigrants during the pandemic. Food
24 distribution is working. The Census
25 Philly Counts infrastructure built a

1 community network that was successful.
2 It was so successful that Philly Counts
3 was called on to carry out voter
4 engagement leading up to the general
5 election.

6 The City's housing agency
7 figured out how to provide rent relief.
8 The City figured out how to provide
9 relief to immigrants who were not
10 eligible for federal relief. The
11 Commerce Department provided relief to
12 many neighborhoods of color. At the
13 national level there exists best
14 practices like the checklist for
15 COVID-19 roll-out from the National
16 Resource for Refugees, Immigrant and
17 Migrants.

18 I hate to say it, but there's a
19 void in leadership and communities have
20 no choice but to step in. The Black
21 Doctors Consortium has been operating.
22 Cambodian COVID-19 Vaccination Response
23 Network has been established. The
24 African Caribbean community is
25 organizing their medical clinics and

1 professionals, and our Asian-American
2 community is recruiting health
3 professionals to volunteer upon when
4 called upon.

5 In closing, the current plan is
6 not equitable. It is not working for
7 all people. The Department of Public
8 Health needs to be better immediately.
9 We already have infrastructure that has
10 proven to work during this pandemic, use
11 it. It is not acceptable to make those
12 residents who do not have resources to
13 jump through hoops to get the same
14 service that a person of privilege can
15 get with a click of a button. I am
16 outraged by the inequity of this
17 vaccination plan. Please do not repeat
18 the abandonment experience by the
19 citizens of New Orleans during the
20 Hurricane Katrina. Thank you.

21 COUNCILWOMAN BASS: John, thank
22 you very much for your testimony and for
23 being here. You were actually here all
24 day as well. I saw you first thing at
25 about 12:30 this afternoon. So thank

1 you for staying all day and thank you
2 for your always advocacy on behalf of
3 immigrant communities.

4 This has really been shocking.
5 I agree with you there is a void in
6 terms of leadership, and folks have just
7 had to jump in and step in where they
8 can to keep people alive, and that's not
9 the way government is supposed to work.
10 We are supposed to be much better than
11 that. So I want to thank everyone who
12 is here and spoke on this panel. And
13 this is not going to be the last
14 conversation that we have about this for
15 sure, so there will be future follow-up
16 conversation and we look forward to
17 engaging with you as well when we have
18 those conversations. Thank you.

19 Madam Clerk, can we have you
20 call the next group which is for public
21 comment. We are going to ask you, if
22 you can, to really limit your comments
23 to three minutes, only because it has
24 been quite a long day, but a very
25 important day, very important that we

1 have all of these conversations.

2 THE CLERK: So the individuals
3 we have on the line are Ben Goubil, Liam
4 Dougherty, Melissa Robbins, Desiree
5 Whitfield. And other individuals might
6 join. They just didn't answer.

7 COUNCILWOMAN BASS: All right.
8 Why don't we go ahead and get started.
9 Ben Goubil, if you can start. Please
10 state your name for the record and begin
11 your testimony. And we're going to ask
12 if you can conclude your testimony at
13 three minutes. We're going to put a
14 timer on, so you will hear a little bell
15 when time is up. So thank you very
16 much.

17 MR. GOUBIL: Hi. My name is
18 Ben Goubil. Can you hear me?

19 COUNCILWOMAN BASS: Yes, we
20 hear you well. Please proceed, Ben.

21 MR. GOUBIL: Okay. Thank you
22 to this Committee for allowing me to
23 speak today. I'm here to reiterate the
24 importance of making the vaccine roll-
25 out inclusive and making sure that this

1 issue is considered in future processes.
2 I applaud the effort that the Department
3 of Public made early in the pandemic to
4 translate COVID-19 in multiple
5 languages.

6 However, I wasn't able to find
7 any translated documents about vaccine
8 roll-out information on their website as
9 of today. I believe that (inaudible) to
10 ensure that all communities are
11 vaccinated equitably, translations about
12 the vaccinate roll-out should be
13 available. This is important because
14 immigrants tend to be the last to know.

15 Immigrant communities are
16 isolated by different barriers that the
17 system always puts on them. Many
18 immigrants face the same racial
19 disparities as African-Americans,
20 Asian-Americans and Hispanic-Americans,
21 but they're also affected by language
22 barriers and social isolation, mainly
23 live in the Northeast and in the
24 Southwest and it's not easy to get to
25 the Convention Center to get vaccinated.

1 It's also not easy to figure out which
2 pharmacy is doing what and how to get an
3 appointment, especially because it's not
4 the way it works in most countries.

5 Many immigrants are the ones
6 delivering our groceries or cooking our
7 food. I believe they're part of the
8 Phase 1B, but how many of them know that
9 and how many efforts are put into making
10 sure they know that. And similarly to
11 what Dr. Stanford said during the
12 November hearing of this same Committee,
13 these sites should be open during later
14 hours and not just open during 9:00 to
15 5:00. Any new contract made with a
16 third party should consider the
17 immigrants.

18 I hope that this hearing won't
19 solely focus on finding blame on what
20 happened with PFC and I hope you will
21 focus on making sure every community is
22 vaccinated fairly and that the different
23 immigrant communities won't be left
24 behind. Lastly, I know Americans like
25 to get nonprofits to do the job the

1 government does not do, but most of the
2 time it's a good thing. But in this
3 case the City should be leading and
4 handling the vaccine roll-out. Just
5 like the City is not letting a bunch of
6 kids count the votes of this election,
7 the City shouldn't let those same kids
8 run its vaccination distribution. Thank
9 you for your time. That's all I have to
10 say.

11 COUNCILWOMAN BASS: (Muted).

12 THE CLERK: Madam Chair, you're
13 on mute.

14 COUNCILWOMAN BASS: Thank you.
15 Well, I just said to Ben, thank you. I
16 think you said it all. We thank you for
17 being here today, for your testimony and
18 for your patience. Thank you so much
19 for your words.

20 If we can have our next speaker
21 come forward. I believe it's Liam
22 Dougherty.

23 MR. DOUGHERTY: Thank you,
24 Council. My name is Liam Dougherty and
25 I'm the Policy and Project Coordinator

1 at Liberty Resources and a long-time
2 advocate for the disabled community.
3 I'm here today to speak about the needs
4 of my community to be prioritized in
5 future vaccination efforts, specifically
6 to people with disabilities living in
7 the community.

8 I have joined in the push for
9 community integration in Philadelphia,
10 and nowhere is the vaccination disparity
11 more apparent than among this
12 population. We have fought hard to keep
13 out of the isolation and segregation of
14 dangerous nursing homes where COVID-19
15 infections are highest, and many of us
16 were able to transition out into safe
17 and integrated communities.

18 The disability community seeks
19 to eliminate the institutional bias that
20 automatically places people who need a
21 certain level of care in nursing homes,
22 so institutions can profit and public
23 businesses don't have to prioritize
24 accessibility. Our victories against
25 oppression mean that we are able to live

1 with friends and family in the
2 community, supported by attendant care
3 and accessible housing and
4 transportation.

5 While nursing homes have
6 received a quarter of Philadelphia's
7 vaccines so far, staff and residents
8 make up just 2 percent of our City's
9 population. Even though the congregate
10 settings in nursing homes make them
11 dangerous, a similarly vulnerable
12 population lives in the community. A
13 disabled friend of mine affectionately
14 called Spitfire, who had fought against
15 forced nursing home occupancy, died
16 three weeks ago of COVID. The brutal
17 irony is that if she was in a nursing
18 home, she may be alive today. But I do
19 not think for a second that that is the
20 life that Spitfire would have preferred.
21 She loved the freedom and independence
22 of community life.

23 The fact that nursing home
24 occupants were prioritized to the
25 exclusion of other vulnerable groups may

1 be the result of the same institutional
2 bias and strong lobbying arm the nursing
3 home industry uses to control how our
4 society deals with long-term care.

5 A just and equitable plan means
6 not only requiring distribution sites to
7 be accessible to all, including blind
8 and Deaf Philadelphians, but also
9 setting up a network of providers for
10 those in the community who cannot make
11 it into a distribution site.

12 Of equal importance is the
13 vaccination of direct care
14 workers/caregivers, they are in Group
15 1A, but very few of them have been
16 vaccinated to date. Over 17 percent of
17 Philadelphians have a disability. True
18 equity means leveraging the work of
19 trusted on-the-ground organizations to
20 communicate with this population and
21 inform our City of the best ways to
22 reach this widespread and independent
23 population. Our City and the Department
24 of Health need to work with proven
25 community-based organizations like Black

1 Doctors Consortium, Liberty Resources,
2 managed care plans and our City's many
3 hospitals today to get our people
4 vaccinated, not fly-by-night profit-
5 driven experiments with no clinical
6 experience. Thank you, Council.

7 COUNCILWOMAN BASS: Well, thank
8 you very much for being here and for
9 your testimony today. And please accept
10 my condolences on your loss. As you
11 know, as we all know, COVID has just
12 been devastating in the City of
13 Philadelphia. It's just devastating
14 whole communities.

15 And so, we thank you for being
16 here and for speaking out on behalf of
17 Liberty Resources who I've done a lot of
18 work with over the years, and I have a
19 relative who works with Liberty
20 Resources who does great work with the
21 disabled community. And so, I just
22 think that you all do a great job and we
23 continue to look forward to continuing
24 to work with you. Thank you.

25 Madam Clerk, can we have the

1 next person to testify.

2 THE CLERK: The --

3 MS. ROBBINS: Hi. Good
4 evening, everybody.

5 COUNCILWOMAN BASS: I'm sorry.
6 Please state your name for the record
7 and begin your testimony.

8 MS. ROBBINS: Melissa Robbins.

9 COUNCILWOMAN BASS: Good
10 morning, Melissa. Please state your
11 name for the record and begin your
12 testimony. Then we are going to ask
13 that we can limit your testimony, if you
14 will, if you can limit to three minutes.

15 MS. ROBBINS: Melissa Robbins.

16 COUNCILWOMAN BASS: Please
17 begin.

18 MS. ROBBINS: Thank you, Madam
19 Chair. I just like to say thank you to
20 members of Council and the Health and
21 Human Services Committee for hosting
22 this hearing. I took the last five and
23 a half hours listening from the outside
24 and I'll tell you what I heard: I heard
25 Councilmembers suggesting to our top

1 City health care official on how he
2 should run a program. I was appalled.
3 Philadelphians need competency. We need
4 integrity and surely we need
5 transparency.

6 Many of the questions that I
7 wanted to pose originally, well, they've
8 been asked already and unfortunately,
9 very few of them have been answered,
10 again by our City's top health official.
11 Accountability versus what's next. I
12 heard a lot of Councilpeople say, let's
13 keep moving forward. Well, it's kind of
14 easy for some people to move forward
15 when they don't see themselves or
16 communities that they come from
17 continuously impacted, hurt, devastated
18 and traumatized.

19 I kept hearing communication,
20 communication. Well, citizens need to
21 know that the Mayor, who is our liaison
22 for our City, the federal government
23 gave fast-tracked vaccinations to five
24 cities. Of course, the City of
25 Philadelphia was one of them. So the

1 citizens expect our top executive, Mayor
2 Kenney, to be the liaison between us and
3 the federal government to receive those
4 fast-tracked vaccinations, vaccines, and
5 he and our top health care official
6 Dr. Farley was supposed to put measures
7 and structures in place as a sound
8 ironclad vetting process to ensure that
9 whomever the organizations were to roll
10 out vaccination distribution did it
11 competently and transparently and with
12 integrity and that did not happen.

13 So what we see is continued --
14 one Councilmember said, well, this is a
15 Philly thing or this is not a
16 resignation, get on the phone and make
17 some phone calls. Well, what I heard
18 was continued racism, continued
19 discrimination, discontinued White greed
20 via Philly Fighting COVID, continued
21 white supremacy.

22 You see, Kenney and Farley,
23 they're the people that have the code
24 and you see they failed us. If this
25 were a military operational mission, it

1 would have failed because they both
2 abandoned their post. You see, they
3 left us exposed and very, very
4 vulnerable. I heard Dr. Farley kick the
5 bucket to Dr. Johnson who's resigned. I
6 heard Dr. Farley kick the bucket to the
7 CDC. I heard him kick the bucket to the
8 Administration, but I did not see
9 Dr. Farley stand on his ship and his
10 vessel and go down with it. What I
11 heard is him not take responsibility and
12 honor his role and leadership and admit
13 when he failed and resign.

14 It's easy to ignore us because
15 we're Black and we live in the City of
16 Philadelphia. And you can make a
17 mistake and we suffer. That's easy.
18 It's easy for a Black woman to come and
19 save you and say that she's overwhelmed.
20 Well, when you ask her to do tests and
21 you ask her to inoculate after you gave
22 this operation to an inexperienced,
23 non-credentialed 22-year-old who used a
24 3D printer to print face shields, then
25 somehow he got on the Advisory

1 Committee, then before you know it, he
2 was given \$194,000 to conduct tests in
3 vulnerable neighborhoods, aka poor Black
4 and Brown communities.

5 He had pop-up testing, and that
6 was all that he did with no tracking and
7 no accountability. And as soon as those
8 vaccines rolled out, he switched over to
9 for-profit to reimburse insurance
10 companies and make money as he bred. We
11 do not deserve this. Dr. Farley must
12 resign. How many more times do Black
13 people have to suffer at the expense or
14 the mistake of a White man? Jim Kenney,
15 Dr. Farley, there's nobody in the
16 Director of Homeland Security. There's
17 nobody in the position of Office of
18 Emergency Management. Adam Thiel, the
19 Fire Commissioner, another White man, he
20 has to wear two hats.

21 But look what you do to
22 Dr. Stanford in the Black Doctors
23 Consortium, make them double-dutch hoops
24 of fire. 23 years of a practicing
25 Board-certified medical doctor,

1 pediatrician and surgeon, 23 years, and
2 you question her competency. This is
3 embarrassing. This is egregious.
4 You're leaders of our City. We expect
5 you to hold Dr. Farley accountable. We
6 expect you to hold Mayor Kenney
7 accountable. This cannot continue to
8 happen. People are angry. They want
9 Farley to resign. Lead our City and
10 stop duping and using and hurting and
11 exploiting Black people. We see you.
12 We will not be silenced over and over
13 again. We expect more. You get
14 compensated far too much annually to
15 make these childish, immature and novice
16 mistakes.

17 COUNCILWOMAN BASS: Well,
18 Melissa, listen, thank you for being
19 here. As always, you know, I know that
20 you know your stuff. You know what
21 you're talking about. You know what's
22 going on. You're paying attention. I
23 really appreciate you being here. I
24 appreciate your comments and I can
25 guarantee this is not the last of the

1 conversation around this.

2 So I look forward to additional
3 conversation and dialogue as we move
4 forward because this is not the end. I
5 don't want you to think in any way that
6 we are going to drop the ball on this
7 and just let it go away and then a
8 report is going to come and it's going
9 to be swept under the rug, and it's all
10 going to be nice and quiet.

11 No, we want answers. We demand
12 answers and we demand them as quickly as
13 humanly possible. So we will stay on
14 top of this and we will keep all of
15 Philadelphia in the loop through the
16 media, through social media, through our
17 individual offices. We will be in touch
18 and we will be letting folks know what
19 is going on because we want to make sure
20 that everyone is in the loop and that
21 this never happens again. So thank you
22 for your comments, Melissa.

23 I believe our last speaker is
24 teed up and I believe that that is
25 Desiree Whitfield. Desiree.

1 MS. WHITFIELD: Yes.

2 COUNCILWOMAN BASS: Please
3 state your name for the record. We're
4 going to ask you to limit your comments
5 to three minutes, if that's possible.

6 MS. WHITFIELD: Yes. Desiree
7 Whitfield. Good evening.

8 COUNCILWOMAN BASS: Good
9 evening.

10 MS. WHITFIELD: One word,
11 corruption. My word, enough. Thank
12 you, Councilwoman Cindy Bass and
13 Councilwoman Katherine Gilmore
14 Richardson, for your superior fight. On
15 January 13th, I had the pleasure to be a
16 part of the COVID-19 conversation with
17 Josh Dickson, who was over Faith
18 Engagement, a group that I am a part of,
19 of the Biden Harris transition team.

20 Dr. Vivek Murthy was there. My
21 question to the doctor was -- because of
22 my concern for Philadelphia Black and
23 Brown communities, my question to him
24 was, was there any way possible that
25 Dr. Stanford can be hired to oversee all

1 vaccines coming into Philadelphia so
2 that we can make sure that Black and
3 Brown communities had enough vaccine.

4 Number one, Rebecca Rhynhart
5 has been telling City Council for a
6 minute now about the mismoney and
7 misleadership of Philadelphia, but no
8 one is listening. Number two, I am
9 concerned because of two things that
10 happened in 2020 that was the beginning
11 of this leadership. Number one, in
12 January 2020, I witnessed President
13 Darrell Clarke walking the hallways of
14 the 5th floor, pacing the floor, on the
15 phone with Mayor Kenney and Mayor Kenney
16 was demanding that he does everything
17 possible he has to do in a very
18 demanding voice that Cherelle Parker win
19 the Majority Leader over Majority Leader
20 Bobby Henon.

21 When President Clarke saw that
22 I was listening to him, he tried to duck
23 me but he was on speaker so I overheard
24 the conversation. The Mayor's exact
25 words to President Clarke was, you do

1 this and I will do you a favor. The
2 President Clarke then called one of your
3 Councilperson members, but it was a tie
4 7 to 7. He called one of your City
5 Councilmembers and told him exact words,
6 I will do you a favor per the Mayor if
7 you change your vote to Cherelle Parker
8 to make her the Majority Leader. Now,
9 if this is not corruption, what is it.
10 How can we believe in City Council when
11 you have a lying President Councilmember
12 and you have a liar and Councilwoman
13 Cherelle Parker, and I dare her to come
14 against me and you have a liar racist
15 Mayor.

16 Now, I'm asking -- okay, number
17 two, right after that if you remember
18 monies came from the CARES Act that you
19 did not know that came in. They did not
20 give it to the Black Doctors Consortium,
21 but they gave it to different people and
22 City Council did not know about it.
23 That's Corruption No. 2, so this just
24 didn't start about this COVID-19.

25 Now, my agreement -- I mean, my

1 recommendation is this is corruption.
2 We Black people have seen this against
3 Black and Brown communities. Enough is
4 enough. You know who needs to resign --
5 and the Mayor is not here. You know why
6 the Mayor is not here, because every
7 time the Mayor speaks, it is words that
8 are written by his Black assistant.

9 He didn't know what questions
10 you would have asked. He is ducking
11 himself. You should make him
12 accountable. He is the Mayor of
13 Philadelphia. If he doesn't want to
14 testify, make him resign. So what you
15 need to do is the City of Philadelphia
16 needs to ask Mayor Kenney, a racist
17 liar, to resign. You need to tell
18 Cherelle Parker, a liar who is trying to
19 be the Mayor of Philadelphia at all
20 costs on the back of Black and Brown
21 communities, you need to kick her off of
22 City Council. And also, you need to
23 push off President Darrell Clarke,
24 because what they are doing is hiding
25 behind the scenes at the City's expense.

1 Who you need to call immediately is the
2 Attorney General's Office and the FBI's
3 office and allow Rebecca Rhynhart to do
4 her job as the City Controller. She's
5 sees the corruption. You all need to
6 stand by her and let her do her job --

7 COUNCILWOMAN BASS:

8 Ms. Whitfield --

9 MS. WHITFIELD: Mayor Kenney
10 resign.

11 COUNCILWOMAN BASS:

12 Ms. Whitfield, thank you very much for
13 calling. Thank you very much for your
14 testimony. I believe that's --

15 MS. WHITFIELD: Thank you.

16 COUNCILWOMAN BASS: Thank you
17 very much for your testimony.

18 Madam Clerk, is there anyone
19 else to testify?

20 THE CLERK: Council support,
21 were you able to get anyone else on the
22 phone?

23 COUNCILWOMAN BASS: No. Okay.
24 He responded no.

25 Okay. With that being said --

1 COUNCILMAN JOHNSON: Madam
2 Chair.

3 COUNCILWOMAN BASS: Yes,
4 Councilman Johnson.

5 COUNCILMAN JOHNSON: I just
6 want to thank you for this marathon
7 hearing on a very, very serious and
8 critical issue. And when I talked about
9 the Tuskegee Experiment and the
10 significant impact it has had on
11 generations after generations in the
12 African-American community, this hearing
13 really highlights the fight that we have
14 to do, particularly when it comes to
15 social justice in the health care
16 community.

17 So I just want to thank you for
18 your exemplary leadership and all our
19 colleagues who actually stuck it out and
20 stayed on the call because it's a very
21 important issue. Thank you very much.

22 COUNCILWOMAN BASS: Thank you,
23 Councilman. Thank you for sticking and
24 staying. This is not your Committee so
25 you didn't have to stay all day, but I

1 really thank you for being here.

2 Councilman Green.

3 COUNCILMAN GREEN: Thank you,
4 Madam Chair.

5 This has been a very difficult
6 hearing and conversation. I'm glad that
7 the public did participate to provide
8 their feedback. But in spite of all of
9 the challenges that we had with the
10 vaccination roll-out, we still have a
11 job to do. And as I stated in Council a
12 few weeks ago, we can ask the hard and
13 critical questions about what happened
14 in the past and just because we raise
15 those questions concerning about what
16 happened, we also can work together
17 going forward on addressing vaccinations
18 to make sure that everyone in the City
19 of Philadelphia is able to receive the
20 vaccinations so we can move forward from
21 this pandemic.

22 People are afraid. They have
23 fear, fear for loss of life, loss of
24 job, loss in business. And so, it's
25 incumbent upon all of us, because we are

1 all the City, to work forward to address
2 this issue, even as we're asking the
3 hard questions regarding what happened
4 in the past. So I thank everyone for
5 their participation and we will continue
6 to move forward to address these issues
7 to make all Philadelphia safe from this
8 pandemic.

9 Thank you, Madam Chair.

10 COUNCILWOMAN BASS: Thank you,
11 Councilmember. Appreciate your input,
12 your advocacy and staying with us all
13 day long on the hearing and being
14 thoughtful with your questions and
15 responses. So thank you for being here.

16 With that being said since
17 there are -- I'm sorry. Was there
18 another comment, quick comment?

19 COUNCILWOMAN GILMORE

20 RICHARDSON: Yes.

21 COUNCILWOMAN BASS: Very quick.

22 COUNCILWOMAN GILMORE

23 RICHARDSON: Thank you, Madam Chair. I
24 just wanted to also say thank you for
25 your leadership.

1 COUNCILWOMAN BASS: Thank you.

2 COUNCILWOMAN GILMORE

3 RICHARDSON: Not only for this marathon
4 hearing, but all you and your team have
5 done to facilitate dialogue, questions
6 and answers with the Health Department
7 and the Administration throughout this
8 process. So I just wanted to thank you
9 for your leadership and everyone who
10 provided testimony today. And we look
11 forward to continuing to work together
12 with the Administration to ensure that
13 all Philadelphians will be able to
14 receive the vaccine and that we do that
15 in an equitable way. So thank you very,
16 very much.

17 COUNCILWOMAN BASS: Thank you.
18 And I also wanted to just as a side note
19 make a note that you also I noticed are
20 wearing red. Today is wear red day.
21 And I believe that a number of the
22 Councilmembers had red ties on, and it's
23 a way to bring attention to a healthy
24 heart and cardiovascular disease. As
25 someone who suffered with preeclampsia

1 and high blood pressure, it's very, very
2 important. So I thank you for also
3 wearing red and bringing acknowledgment
4 to this issue.

5 And thank you, Councilwoman
6 Sanchez.

7 Councilman Henon, I see you
8 have your hand raised. Did you want to
9 make a comment?

10 COUNCILMAN HENON: I just
11 wanted to make a parting statement.

12 COUNCILWOMAN BASS: Yes.

13 COUNCILMAN HENON: Thank you
14 for your leadership. Thank you for all
15 of the hard work you and your team
16 working in preparation for this, and
17 continued due diligence in making sure
18 that we get vaccinated in the City of
19 Philadelphia and that it is done in the
20 manner that reflects who we are as a
21 City in the most equitable way, in
22 fairness and giving people the
23 opportunities to benefit from the
24 opportunities because of the policies
25 that we set in place with our City

1 Council.

2 So to all members, keep up the
3 good work. We are awesome. The City is
4 awesome. The citizens are awesome. We
5 might have some hiccups, all right, but
6 we are a great City. And I want to
7 thank you for your leadership.

8 COUNCILWOMAN BASS: Thank you,
9 Councilman. We appreciate your advocacy
10 and your hard work. Thank you.

11 And I see we also have
12 Councilwoman Kendra Brooks. Great job.
13 Thank you so much for all that you do
14 and for being with us. Councilwoman
15 Brooks, I know that you were under the
16 weather, but I thank you for being here
17 at the beginning and staying through the
18 entire hearing, and we appreciate you
19 and your questions today.

20 With that being said and seeing
21 that there are no other questions from
22 members of the Committee and no other
23 witnesses to testify, I want to thank
24 all of the panels and witnesses for
25 their participation. We value your

1 opinions and we will now recess this
2 hearing until the call of the Chair.
3 Thank you very much for your attendance
4 and this is not the end. Thank you very
5 much for being here. Take care.
6 Bye-bye.

7 (Committee on Public Health and
8 Human Services concluded at 6:50 p.m.)
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

C E R T I F I C A T I O N

I, hereby certify that the
proceedings and evidence noted are contained
fully and accurately in the stenographic
notes taken by me in the foregoing matter,
and this is a correct transcript of the
same.

TANEHA C. CARROLL
Court Reporter - Notary Public

(The foregoing certification of
this transcript does not apply to any
reproduction of the same by any means,
unless under the direct control and/or
supervision of the certifying reporter.)

Committee on Public Health and Human Services
February 5, 2021

Page 1

A	249:4	101:21	167:9	341:11,25	141:19	206:10	239:13
abandoned	256:17	119:10,16	361:11	369:18	142:8	administeri...	321:23
363:2	279:15,24	138:12,19	364:7	action 104:20	207:15	21:18 22:11	advance
abandonm...	280:10	139:17	accountable	173:9	208:9	23:18 24:16	125:5
350:18	289:5,17	143:18	69:8 131:13	225:11	262:24	78:12	167:24
abiding	296:10	144:3 151:4	131:19	344:11	269:17,25	117:25	347:25
238:11	305:20	151:8,10,23	132:24	347:13	283:5	administers	advancing
abilities	326:17	152:7	167:23	actions 11:5	288:15	116:5	157:23
27:11 269:9	327:13	153:21,22	178:3,20,21	47:22,23	291:20	administrate	advertise
ability 9:3,22	328:11	155:22	278:9	49:16	303:25	289:9	45:22
13:8 59:21	329:4	157:14	303:18	226:22	312:16	administra...	advertising
82:1 88:1	339:22	158:4,8	310:10	227:22	313:11	8:21 13:21	167:7
94:8 108:23	340:12	163:8 165:1	323:24	264:1	339:17	22:25 36:15	advice 48:6
110:8 111:3	353:6	177:19	365:5,7	276:21	366:2	43:2,11	102:7
111:4 127:2	356:16,25	236:19	370:12	293:21	additionally	46:7 51:11	advisor
156:11	371:21	246:2 274:4	accounting	340:16	6:15 299:7	52:1,18	252:15
168:2 182:2	373:19	274:14,15	167:25	activity	301:9	53:8,17	advisory
185:5 205:9	375:13	293:3 300:3	accumulated	193:12	address	65:22,23	18:16,21,23
220:1 242:2	abled 340:5	300:6	346:16	275:19	50:19 52:10	80:7 90:24	19:10 20:9
244:3	absence	302:18,19	accurately	285:7 318:2	69:12	104:24	77:13 78:2
264:12	173:20	305:21	310:22	acts 22:20	152:16,20	142:13	78:5 220:7
289:9	absent	311:21,25	379:4	actual 184:12	179:22	143:6 159:7	220:8
305:10	330:18	326:18	accused	186:22	189:1	181:7	275:23
able 7:17	absolutely	331:3,12	334:19	202:14	261:15	193:17	310:3,24
17:21 32:3	13:5 71:2	333:24	achieve 18:7	252:5	276:10	210:8	338:20
33:17 48:21	76:16	334:17	29:25 30:20	Adam 364:18	292:22	211:17	341:17
52:8 64:21	135:23	335:7	147:12	adamant	293:18	214:13	363:25
64:23 70:23	145:15	340:20	264:17	286:4	317:7 322:3	217:18	advocacy
85:20,21	181:23	accessibility	achieved	adapt 282:14	374:1,6	275:9	41:3 259:10
87:18 92:14	188:18	293:3	243:4	adaptations	addressed	276:12,14	260:1 286:4
92:17	194:16	299:13	achieving	296:4	42:10 225:6	278:10,17	298:25
111:21	203:19	356:24	28:9	add 209:8	277:10,10	278:19,25	307:4,15
141:3	205:18	accessible	ACIP 18:25	212:2	302:24	279:2	308:9
148:14	211:9,24	274:16	19:3,7 20:2	279:19	addresses	283:11	312:23
150:11	266:8	357:3 358:7	acknowledge	282:15	246:14	289:19	317:24
152:10	267:19	accessing	31:4 47:18	301:7 303:3	addressing	297:16	351:2
153:18,19	268:20	301:24	88:8 148:4	338:20,21	45:1 53:1	344:21	374:12
153:22	275:16	accommod...	152:13	added 19:11	76:11 78:17	347:12	377:9
157:14	294:11	126:9	175:2	257:9	262:5 264:5	363:8 375:7	advocate
164:24	320:20,21	accommod...	180:17	adding 28:4	298:21	375:12	241:13,15
167:15	322:7	296:16	321:1,3	51:13,21	307:1	Administra...	284:1
169:23	absurd 348:1	311:24	acknowled...	addition	373:17	182:15	330:21
172:10	abuse 45:23	accompany	112:24	133:13	adequately	278:21	339:13
174:14	Acana 315:15	296:24	176:4	217:14,16	87:24 193:3	administra...	356:2
177:9 180:9	319:3 321:1	accomplices	acknowled...	233:6,11	208:22	130:25	advocated
183:1	326:4	308:11	268:23	245:3	ADHD	131:1 132:9	89:15
187:13	accept 46:8	accomplish...	acknowled...	250:21	170:25	200:8	133:10,13
196:7 208:8	359:9	46:1	48:15 243:4	271:10	adjust 271:11	admit 330:4	240:23
215:6,12,13	acceptable	account	acknowled...	additional	administer	363:12	advocates
227:3	350:11	243:25	376:3	17:7 27:10	24:7 28:20	admitted	253:4
234:13	acceptance	244:2 317:8	act 6:23	28:14,24	29:22 206:6	93:25	297:10
237:2 238:2	293:17	accountabil...	126:19	39:7 64:2,9	208:8	adult 17:11	308:7
239:5 246:8	access 73:25	46:3,24,25	127:6 240:3	67:10 78:25	224:14	17:13 22:12	advocating
246:13,15	98:19	47:4 53:6	311:21	124:24	administered	116:6	136:16

Committee on Public Health and Human Services
February 5, 2021

Page 2

253:5	African-A...	243:10	357:18	288:14	119:12	223:14	118:15
299:12	19:16 49:6	308:7	all-time	amazing	244:19	242:15	150:25
AFAHO	146:25	314:25	16:18	55:13	245:21	302:24	304:24
323:17	147:13	333:1	ALLAN 1:14	ambiguity	248:18	307:6 361:9	305:1
324:1 327:8	155:21	357:16	allegations	202:1	379:23	answering	apology
Affairs	353:19	373:12	158:11	amendment	Andrei 11:1	65:11 94:6	48:15
343:22	African-ser...	agree 86:17	Alliance	45:22	43:3 78:4	132:25	appalled
affect 10:24	326:8	88:21 105:6	283:18	amendments	309:15	answers 8:16	361:2
335:2	Africans	108:4	284:15,21	280:9,11	angry 18:1	25:9 61:5	apparent
affectionat...	335:2	148:18	284:23	America	365:8	66:7,14	292:9
357:13	AFRICOM	278:4 304:9	286:3 289:5	313:24	Anna 283:25	70:24 94:25	356:11
affiliated	314:3 330:9	346:12	289:21	314:24	304:14,15	95:2 98:15	appear
20:18 238:5	330:16,20	351:5	290:12	American	304:19	99:5 113:24	314:18
affiliates	afternoon	agreed 23:22	313:24	12:20 30:18	307:16,18	158:1	315:21
238:4,4	3:17,25,25	52:1 241:5	314:23	156:17	307:19,24	213:21	appearance
affirm 243:1	4:3,7,7,14	agreement	allocate	Americans	312:11,22	226:25	66:19
247:24	4:14,17	8:11 10:23	26:17	311:20	313:7	267:8 313:2	104:20
affirmative	14:15 39:9	22:17,22	allocated	354:24	announce	313:3	appearing
167:12	50:9 91:22	24:2 44:11	28:13,24	amount 34:4	141:4,5	366:11,12	266:21
affordable	91:25	44:12 55:19	115:21	42:16 90:2	announced	375:6	appears 54:8
348:6	116:22	56:1,2,10	126:19	109:16	271:16	antecedents	57:25 66:13
affording	212:25	56:12 57:6	219:13	110:10	announcem...	334:23	66:18
314:17	290:24	58:3 71:23	allocating	113:1,12	2:4	anticipate	277:13
afraid 316:19	291:3	73:8 79:22	326:24	133:21	annual	296:9	applaud
373:22	314:16	79:24 89:11	allocation	142:18	331:20	anticipating	301:14
African	350:25	139:9	26:19 28:7	143:4 166:6	annually	4:8 251:12	302:15
313:23	age 19:9,12	204:23	142:9,16	167:17	59:14 285:4	anticipation	353:2
314:1,23	19:21 20:3	205:2,9,14	allow 6:21	176:22	365:14	32:11	applicants
317:10,20	189:25	280:3	30:5 31:5	184:18,24	answer 25:13	anxious	24:18,21
321:6	248:9	369:25	102:11	215:23	31:7 58:19	148:8	136:3
323:16	254:24	agreements	188:17	230:13	64:15,21,23	anybody	291:22
324:2 326:6	agencies	8:8 11:11	198:16	248:22	65:9 66:4	47:20 97:1	application
330:8,21	18:19 66:14	75:11	249:3 265:8	251:7	68:2,4	117:6 162:9	60:25 77:19
331:17	130:7	270:24	310:6,9	256:12	69:20 71:3	166:22	80:9 84:9
332:10	162:21,23	280:11	371:3	271:5 280:7	71:11,14,15	175:4	316:8 331:8
333:21	289:22	ahead 104:1	allowed	344:17	78:8,8 92:7	239:12	applications
334:13,21	332:15	170:23	25:21	amounts	94:9,11	anymore	153:19
336:4	334:1 335:8	352:8	175:13	190:13	131:20	224:2	applied 40:8
339:14,23	agency 66:10	aides 20:22	280:18,21	amplifies	185:1	anyway	40:16 83:4
342:1	325:9	23:22 63:4	309:21	334:4	190:18	221:12	100:9
343:21,23	339:12	160:22	329:6	amplify	194:7	243:24	134:12,15
347:8	349:6	aka 364:3	allowing 9:14	343:7	227:17	apart 156:15	134:16
349:24	agent 73:10	alcohol 285:1	352:22	Amy 283:23	238:2	apartheid	135:6
African's	133:2	286:6	alluded 192:1	298:2,7,12	244:21	337:5	249:19
334:18	aggressive	alert 46:6	allusive 300:8	299:2 304:9	303:23	apologetic	250:18
African-	148:2 223:6	Alexander	alongside	analyses	339:16	246:4	325:23
30:17	255:19	152:1,4,5	285:11	315:16	352:6	apologies	apply 21:24
African-A...	aging 248:4	208:11,13	alphabet	analysis	answered	209:7	134:1,8
20:1 49:2	248:16,23	209:5 211:9	130:6	282:1	61:2 64:7	apologize	209:13
147:8	ago 26:12	243:11	alternative	and/or 8:7	68:6 90:22	12:7 47:18	379:21
222:22	27:25 30:24	align 301:5	151:23	10:22 22:12	127:2	47:19 98:17	applying 80:5
321:11	123:14	alignment	217:13	36:14,18	212:10,14	98:23	197:5
336:4	172:6	30:4	218:4	43:2 117:9	212:16	106:10	appointment
372:12	206:11	alive 351:8	219:24	117:20	221:24	107:15	175:5 354:3

Committee on Public Health and Human Services
February 5, 2021

Page 3

appointme... 238:22 289:10	60:20 73:19 88:8,15 187:15,24	223:23 256:6	Assembly 248:2	attendance 2:21,22 5:5 378:3	185:2,11 200:14 202:11	129:22 130:3 141:9 144:9 145:7	44:3 45:19 45:21 48:16 48:16 49:9
appreciate 5:14 14:21 50:12,17 69:19 129:2 154:15 213:12 241:22 243:3 244:6 256:9 259:25 266:7 272:22 274:21 281:12 282:22 290:20 294:16 297:19,22 312:13 313:4 344:25 346:7 365:23,24 374:11 377:9,18	approves 44:4 approxima... 17:5,7 20:23 232:19,21 251:13 286:10 337:14 Arc 283:22 294:8,15 295:21 297:22 305:25 architecture 176:12 area 219:16 237:6 272:14 273:25 274:2 317:19 324:5 areas 216:4 264:15 268:9 273:10 argue 93:17 144:2 256:8 334:13 arm 8:19 271:24 358:2 arms 124:16 137:16 211:21,22 249:16 arrangement 11:14 60:19 121:6 arrival 16:15 arrive 9:14 arrived 9:1 15:20 16:14 20:11 30:24 125:23 233:1,2 341:8 art 325:11 article 150:6 195:22	articulate 344:5 artists 325:10 Asian-Ame... 350:1 Asian-Ame... 353:20 asked 25:5 46:15 62:16 63:4 71:6 72:7 94:23 99:12 126:21 179:8 197:20 206:15,15 212:10,20 230:6 232:15 236:18 249:19 260:22 263:19 265:11 286:12 287:17 309:6,10,14 328:15 361:8 370:10 asking 7:12 31:10 32:19 86:21 94:19 146:24 167:23,24 172:24 178:1 184:2 204:15 271:12,19 271:25 316:16 340:13,23 342:22 343:4 347:15,17 369:16 374:2 aspect 117:4 231:2 258:3 aspects 36:9 45:16 332:24	assertive 342:10 asset 332:10 assigned 29:17 29:16 91:4 153:17 296:23 315:10 333:7 assistant 370:8 assisted 120:18 121:9 247:12 associated 82:3 189:14 236:23 295:19 association 340:9 assume 194:8 195:16 assumed 72:7 80:19 assuming 114:3 assumption 79:12 143:3 assure 97:23 assured 9:2 assuring 112:1 astounding 41:7 At-Large 114:24 athletes 291:11 292:5 293:15 athletic 288:22 attached 44:12 attachment 138:24 193:18 attempt 8:10 10:15	attendant 357:2 attention 8:10 11:3 27:2 97:10 287:13 365:22 375:23 attentive 178:12 attest 333:2 334:10 attestation 55:20 attitudinal 296:6 attorney 66:11 68:18 68:19 371:2 Attorney's 66:10,12 attorneys 68:20 73:23 74:1 August 127:20 authority 8:6 10:4 authorizing 5:24 autism 285:1 286:7,21 302:8 306:11 automatica... 356:20 available 6:20 16:9 17:2 67:24 90:18 109:23 111:18,23 116:9 121:5 125:9 129:22 134:7 143:2 145:12 163:5 164:12 172:14 175:10,24	268:8 279:6 282:22 284:7 289:16 294:7 307:16 353:13 average 222:24 avoid 8:9 294:19 avoided 84:16 awarded 40:17 193:5 243:19 awarding 291:22 aware 6:9 10:9 46:5 70:13 81:18 117:6 166:15 197:18 285:18 286:3 300:18 awareness 293:2,17 335:9 awesome 377:3,4,4 awful 239:10 B B 334:24 335:1 back 7:18 31:12,15,25 44:16 59:4 71:11 77:6 81:14 92:23 94:2 96:18 101:9 106:18 113:5 114:10 122:21 123:22 125:11	175:9 178:14 183:3 186:10 188:9,14 189:2 192:21 193:7,20 199:20,23 203:6 209:18,22 210:19 211:15 229:25 237:14 263:25 265:4 268:20 269:6 279:10 282:17 315:20 316:10 326:2 330:5 370:20 background 37:10 39:18 backwards 167:10 bad 128:4 132:18,21 balance 30:20 balances 52:9 53:10 276:12 ball 366:6 banked 332:9 banking 311:14 barrier 297:5 barriers 295:2 296:6 327:12 348:11 353:16,22 base 237:3 based 23:7 25:10,24 33:8,16	56:2 62:12 64:24 71:15 105:12 135:15 136:19 147:13 172:13 219:14,15 265:2 322:21 333:12 334:11 342:24 basic 97:22 97:24 179:15 180:13,15 182:22,23 183:5 basically 43:8 51:6 60:19 77:19 130:23 200:14 228:19 basis 34:8 112:10 166:7 199:2 276:11 Bass 1:9 2:2 3:15,21 4:2 4:10,16,21 4:22 6:5 11:23 12:3 12:6,9 14:2 14:11,16 31:8 32:16 33:5,15,24 34:21 35:16 35:25 36:12 37:5,14,18 38:3,7,22 39:21 40:19 41:23 42:20 43:17 44:15 50:4 58:15 58:24 60:14 61:16 63:18 64:1,6 66:24 67:2

Committee on Public Health and Human Services
February 5, 2021

Page 4

69:22 70:6	221:3,16	371:7,11,16	believe 4:24	67:12 82:14	bit 39:17,20	301:10	173:22
71:18 73:3	231:6,12,24	371:23	39:13 46:21	94:15 102:8	50:14 61:22	331:12	259:13
73:20 76:2	232:4,7	372:3,22	47:4 48:21	125:6 127:2	61:24	333:25	269:4 329:5
87:3 88:5	241:24	374:10,21	49:9 77:24	140:4 149:4	119:14	336:3 338:7	braiders
88:12,24	259:23	375:1,17	106:4 134:6	210:12	125:15	338:20	333:11
89:4 90:4	262:7,21	376:12	147:20	294:21	166:25	349:20	branch 96:6
91:22,24	266:1,8	377:8	148:25	296:4	180:25,25	358:25	275:20,21
92:6,16,20	268:10,15	bat 121:2	182:18	297:11	206:12	363:15,18	branch's 96:7
92:21 99:18	268:24	batch 251:14	203:9	349:13	267:21	364:3,12,22	brand 40:20
103:13	269:16	bear 26:9	213:14	358:21	271:11	365:11	57:25
104:3	270:4 273:4	77:4 151:22	220:16	better 47:25	294:1	367:22	breaks 96:2
106:17	273:15	154:20	226:19	61:24 77:25	bits 180:24	368:2	bred 364:10
108:5	275:3,10	becoming	236:12	83:25	biweekly	369:20	bridge
114:11	277:25	125:13	237:4 264:4	109:25	18:20 77:15	370:2,3,8	119:11
126:24	278:3,23	200:18	264:14,18	144:3	310:8	370:20	341:22
129:12,21	279:4,10	beef 182:2	265:5	149:17	bizarre 53:22	Black-foun...	343:3 344:4
129:25	280:1,23	209:25	288:24	175:15	black 13:22	225:11	brief 2:25
135:23	281:7,9	210:1,3	304:13	201:5 213:6	24:19 26:20	Blacks 347:9	briefed 68:21
145:19	283:4,8	began 15:15	312:13	213:8	28:14 40:24	Blackwell	276:16
146:20	284:6,10	38:1,11	333:16	217:25	41:11,21	343:19	briefing
148:5	290:17,25	39:4 193:25	344:16,20	261:18	57:16,24	345:3	46:10
149:22	291:2	197:11	345:12	282:11	82:15	blame 354:19	276:23
151:1	293:24	beginning 2:5	346:12	313:6 350:8	101:12,24	blank 56:22	328:4
155:11	294:11	18:2 44:25	353:9 354:7	351:10	102:1,6	blind 358:7	bring 26:25
156:5	297:20	78:24 115:2	355:21	beyond 53:22	103:16	block 309:25	221:8 251:3
158:25	298:2,6,9	137:12	366:23,24	142:19	104:8,21	blood 376:1	253:17
159:19	304:8,17,23	156:20	369:10	154:14	105:2,23	board 93:16	254:5,9
161:9 169:3	307:13,19	189:8 278:7	371:14	297:18	112:4	131:18	304:20
170:20	307:25	316:21	375:21	bias 356:19	128:21	220:7,8	319:7
171:18	308:3	337:24	believed 46:2	358:2	133:13	223:8 249:2	326:13
172:19	312:10,25	368:10	62:24 63:5	Biden 141:14	143:17	Board-certi...	328:19
179:1,4,21	313:9,14	377:17	63:8 174:21	142:12	145:24	104:10	330:15
180:3	314:10,17	begun 15:17	believing	143:5	146:1,3	105:18	375:23
181:15,23	318:16	180:19	81:20	367:19	156:21	258:2,4	bringing
182:13,20	319:13,25	302:14	155:17	big 111:2	157:9,12	364:25	152:9 376:3
183:13	320:20	behalf 36:15	bell 352:14	137:7	158:10	Bobby 1:10	brings 21:8
186:5,12	322:7 323:5	43:3 46:8	belonging	176:10	164:3 168:7	368:20	broad 272:17
188:18,23	323:12	278:19,25	330:23	260:25	190:8 191:6	bodies 261:4	273:24,24
194:16	328:22	291:10	beloved	bigger 181:21	195:7 203:7	body 10:11	280:6
198:17	329:18,25	293:11	337:9	218:20	204:13	65:24 67:14	broaden
202:23	335:20	297:2 299:1	belts-and-s...	biggest 96:25	207:12	94:19,22	27:10
203:11,16	336:22	299:4	75:16	97:5 275:18	208:14	95:5,8	broaden
203:20	337:2,23	303:21	Ben 352:3,9	275:19	209:12	168:24	148:24
204:2,7	343:16	304:2 351:2	352:18,20	bill 51:5,6,10	210:14	257:11	291:12
205:6,21	344:12	359:16	355:15	51:22 52:20	216:20	258:9 276:7	292:11
206:14,18	345:10,17	behavioral	beneficial	85:14,20,21	222:5,11	bombarded	broadly
207:5,9	345:18,24	247:7	50:23	117:20	223:4,18	319:2	268:6
208:3,12	350:21	behaviors	benefit	118:11,12	224:3 225:8	Boston	broke 83:17
209:3	352:7,19	295:19	314:20	196:19	225:15	217:10,22	102:22
210:10	355:11,14	296:11	376:23	276:4,19	227:8	Boston's	broken 7:22
211:24	359:7 360:5	beholding	benefits	billed 117:22	245:20	218:1	brokers
212:4,13,18	360:9,16	154:13	331:8	118:2,4,7	246:13	bottom 60:21	341:20
212:21	365:17	behooves	best 47:10	billing 117:3	248:24	70:12	343:2 344:4
213:2,7	367:2,8,12	327:23	48:7,8	117:8,14	257:7	132:19	Brooks 1:10

Committee on Public Health and Human Services
February 5, 2021

Page 5

4:19,23	144:17	151:11	349:22	174:9	330:9,22	59:8 60:5	331:13
77:9,10	250:25	152:12,12	camouflage	183:18	331:18	60:11 73:9	central
78:3,9,15	310:15	152:17,17	10:21	189:13	332:10	73:10,19	116:14
79:21 80:11	342:18	154:14	campaign	210:9 211:1	333:21	74:11,17,24	214:23
82:6,11	buildings	163:9,10	261:20	225:12	339:14,23	78:1 79:23	254:4 256:5
84:4 86:14	139:19,21	177:5	308:21	227:6	342:1	79:25 87:25	256:5
99:11	141:23,24	180:18	campaigns	235:10	343:21,24	115:6,19	centralizing
197:22	142:2 251:2	229:8	155:1	240:10	347:9	159:13	156:10
377:12,15	built 28:10	239:21	canceled	247:13	349:24	184:7 198:6	centuries
brought 87:5	49:15	244:19	24:22 83:19	248:12	Caroline	205:14	346:16
101:6	275:17	247:14	83:20	254:12	15:24 62:10	271:6	century 15:3
318:17	276:8 332:4	268:5	124:12	266:18,20	63:23	308:19	CEO 9:18
Brown 13:22	348:25	283:14	candidate	266:23	285:13	317:8 363:7	283:18
128:22	bunch 355:5	284:2	96:13	267:6 268:4	309:16	CDC's 22:20	284:20
143:18	burdens	291:20	canvassing	286:9,25	carried 304:3	309:7	certain 16:4
146:3	293:8	302:16,18	311:15	290:3 293:9	CARROLL	cede 177:16	59:23,25
156:21	bureaucracy	304:18	capability	294:21	379:12	Census 29:19	70:22,24
157:12	52:9	313:20	134:14	296:1,7	carry 303:18	154:8,11	99:5 113:12
168:8	business	316:21	capable	297:15	349:3	302:15	138:19
222:12	10:23 37:9	322:2	348:9	300:11,22	cars 219:8,9	308:21	161:3,4
223:5,18	77:25	323:21	capacity	301:18	case 16:17	348:24	166:17
225:16	105:14,16	344:2	29:15 79:15	302:12	43:21 69:2	center 9:15	184:25
227:8	277:3 333:9	351:20	206:16	327:13,21	69:3,4	23:25 29:15	238:5 250:9
301:11	336:1,13	371:1	207:1 344:8	331:4,24	74:22 123:6	36:21 43:5	272:8
336:3 364:4	338:13	372:20	capita 34:8,9	332:2	123:14	63:3,22	279:13
367:23	340:8	378:2	34:11,12	340:20	127:25	78:22 98:20	325:20
368:3 370:3	343:24	called 2:24	112:9	342:14	128:6 197:3	101:21	327:16
370:20	373:24	5:3 62:3	capital 332:7	356:21	197:8	113:10	356:21
Brummans	businesses	95:9 102:23	capitalists	357:2 358:4	226:11	135:2	certainly
283:17	15:4 54:16	107:12	82:23	358:13	229:4	140:20	42:10 47:13
284:7,8,14	123:12	109:4,5	caps 76:9	359:2 361:1	286:23	147:15	67:2 68:11
284:15,19	325:12,13	118:23,24	capsule	362:5	288:19	152:12	72:16 100:7
307:11	356:23	119:15	344:10	372:15	295:16	186:25	101:1
brutal 357:16	busy 62:1	177:21,22	car 217:20,22	378:5	355:3	187:4	153:11,23
Bryn 331:15	126:6,15	223:24	218:3,10	caregiver	cases 16:18	273:23	181:15
buck 226:19	button 147:5	252:14	274:3	299:9	128:7,12	282:18	188:23
228:13,15	350:15	253:16	cardiovasc...	306:12	253:9 302:6	288:21	202:24
bucket 363:5	Bye-bye	348:6 349:3	375:24	caregivers	cash 333:7	303:13	209:3 215:7
363:6,7	378:6	350:4	care 15:7	245:14	catch 240:5	309:2	224:15
budget 127:6	bypass	357:14	17:17 18:18	286:13,19	category 43:6	353:25	230:9
budgets	130:15	369:2,4	23:11,16	287:5	235:21	center-like	272:16
311:23		calling 52:17	49:3 57:23	296:23	247:21	172:11	274:1
build 132:20	C	119:7	57:23	300:2	301:20	centers 21:13	284:11
259:5	C 379:1,1,12	151:18	128:24	301:12,18	347:16	23:13,13	342:5
264:25	calculate	236:24	139:25	301:23	caused 12:15	29:1 57:12	certification
265:4	281:25	244:1	140:20	302:11	80:17	76:1 111:19	379:20
342:22	calculating	371:13	141:19	309:10	CDC 21:14	133:12	certified
344:3	282:6	calls 221:7,8	148:21	CARES	21:17 22:2	149:4	133:12
builders	call 2:21 7:4	236:21	158:8,14,17	126:19	22:5,23	165:20	135:2
341:22	11:25 14:5	246:18	160:15	127:6	24:3 34:16	170:13	certify 379:2
343:3 344:4	29:15 77:18	249:4 312:6	161:15,20	369:18	43:8,18	178:5 190:6	certifying
building 13:1	92:18	362:17	162:1,11	Caribbean	44:6 52:14	191:6	301:16
131:11	106:15	Cambodian	163:1	317:12	56:1,3,4,11	245:12	379:24
141:3	118:25	347:8	169:17	321:7 324:2	56:20 57:6	317:18	cetera 37:11

Committee on Public Health and Human Services
February 5, 2021

Page 6

120:11	263:16	293:4,14	291:1	257:25	214:8 264:8	116:16	278:17
274:25	265:25	373:9	305:24	chose 24:24	265:11	118:14	279:5,21
Chair 1:9 3:7	266:5	challenging	chat 6:19,23	230:25	277:22	121:16,17	280:5 283:1
3:25 4:7,14	269:15,24	207:16	11:21	Chris 260:18	299:24	121:19	285:2,11
4:21 12:2,9	270:8 273:5	208:7	cheaper	260:22	301:11	122:18,22	291:11
12:12 37:13	273:14	333:19	334:20	chronic 19:18	303:10	123:16	292:18
37:13,18	279:10	chance	check 98:5	19:19	304:3	124:16	297:8
38:20,22	281:12	265:13	195:17	239:11	350:19	125:7	298:16
42:12 44:19	284:17	chances	checklist	chunk 137:7	361:20	127:12	299:11,16
44:22 50:3	304:21	245:17	349:14	235:6	362:1 377:4	128:12	301:11
50:8 58:13	305:1,4	change 85:5	checks 52:9	church	city 1:1 2:7	131:3 132:7	302:14
58:17,24	307:10	112:12	53:10	172:12	6:4 7:20,21	132:12	303:6
59:3 66:21	312:20	157:7	140:16	churches	8:4,12,14	133:11	307:25
68:9 87:2	320:24	164:18	276:11	219:21	8:18,24,25	135:20	308:17
93:4 95:25	321:17	184:22	Cherelle 1:16	Cindy 1:9	9:11 10:13	155:8	310:6,10,13
103:12	322:5,14	203:17,19	253:13,17	278:1	12:20 13:8	156:12,15	310:16,20
104:2	323:4	205:10	368:18	318:16	14:20 22:14	156:17,18	311:1,8,19
108:10	343:20	314:20	369:7,13	337:22	24:6,8	157:5	315:6 318:3
114:9,16,22	355:12	318:23	370:18	367:12	31:11 33:18	163:22	319:5
117:17	360:19	335:24	Cherie	circle 59:4	34:10,13,14	173:25	320:13
118:10	372:2 373:4	369:7	283:17	152:22	36:15 38:2	174:21,24	323:2 325:9
126:23	374:9,23	changed	284:7,14,19	192:21	40:23 41:1	177:2,8	325:24
129:11,25	378:2	25:18	294:6	193:7,20	43:3 44:10	192:24	326:9,12,21
135:22,24	Chairman	127:22	305:24	circles	47:11,19	193:6,15	327:18,20
136:10,11	343:23	189:6 241:3	Chief 10:7	152:21	48:13,23	194:3	327:23
145:18,19	Chairperson	changes	70:1 200:8	circulated	49:5,13	196:13	328:12
149:19	337:22	82:21 84:10	314:2 330:7	158:13	50:24 51:7	197:11	329:3 332:1
150:23	Chairwoman	84:20 86:15	child 45:23	334:7	52:13,23	199:1,3,5,8	335:5,11,15
151:4	3:19 69:21	86:17,19	116:5	circulating	53:25 54:9	200:6,9	335:25
155:10	257:24	170:3 189:6	140:20	120:2,2	54:21,22,22	203:5 205:9	337:9,19
156:4	275:8	changing	306:11,16	circumstan...	55:8,14	205:15	338:15
171:16,18	277:24	256:11	306:19,19	34:25	56:12 58:3	210:15	339:18
172:18	290:25	314:21	306:24	cities 34:1,4	58:4 60:17	214:8,12	341:7,14
178:24	307:25	channel	childish	34:15 54:1	69:19 71:9	215:17	343:5,18
179:2	323:17	55:11 149:8	365:15	75:13,15	71:22 72:4	216:1,5	347:6,19,20
183:12	337:1 339:2	267:24	children	84:15	72:14 73:9	219:22	347:22
185:16	340:8 342:8	channeled	141:9 142:3	121:12	73:17 74:15	220:9,10,15	348:21
188:16	343:15	103:8	299:9	141:13	75:3,5,17	220:22	349:8 355:3
191:19	345:17	channeling	chime 108:11	144:8	75:24 76:3	221:6	355:5,7
194:13,24	challenge	149:6	chimed	217:12	76:16 79:2	222:13	358:21,23
198:15	141:15	channels 44:8	223:11	281:19	79:7 80:5	223:2 224:6	359:12
201:10	181:19	261:19	Chin 314:5	282:2	81:21,24	227:7,9	361:1,22,24
202:16	206:13,20	charge 26:8	345:13,13	361:24	82:22 86:4	228:24	363:15
204:6 205:5	206:23	53:17	345:16,20	citizen 8:14	86:21 88:9	234:15	365:4,9
205:20	208:5 211:6	190:25	346:2,3	119:12	88:11,15,16	240:12,21	368:5 369:4
207:8 212:9	241:16	191:14	Chinatown	152:12,17	88:20 91:5	242:4	369:10,22
212:24	challenged	203:4 210:8	308:8 314:6	152:22	92:12 93:14	258:15,24	370:15,22
221:13,22	207:14	chart 192:2,4	346:5 348:3	248:18	97:1,6,9	264:9	371:4
227:15	challenges	198:11,12	Chinese	303:14	100:15	268:19	373:18
231:11	45:17	Charter	347:7	citizens 7:22	109:13	270:15,19	374:1
232:10	108:21	65:24	choice 48:7	8:22 48:12	110:11,19	272:12,20	376:18,21
242:11,13	187:20,23	275:16,24	63:14 137:6	48:17 74:9	111:3 112:3	273:19,23	376:25
244:8 245:2	209:1,15,19	279:13	349:20	74:14	114:17	274:4	377:3,6
259:17	239:20	Chase 283:19	CHOP 137:1	118:21	115:5 116:2	275:20	City's 6:1 9:7

Committee on Public Health and Human Services
February 5, 2021

Page 7

10:7 51:15	369:2	clinic 36:20	closing 54:16	150:10	302:3	367:4	35:3 40:11
59:10,12	370:23	78:21 113:5	162:13	162:2 223:7	321:10	Commerce	61:18 71:21
72:2,22	classified	167:2 217:3	303:10	252:18	340:14	26:21 29:10	77:3,5,14
80:2,17	306:12	309:2,11	335:4 350:5	339:9	372:14	349:11	77:16 78:5
90:19 115:2	cleaned	316:17	clue 164:17	346:19	comfortable	Commission	91:23 92:5
157:24	208:22	331:4	CNN 252:11	348:22	86:2 124:5	343:21	114:18
159:5	clear 8:17 9:8	clinical 296:2	coalition	349:12	265:8	Commissio...	126:23
164:17	10:1 12:17	359:5	308:10	combat 15:10	296:17	11:18 14:7	134:3
174:4	44:9 58:6	clinics 20:15	330:8	combating	306:20	14:19 15:24	171:22
179:14	65:4 70:11	20:19 21:6	code 166:3,4	48:1	coming	31:9 38:8	182:14,15
204:12	72:1 85:11	21:8 23:12	252:6	combina	125:16	42:12 47:13	182:17,25
224:11	88:13,16	23:24 24:25	275:24	81:17	167:4	61:17 62:10	183:1
286:16	90:16	25:15 26:7	276:9	combination	190:14	68:13 136:1	191:19,21
291:13,16	127:22	26:14 27:22	279:14	138:20	226:13	146:21	201:10
292:6 299:6	129:4 163:7	27:25 37:4	311:7,10,10	combined	256:25	148:6	202:18
299:22	164:12	57:11 62:23	362:23	184:21	267:9	170:21,23	212:11
300:10,19	168:9,10	63:3,7,15	codes 156:14	come 2:19	271:14	179:22	232:12
311:6	173:7,15	77:23 79:1	165:5,8,14	9:6,22	297:18	180:4 183:7	242:16
346:18	175:3	79:11,16	165:23	38:16 41:8	320:10	186:13	279:21
347:2 349:6	177:24	86:4 88:22	246:8,9	44:16 52:23	339:6 368:1	203:3 212:1	284:18
357:8 359:2	181:20	98:11	cold 22:5	57:15 71:11	command	222:9	285:16
361:10	261:21	111:23	109:11	77:6 92:23	27:8,20	226:20	291:1
370:25	272:3	113:10	110:25	101:9 113:4	229:4	227:14	298:14
city-wide	274:22	124:25	collaborate	114:9	commend	228:23	300:18
215:4	304:10	125:14	342:6	129:21	335:14	230:18	308:2 310:4
civic 308:23	344:1	126:10	colleague	139:21,22	commended	231:5	310:25
338:13	clearly 42:2	147:11	308:14	160:5 161:7	44:24	268:25	311:2
clarification	74:21 86:8	148:20	colleagues	175:7	comment	269:20	314:19
37:23 38:21	90:17 93:19	163:20	3:12,19 4:1	180:21	11:19 70:9	273:8,12,17	338:21
58:14,23	110:12	164:1,3,4	4:15 5:12	192:24	156:25	278:15	345:20
59:9 204:11	149:2,5	164:11	31:20 42:24	198:3	252:23	283:10,15	352:22
clarify 31:25	175:14	165:18	77:7 93:12	200:15	262:25	309:16	354:12
32:10 39:5	268:8	167:5	105:6 161:3	208:18	268:14	328:15	360:21
55:7 97:5	Clerk 2:20	189:10	178:16	211:3 224:7	275:8 279:7	364:19	364:1
145:22	3:3,4,16,23	216:18	213:25	226:7 233:3	322:11	Commissio...	372:24
207:11	4:4,11,18	267:16	214:15	233:11	329:15	27:9	377:22
221:25	4:21 5:21	274:25	220:16	238:21	351:21	commit	378:7
229:1 269:2	5:23 11:25	289:24	221:2	246:21	374:18,18	159:24	Committees
301:22	14:4,6	349:25	249:18	253:18	376:9	commitment	2:8,13
clarifying	283:13,17	clock 298:23	322:16	255:12,14	commentary	172:7	common
28:8 239:18	304:18	close 12:22	344:5 347:4	288:5	294:6	committed	321:20,22
clarion 344:2	313:20,22	20:7 112:14	372:19	289:17	comments	68:23 170:2	communicate
clarity 98:17	314:11	113:7,21	collect 174:2	290:22	6:17 11:16	170:15	59:16 63:19
101:17	351:19	144:13	collecting	306:6	77:2 223:9	171:14	288:7 340:2
103:11	352:2	145:1	62:8 118:3	355:21	224:25	293:21	342:5
106:18	355:12	151:14,24	collection	361:16	225:1 278:7	committee	358:20
149:20	359:25	184:17	226:2 254:5	363:18	312:13,17	1:2 3:10	communica...
167:17	360:2	206:24	collectively	366:8	313:11	4:8 5:2,13	43:23
194:14	371:18,20	286:10	306:5 332:8	369:13	328:25	5:16,24	communica...
322:23	click 350:15	317:3	College	comes 66:5	335:21,22	8:20 11:19	35:9 200:1
Clarke	client 68:24	closed 156:16	330:11	68:7 76:10	346:8	14:17 15:21	296:17
146:23	clients 324:4	286:16	331:15,16	259:13	351:22	18:16,22,24	communica...
368:13,21	324:12	closely 52:19	color 41:6	262:13	365:24	19:11 20:9	13:19 35:14
368:25	327:10	321:2	148:1 150:8	275:19	366:22	26:22 29:9	35:23 44:8

Committee on Public Health and Human Services
February 5, 2021

Page 8

126:25	317:12	295:1,7,15	110:10	104:18	80:2 170:14	confirm	220:12
181:20	318:17	296:5 297:5	118:12	106:8	171:25	191:13	273:9
182:12	325:14,22	297:10	281:21	210:23	213:17	194:1	311:14
199:24	326:16	300:15	compared	complex	262:6	195:14	354:16
251:10	328:2 330:9	305:19,25	105:24	300:8	285:19	214:10	considerati...
261:18	332:20	306:7	157:17	complexities	298:21	278:17	86:18
268:20	333:20	310:11	222:6	295:18	309:24	confirmed	150:18
283:24	336:5,6,7	311:18	281:19	300:1	317:7 343:8	332:13	248:21
296:19,20	336:13	315:10	comparison	complexity	concise	conflict 314:8	249:6
318:24	338:11,12	317:7,15,23	33:25 45:10	110:4	115:14	confront	258:20
361:19,20	338:12,13	318:22	46:20	complicated	conclude	337:18	290:5,6
communica...	339:24	321:7,12,13	105:21	56:16	352:12	confused	319:22
27:12	342:2	325:15	compel	109:24	concluded	56:9 102:8	considered
173:24	346:19	327:4,10,15	339:15	111:20	378:8	177:5	20:6 170:18
176:22	349:19	328:12	compelling	282:5	concluding	confusing	353:1
182:2,3,4,5	351:3	329:8	340:3	287:14	309:18	175:18	considering
182:6	353:10,15	337:21	compensated	333:14	condition	177:23	48:22
269:10	354:23	339:5,5,15	240:24	comply 6:22	315:9	180:7,8,17	263:21
communica...	356:17	340:1,6	365:14	component	331:22	180:22	303:1 334:2
269:9	359:14	341:12,19	competencies	89:10 154:9	conditions	confusion	consistently
communica...	361:16	341:24	328:9	341:16	19:13,18,25	12:16 81:18	168:5 319:1
296:3	364:4	342:15,19	338:23	comprises	20:4 144:6	175:13	Consortium
communities	367:23	343:6 344:7	competency	191:20	170:10,12	292:8 301:1	24:20 26:21
12:16 13:7	368:3 370:3	344:18	243:18	compromis...	236:7	301:7 303:4	28:15 40:25
13:10,23,24	370:21	346:22	244:19	245:16	238:16	congregate	41:12,21
29:14 41:5	community	349:1,24	246:1	computer	239:8,9	189:19	57:17,24
82:15 90:8	49:2 77:25	350:2	248:25	147:4	270:18	286:24	82:16
135:12	111:7	354:21	250:15	computeriz...	295:18	287:6	101:13
143:18	129:17	356:2,4,7,9	320:9 361:3	115:24	condolences	292:14	102:1,7
146:9 151:9	146:4	356:18	365:2	conceal 8:11	344:15	300:11	103:17
153:6 154:6	148:16	357:2,12,22	competent	10:22	359:10	357:9	104:9,22
154:21	159:5	358:10	342:11	concede	conductive	connect	105:2,23
155:19	165:18	359:21	competently	186:10	305:13	179:10	133:14
156:23	180:10	372:12,16	362:11	concern	conduct 8:12	331:5	164:4 190:9
157:13	188:15	community...	competing	10:17 34:15	63:6 66:15	connected	191:7 203:7
165:15	189:2 199:9	90:6 127:11	136:21	50:19 53:14	331:10	155:18	204:14
167:21	199:13,18	128:20	250:23	107:19	364:2	336:8	207:13
168:8 169:8	200:16	250:4,14	316:2	245:5 287:9	conducted	connection	208:15
173:18	201:12	303:8 315:3	compile	305:9	159:11	179:18	210:15
199:12,16	211:1	320:5	280:25	367:22	318:1	211:1	216:20
222:12	222:22	327:25	complete	concerned	conducting	250:16	245:21
223:6,18	227:2,5	358:25	25:12 43:25	20:21 81:16	32:1 33:2	connections	246:14
224:10	244:1,10,15	comorbidit...	44:13 76:11	93:9 108:15	343:16	244:2,11,16	257:8
246:18	244:18	287:2 300:4	152:18	110:9	conducts	244:18	349:21
252:17,18	246:9	companies	153:19	134:23	315:15	consecutive	359:1
259:11	250:11,16	142:24	287:10	139:16	conference	331:19	364:23
260:6	261:14	364:10	331:17	170:8	118:16	consenting	369:20
261:10	264:1,25	company	completed	264:10	328:3	6:14	consortiums
294:23	276:25	109:4,5	22:10 24:1	368:9	confess 98:2	consequenc...	341:17
295:12,25	283:19	132:2	71:7 152:19	concerning	confidence	157:8	conspiracy
301:11	284:16,21	133:19	243:16	299:6 316:7	225:18	167:20	260:10
308:24	291:10,13	186:22	completely	373:15	252:9	consider	334:5
310:21	292:3,18,20	280:4,16	54:9 58:1	concerns	confidently	86:12 171:2	constant
317:10,11	294:3,23	compare	90:12	24:18 45:14	13:9	218:14	104:20

Committee on Public Health and Human Services
February 5, 2021

Page 9

constantly	236:22	22:14 24:6	118:13	351:14,16	205:17	194:25	99:1,19
214:1	254:23	37:8 40:22	133:3 193:4	366:1,3	239:6	201:20	101:5,16
constituenc...	contagion	41:1,9	193:19,20	367:16	240:14	202:19	103:10,15
138:19	277:9	42:17 44:6	195:2	368:24	379:6	226:9	104:1
141:20	contained	44:9,10	202:10,13	373:6	correcting	241:13	107:16
143:15	379:3	51:7,12,14	278:18	conversatio...	84:19	242:8 263:1	110:5
144:8	Containment	54:25,25	291:23	9:12 35:6	corrections	271:12	111:24
constituency	62:4	55:9,14	295:11	37:3 61:14	140:8,9	274:12	112:13
154:8	context 81:9	56:3,19	contractual	102:16,21	189:18	275:20,22	113:20
constituent	contingent	57:5,5 60:6	204:20,21	111:17	correctly	276:7,15	114:8,12,13
177:4	142:6 145:5	60:10 71:22	contribute	126:14	150:1,4	278:18	114:14,15
constituents	271:4	72:13 73:24	48:3	172:17	correspond...	279:9,22	116:20
138:13	continue 28:1	89:20,21	control 21:13	208:14,16	329:2	282:23	118:8
177:10	30:19 52:22	91:15,19	170:13	211:14	corruption	283:6 284:1	120:16
181:10	120:7,10,12	96:14	178:13	294:4	66:19	298:16	122:19,25
214:2 225:5	143:24	101:20	358:3	305:15	367:11	308:1	124:8
298:24	149:13	105:15	379:23	334:12	369:9,23	312:18	125:10
constituted	153:7	130:13,16	Controller	351:18	370:1 371:5	313:12	126:8,17
26:23	154:20	130:24	371:4	352:1	Cortes 91:21	314:19	128:17
constituting	156:8 172:8	131:3,16,17	controlling	convey 50:16	92:1,19	318:14	129:9
157:10	190:11	132:1,7	157:2	convinced	279:6,8	322:19	135:21,24
Constitutio...	200:2	150:3	controversy	123:18	280:2 281:6	332:1	135:25
45:22	201:11	193:24,25	333:17,23	cooking	281:8	334:10	136:8
constructive	223:17	194:3 195:3	convened	354:6	cost 24:16	337:11	145:17,20
119:2	225:15	195:9 196:1	18:15	cooperation	80:6 117:24	343:24	145:21
220:18	282:25	196:3,8,12	convening	242:20	118:3	355:24	149:18,23
consult	301:24	197:11,15	3:8	coordinated	196:16	359:6	149:24
297:13	302:9,24	279:14	convention	214:20	249:5	360:20	150:22
consulted	306:4 307:5	280:7,14,16	9:15 23:25	coordinator	costs 85:22	368:5	152:14
338:14	317:1,4,6	280:17	36:21 43:5	183:20	293:8	369:10,22	171:16,19
consume	321:25	316:9	63:3,22	283:24	370:20	370:22	171:20
261:3	343:8	320:11	78:22 98:20	355:25	Council 1:1	371:20	172:20
consumers	359:23	354:15	101:21	copies 250:2	2:8,13 5:9,9	373:11	179:2,5,6
288:19	365:7 374:5	contracted	113:10	311:20	7:2 8:14,18	377:1	185:15
contact 20:7	continued	11:13 117:7	147:14	copy 282:12	10:2,10	Council's	186:7,8,9
29:13 35:1	318:7	294:20	172:11	core 156:11	14:17 39:2	177:3 310:7	207:3,6,7
36:1 62:5	362:13,18	295:3,7,22	282:18	Corizon	39:8 50:15	Councilman	207:10
70:22	362:18,20	297:14	288:21	23:15	51:9 52:19	1:10,11,12	212:7,21,23
126:20	376:17	310:19	309:2	cornerstone	52:23 65:5	1:12,14,16	213:2,5,9
127:7,14,18	continues	338:6	353:25	46:4	71:10 93:5	1:17 3:6,17	215:15
127:24	17:9 33:21	contracting	conversation	coronavirus	114:24	3:22 4:6,13	217:8
128:3,9	301:6,21	6:2 36:16	4:9 14:1	95:7,15	130:10	31:23 42:6	219:20
145:1	303:3	51:16 87:7	35:11 42:18	310:15	131:21	42:9,21	221:17,18
168:23	continuing	90:19,23	63:13 95:21	346:25	146:22	44:19,20,21	221:19,21
185:4	6:13 172:17	91:6,13	103:5	Corporation	154:23	48:10 50:2	222:19
206:25	288:11	133:8 202:7	116:23	314:7 346:5	165:9,25	50:5,6,7	223:24
229:17	313:5	300:8 301:3	130:8 138:2	correct 32:8	168:24	55:12 56:8	224:23,25
230:12	359:23	303:20	171:23	32:9 64:22	178:17	57:21 64:2	226:10
250:6 255:3	375:11	325:10	172:8 193:4	80:7,21	180:6 181:2	64:4,8,10	227:18,25
311:14	continuously	contractors	207:22	82:9,10	182:3,16,24	65:1,15,19	228:3
318:1	361:17	133:17	208:24	84:21	183:4	66:25 68:8	229:21
contacted	contract 6:4	contracts 8:7	217:9	117:23	191:20	69:23 70:25	231:4,7,8
162:22	8:9 9:4	51:18	289:15	133:6	192:1	93:1,3 95:3	231:10,12
contacting	10:22 11:7	117:13	294:2	195:17	193:15	97:20 98:16	231:15

Committee on Public Health and Human Services
February 5, 2021

Page 10

232:8,9,23	150:24	35:25 36:12	149:22	210:10	319:13,25	334:16	52:2 56:10
233:5,9,17	169:7 170:6	37:5,12,14	151:1,2	211:24	320:20	counts 16:17	57:17 62:1
233:20	172:23	37:15,18,19	152:5 154:3	212:4,5,6,8	322:7,10,12	29:18 123:6	62:4 63:21
234:10	179:12	37:21 38:3	155:11,12	212:13,15	323:5,6,12	243:12	64:19,22
235:13	181:14	38:4,5,7,19	156:2,3,5,7	212:18,19	328:22	245:21	71:24 72:3
236:9	184:2	38:22,23,25	158:23,25	212:21	329:17,18	311:7	72:23 73:1
237:22	197:22	39:21 40:19	159:1,19	213:2,7	329:24,25	348:25	76:20 78:19
238:25	221:3 245:4	41:23 42:20	161:8,9,11	221:16	330:3,19	349:2	80:4,13
239:17	309:4,14	43:17 44:15	161:12	224:24	331:25	couple 50:25	81:2 87:9
240:16	343:19	50:4 58:12	162:17	231:6,12,24	335:19,20	71:19	87:18 89:8
241:11,23	362:14	58:15,16,21	163:15	232:4,7	336:21,22	119:18	90:15 97:8
241:24	369:11	58:24,25	164:6	241:24	337:1,22	147:15	101:10
242:18	374:11	59:2 60:12	165:13	242:10	344:12	158:5	104:12,15
243:7 245:8	Councilme...	60:14,15	166:1 167:6	244:5 245:1	345:3,10,18	221:25	105:12
263:9,12,13	5:4 64:14	61:16 63:18	168:15	245:24	345:24	227:17	106:2,13,20
263:14,15	65:6 67:25	64:1,6	169:3,5	247:23	350:21	232:13	107:4
265:1,24	90:21 95:22	66:24 67:2	170:20	249:10	352:7,19	243:9	112:20,23
266:2 270:6	116:25	69:22 70:5	171:18	250:24	355:11,14	course 13:13	116:19
270:7	177:8	70:6 71:18	172:19,21	251:23	359:7 360:5	84:19	117:2,20
272:22,24	194:22	73:3,20	172:22	255:22	360:9,16	104:19	123:15
273:1,5,7	274:7 275:1	76:2 77:8	173:13	259:23	365:17	131:16	125:16
275:5,6,7	284:5	77:10 78:3	175:17	262:7,21	367:2,8,12	157:7 189:7	130:9 139:3
275:11	285:12	78:9,15	176:5,19	263:10,11	367:13	218:8	145:23
278:1,5	298:22	79:21 80:11	179:1,4,21	266:1,3,4,8	369:12	361:24	146:12
281:9,11	323:20	82:6,11	180:3	266:10	371:7,11,16	courses	147:2
282:8	335:4 337:3	84:4 86:14	181:15,23	267:2 268:1	371:23	330:13	148:19
298:18	343:16	87:3,4 88:5	182:13,20	268:10,11	372:3,22	Court 379:13	150:2 158:7
304:21,24	345:17	88:12,24,25	183:8,10,13	268:13,15	374:10,19	courtesy	158:12
305:1,3	346:8	89:2,4,5	183:15	268:17,24	374:21,22	321:20,22	162:8 164:3
307:12,14	360:25	90:4 91:24	185:13,17	269:14,16	375:1,2,17	cousin 338:8	164:20
312:19	369:5	92:6,16,21	185:23	269:17,21	376:5,12	344:16	174:20
313:1,10	375:22	99:18	186:5,12,18	269:23	377:8,12,14	cover 24:16	175:14
319:23	Councilpeo...	103:13	188:7,18,19	270:4,5	Councilwo...	239:10	185:25
320:22,23	50:21	104:3	188:23,24	273:4,13,15	334:9	273:25	186:4,15
322:8	361:12	106:17	190:16	275:3,10	counsel 73:25	274:2	195:8,24
329:14,16	Councilper...	114:11	191:12,17	277:25	count 355:6	coverage	197:10
372:1,4,5	318:11	116:24	192:14	278:3,23	Count's	123:25	210:13
372:23	320:7 369:3	129:12,18	194:11,16	279:4 280:1	152:24	covered 70:8	229:16
373:2,3	Councilper...	129:19,21	194:17	280:23	counterparts	73:12 169:8	262:15,17
376:7,10,13	320:14	129:23,24	195:19	281:7,9	157:18	213:20	267:3,5
377:9	Councilwo...	131:8	197:7,17	283:4,8	316:2	COVID 9:6	275:13
Councilma...	1:9,10,11	132:13	198:17,21	284:6,10	counties	12:14 14:23	276:10,14
226:24	1:15,15,16	133:7	201:6	290:17	240:18	15:14,18	290:16
318:12	1:17 2:2	134:10,19	202:23	291:2	242:25	16:17 23:5	303:3 309:1
Councilme...	3:15,21,24	134:25	203:11,16	293:24	301:8	23:10,23	309:22
3:4,16,23	4:2,10,16	135:23	203:20	294:11	countries	24:4,16,19	317:17
4:4,11,18	4:22 6:5	136:12	204:2,4,7,8	297:20	334:21	26:24 28:17	324:9
4:23 14:16	11:23 12:2	138:9,17	204:9,17	298:2,6,9	354:4	34:24 35:2	333:17
32:10 37:16	12:3,4,6,8,9	139:11	205:3,6,7	304:8,17,23	country	36:17,18	335:17
47:3 91:22	12:10,11	141:12	205:19,21	307:13,19	17:18 73:15	37:7 38:1	341:8
92:20 95:24	14:2,3,11	143:9	206:14,18	308:3	75:8 161:2	38:10 40:8	347:24
99:11 108:5	31:8 32:16	145:19	207:5,9	312:10,25	217:12	41:4,5,18	357:16
126:24	33:5,15,24	146:5,20	208:3,12	313:9,14	281:20	42:15 43:21	359:11
149:19,21	34:21 35:16	148:5	209:3	314:10,17	312:3	46:15,16	362:20

Committee on Public Health and Human Services
February 5, 2021

Page 11

COVID's 6:4	290:9	84:6 86:24	25:20 52:15	328:24	83:14,15	243:1	demonstrate
9:18 174:5	credibility	91:7 198:13	62:8 116:17	330:3 341:6	102:20	321:16	49:22 60:2
193:23	244:20	204:12	147:3	344:7,23,24	195:10	definition	139:14
194:2	250:10	287:19	158:22	350:24	333:6	309:7	341:14
COVID-	257:5,23	294:18	247:25	351:1,24,25	decided	definitive	denied 250:6
302:6	credible	295:10	249:17	372:25	324:25	256:12	Dentrust
COVID-19	252:14	300:19	253:22	374:13	decision	degree	280:3
26:20 28:15	criminal	305:11	254:4,14	375:20	25:14 61:11	109:15	department
50:22 73:7	66:15 72:18	306:23	255:25	days 15:19	61:13 79:9	160:3	14:7 15:8
82:15 91:11	crisis 10:17	311:6	276:22	16:15 27:25	88:11 97:19	229:14,15	16:23 20:12
157:17	57:16 82:17	333:18	279:17	63:10 71:8	98:10	229:19	20:20 21:5
159:8 192:8	criteria 30:14	338:3 350:5	282:1	124:22	136:19,22	261:5	22:18 24:13
194:25	136:2,7	currently 2:3	308:18	141:16,22	137:9,14	degrees	26:6,9 27:3
204:14	138:11,20	2:8 75:3,23	310:9 347:2	142:4	174:4 191:2	109:11	27:21 31:2
245:20	189:25	78:11 82:21	data-sharing	147:15	decision-m...	Delaware	36:7,7,14
246:13	225:22	169:22	270:24	215:8	339:15	219:9	39:3,12
257:7 280:5	226:8 250:9	184:3,10,19	database	243:10	decision-m...	delay 124:15	40:4 43:2
291:14,18	322:23	184:22	115:24	271:18	27:11 61:23	124:17	43:22 44:3
292:16	critic 50:14	188:10	162:20	272:4,10	67:5 79:20	delegate	44:7 46:9
299:19	critical 55:2	190:19	214:12,23	308:25	130:2	230:3	46:11,19,24
300:5	228:6 293:7	192:17	215:4,10,14	DBHIDS	131:25	delegated	47:1,6
308:16	302:12	199:24	237:19	285:11	132:6 139:1	62:9 114:1	48:20 52:21
316:7 317:2	315:15,23	266:17	255:8	De 133:15	251:17	deliver 18:4,5	53:7,19
319:7 332:8	337:7	284:20	date 37:24,25	deadly 52:3	252:20	20:13 21:10	64:14 67:8
332:13,24	341:16	302:21	38:10,13,13	Deaf 358:8	decisions	23:8 30:6	67:17 68:16
334:3 335:9	372:8	cut 122:17	38:14,18	deal 45:6	19:13 28:7	206:4	73:24 75:20
337:8 338:7	373:13	Cyril 334:18	126:22	190:6	28:10 45:2	347:22	79:10,17,25
338:16	critically		193:19	230:25	62:17 72:25	delivered	85:1,17
339:25	229:23	D	232:18	267:5 289:9	89:18 96:1	97:8	88:14 94:11
340:14	230:3 322:4	D 1:17	253:18	dealing 45:12	103:6 133:3	delivering	96:8,10,15
341:2	criticism	dad 306:21	289:20	46:13 69:18	150:20	62:11 69:15	111:1
346:14	119:2	Daddy	358:16	128:14	169:12	188:1	114:20
349:15,22	crucial 16:8	253:15	dated 195:23	deals 358:4	229:10	190:12	117:8,13
353:4	cultural	daily 2:15	DAVID 1:12	dealt 164:20	341:5	354:6	127:9,9
356:14	243:17	126:25	dawned	231:2	declaration	delivers	133:4
367:16	244:19	199:2 232:2	87:16	death 154:16	91:8,9,10	116:4	134:11
369:24	246:1	damaged	day 16:19	228:7 302:6	91:14,20	demand 17:3	137:24
COVID-19...	248:25	12:15	72:9 76:9	312:1	deep 339:3	39:23 40:1	152:21
333:8	250:15	dancing 99:4	79:3 107:1	337:20	deeper 108:2	261:25	153:8,24
craft 327:14	313:23	dangerous	113:5 115:5	deaths	deeply 157:6	287:20	159:9 162:5
crashed	327:11	356:14	115:5 123:7	120:25	161:10	366:11,12	163:10,19
147:4	338:22	357:11	126:25	122:12,18	169:10	demanding	164:18
create 175:22	341:20	dare 369:13	128:7	debacle 11:4	defeat 319:6	30:14	165:4 166:5
296:13	342:13	Darrell	140:16	112:19	319:12	368:16,18	166:11
310:16	343:2 344:3	368:13	149:11	335:17	332:8	democratic	167:22
311:9 312:7	348:10	370:23	168:7	338:3	deficits 301:6	220:22	168:21
325:1	culturally	dashboard	213:11	341:10	defined 286:1	demographic	171:23
created 84:17	341:18	173:17	229:9	decades	309:6 320:6	246:11	172:6
230:11	Culture	178:1	260:12,20	62:13	Defining 18:9	324:22	173:19
creating 78:2	314:23	251:25	271:18	230:20	definitely	demograph...	176:24
248:10	curious 329:1	258:25	272:5,7,8	December	113:22	149:5	177:6 178:2
258:24	current 2:7	270:22	286:16	18:25 24:12	128:15	150:15	178:18
314:19	17:9 33:21	data 21:20	313:16	52:19 54:7	154:9	168:12	179:8,10
creative	48:17 82:12	22:8,25	322:2	61:25 62:21	235:11	184:25	191:15,22

Committee on Public Health and Human Services
February 5, 2021

Page 12

192:3,18	263:10	devastating	die 19:20	109:22	283:18,20	310:22	12:18 69:17
195:13	describe 36:3	317:2	157:17	125:15	283:22	disappoint...	157:19
196:20,22	56:18	359:12,13	292:16	157:11	284:21	113:23	301:9 318:9
197:2,16	described	devastation	died 338:6,9	175:19	291:6	disasters	324:20
198:7,13	41:15	344:17	357:15	183:21	294:15	82:23	346:13
199:21	deserve	develop	difference	187:19	313:25	disavow	353:19
201:1 202:8	364:11	18:13	96:4 156:13	254:10	314:3,5	10:15	disparity
202:11	deserves	developed	207:17	332:3 373:5	330:7 346:4	disbursed	49:7 356:10
216:2,14	271:24	22:1	305:14	difficulties	364:16	281:17	dispense
225:25	deserving	development	336:11,15	286:22	disabilities	discontinue	320:19
226:5 228:8	82:13	247:1	differences	difficulty	169:9,25	87:22	displayed 3:1
230:10,20	design 325:11	283:23	172:10,16	148:10	170:4,10,15	discontinued	disproporti...
247:5	325:15	314:6 346:5	different	digging 42:2	171:3,25	362:19	21:1 34:20
270:12	designed	348:6	45:16 89:23	digital 119:11	266:13	discovered	146:17
274:23	287:23	developme...	109:2,23	151:5	286:21	174:16,19	259:12
285:25	318:24	286:21	111:2	332:21	291:24,25	discoveries	disrespect
287:16	desire 9:24	294:24	113:15	348:10	292:4,13	303:2	104:23
288:5,9	70:12	developme...	116:10	diligence	294:25	discrepanci...	disrespectf...
292:19	desired 243:5	248:18	119:21,22	74:21	295:13	108:22	344:20
301:14	Desiree 352:4	301:2	130:21	242:18	299:8,10,14	202:14	disrespecting
303:11,17	366:25,25	devices	133:23	376:17	299:22	discriminat...	106:9
305:17	367:6	296:20	140:1	dining 123:8	300:1,14,21	336:2	disseminate
316:5 318:3	desk 76:10	diabetes	143:15	direct 34:15	301:12	discriminat...	114:22
319:6	desperately	19:19	163:18	35:23	302:8,10	315:22	343:10
320:18	13:10	234:23	168:13	148:25	304:6	362:19	disseminati...
324:11,23	despite	239:11,13	189:16	157:1 172:4	308:11	discuss 92:14	198:25
339:6,21	127:24	331:23	190:12,13	190:25	311:21	discussed	distance
340:15,24	342:9	diabetic	198:2 200:9	246:20	356:6	36:16 115:1	296:10
340:25	detail 106:19	267:11	214:18	286:5	disability	150:3	distancing
342:20	136:2 165:6	diagnoses	215:1 216:4	317:23	291:12	285:17	62:6 229:18
343:5	165:18	295:20	216:5	333:7	292:20	288:13	distinguished
346:24	202:15	296:12	223:12,21	358:13	294:3	discussing	284:18
348:19	204:12	diagram	236:10	379:23	296:11	115:2	distribute
349:11	detailed	192:4	250:3,17	directed	297:9 308:8	271:13	47:16 54:10
350:7 353:2	16:11 195:2	198:12	254:13,14	23:10 26:1	310:1,11	discussion	75:4 101:8
358:23	details 42:4	dialogue	272:10,11	26:14,25	331:12	139:6	109:17
375:6	64:18 107:9	101:22	279:16,17	275:9	356:18	discussions	137:6 177:9
Departmen...	138:25	173:9 366:3	279:20	direction	358:17	72:24 230:2	240:4
23:9,20	146:24	375:5	280:10	99:7 107:25	disability-s...	disease 19:19	distributed
152:11	determinat...	dialysis 23:13	281:24	116:3	292:21	21:13	34:7 73:18
157:22	184:12	57:12 173:3	296:18	248:15	disabled	170:13	112:9
departments	187:1	173:12	325:2,12	345:7	20:25	239:12	184:19
21:25	determine	177:19	328:2,6,7	directives	156:22	375:24	233:13
dependent	142:1	178:5	344:6	27:5	161:24	disguise	256:13
111:4	170:17	180:19	353:16	directly	168:8	10:21	distributing
deployment	205:10,15	225:2	354:22	36:10 54:2	169:14	dishearteni...	17:23 21:11
62:14	determines	Diana 279:6	369:21	74:17 79:6	170:19	131:14	54:6 55:4
depth 338:2	184:8	Diaspora	differently	198:3 343:6	336:5 347:9	disingenuous	75:12,14,24
Deputy 15:23	determining	314:4	87:12 112:4	director	356:2	10:5	109:3
62:9 230:18	184:3,10	339:13	differs 87:8	26:21 29:10	357:13	dismissed	198:14
309:15	188:10	340:10	90:25	186:15	359:21	342:16	246:23
Derek 1:11	190:20	342:7	difficult	187:6,10,11	disadvanta...	disparate	253:25
31:23 44:19	devastated	Dickson	50:13,17	187:12,13	252:17	299:24	distribution
224:25	361:17	367:17	54:14	243:11	disaggregate	disparities	8:23 13:16

Committee on Public Health and Human Services
February 5, 2021

Page 13

18:8 23:9	29:10	248:24	252:13	113:3,4,8	59:5,8,12	144:20	212:3,25
23:21 24:24	168:21	257:7	253:21	113:14,15	61:3,21	146:10	213:10
26:1 27:7	347:5	316:17	257:19	115:21	62:10 63:23	147:10	214:22
28:4 30:1	divide 119:11	349:21	276:22	120:7	63:23 64:23	148:17	215:25
36:19 54:11	151:6	359:1	282:11,13	142:17	65:3,17	150:14	217:9
54:19 63:25	315:13	364:22	282:14	166:2,6	66:23 67:3	151:25	218:23
73:6,11	division 62:3	369:20	310:14	169:25	70:8,22	152:3	220:14
103:9	62:4 230:11	document	321:4 322:8	178:4,9	73:1,12	153:23	221:14
104:16	Doc 244:21	281:4	323:6,23	203:8 206:3	77:12,21	158:19	222:15,17
108:16,24	245:12	documenta...	325:21	206:4,5	78:6,14	159:16	224:12
113:25	246:5,14	30:15 32:20	327:19	208:9	79:8 80:8	160:1 162:9	225:23
114:5 115:7	247:23	94:20	328:13	210:22	80:22 82:10	162:19	227:16,19
115:20	248:20	160:13,23	329:8 354:2	232:20,20	82:25 84:23	163:17	228:2 229:3
136:23	249:13,22	documents	370:24	232:22,24	87:16,21	165:10,24	230:8
150:12	250:22	25:6 39:11	dollar 42:16	232:25	88:10,18	166:13	231:21
157:21	251:6,24	72:5 74:25	dollars	233:2,4,11	89:19 93:13	168:10,25	232:1,6,19
188:12	252:6,24	297:2 353:7	132:23	233:23	93:24 94:5	170:6,24	232:25
192:6,7	253:13,19	doing 32:20	285:6 327:5	234:5,6	94:8,14	172:2	233:8,14,19
199:11	255:23	32:23 33:4	327:6	242:6,24	95:4 97:4	173:11	233:25
200:4	256:8,18,25	35:12 52:24	Domb 1:14	251:15,25	98:1 100:7	174:7	235:2 236:4
201:16	257:10,18	52:25 55:3	212:7,22,23	252:2 253:7	101:14,15	175:25	237:9
203:5	258:8,11,21	61:14 66:3	213:5,9	253:12	102:9,15,16	176:7	238:15
207:14	259:4,8,15	66:3 67:22	215:15	255:10	102:23	179:18,24	239:7
222:1	doctor 220:5	69:5 84:20	217:8	256:12	103:16,21	181:13,16	240:15,22
231:18	238:4	84:21 87:12	219:20	271:5	104:7	181:24	241:21
243:6	258:13	90:8 94:22	245:4,8	double	105:18	182:18	242:12,17
249:22	364:25	97:12	door 160:16	101:19	106:6,8,21	183:17	243:3,22
256:4	367:21	105:15	259:2,2	195:17	106:23	185:1,22	244:9,22
297:17	doctor's	122:6 126:5	348:2	250:9 258:2	107:11,17	186:3,14	247:3 249:8
303:20	100:15	127:18	door-to-door	258:3	109:1	187:5	250:1
312:8	doctors 24:19	137:25	164:8	double-dutch	110:23	188:22,25	251:18
319:11	26:20 28:15	140:1	doors 325:17	364:23	112:8,21	189:4	252:13,21
341:1	40:25 41:12	148:21	Doroshin	Dougherty	113:21	190:22	254:8
348:24	41:21 57:17	151:14	11:1 43:4	352:4	114:7	191:16	258:18,19
355:8 358:6	57:24 82:16	174:8	62:22 78:4	355:22,23	115:13,22	192:11	260:2
358:11	101:13,24	187:21	309:15	355:24	117:24	194:5	261:17
362:10	102:1,6	207:24	Doroshin's	dovetail	119:21	195:15	262:20
distributions	103:17	209:24	309:17	122:20	120:22	196:14	264:14
202:2	104:8,22	210:12	dose 26:15,16	dozen 90:1	122:24	197:12,14	265:10
District 66:12	105:2,23	213:1,10	27:22,24	Dr 14:6,9,15	123:2	200:5,6	266:10,19
136:25	133:14	215:8	78:18,20	14:18 32:9	124:20	202:17	267:19
225:9	145:24	217:23	206:9	32:17 33:13	125:21	203:9,14,18	269:2 270:9
226:24	164:3 190:8	218:1	207:24,25	33:19 34:6	126:12	203:24	272:3
251:8	191:6 195:7	220:10	209:1,2	34:22 35:5	127:14	204:11,15	274:20
256:14	203:7	224:9 225:9	234:7	35:20 36:4	129:4 130:5	204:19	277:1
318:12	204:13	229:9	271:24	36:25 37:25	130:18	205:18	278:20
321:6	207:12	230:19	doses 16:5	38:12 39:5	132:4 133:6	206:1,2,17	279:1
Districts	208:14	234:16,22	17:2,5,8	39:10,22	133:24	206:21	281:14,22
155:19	209:13	235:15	18:4,12	41:11 42:22	134:17,21	207:11,19	283:3,16
dive 108:2	210:14	236:3,4	26:17,20	43:14,18	135:4 136:5	207:20	285:13
diverse 18:16	216:20	238:17	28:14,21,22	44:23 47:2	137:13	208:10,13	288:14
273:19	222:5 225:8	239:4	28:23,25	49:14 50:9	138:14,22	208:15	289:15
310:21	245:20	240:20,20	29:23 30:6	55:6,23	140:5	209:7	305:16
diversity	246:13	250:5	112:24	56:14 58:19	142:11	211:16,18	309:16,19

Committee on Public Health and Human Services
February 5, 2021

Page 14

314:2,3,7	314:3	easy 18:11	353:2	349:10	enabling	324:18	275:13
320:15,16	336:24,25	175:22	efforts	eliminate	311:15	347:6	302:7
329:21,23	337:10	183:6	127:25	356:19	encourage...	348:18	377:18
330:1,2	345:9	213:11	153:25	email 119:17	247:19	English-as...	entities
336:20,23	duped 7:25	348:15	282:23	152:20,23	encouraging	340:6	253:24
336:25	8:1	353:24	295:6	153:21	111:6 154:7	enhance	entitlement
345:9	duping	354:1	303:25	162:4	163:25	27:11	11:3
354:11	365:10	361:14	334:12	163:13	216:17	enormous	entity 9:14
362:6 363:4	duties 10:9	363:14,17	341:15	193:16	291:23	11:2	184:13
363:5,6,9	duty 66:1	363:18	354:9 356:5	194:14,19	end-year	enroll 21:16	210:12,25
364:11,15	154:14	eat 260:25	egregious	194:22	332:25	enrollment	257:15
364:22	dying 16:20	261:2	365:3	215:11	ended 54:11	22:1 24:12	329:11
365:5	41:5	echo 93:10	Einstein	223:25	endless	ensure 13:15	entrusted
367:20,25	dynamics	322:15	238:7	257:12	312:22	13:19 22:4	10:20
DR.FARL...	127:21	economic	246:23	348:17	ends 34:19	63:10 74:12	enumerate
98:24		285:6	either 30:16	emails 35:6	109:21	159:24	310:22
drain 219:11	E	293:10	96:21 111:1	118:22	enemy	199:10	environment
dramatic	E 379:1	324:20	119:16	209:19	309:18	200:3	305:11
167:20	eager 17:19	332:12	135:16	embarrassi...	312:2	256:22	315:21
draw 178:17	17:20 25:11	economy	148:1	365:3	enforcement	260:5	318:23
drawn	145:9	248:10	178:12	embarrass...	66:9	288:10	environme...
109:19	147:25	Edi 314:2	301:17	7:19	engage	304:1	296:4
draws 181:5	160:9 174:3	329:22,23	elderly 20:25	emergencies	111:17	311:13	environme...
drew 11:3	174:12	329:23,25	340:4	87:8 91:1	201:11	342:19	288:21
Drexel	319:4	330:1,2,6	elected 27:15	125:17	276:24,24	344:10	296:14
105:20	Eagles 218:5	336:20	226:21	emergency	295:6 297:9	346:19	epidemic
drill 196:4	earlier 38:15	eds 8:25	241:14	2:7 27:19	344:8	353:10	15:10 47:14
drive 219:7	43:8 83:5	133:10	election	52:22,24	347:14	362:8	48:1 62:2
drive-throu...	150:3	258:15	45:12,13,15	87:10 91:8	engaged	375:12	120:23
219:4 245:9	174:18	educate	45:17	91:8,10,14	97:17 98:8	ensuring	123:6
driven 359:5	175:1,12	177:9	282:19	91:20 216:7	138:2 139:3	164:25	127:21
drivers	184:5 193:9	224:19	349:5 355:6	229:6	338:14	192:23	128:5,15
235:23	210:20	educated	electronic	364:18	engagement	201:15	131:7 176:7
drop 366:6	236:11	104:17	60:3 116:12	emphasis	152:25	208:20	230:9
dropped	240:9	260:8	254:25	7:14 28:3	153:2	242:22	Epstein 277:1
123:15	249:18	education	electronically	28:12 29:6	341:15,19	243:5	equal 133:16
drug 284:25	263:20	260:4 261:9	21:20	83:25 85:2	349:4	252:10	277:14
286:6	277:11	343:11	elements 22:8	emphasize	367:18	enter 71:23	319:10
288:22	279:11	educational	eligibility	13:14,17,21	engages 22:3	entered 37:7	328:19
duck 368:22	281:2	315:5 324:8	30:13	332:13	engaging	72:12 193:6	358:12
ducking	305:16	educator	148:24	employees	351:17	entering	Equality
370:10	335:18	258:14	250:18	162:24	engineers	156:20	283:25
due 2:6 64:15	338:25	effect 262:13	eligible 80:24	employer	250:25	196:12	299:5,10
74:21 91:7	early 125:11	effective 16:2	100:16	299:4	Engler 70:2,3	enthusiastic	300:17
233:4	219:3	288:6,25	115:21	employers	70:4,8	200:18	303:22
242:17	257:10	effectively	162:10,11	20:17 21:4	71:19,21	224:16	equitable
292:8 293:1	353:3	22:19 295:6	162:15	employment	72:21 73:5	entire 16:21	13:15 144:1
295:17	ears 114:4	efficient 93:6	169:15,20	189:24	74:23 84:13	28:8 47:22	200:4 222:1
296:11	easier 111:13	effort 15:16	187:18	empowerm...	87:13 90:18	109:13	223:8 243:6
317:21	214:19	18:4 127:8	189:23	330:23	91:3 92:9	152:25	291:17
321:23	306:17	154:13	239:13	enabled	English 277:4	183:23	299:24
348:9	333:14	260:5 261:9	301:20	186:16	301:10	192:3	307:9 312:8
376:17	easily 325:2	319:6	309:24	enables 81:7	302:22	230:11	350:6 358:5
Dunkley	east 273:23	335:18	348:5	131:2,6	303:15	259:25	375:15

Committee on Public Health and Human Services
February 5, 2021

Page 15

376:21 equitably 320:19 332:9 353:11 equity 18:8 19:14 28:3 28:5,9,13 29:25 156:10 157:23 164:25 166:10 167:13,18 168:3,18 178:19,21 184:17 188:13 219:4 243:1 293:22 299:12 303:9 304:1 308:12 310:16,17 311:13 312:6 321:10 340:17,18 340:20 347:1,23 358:18 Eric 314:2 329:21 330:1,6 error 46:7 113:16 especially 62:14 106:12 128:21 161:19 242:6 256:16 299:21 314:16 318:9 320:7 338:1 340:3 354:3 Esperanza 133:14 essence 258:6 essential 19:8 20:5 61:6 199:3	235:22 236:5 332:16,20 337:18 338:4 339:16 essentially 56:4 60:18 76:23 101:7 132:5 188:5 255:6,12,14 establish 167:17 174:1,6 297:3 established 86:8 159:12 168:3 197:19 349:23 establishing 167:8 Estelle 248:5 248:14 estimate 118:10 143:1 estimated 117:18 317:16 et 37:11 120:10 274:25 ethnic 19:17 20:1 308:18 315:1 346:15 ethnicity 21:2 evaluating 291:21 evening 242:11 279:9,9 284:17 285:7 298:13 307:24 308:4 309:3 345:16,19 360:4 367:7 367:9 event 106:25 ever-chang... 300:7	everybody 3:13 54:18 60:22 77:1 93:4 96:11 100:13 115:11 134:15 141:2 151:6 151:15 171:8 174:9 174:15 180:5 220:3 234:17 263:2,7 271:23 283:1 360:4 everybody's 146:2 182:7 272:18 evidence 379:3 exacerbated 327:22 exact 37:25 38:10 157:4 368:24 369:5 exactly 36:13 53:12 66:16 84:11 94:16 94:17 104:4 147:7 201:19,24 319:19 329:3 examination 6:3 example 111:17 137:19 170:25 187:11 188:2 191:7 224:18 253:14 280:13 316:4 340:7 examples 279:23 280:3 296:8 excellent 28:16 32:16 38:9 61:4 87:5 241:25	304:11 312:25 315:19 318:1 exchange 35:6 exclude 82:13 excluded 54:24 exclusion 357:25 execute 278:18 execution 271:15 executive 10:8 96:6 187:9,13 280:22 283:18,22 284:20 294:14 313:25 314:5 330:7 346:4 362:1 exemplary 372:18 exercise 65:25 exist 11:11 157:19 existed 12:19 existing 51:13 130:13,16 133:18 135:1 exists 51:17 73:14,15 75:6,22 349:13 expand 303:6 expanded 29:8 expect 5:8 76:5,7,8,12 296:22 362:1 365:4 365:6,13 expectancy 156:13 expectation 6:12 expectations	76:5 expense 364:13 370:25 experience 62:13 105:17 106:3 138:10,11 139:15 243:18 249:1 317:22 323:2 350:18 359:6 experiencing 292:7 324:19 Experiment 222:16 372:9 experiments 359:5 expert 230:19 expertise 230:24 326:10 experts 15:22 119:22 297:12 explain 39:17 55:4 56:14 61:22,24 82:20 90:22 90:25 130:14 148:18 276:21 explained 89:13 explaining 115:17 explicit 141:7 168:17 exploiting 365:11 exposed 173:4 363:3 exposure 145:4 express 9:24 214:24 293:12	318:18 328:11 expressed 200:22 289:22 324:22 expressive 118:18 extensive 21:20 160:13 extent 122:9 127:7 234:6 external 67:14 extra 75:16 203:21,22 extracted 346:24 extraordin... 17:19 extremely 3:9 30:12 45:25 109:9 250:19 252:23 258:21 eye 96:22 112:4 eye-openers 222:4 eyes 114:4 256:7 F F 379:1 face 96:21 295:1 296:5 327:10 353:18 363:24 faced 110:19 facilitate 224:18 375:5 facilitates 80:1 facilities 120:18 121:9 122:8 247:7,12 facility 172:11 225:12	280:6 331:2 facing 93:21 fact 51:10 53:14 70:19 76:21 115:4 130:11 142:7 177:18,20 287:19 292:15 301:4,20 321:9,12 357:23 factors 16:7 293:2 faculty 330:10 failed 167:19 300:12 347:3 362:24 363:1,13 failing 45:21 failure 168:4 275:12 fair 67:7 223:8 230:8 331:20 fairly 67:8 101:15 225:16 354:22 fairness 376:22 faith 140:3 143:16 228:18,21 338:13 342:20 367:17 faith-based 308:23 fall 35:3 125:11 fallen 300:20 falling 128:6 fallouts 164:19 falls 10:6 familiar 35:20 36:23 57:10 106:20 150:14	153:4 222:15 229:5 289:2 families 245:16 286:17 289:20 290:2 292:5 293:16 298:19 299:14 300:21 301:7 308:11 325:4 331:5 331:21 family 151:16 177:21 286:12 287:4 289:3 296:24 299:20 300:2,16 301:18,22 302:11 314:1 323:16 357:1 far 24:4 58:6 97:7,15 98:6,21 100:11 101:7 108:19,23 110:22 112:22 130:18 145:8 150:17 200:5 227:23 237:14 241:2 254:10 282:6 347:3 357:7 365:14 Farley 11:18 14:6,9,15 14:19 32:9 32:17 33:13 33:19 34:6 34:22 35:5 35:20 36:4
--	--	--	---	--	---	--	--

Committee on Public Health and Human Services
February 5, 2021

Page 16

36:25 37:25	135:4 136:1	208:10	362:6,22	76:1 111:19	347:24	211:8,11,12	fire 87:19,20
38:8,12	136:5	209:7	363:4,6,9	133:11	367:14	220:20	137:19,20
39:5,10,22	137:13	211:16	364:11,15	135:2 149:3	372:13	354:1	137:23
41:11 42:22	138:14,22	212:1,3,25	365:5,9	186:24	Fight's 348:1	figured 349:7	140:7
43:14,18	140:5	213:10	Farley's	187:4 190:5	fighting 6:3	349:8	189:17
44:23 47:2	142:11	214:22	172:2	191:5	9:6,18	figuring	364:19,24
49:14 50:9	144:20	215:25	179:18	federally-	12:14 23:23	258:25	firefighters
55:6,23	145:22	217:9	202:17	73:16	34:24 35:2	file 331:7	143:23
56:14 58:19	146:10	218:23	208:13	federally-p...	36:17 37:7	fill 185:7	firing 88:2
59:5,8,12	147:10	220:14	fashion 22:9	21:12 23:3	38:1,10	238:9	firmly 334:13
61:3,21	148:17	221:14	fast-tracked	59:15	40:8 41:18	268:18	firmness
63:23 64:23	150:14	222:9,15,17	361:23	Feds 142:3	46:15,16	277:6	259:10
65:3,17	151:25	224:12	362:4	240:2	56:10 63:21	filled 166:24	firms 249:19
66:23 67:3	152:3	225:23	faster 127:23	fee 130:25	64:19,22	167:14	249:20
70:8,22	153:23	227:16,19	fatality	feed 303:13	71:24 72:3	finalized	first 7:4,7
73:1,12	158:19	228:2 229:3	295:17	feedback	72:23,25	251:19	11:25 14:5
77:12,21	159:16	230:8	fault 253:20	119:1 311:5	76:20 78:19	finally 10:25	16:12 17:5
78:6,14	160:1 162:9	231:21	favor 369:1,6	324:24	80:4,13	40:25	17:7 21:24
79:8 80:8	162:19	232:1,6,19	FBI's 371:2	373:8	81:2 87:18	263:13	26:16 27:24
80:22 82:10	163:17	232:25	FDA 16:3	feel 85:19	89:8 90:14	277:12	30:23 31:23
82:25 84:23	165:10,24	233:8,14,19	159:13	87:23 122:9	97:7 101:10	288:13	31:24 34:23
87:16,21	166:13	233:25	220:6	124:4 141:6	104:11,15	financial	37:2 41:12
88:10,18	168:10,25	235:2 236:4	fear 48:23	155:2,3,4	105:11	88:19 89:11	41:19,22
89:19 93:13	170:6,24	237:9	167:2 293:2	181:1,2	106:2,12,20	financially	46:10 47:17
93:24 94:5	173:11	238:15	373:23,23	221:2 234:3	107:4	153:25	49:7 51:18
94:8,14	174:7	239:7	fearful 302:2	265:6,8,20	112:20,22	find 10:15	61:8 69:13
95:4 97:4	175:25	240:15,22	fears 298:21	274:6	139:3	53:8 54:20	70:13 77:3
98:1 100:7	176:7	241:21	339:19	306:20	145:22	54:23 55:13	78:18 79:5
101:14	179:22,24	242:12,17	feature 6:20	316:1 336:6	146:12	84:8 92:13	83:15,16
102:15	181:13,16	243:3,22	6:23	feeling 17:25	147:2	92:15,17	94:7 97:4
103:21	181:24	244:9,22	February 1:5	feels 47:20	148:19	94:15	106:14
104:7 106:6	182:18	247:3 249:8	78:25	48:5 105:10	150:2 158:7	150:21	107:17
106:23	183:17	250:1	163:21	180:6	158:12	216:8 249:5	114:16
107:17	185:1,22	251:18	180:14	felt 25:25	162:8	255:15	120:22
109:1	186:3,14	252:21	federal 18:23	95:5 105:4	164:20	257:5	121:24
110:23	187:5	254:8	54:2,4	105:7 131:6	174:5,20	288:14	122:1
112:8,21	188:22,25	258:19	76:15 93:18	259:7	175:14	318:19	125:22,24
113:21	189:4	260:2	112:11	324:14	185:24	337:6 353:6	127:6 140:7
114:7	190:22	261:17	116:1 117:9	female 51:14	186:3,14	finding 96:1	144:20
115:13,22	191:16	262:20	117:10	fiasco 10:6	193:23	180:23	175:2 176:4
117:24	192:11	264:14	118:12	164:20	194:2 195:8	354:19	185:2 189:1
119:21	194:5	265:10	121:3,5	fiduciary	195:24	fine 52:10	200:5 206:8
120:22	195:15	266:10,19	142:11	132:17	197:9 257:9	68:21	206:11
122:24	196:14	267:19	198:4	Fiedler 284:3	267:3,4	112:16	207:23,25
123:2	197:12	269:1,2	222:24,25	field 37:11	303:2 309:1	169:4,5	209:1
124:20	200:5 203:3	270:9 272:3	240:23	297:13	309:21	265:20	232:20,21
125:21	203:9,14,18	273:8	241:2,14	310:8	322:1	fingertips	233:2 234:5
126:12	203:24	274:20	252:3 271:6	fierce 298:25	333:16	92:2	234:7
127:14	204:11,15	278:15,20	315:7	fight 45:4	335:17	finish 147:11	235:17,21
129:4 130:5	204:19	279:1	349:10	47:14	337:8 341:8	234:24	255:12,12
130:18	205:18	281:14,22	361:22	308:12	362:20	235:3,4,7	255:14,14
132:4 133:6	206:1,2,17	283:3,16	362:3	321:13	figure 86:12	247:10	263:9
133:24	206:21	305:16	federally	322:1	111:13	finished	285:24
134:17,21	207:11,19	320:15,16	23:12 28:25	332:24	208:1 211:7	129:11	287:10

Committee on Public Health and Human Services
February 5, 2021

Page 17

314:12	130:14	food 140:10	13:17 14:1	206:11	261:1	125:8,9	212:7,8,15
333:23	134:15	348:23	71:2 80:20	213:23	frustrated	129:5,6	212:19
350:24	137:3	354:7	86:16 99:8	214:5,18	18:1 120:14	130:23	318:13
first- 143:20	139:19,20	for-profit	115:10	233:1 234:9	182:8,10	133:25	Gayle 260:19
firstly 340:23	143:22	25:19 80:16	119:19	Fourth	261:24	135:10	geared
fiscal 133:2	152:7	80:25 81:5	139:12,15	311:18	264:20	138:24	315:16
332:25	153:18,20	364:9	154:4 155:6	foxes 248:4	frustrating	153:8,10	general 25:2
fit 200:10	154:11	force 143:10	155:7 167:7	FQHC 135:5	53:9 96:3	195:4,11	25:5 27:2
five 10:12	171:6	147:22	220:21	fraction	180:16,23	196:23	27:15 32:1
16:15 34:17	180:11	forced 357:15	222:2,9	178:8	frustration	197:1,6	32:5,12
54:1 104:13	210:2,9	foregoing	223:17	fragmented	93:11 95:19	209:15	42:1 64:16
214:18	211:16,16	379:5,20	224:5	254:13	99:2 259:14	210:6	66:3,8
250:2	235:25	foresee 142:9	226:13	frame 214:6	292:8	225:24	67:21,22
360:22	237:6,7,15	foreseeable	227:1,13	frankly 53:9	318:19	226:4 249:7	68:7 69:9
361:23	238:23	295:2	229:1 244:8	fraud 10:24	frustrations	320:6	70:16 71:6
fix 58:9,10	239:25	forever 251:2	245:2	free 117:21	347:11	326:24	71:10,13
76:8,12	240:5,11	forget 166:21	249:14	118:6 274:6	fulfilling	funds 80:6	78:1 79:19
229:12	247:9,21	287:24	256:9 264:5	freedom	49:16	127:10	94:22 97:23
268:24,25	254:23	forgot 147:4	265:9 267:1	357:21	full 107:9	332:1	126:11
276:6	336:17	150:23	271:3 276:5	freezer 109:7	322:22	funny 260:17	143:8
fixed 117:19	351:6	form 22:1	283:14	freezers	full-blown	further 64:18	148:23
fixing 229:11	366:18	42:4 43:25	288:11	109:13	308:20	86:18 123:1	162:22
flag 80:13	folks' 211:21	44:3 56:22	290:11,12	frequently	full-time	286:1	167:4 182:4
flawed 157:6	follow 42:5	59:6,18	290:22	101:15	286:18	310:14	189:22
161:10	70:10	60:7 152:18	303:9 304:7	339:11	fully 148:3	future 82:24	248:2
flaws 89:17	134:23	152:19	307:5 313:4	Friday 1:5	290:15	84:7 143:4	257:22,24
fleet 249:2	146:4	153:16	313:21	195:25	295:9 379:4	149:9	293:1 297:7
flexibility	224:24	184:7,7,10	319:10	231:22,25	functional	175:16	349:4
52:4 53:16	310:20	185:2,7,8	321:25	friend 260:12	316:17	222:3	General's
flip 105:11	319:19	185:11,21	328:16	343:18	fund 326:11	226:14	25:12 38:17
floor 368:14	321:16	185:25	351:16	357:13	fundamental	247:2	61:7 66:11
368:14	335:12	187:3 238:9	355:21	friends 113:2	334:3	267:15	70:18
Floyd 338:8	follow-up	268:19,22	359:23	357:1	funded 41:17	294:20	115:11
flu 335:1	169:2	formal	361:13,14	frivolously	81:11 83:4	295:10	227:20
fly-by-night	184:15	277:21	366:2,4	209:17	89:12	351:15	371:2
359:4	201:8	309:9	373:17,20	front 20:6	100:10,11	353:1 356:5	generate
focus 13:13	351:15	formed	374:1,6	30:10 84:18	134:4		139:13
59:21 87:25	follow-ups	330:20	375:11	90:15 91:18	135:15	G	285:5
119:13	111:25	former 45:10	forwarded	92:11	196:17	gain 94:1	generations
287:10	followed 19:6	46:20	160:4 163:1	147:23	320:5 326:1	game 245:22	372:11,11
331:10	20:10	183:18,18	fought	178:13	326:3,5,7	gap 144:14	geographic...
348:11	263:10,11	183:19	356:12	194:6 234:1	funders	151:24	273:18
354:19,21	263:12,13	257:22	357:14	304:20	335:10	184:17	getting 7:14
focused	following 2:4	263:22	found 2:18	341:9	funding 24:8	332:21,22	31:16 33:14
213:18	45:25 77:25	280:5	16:1 150:6	frontline 19:8	24:15 40:6	gaps 151:14	34:3,9
focuses	231:14	343:18	206:7 308:8	125:18	40:12,17	292:22	118:25
346:20	238:20	forms 198:5	foundation	162:6	41:13 44:11	garner	137:5,11
focusing	310:14	277:6	315:6	285:21	85:7,11,16	340:12	141:14
305:17	329:17	forth 211:15	founded	286:9	85:19,25	gathered	142:9
folks 41:8	333:22	forum 318:18	257:15	287:24	86:11,21,22	97:17	144:12
78:17 93:8	345:2	320:14	314:24	288:16	90:3 99:21	gathering	148:2,16
96:16 100:1	346:13	339:21	Founder	290:1	99:23 100:9	94:20	151:4
100:2 101:7	follows 2:6	forums 331:9	343:20	317:13	101:2,3	Gauthier	171:13
108:11	7:6 243:7	forward 7:4	four 112:24	fruit 183:6	117:1 125:2	1:15 212:5	181:3,11