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

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COUNCILWOMAN BASS: I understand that state law currently requires that the following announcement be made at the beginning of every remote public hearing as follows: Due to the current public health emergency, City Council Committees are currently meeting remotely. We are using Microsoft Teams to make these remote hearings possible.

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

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

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

Madam Clerk.

THE CLERK: Councilmember Henon.

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

COUNCILWOMAN BASS: Thank you.

THE CLERK: Councilmember Oh.

COUNCILMAN OH: Good afternoon. Thank you very much for holding this hearing, Chairwoman. Colleagues, I am ready to begin this hearing. Thank you.

COUNCILWOMAN BASS: Thank you, Councilman.

THE CLERK: Councilmember Gym.

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

colleagues.

COUNCILWOMAN BASS: Good afternoon.

THE CLERK: Councilmember Green.

COUNCILMAN GREEN: Good afternoon, Madam Chair. Good afternoon, members of the Committee. Anticipating today's conversation.

COUNCILWOMAN BASS: Thank you.

THE CLERK: Councilmember Thomas.

COUNCILMAN THOMAS: Good afternoon, Madam Chair. Good afternoon, colleagues.

COUNCILWOMAN BASS: Good afternoon.

THE CLERK: Councilmember Brooks.

(No response.)

THE CLERK: And Chair Bass.

COUNCILWOMAN BASS: Okay. And I do note that Councilmember Brooks I believe is trying to log on now, so I'm sure she'll be joining us shortly.

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

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

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

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

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

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

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

I would like to now make an

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

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

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

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

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

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

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

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

And finally, I would actually

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

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

(No response.)

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

panel to testify.

COUNCILWOMAN GYM: Madam Chair.

COUNCILWOMAN BASS: Yes.

COUNCILWOMAN GYM: I just had my hand up.

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

COUNCILWOMAN GYM: That's okay.

COUNCILWOMAN BASS: Chair recognizes Councilwoman Gym.

COUNCILWOMAN GYM: Thank you very much, Madam Chair.

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

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

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

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

forward to that conversation.

COUNCILWOMAN BASS: Thank you, Councilwoman.

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

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

DR. FARLEY: Okay. Can you hear me?

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

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

In the past 11 months,

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

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

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

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

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

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

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

frustrated and some very angry.

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

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

22, 2020 after the vaccines were approved.

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

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

African-American or ethnic minorities.

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

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

were disproportionately a minority race or ethnicity.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Based on that information, I felt the organization was untrustworthy

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

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

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

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

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

will continue through next Saturday.

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

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

We've also allocated additional doses to Federally Qualified Health

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

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

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

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

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

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

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

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

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

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

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

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

COUNCILWOMAN BASS: Excellent.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

COUNCILWOMAN BASS: Okay. You

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

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

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

DR. FARLEY: Testing operation

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

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

COUNCILWOMAN GILMORE RICHARDSON: Madam Chair. Madam Chair.

COUNCILWOMAN BASS: Yes, ma'am.

COUNCILWOMAN GILMORE RICHARDSON: This is Councilmember Gilmore Richardson. I --

COUNCILWOMAN BASS: Chair recognizes Councilwoman Gilmore Richardson.

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

that Philly Fighting COVID began testing operations in this City.

COUNCILWOMAN BASS: Thank you, Councilwoman.

COUNCILWOMAN GILMORE RICHARDSON: Thank you.

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

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

COUNCILWOMAN GILMORE RICHARDSON: Madam Chair, point of clarification.

COUNCILWOMAN BASS: Chair recognizes Councilwoman Gilmore Richardson.

COUNCILWOMAN GILMORE

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

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

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

COUNCILWOMAN BASS: Okay.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

COUNCILWOMAN BASS: Okay.

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

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

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

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

Councilman Derek Green. Chair recognizes Councilman Green.

COUNCILMAN GREEN: Thank you, Madam Chair.

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

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

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

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

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

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

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

department?

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

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

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

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

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

You made reference to some of

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

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

do that.

COUNCILMAN GREEN: Thank you, Madam Chair.

COUNCILWOMAN BASS: Thank you, Councilman.

Councilman Oh.

COUNCILMAN OH: Thank you very much, Madam Chair.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

COUNCILWOMAN GILMORE RICHARDSON: Madam Chair, point of clarification.

COUNCILWOMAN BASS: (Muted).

COUNCILWOMAN GILMORE RICHARDSON: Madam Chair, you're on mute.

DR. FARLEY: Can I answer that question?

COUNCILWOMAN GILMORE RICHARDSON: I have a point of clarification.

COUNCILWOMAN BASS: Chair recognizes Councilwoman Gilmore

Richardson.

COUNCILWOMAN GILMORE RICHARDSON: Thank you, Madam Chair.

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

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

doesn't spoil.

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

COUNCILWOMAN GILMORE RICHARDSON: So the --

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

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

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

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

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

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

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

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

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

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

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

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

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

COUNCILWOMAN BASS: Okay. Councilman Oh, did you have additional questions?

COUNCILMAN OH: I'm going to wrap --

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

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

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

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

COUNCILMAN OH: What you know, yes.

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

COUNCILMAN OH: I understand. I understand --

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

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

our duty.

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

Madam Chair, thank you very much.

DR. FARLEY: If I could --

COUNCILWOMAN BASS: Thank you.

COUNCILMAN OH: I'm sorry.

Please respond.

COUNCILWOMAN BASS: Certainly.

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

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

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

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

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

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

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

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

Thank you, Madam Chairwoman.

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

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

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

COUNCILWOMAN BASS: Did you want to make a statement?

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

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

So, Councilman Oh, to your

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

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

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

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

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

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

COUNCILWOMAN BASS: Right. Understood.

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

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

of attorneys and a whole lot of legal services.

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

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

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

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

Federally Qualified Health Centers.

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

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

I'm going to go to the next

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

So next up will be Councilwoman Brooks.

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

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

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

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

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

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

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

DR. FARLEY: We can.

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

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

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

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

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

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

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

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

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

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

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

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

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

DR. FARLEY: That's correct.

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

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

DR. FARLEY: Right. So there

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

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

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

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

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

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

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

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

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

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

Philadelphia.

Thank you so much, Madam Chair.

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

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

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

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

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

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

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

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

COUNCILWOMAN BASS: Was there point of information from Councilwoman

Sanchez?

COUNCILWOMAN QUINONES-SANCHEZ: Yes.

COUNCILWOMAN BASS: Yes, ma'am.

COUNCILWOMAN QUINONES-SANCHEZ: Yes, point of information. I think it's important since you're on that track, Philly Fighting COVID received $194,000 in reimbursement for the testing component. At some point, we had a financial and an agreement with them and how that third party where we funded the money, that has to be explained. That's the problem people are having. We advocated this responsibility to a third party and that's where we have the flaws. They got $194,000. Who made those decisions?

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

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

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

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

emergencies. We want to put that on the record.

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

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

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

COUNCILWOMAN BASS: Good afternoon.

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

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

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

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

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

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

Next up is Councilman Isaiah Thomas.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DR.FARLEY: I understand. I understand.

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

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

COUNCILWOMAN BASS: Yes.

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

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

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

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

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

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

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

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

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

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

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

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

COUNCILWOMAN BASS: That's okay.

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

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

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

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

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

So I hear what you're saying.

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

And it feels like on the other hand, the flip side, Philly Fighting COVID came out of nowhere based on the numbers you gave us, they had been in business for a month or two when they got a contract to begin doing testing. They had been in business for just a minute and had no experience. Dr. Stanford is a Board-certified surgeon. This guy had just graduated from Drexel University. There's no comparison in terms of qualification, and yet I just don't understand why the Black Doctors Consortium has been sort of sidelined, if you will, compared to this other organization. They received

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

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

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

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

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

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

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

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

You talked about the storage of the vaccination. We heard that there have been -- and I'm concerned now about the distribution of the vaccination. We heard that we had been struggling as it relates to the storage of the vaccination as far as the requirements. We heard there's been some logistical challenges. Can you talk to us about some of the discrepancies that's been taking place as far as our ability to store the vaccine and the distribution of the vaccine?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DR. FARLEY: That is true.

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

COUNCILWOMAN BASS: Thank you, Councilman.

Next up we have Councilman Henon. Councilman Henon.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DR. FARLEY: So we have --

COUNCILMAN HENON: Or take

further steps in reopening.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

COUNCILMAN HENON: That sounds great. Thank you.

Madam Chair, I'm finished.

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

Councilwoman Gym was next. Councilwoman Helen Gym.

(No response.)

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

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

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

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

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

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

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

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

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

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

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

DR. FARLEY: That is correct.

COUNCILWOMAN QUINONES-SANCHEZ: So in the contracting for the testing, and you know because I strongly advocated for testing, we have an eds and meds city, robust federally certified health centers. I strongly advocated in addition to the Black Doctors Consortium, Esperanza Health, Maria De Los Santos. Can you tell me all things being equal, which they are not, were all of these contractors for these existing organizations given the same review as this new company and were there standards set up for reimbursement, the amount of reimbursement for testing for all of these different sites?

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

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

COUNCILWOMAN QUINONES-SANCHEZ: And so, your Department with all these people that applied, because I know there was an issue about the limited number of testing capability, with all of the folks that applied, everybody got it who applied?

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

COUNCILWOMAN QUINONES-SANCHEZ: Because?

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

COUNCILWOMAN QUINONES-SANCHEZ:

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

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

COUNCILMAN JOHNSON: Madam Chair, point of information please.

COUNCILWOMAN BASS: Absolutely. Chair recognizes Councilman Johnson.

COUNCILMAN JOHNSON: Just so

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

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

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

Thank you, Madam Chair.

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

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

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

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

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

COUNCILWOMAN QUINONES-SANCHEZ: So the experience that they had, how is the criteria of the experience or was it just their access to the particular constituents?

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

COUNCILWOMAN QUINONES-SANCHEZ: So you're saying the priority was who had access to certain constituencies versus the criteria or a combination of the two?

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

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

COUNCILWOMAN QUINONES-SANCHEZ: As we move forward, because again in order to generate public trust, we have to demonstrate that we've learned from this experience, moving forward as you know because we're all concerned about school reopening and access to vaccination for school personnel, the folks who've been in the buildings for nine months and the folks who don't want to come in the buildings which is the teachers who are set to come on Monday, what can you tell us to reassure us that this group is going to be prioritized as home health care workers? So what are

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

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

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

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

COUNCILWOMAN QUINONES-SANCHEZ: Since we're one of the few cities that are getting the vaccinations, Biden puts out a challenge that schools need to be open in 100 days. What are they indicating they're going to do to get that number if they don't provide additional vaccinations to take care of those constituencies?

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

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

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

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

COUNCILWOMAN QUINONES-SANCHEZ: So we know we can't force people to take vaccination and we know that you want to get to a place where 60, 70 percent of the people are vaccinated in a situation. What are you seeing as the trend for the different constituencies? Again this is about public faith, the numbers speak for themselves. Black and Brown communities are not having access to it.

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

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

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

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

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

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

COUNCILMAN JOHNSON: Point of information, Ms. Chair.

COUNCILWOMAN BASS: Chair recognizes Councilman Johnson.

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

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

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

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

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

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

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

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

COUNCILWOMAN BASS:

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

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

We need to, I believe, direct

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

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

COUNCILWOMAN BASS: Sure. Councilman Thomas.

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

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

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

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

Sorry, Councilmember Sanchez. I apologize.

COUNCILWOMAN BASS: Thank you.

COUNCILWOMAN QUINONES-SANCHEZ: And then lastly, if you could submit to the Chair, part of getting access is the way we do it. We know we have a digital divide, but everybody has some (inaudible) on the Internet. So what is the language access plan as it relates to language minority communities? What is the phone access plan as it relates to that where people can call?

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

DR. FARLEY: I --

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

DR. FARLEY: Okay.

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

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

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

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

make sure we can get these resources in place.

COUNCILWOMAN QUINONES-SANCHEZ: Well, I look forward to seeing all the literature in the languages that we know are the most used by other communities. Strongly encouraging you to text, use -- I think the Census special constituency groups are definitely a major component.

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

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

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

Thank you, Madam Chair.

COUNCILWOMAN BASS: Thank you, Councilwoman.

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

on.

Councilwoman Gym is next.

COUNCILWOMAN GYM: Thank you very much, Madam Chair.

COUNCILWOMAN BASS: You're very welcome.

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

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

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

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

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

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

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

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

COUNCILWOMAN BASS:

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

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

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

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

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

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

COUNCILWOMAN GYM: So I just --

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

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

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

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

COUNCILWOMAN GYM: Are you tracking them at all?

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

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

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

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

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

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

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

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

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

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

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

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

COUNCILWOMAN GYM: All right. And that includes how many doses are provided per zip code, what is the vaccination rate per zip code. We also need the Health Department to begin reporting the amount of doses provided to each partner on a regular basis as well as the information regarding each provider's success in meeting those equity goals that are stated in the Department. Is that something that is being planned or is being prioritized?

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

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

COUNCILWOMAN GYM: This is not about looking forward and advertising. This is about establishing an accountability metric as we look backwards. One of the things that we have heard from hospitals is that there must be an affirmative approach towards race equity. Otherwise, as you said, once things open up, it just gets filled and there's no way to be able to -- there's no other means except to establish some amount of clarity that if you have a race equity strategy, knowing that this has failed before and that there are dramatic consequences to communities, we need more specific strategies and the Department needs to be accountable. So I'm not asking you to provide them in advance. I'm asking that you have a weekly accounting for it

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

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

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

DR. FARLEY: I can. I'm a

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

COUNCILWOMAN BASS: That's fine.

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

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

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

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

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

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

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

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

COUNCILWOMAN BASS: Chair recognizes Councilman Green.

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

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

Thank you, Madam Chair.

COUNCILWOMAN BASS: Thank you, Councilman.

Councilwoman Gym.

COUNCILWOMAN GYM: Thank you, Councilmember.

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

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

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

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

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

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

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

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

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

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

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

DR. FARLEY: I mean, there is a

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

COUNCILWOMAN GYM: No, it's not.

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

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

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

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

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

And one of the reasons why we

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

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

COUNCILWOMAN BASS: Thank you.
COUNCILMAN GREEN: Madam Chair, one another point of information.
COUNCILWOMAN BASS: Sure. Councilman Green, point of information.
COUNCILMAN GREEN: Yes. Last week in a meeting with the Health Department, it was asked by myself and others that on the website that the Health Department would connect with our Office of Information Technology to do some of the things that Councilmember Gym talked about. That's when you register with the City's website, you have the least basic information about what space it would be in and the range of time. My understanding from Dr. Farley's response is that connection or inquiry or step has not been taken as of yet.
COUNCILWOMAN BASS: Commissioner Farley, can you address that, please?
DR. FARLEY: That is true. That is -- I don't remember that

request, but it makes sense. We would --

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

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

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

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

COUNCILWOMAN BASS: Certainly.

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

COUNCILWOMAN BASS: Absolutely.

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

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

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

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

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

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

Councilwoman Gilmore Richardson was next.

COUNCILWOMAN GILMORE RICHARDSON: Thank you. Thank you so much, Madam Chair.

COUNCILWOMAN BASS: You're welcome.

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

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

revisiting one of the questions from Councilmember Gym in asking who is currently determining who is receiving the vaccine and how much? Because you talked about earlier a process around, you stated medical providers get the form from the CDC. So who has the form that determines who can receive the vaccine in Philadelphia and who is currently determining who gets the form? And then after that, who makes the actual determination of how many vaccines that particular entity will receive?

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

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

COUNCILWOMAN GILMORE RICHARDSON: So pardon me --

COUNCILMAN JOHNSON: Madam Chair --

COUNCILWOMAN GILMORE RICHARDSON: -- real quick, because you're saying medical providers. You're saying any medical provider can get the form.

DR. FARLEY: Yes.

COUNCILWOMAN GILMORE RICHARDSON: So how did Philly Fighting COVID get the form if they are not

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

DR. FARLEY: Philly Fighting COVID --

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

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

COUNCILWOMAN BASS: Okay. Thank you. Commissioner.

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

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

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

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

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

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

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

And, Madam Chair, if you would allow --

COUNCILWOMAN BASS: Absolutely.

COUNCILWOMAN GILMORE RICHARDSON: -- I have a number of questions that I would like to get in with Dr. Farley.

COUNCILWOMAN BASS: Certainly.

COUNCILWOMAN GILMORE RICHARDSON: So, Dr. Farley, if you can

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

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

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

being provided to organizations that can meet those patients.

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

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

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

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

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

DR. FARLEY: Yes.

COUNCILWOMAN GILMORE RICHARDSON: If you can provide to the Chair of this Committee and to the members of Council who else comprises that internal committee within the Health Department, that would be helpful.

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

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

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

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

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

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

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

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

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

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

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

COUNCILWOMAN BASS: Absolutely.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

COUNCILWOMAN GILMORE RICHARDSON: Yes, ma'am.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

COUNCILWOMAN BASS: So does the number change?

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

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

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

2,500.

COUNCILWOMAN BASS: Oh, I see. Okay. All right.

COUNCILWOMAN GILMORE RICHARDSON: Point of information, Madam Chair.

COUNCILWOMAN BASS: Yes, ma'am. Yes, Councilwoman.

COUNCILWOMAN GILMORE RICHARDSON: Quick point of clarification, if Dr. Farley could detail the status of the City's current relationship with the Black Doctors COVID-19 Consortium for the record.

DR. FARLEY: You're asking me to respond now or is that in --

COUNCILWOMAN GILMORE RICHARDSON: Yes.

DR. FARLEY: So we have a contractual relationship with them for testing. We do not have a contractual relationship with them for vaccination. They do have a provider agreement to receive vaccine along with the other 97 providers out there and they're

receiving vaccine under that provider agreement.

COUNCILWOMAN GILMORE RICHARDSON: Question -- so, Madam Chair, though --

COUNCILWOMAN BASS: Yes.

COUNCILWOMAN GILMORE RICHARDSON: -- with the provider agreement, the City has the ability to determine the change in quantity. You just stated that they will receive an increase in the vaccines week over week. So even though they have the provider agreement with the CDC technically, the City has the right to determine the quantity of vaccines they're receiving; is that correct?

DR. FARLEY: Yes, absolutely.

COUNCILWOMAN GILMORE RICHARDSON: Thank you, Madam Chair.

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

we increase that number, Dr. Farley?

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

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

DR. FARLEY: Yes.

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

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

organization has capacity to provide more vaccine --

COUNCILMAN JOHNSON: Point of information.

COUNCILWOMAN BASS: Point of information, Councilman Johnson.

COUNCILMAN JOHNSON: Point of information, Ms. Chair.

COUNCILWOMAN BASS: Yes.

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

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

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

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

DR. FARLEY: I --

MR. ALEXANDER: Let me --

COUNCILWOMAN BASS: Tumar.

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

This recent conversation that Tom is talking about is looking at

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

COUNCILWOMAN BASS: Certainly. I get it.

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

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

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

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

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

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

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

COUNCILWOMAN BASS: Absolutely. Thank you.

Commissioner Farley, did you want to add anything else?

DR. FARLEY: No. Thank you.

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

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

COUNCILWOMAN BASS: Have they been answered as well?

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

COUNCILWOMAN BASS: Well --

COUNCILWOMAN GAUTHIER: But they've been asked.

COUNCILWOMAN BASS: Councilman Domb.

COUNCILMAN DOMB: Thank you, Madam Chair.

Good afternoon, Dr. Farley.

How are you doing?

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

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

COUNCILWOMAN BASS: That's much better.

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

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

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

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

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

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

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

DR. FARLEY: All right. So

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Thank you, Madam Chair.

DR. FARLEY: Thank you for that offer.

COUNCILWOMAN BASS: Thank you, Councilman.

Next up we have Councilman Johnson. Councilman Kenyatta Johnson is next.

COUNCILMAN JOHNSON: Well, thank you, Madam Chair.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

will be put forward that at least when I'm questioned inside my community, I can be able to respond and say, this is what really happened, but be reassured that in terms of our community, you're going to be taken care of, we're going to rebuild that trust between City government, particularly Black and Brown people here in the City of Philadelphia. So I just want to state that for the record and let's make sure that we rebuild the people's trust moving forward. Thank you very much, Commissioner.

Thank you, Madam Chair.

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

COUNCILMAN JOHNSON: Sure.

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

COUNCILMAN JOHNSON: Can I ask

you a question, though?

DR. FARLEY: Yes.

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

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

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

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

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

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

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

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

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

COUNCILMAN JOHNSON: Thank you, Mr. Commissioner.

COUNCILWOMAN BASS: Thank you, Councilman.

Councilman Squilla had a question.

COUNCILMAN SQUILLA: Thank you, Madam Chair.

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

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

COUNCILWOMAN BASS: So last Friday?

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

COUNCILWOMAN BASS: Okay. So just this week?

DR. FARLEY: Yes.

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

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

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

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

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

DR. FARLEY: The second doses

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

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

DR. FARLEY: Yes.

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

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

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

DR. FARLEY: Yes.

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

DR. FARLEY: I don't have that

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

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

(inaudible) like sanitation workers?

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

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

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

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

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

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

vaccinated.

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

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

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

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

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

COUNCILMAN SQUILLA: All right.

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

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

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

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

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

DR. FARLEY: That is true.

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

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

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

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

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

COUNCILMAN SQUILLA: Thank you.

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

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

Council Majority Leader Parker was next with a question.

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

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

equity, so definitely want to affirm that.

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

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

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

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

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

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

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

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

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

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

Because when I talk about mobile testing, I'm talking about if you have been able to map out zip codes by zip codes the most impacted community that you want to get to and that demographic, let's say we're even talking about 75 or older, I would love to be able to see Black Doctors COVID-19 Consortium know the addresses, Doc, and be able to while they're running another unit at Temple, like they just did last week, why couldn't they be in those very specific communities making house calls.

So has that sort of mobile, direct, how do we get inhouse for those people who cannot come outside to the hospital? I'm thinking about my Einstein that I hope is now distributing the vaccine. Have we given any thought to that and have we quantified its value

in the development of our RFP for the future?

DR. FARLEY: So, yes, we do think that there is a need for mobile teams like that. The Health Department has mobile teams right now going to behavioral health facilities, which have been particularly hard hit recently, to vaccinate folks there. We also have the pharmacies that once they finish the nursing homes, they're going to do assisted living facilities and personal care homes and then we're going to be looking sort of what we call senior housing as part of that, but we're going to need more of that outreach for people who may not be part of any group setting. And so, the RFP likewise has an encouragement and point value to organizations that can reach those folks, which I would put in the category of hard-to-reach.

COUNCILWOMAN PARKER: And, Doc, listen, I want to affirm this because I'm thinking about the data in

particular. Having spent some years in the Pennsylvania General Assembly, I remember when Pennsylvania and our silver foxes, we increased our aging population. And when Estelle Richmond was our Secretary of Health, one of the things that she is widely recognized for across the nation is the transition from having seniors age in place in their home, creating a new economy.

You hear all of this talk that we're talking about home health care workers. Well, much of that, these jobs wouldn't be available had Estelle not moved Pennsylvania in the direction where we have more people aging in place in home than were in those senior citizen developments and/or what we know as senior homes. So I just strongly, Doc, want to ask that we take that into consideration because there are a significant amount of seniors who are aging at home, and I don't want organizations like the Black Doctors or others that have the cultural competency

and experience to do it, if they don't have "a fleet of vehicles on board right now" that would allow them to make those house calls. I want us to be able to find a way to include that kind of cost and take that into consideration when we're thinking about who we're funding.

DR. FARLEY: Understood. Thank you.

COUNCILWOMAN PARKER: And the next thing I wanted to say and you talked about all of these, I'm happy, Doc, to hear you say because again, I'm interested in moving forward and seeing how many vaccines we can get into the arms of as many Philadelphians as possible. But that data that you talked about earlier many of my colleagues asked for, firms who applied to do testing versus firms who were granted, those who wanted to do vaccine distribution versus those, Doc, did you say 97 or 98 who were selected, we need to know that?

And the reason why I'll tell

you that, Dr. Farley, is I was in receipt of about five copies of different letters that grassroots community-based organizations on the ground who were interested in doing contact tracing, right, who were denied the opportunity to do it because I think it was said that they didn't meet a certain criteria. And so, the double standard when we talk about credibility within the community is how is there one standard, particularly for this minority-owned and -operated community-based organization that again has the cultural competency, or I'll use your term, community connection but there's a different standard of eligibility applied to that. So that's why that information becomes extremely important.

In addition to that, I want you to help me, Doc, here with teachers because we see all of the competing interests. Councilwoman Sanchez talked about our building engineers and our

maintenance workers, SEIU and others, who have been in our buildings forever working, trying to bring them up to speed in preparation for this and then teachers.

Doc, right now are you prepared to give us an amount? The number I heard from the School District was 9,000. And again, I know you've had communication with them. But out of that 9,000 number, are you prepared to say, well, we are anticipating that we could reserve approximately 500 a week or how much out of that 20,000 batch, how many of those doses will go to them? Has that kind of quantifiable decision-making been made?

DR. FARLEY: No. We are working on that. We have not finalized that. I think we do need to have numbers like that in order for people to plan, but we don't have those right now.

COUNCILWOMAN PARKER: Okay, Doc. And when you talk about that dashboard, number of doses received,

number of Philadelphians -- number of doses Philadelphia has received from federal government, number of Philadelphians who have been vaccinated, actual heat map of where those people live or by zip code, Doc, I think that that is the kind of transparency that will help us rebuild and regain the confidence of the public at large and ensuring -- I was just watching something on CNN or MSNBC and I'm like, wow, it's really interesting, Dr. Stanford was doing an interview, and they called her the most credible public health advisor in Philadelphia and in our region, particularly for disadvantaged communities and communities and color and always making sure that they have a priority in our decision-making. So thank you so much for that, Dr. Farley.

The last thing I want you to comment on, and this is extremely important for me, Doc, you have to help me understand why -- because I saw the

state so I want you to know that you won't be alone in this -- but I heard the state say that this statewide registry that a lot of advocates have been advocating for, they said, listen, it's not about a statewide registry, they're saying we just need more doses, right.

And on many cases, I've heard you and obviously we've all been jumping up and down about the need for Philadelphia to get more doses, but, Doc, tell me how I, Cherelle Parker, for example for my grandfather, I would have Daddy on 10 lists right now until somebody called to say, it's time, Cherelle, to bring Mr. Parker and he can come and this is his date.

Doc, tell me how having him on 10 lists, and we can't fault Philadelphians for doing this, how that doesn't inflate or muddy our data when we get the number of people who are on waiting lists from these 98 entities who are distributing the vaccine and they're

talking about these waiting lists, but Mr. James Parker are on 10 of them out of the 98. Tell me how are we like a single central system for data collection, how would that not bring value to this process? I'm just trying to understand.

DR. FARLEY: I think that would bring value. It would make things simpler. It would be far more difficult than you think. When you think about our health care system, it's very fragmented. Many different players, different data systems. We're not the United Kingdom where there's one national health system. And so, it's a lot harder than you think to sort of tie them all together with information.

I should also say though that the major way that people are hearing about vaccination opportunities is through invitation. The providers that have vaccine are contacting the folks that they have who are over the age of 75 in their electronic health record and

inviting them in to be vaccinated. The major way is not by people initiating that contact themselves, but going through the providers initiating that.

However, if people don't want to wait to be invited essentially, they can sign up. I would recommend they sign up at our database. And then as opportunities arise, we will invite them. We just don't have enough doses to sort of throw it open and have it be essentially first come, first serve. And if we did that and make it essentially first come, first serve, you would find we would have even more problems I think of nonvaccinating the people who are most medically vulnerable or the minorities. The people who are most aggressive at getting in there are often not the ones that are highest priority for us to be vaccinated.

COUNCILWOMAN PARKER: West Virginia, Doc, and I'll tell you, you talk about preconceived notions. I know you've probably read the data as well.

Lots of people nationally have been talking about West Virginia's performance, right, in vaccine distribution. And I noticed that they have a central registry, like a central site. I just read an article about it. So I'll keep my eyes open.

Doc, I would argue to you that as we move forward, I appreciate you noting for the record that things are changing by the minute. I would like to see a very definitive amount of doses that will be distributed to the School District of Philadelphia. I think there is no more prescient issue right now, especially with the plans that are on the table for parents to be able to have some sense of security and safety, Doc, knowing that the teachers, but not just the teachers, right, but all of those who are in that school, they have some sort of plan to ensure that they are going to be vaccinated.

I know you told us that the investigation is coming, Doc. And we're

all going to work together to make sure Philadelphians get vaccinated. Philadelphians are resilient. I want you to know that it's still important to me to find out who put their credibility on the line.

When the Black Doctors COVID-19 Consortium, when we were sort of fighting for them to be added to this process very early on, Doc, Members of this body jumped up and down publicly, we wrote letters, we sent email, we didn't hide it. We did interviews. We told people that we could not understand that this entity founded by this woman who is a pediatrician surgeon, and I had to tell somebody. I didn't know it and I wouldn't have known it, Doc, until I was doing research just about this whole public health issue.

You may all remember Koop who was our former Surgeon General. And when we talk about credibility, Surgeon General Koop, listen, Madam Chairwoman, he was a pediatrician surgeon from CHOP,

from Penn, right. They have to be double Board-certified, not just in one aspect of medicine, but that's double Board-certified.

And when we think about the war we had to wage in essence in order to get her supported, you can't not understand, Doc, why Members of this legislative body would not want to know whether or not there was somebody inside the government. But, listen, Doc, I'm not even just thinking inside. There could have been a doctor, a physician, there could have been an educator. We're a City of Eds and Meds, from one of our renowned institutions of higher learning or one of our hospitals who said, this is something Dr. Johnson, Dr. Farley or whomever team is, you should take into consideration.

That is, Doc, extremely important for us to know so that as we're working through all of this information from the City creating a dashboard, us figuring out whether we

can get mobility as it relates to testing, going door to door and house to house for seniors who are inbound and can't go out, Doc, all of this will help us when we're trying to build trust.

I know it's tough. I know you felt a lot of heat. I was pissed off about it, Doc. I'm still pissed off about it right now. But the passion and the firmness and the advocacy as it relates to communities that have been disproportionately impacted but are at the bottom of the rim when it comes to vaccination, that's the frustration that you hear, Doc. I want you to understand that.

Madam Chair, thank you so very much for your time. And I must state for the record I've been on since you started this morning. Thank you so very much for running a very professional hearing.

COUNCILWOMAN BASS: Thank you very much. Thank you for being here for the entire hearing. We appreciate that

and your advocacy.

Dr. Farley, I just have a quick question for you around vaccination education. Is anyone taking on the helm of leading the effort to ensure that our communities are getting the information that they need in terms of being educated around why it's important to get a vaccination? There's so many conspiracy theories out there.

And I just talked to a good friend of mine the other day who said, oh, I'm not getting it because of this, that and the other thing. I heard this and I heard that and I heard it's got this in it and I heard it's got that in it. And the funny thing is I just saw a report last night, it was Chris Rock and Gayle King, and they were talking about the issues of the day.

And one of the things that Chris Rock said, you know, she asked was he getting the vaccine. He said, yes, I'm getting it. He said, I don't know what's in a Big Mac, but I eat those. I

don't know what's in Fruit Loops, but I eat those. All these things we do and we consume and we inhale and we take into our bodies and we don't know down to nth degree what's in them, but we take these things in. So I say all of that to say I think it's important that we have some sort of vaccination education effort out there that needs to reach particularly communities that are affected by what has happened medically to them in the past, the way we have been not treated well by the medical community. So I don't know if you want to address that or if that's in your plans.

DR. FARLEY: It is in our plans to do a better job of communication and information through all channels. We actually have a media campaign that is in process. But just to be clear, right now if we were out there pumping out messages to say get vaccinated, people are going to be more frustrated because there is a demand for vaccination that

we can't meet. But, yeah, we're going to need to do a lot of information. I think working through trusted messengers is going to be in the end the most important way of addressing the vaccine hesitancy concerns.

COUNCILWOMAN BASS: I understand we don't want to say run out and go get it right today because we don't have enough right this moment. But I do think there's a way for us to phrase it and to say something to the effect of, you know, when it comes your way you want to get it and this is why, you don't want to get COVID because of the outcomes, you don't want to get COVID because of the outcomes, you don't want to take the risk. So I think that there are ways that we can say that.

DR. FARLEY: Yes.

COUNCILWOMAN BASS: We're going to go to Round 2 because of the time. It's 4:57 p.m. and we're still on Panel 1. We have two additional panels plus public comment. And as you all know as

members of Council, we hear from everybody. So I would like to ask that in Round 2 that we limit our questions to two minutes, questions or statements. So I'm going to have a timer. I'm going to put it on for two minutes and ask that everybody be willing to be helpful in that regard.

So first up was Councilman Derek Green, followed by Councilwoman Gym, followed by Councilwoman Gilmore Richardson, followed by Councilman Henon and finally followed by Councilman Oh. Councilman Green.

COUNCILMAN GREEN: Thank you, Madam Chair.

This has been quite a long hearing and a number of questions have been raised. And I asked the question earlier about the standard that you should be held to considering what we saw from our former Secretary of State. And you made reference to and throughout your testimony today in reference to instilling trust back into the

community, and as you know actions speak louder than words.

And in that regard, do you believe the plan that you have going forward in reference to addressing vaccinations and all the questions and issues that have been raised today will provide that trust to the citizens in the City of Philadelphia who are truly concerned about the impact of this vaccine, impact of this pandemic and this virus and the ability for them to receive a vaccine?

DR. FARLEY: I believe that we can improve in all the areas that we have stated as what we want to do and say we're going to achieve this and meet our promises. I do believe still two months from now there will be still many people who are frustrated that haven't gotten vaccinated yet. It's just the nature of where we are. But I do think that we can make promises and meet our promises and I hope through that process to build trust in the community.

COUNCILMAN GREEN: And this is my last question: And based on that standard you said of meeting promises and trying to build trust back, do you believe there's a standard that if you do not meet, that you feel you should resign if those standards are not met to allow people to feel comfortable in reference to going forward?

DR. FARLEY: Like I said, I asked the citizens of Philadelphia, the residents of Philadelphia, to give us a chance to prove that we can improve here. If down the line, and you tell me how many months down the line we're talking about, if we're not making progress on that, then people should say, all right, this isn't working, you're still the wrong guy. Then that's fine. But I feel like we made a mistake here. I would like to have the opportunity to prove to people we can make it right.

COUNCILMAN GREEN: Thank you, Madam Chair.

COUNCILWOMAN BASS: Thank you, Councilman. Thank you.

Next, Councilwoman Helen Gym.

COUNCILWOMAN GYM: Thank you so much, Madam Chair, and thank you again for running this hearing so well. We appreciate it.

COUNCILWOMAN BASS: Absolutely. Thank you.

COUNCILWOMAN GYM: Dr. Farley, I just wanted to go over again some of the questions again for individuals with disabilities in particular and just reclarify again. One of the things that we're going to ask is if you can send over in writing which providers are currently serving unaffiliated health care workers?

DR. FARLEY: There may be unaffiliated health care workers appearing anywhere, but they're ones that we have given specific requests to vaccinate unaffiliated health care workers. Are you talking about in the past or are you talking about going

forward?

COUNCILWOMAN GYM: Well, right now. As we said, Philly Fighting COVID had -- the purpose of Philly Fighting COVID was specifically to deal with many of these health care workers who may not be picked up in other scenarios. So we still need answers for them and so many people are coming to us saying that they're treating individuals who are sick, they themselves are diabetic and they have no understanding or means or where and how they're getting the vaccine, who they should be going to. So if this is just about the future health clinics, is it at all possible to have hospitals pitch in and start taking on this population?

DR. FARLEY: It is absolutely possible. So if you can tell me a little bit more about what you know about if there are groups of people as opposed to individuals, but we can see what we can do to channel them into opportunities at hospitals or elsewhere.

COUNCILWOMAN GYM: Okay. I think that's -- there are organizations that represent an unaffiliated health care workers. We should be talking to them. But then just making the call very broadly so that individuals know that they qualify and that there is something clearly available to them. The other areas that --

COUNCILWOMAN BASS: Councilwoman, I'm sorry. That was your two minutes.

COUNCILWOMAN GYM: Can I make one quick comment then?

COUNCILWOMAN BASS: Very quickly, please.

COUNCILWOMAN GYM: Very quickly. When individuals fill out the form on the City website, there is absolutely no communication back, none. There's not even a notice that their form was received. There's no notice of acknowledgement --

COUNCILWOMAN BASS: Can we fix that? Can we fix that, Commissioner

Farley?

DR. FARLEY: Just to clarify because I registered myself just to test it out, a window pops up at the bottom. It says we received it. It may be weeks or months before we get back to you, but we've got it. We needed to get that up quickly so we don't have great communications-back abilities, but we will be sending out communications to people as soon as we can get that organized to say, okay, we got you and we'll get to you as soon as we can.

COUNCILWOMAN GYM: Okay. Thank you, Madam Chair.

COUNCILWOMAN BASS: Thank you, Councilwoman. And any additional questions, please put them in writing and we'll get them over to the Commissioner. Thank you.

Councilwoman Gilmore Richardson.

COUNCILWOMAN GILMORE RICHARDSON: Thank you, Madam Chair. My team submitted our additional questions

in writing and I'll wait until the panel for the next round of questions. Thank you very much.

COUNCILWOMAN BASS: Very good. Thank you, Councilwoman.

Councilman Henon.

COUNCILMAN HENON: Thank you, Madam Chair.

Dr. Farley, I hope you understand that -- I'm going to speak for myself. I think we all recognize or I recognize that you have a Department of Health who have good public servants who are really trying to do good for the City of Philadelphia and the public's interest, so I want to thank all of them who are working tirelessly under these conditions.

So on November 16th, the City submitted a vaccination plan. The plan is very good. It's a very good plan. It talks about a dashboard. It even talks about 311. It talks about data-sharing agreements and it talks about mobile teams. So there's a lot, I

think, in there that needs to be relooked and maybe modified as we move forward because I think it is a good plan. Most of it is all contingent upon the amount of doses we get from the federal government and the CDC.

I know you're going to review that. I think it's a good plan. November 16th, we prepared for a hearing with it. In addition, it might need to be tweaked a little bit to adjust to what Council is asking, but a lot of things that we're discussing today is in this plan. I think it's coming down to execution.

My question: You announced that there's going to be six mass vaccination sites, 500 a day, seven days a week. I'm asking for the record can one of them be in Northeast Philadelphia? There's 400,000 people up in Northeast Philadelphia. Every Philadelphian, everybody who works here deserves to get a dose in their arm, and I'm asking for at least one of them to

be in Northeast Philadelphia. And when will you let me know?

DR. FARLEY: To be clear, this is -- we're going to have teams six days a week. Each day they'll be at one location, right. So there's not going to be six every single day. There's going to be one on a certain day, but they'll be working Monday through Saturday. And on different days, there will be different neighborhoods in the City.

Northeast Philadelphia is one area that we are very much looking at. We don't have a specific location there yet, but that is certainly a strong possibility as a broad neighborhood. We are not going to have it in everybody's very specific neighborhood. That's one region of the City that we're looking at, among others.

COUNCILMAN HENON: I appreciate that --

COUNCILMAN JOHNSON: Point of information.

COUNCILMAN HENON: -- where I could be helpful, I'm going to be helpful. Thank you.

COUNCILWOMAN BASS: Thank you. Chair recognizes Councilman Johnson. Point of information.

COUNCILMAN JOHNSON: I just want to ask Commissioner Farley to also consider South Philadelphia and Southwest Philadelphia as two key areas for support. Thank you very much, Mr. Commissioner.

COUNCILWOMAN GILMORE RICHARDSON: Madam Chair, point of --

COUNCILWOMAN BASS: Wait. Before we -- I know where this is going. So let me just say, Commissioner, we need vaccination sites in geographically diverse parts of the City. We need one in the Northeast. We need one in the Northwest. We need South and Southwest. We need West Philadelphia. We need Center City, North Philadelphia east of Broad, North Philadelphia west of Broad. We have a lot of area to cover and we

certainly want to make sure that we cover every area. You shouldn't have to go more than a few miles by car in any part of the City to get access to a vaccine.

Please feel free to reach out to us. As Councilmembers, we would be happy to help you with selection. If you're a having a hard time in the Northwest or the Northeast or wherever you're looking, there's a member of Council that can be very helpful to you in that regard to help you put it in a place where there's going to be access to public transportation, access to parking, handicapped accessible. We know all of these sites. We know the good sites. So please reach out to us and let us know.

DR. FARLEY: Thank you and I appreciate that offer. But just to be clear, this is the ones that we in the Health Department are going to manage. There will be many other opportunities through hospitals, clinics, et cetera,

but we will be talking to Councilmembers about locations.

COUNCILWOMAN BASS: Very good. Okay.

Councilman Oh. We do have one other question from Councilman Oh.

COUNCILMAN OH: Thank you, Chairwoman. I have a comment really directed at the Administration.

COUNCILWOMAN BASS: Yes.

COUNCILMAN OH: For me, this failure is a result of an incomplete way of handling this entire COVID problem. And the reason I say that is because we have a strong Mayor system under our Charter, absolutely. But this house, this government is built in three parts. The biggest is the Mayor. The second biggest when it comes to activity is the legislative branch, City Council. And then we have the judicial branch.

Council has been relegated in my opinion to like an advisory role. That's not what the Code and the Charter want. We are supposed to be a partner

and we're actually supposed to provide input and oversight from a position of power. And that's why I've introduced this bill. And as much as there's tweaking and trying to move forward, it will not fix this problem. There has to be a regular input of this Council body with a hammer, and that hammer is built in the Code.

You cannot simply address COVID on an unlimited basis with no checks and balances. So to the Administration, I'm saying that whatever the interpretation is by this Administration that COVID has relegated Council to kind of being briefed and having hearings of questions, that is not my interpretation, but I have introduced a bill.

If you cannot justify your actions, if you cannot explain what you're doing, if you don't provide data, it's not just briefing us. You have to engage with us because we engage 17 members with the community. I'm happy

to say that Dr. Epstein joined a Zoom meeting talking to 20 mostly immigrant business organizations of how to reach people who don't speak English. There's a lot of people like that, that can't fill out the forms that need a lot of help. Every one of them who walks around without a vaccination is a potential contagion, and that has to be addressed. It would have been addressed earlier had we had regular meetings.

I'm finally going to say it appears from reading and seeing that not always 17 members are equal in this process. Some members know a little more about this. Some members know a little more about that. That's not a way to operate this government, just kind of like whoever's here or there or somebody knows someone. We have to have a formal public transparent process that the citizens can watch and have input on with us.

Thank you, Chairwoman.

COUNCILWOMAN BASS: (Muted).

COUNCILMAN SQUILLA: Cindy, you're muted.

COUNCILWOMAN BASS: Thank you. Thank you so much. I agree with you wholeheartedly, Councilman Oh. And I think that as I started out with my comments at the beginning of the hearing, people really hold us accountable for mistakes that are made by the Administration that we really have nothing to do with, that we really wished we could have had a seat at the table, we want to have a seat at the table as a partner.

But, Commissioner Farley, I just want you or someone from the Administration to confirm that City Council does not execute contracts on behalf of the Administration?

DR. FARLEY: That is true. It's the Administration's responsibility.

COUNCILWOMAN BASS: And we do not vet or interview potential vendors on behalf of the Administration?

DR. FARLEY: That is true. That's an Administration task, not a legislative task.

COUNCILWOMAN BASS: Very good. Thank you. I see the City solicitor Diana Cortes is available to make a comment on that as well.

MS. CORTES: Good I think we're in evening now. Good evening, Council Chair Bass. I was just going back to your earlier question, I think, regarding in what instances we had waived certain Charter provisions or Code provisions in the contract. We haven't been able to locate all of the different instances. However, that is a request. As there's many different data points, we still have to identify and we're more than happy to do that and add that to the different requests that you and the other Committee members in City Council have requested. But I do have some information on two examples that we were able to identify within this time period.

COUNCILWOMAN BASS: Okay.

MS. CORTES: So one of the examples is an agreement with Dentrust, which was with a company that provided COVID-19 testing at a former City health facility at Broad and Lombard, and the initial amount for that contract was about $900,000. There might have been some amendments to that. Again, once we are able to obtain all of the different agreements for that and amendments, we'll provide that.

And the other example was the pipeline contract for the purchase of masks and other PPE from a New Jersey company. That was a contract for about 3.8 million. And that contract we allowed for payment provisions that normally wouldn't occur, and in order to just streamline the process as was allowed by the state order and the Mayor's Executive Order 320.

COUNCILWOMAN BASS: Thank you for the information. If you can submit that in writing so that we can compile

it with the other information that was requested earlier and have a written review, we can do a review of the written document, I think that will be helpful to us.

MS. CORTES: Okay.

COUNCILWOMAN BASS: Thank you.

MS. CORTES: Thank you.

COUNCILWOMAN BASS: Councilman Squilla, I see your hand is up.

COUNCILMAN SQUILLA: Yes. Thank you, Madam Chair. I appreciate it.

Dr. Farley, I know you gave us the numbers and they seem pretty good out of the numbers we received to be disbursed. Do you know what our ranking is among other municipalities, like is Philadelphia compared to other cities throughout the country and how we compare?

DR. FARLEY: There isn't any standard metric to it and there's actually different ways you can calculate it. I know the Inquirer did

an analysis and got data from a few cities and we were not at the top, but amongst the higher ones. I don't know where we are now. And again, it's actually more complicated than you might think as far as calculating how many vaccines we're getting out.

COUNCILMAN SQUILLA: Okay. Well, I think it's important to know because a lot of times we get why are other people doing it better than us, what can we copy from them. If somebody is doing it really good, maybe we could see what they're doing and adapt to that or add that our model.

I do want to say that I see that you're back and you were using the Convention Center. They've been a great partner for the election. They've been a partner for here. They're willing always to help out in making these sites available for us, so I appreciate your efforts. But I think we as a Council do always have questions and hopefully we continue to work together to improve

this process so everybody in the City can get their vaccine, so thank you.

DR. FARLEY: Thank you.

COUNCILWOMAN BASS: Thank you. Are there any additional questions from members of Council?

(No response.)

COUNCILWOMAN BASS: Okay. Seeing none, we're going to thank the Commissioner for his time today and the Administration for your time.

We're going to move to the second panel. If we can have the Clerk call the second panel forward.

Thank you, Commissioner.

DR. FARLEY: Thank you.

THE CLERK: Cherie Brummans, CEO Executive Director of the Alliance of Community Service Providers; Chase Trimmer, Director of the Special Olympics of Pennsylvania; Shane Janick, Executive Director of the Arc of Philadelphia; Amy Millar, Development and Communication Coordinator for Vision for Equality; and Anna Perng, an

advocate who I know Council support will have to call in. State Representative Fiedler had to leave, but she has submitted her testimony and I will share that with the Councilmembers.

COUNCILWOMAN BASS: Very good. Is Cherie Brummans available?

MS. BRUMMANS: Yes, I'm right here. Can you hear me?

COUNCILWOMAN BASS: We certainly can. Please state your name for the record and begin with your testimony.

MS. BRUMMANS: Sure. Cherie Brummans. I'm with the Alliance of Community Service Providers. Okay. Good evening, Madam Chair and distinguished members of the Committee. My name is Cherie Brummans and I currently serve as the CEO and Executive Director of the Alliance of Community Service Providers.

The Alliance is a professional membership organization that represents providers of mental health, drug and

alcohol, ID and autism services in the City of Philadelphia, and together our membership organizations serve more than 200,000 people annually. We inflate tens of thousands and generate hundreds of millions of dollars in economic activity. I'm here this evening to speak to you regarding Resolution 210041.

So recently we had an opportunity alongside DBHIDS, City Councilmembers and other Philadelphia stakeholders to meet with Dr. Caroline Johnson about the vaccine roll-out in Philadelphia. I sit here before this Committee today to reiterate some of the important items that we discussed in our meeting and to make you aware of some specific concerns that we shared during the meeting about the vaccine roll-out process as it pertains to our frontline workers and the vulnerable populations that we serve.

First, we're very grateful to the Department of Health, they have

further defined the scope of who's included in Phase 1A. As you may be aware, the Alliance and many other advocacy groups have been adamant that our direct support staff who provide mental health, drug and alcohol and ID and autism services need to be included in Phase 1. They are after all frontline health care staff who work in close approximately to many high-risk individuals.

We've also asked that family members and unpaid caregivers, sometimes referred to as natural supports, be included in Phase 1. Given that most of the City's day programs have been closed since March of 2020, many families have had to become full-time unpaid caregivers of their loved ones who struggle with intellectual and developmental disabilities, autism and mental health difficulties.

It's also the case that individuals who reside in congregate care, non-nursing home-related settings,

are very high risk. So the prevalence of comorbidities and an overall high level of vulnerability in all of these populations necessitates that family members, unpaid caregivers and people residing in congregate settings also need to be included in Phase 1.

Secondly, we have a significant concern about moving to Phase 1B without a focus on and plan to first complete Phase 1A. I know that many of you talked about this today, so thank you for your attention to that. We recognize that this is a complicated issue and we understand that the Department of Public Health is being asked by many groups to receive top priority. And we're also sympathetic to the fact that current supply does not match the significant demand.

However, it's been our understanding that the phase system was designed in part so that we do not forget about our frontline staff, also known as Phase 1A, and the most

vulnerable people, often marginalized Philadelphians that we serve. These persons cannot mobilize on their own. And so, we therefore ask that the Department of Public Health come up with an effective system to identify and communicate with Phase 1 individuals about how they can register to be vaccinated. We ask that the Department ensure that these people are vaccinated now before continuing to move forward with 1B.

Finally, we discussed the need with Dr. Johnson to find alternative or additional solutions to get our frontline workers and vulnerable populations vaccinated. It is very important to understand that it's often the case that our consumers cannot stand in line to wait in large open environments like the Convention Center, athletic stadiums or even drug or grocery stores. And it's for this reason that we believe it will be most effective to utilize our provider

locations. These are spaces that are already familiar to the people and the family members we serve.

I want you to know that the Alliance is ready and able to participate. While most of our member organizations are not physical health providers and therefore don't have the ability to administrate or deal with the IT infrastructure to manage appointments and reporting, we do understand that the implementation of strike teams is a possibility.

It's our understanding after our conversation with Dr. Johnson that if we provided available space, these strike teams would be able to come in and handle the scheduling, reporting and administration of the vaccine to the people and families we serve. To date, I know that at least 11 Alliance membership agencies that have expressed a willingness to offer space for these strike teams to run vaccination clinics.

These organizations can offer a

safe place to vaccinate frontline workers, families and other paid natural supports and those in their care all at one time. I thank you for your consideration and your time of the issue -- time and consideration for the issues that I've outlined above. We know that solving these issues will take a thoughtful and creative response. We're here and we're ready to help. I look forward to working together. The Alliance looks forward to working together with each and every one of you to resolve these outstanding issues and fully realize our shared vision for a healthy COVID Philadelphia. Thank you.

COUNCILWOMAN BASS: Thank you very much for being here and your patience and testimony today. We really appreciate your input.

Can we have the next witness come forward, state your name for the record and begin your testimony.

MR. TRIMMER: Good afternoon, Chairwoman Bass and members of the

Committee. My name is Chase Trimmer.

COUNCILWOMAN BASS: Good afternoon.

MR. TRIMMER: I'm a resident of Philadelphia and I represent Special Olympics Pennsylvania as the Director of the Philadelphia program. Just want to thank you for the opportunity to share testimony today. I'm here to share remarks on behalf of the community and special athletes in our City and also in support of the broader disability community regarding the City's management of the COVID-19 vaccine plan, Resolution 210041 and more specifically the City's plan for managing an equitable and inclusive roll-out of the COVID-19 vaccine.

Proposed ordinances and the call for additional oversight of procedures for evaluating vaccine provider applicants and awarding contracts is encouraging and must include people with disabilities and disabilities serving stakeholders in the

process. The Philadelphia Program for Special Olympics Pennsylvania serves a community of nearly 5,000 individuals with intellectual disabilities. Athletes and their families, including individuals in the City's Phase 1 groups are still experiencing significant obstacles, confusion and frustration due to apparent inequities regarding vaccination. This is significant because we know that the broader group of people with intellectual disabilities, not just those in congregate settings or with Down syndrome are, in fact, three times more likely to die of COVID-19.

I'd like to ask that the community, city, state leadership and the Department of Public Health work with the disability community and disability-serving stakeholders to address these gaps and inequities as a priority as soon as possible. This vulnerable group has historically been vaccinated at lower rates than the

general population due to lots of factors, including awareness, fear and lack of access or accessibility. But these challenges, high-risk population with low vaccine uptake, present a unique opportunity. If we can improve vaccine uptake for this critical group, we can reduce the burdens and costs on our health care system. So this is both a moral and an economic imperative.

On behalf of Special Olympics Pennsylvania, I just want to express that we stand ready to work with partners to help meet these challenges. We are a trusted partner to our athletes and families and thus can help with vaccine awareness and acceptance and also be a resource to address this vaccine issue. So thank you again for the opportunity to share this testimony and for your committed actions to promote equity and inclusion for all Philadelphians.

COUNCILWOMAN BASS: Thank you very much for your testimony. And I

know that we did have quite a bit of conversation around making sure that the disability community was included in all conversations. So we want to thank you for being here today and for your commentary and for Cherie as well.

Is Shane available? Shane, are you still with us from the Arc?

MR. JANICK: Yes. And thank you for having us.

COUNCILWOMAN BASS: Absolutely. Thank you for being here.

MR. JANICK: So my name is Shane Janick. I'm the Executive Director at the Arc of Philadelphia and appreciate you taking the time to hear testimony from us today. So in light of the current investigation, I wanted to provide a statement and request to avoid future issues with contracted providers to promote the best quality care to one of the most negatively affected communities, which was the community with intellectual developmental disabilities.

This community will face numerous foreseeable barriers to receive the vaccine if contracted providers are not prepared to serve this prioritized group, and we would like to support those efforts to effectively engage with priority community with contracted providers. I want to provide a request to promote a fully inclusive vaccination roll-out for current and future contracts for one of the most vulnerable communities who have intellectual disabilities that I'll refer to as IDD for the rest of the testimony.

The community of IDD has one of the most transmissibility rates and case fatality rates due to underlying medical conditions, medical complexities and associated behaviors of the various diagnoses that people with IDD have. The Arc of Philadelphia would like to ask that all contracted providers are well-equipped and trained to provide vaccines in an inclusive manner to people with IDD and all communities.

This inclusive medical care is often not clinical in nature, but rather include social and communicative and environmental adaptations to best serve this community who often face social and attitudinal barriers when receiving health care.

Some examples include to anticipate individuals that may not be able to wear masks or social distance due to their disability or behaviors related to their diagnoses and appropriate solutions, to create inclusive physical environments that may include individual vaccination rooms or quiet waiting rooms as accommodations, to be comfortable in communicating with individuals with different modes of communication, such as sign language and communication devices or those are nonverbal or use vocalizations for their speech, to expect that some individuals may require assistance from caregivers and family members to accompany them throughout the process when receiving

the vaccine on site, including signing documents on their behalf, and to establish a procedure for individuals who do not have a state-issued ID, which will be a barrier for this community who are more likely to not have a state-issued ID than the general population.

To do so, I implore the City to engage disability service providers and advocates, a well-connected community, who can guide officials to best practices, trainings and experts in the field of inclusive medicine to consult with contracted providers on how to provide inclusive health care during administration of vaccination sites and throughout the distribution plan this coming year and beyond. Thank you for your time and appreciate you having us.

COUNCILWOMAN BASS: Thank you very much for your testimony. We really appreciate it, and I've been to the Arc many times so I know what a great job you all do. Thank you so much for everything.

MR. JANICK: Thank you.
COUNCILWOMAN BASS: Amy Miller, Millar.
MS. MILLAR: It's Millar. Thank you so much.
COUNCILWOMAN BASS: Millar. Hi, Amy.
MS. MILLAR: Hello.
COUNCILWOMAN BASS: Please state your name for the record and begin your testimony.
MS. MILLAR: My name is Amy Millar. Good evening. I would like to begin by thanking this Committee on Public Health and Human Services and our City Council for holding today's important hearing. I would also like to thank Councilman Green for his ongoing support in meeting with our families around the vaccination plan and addressing their fears and concerns, and to all of our Councilmembers that have been working by the clock to support the constituents during these unprecedented times and for your fierce advocacy today

on my behalf.

My name is Amy Millar as I have stated and I am testifying today on behalf of my employer Vision for Equality on Resolution 210041 and concerning the City's vaccination planning. Additionally, I am a person with multiple disabilities and the single caregiver to three children with disabilities. Vision for Equality has served this City for 25 years by advocating for inclusion, equity and accessibility for people with disabilities and their families. We are proud of our long-standing partnership with this great City and with many of you here today. Yet there is much work to do as we have all heard today.

If the COVID-19 pandemic has taught us anything, it is that family is everything, especially to people with disabilities. The City's vaccination planning has struggled to be inclusive and equitable for disparate citizens, particularly for those with intellectual

disabilities, medical complexities and family caregivers, many of who have limited access to technology and their own comorbidities to put them at risk for COVID-19.

With the lack of access to technology, it makes this ever-changing complex plan with allusive contracting practices even more out of reach. While the City's plan has always included those in congregate care settings, it has failed to recognize that more than 86 percent of Pennsylvanians with disabilities do not live in these settings. They live in the community with their family.

Vision for Equality would like this Committee to be aware that the City's current vaccination planning has fallen short for not only people with disabilities, but also for the families that provide unpaid care in life-sustaining support. There's been a lack of transparency, guidance, information and meaningful inclusion.

There's mass confusion, particularly around the recent developments of questionable contracting practices. The mere fact that Philadelphia's plan does not align with the state's plan and has significant deficits, this continues to add to the confusion for our families that live in other counties. This has additionally increased disparities for those with limited English, our Black and Brown communities and City citizens with disabilities and caregivers.

We would like to take a moment to applaud the Department of Human Services and Secretary Miller who has provided letters certifying that those of us that are either self-directing our care or family caregivers that are unpaid can produce to show that we are, in fact, eligible in Category 1A. However, Philadelphia's plan continues to not clarify this for our family caregivers at this time, who also continue to struggle with even accessing vaccinations sites, as many of those

that they support are homebound and cannot be left alone. They are fearful that when the time comes for them to be vaccinated, it will be too late.

For Philadelphia saw the highest cases of death rates for COVID-19 in the entire state of Pennsylvania for those with disabilities and autism. This cannot continue and, therefore, people with disabilities and their family caregivers who are providing critical care must not only be included, but prioritized.

While the City has begun to utilize Census workers, which we applaud and the call in line, how would one even learn of these plans or where to go or where to call if you don't have access to the technology to access the website where these phone numbers are listed. And by the way, they are only currently listed in English and Spanish. There are many more questions that must be addressed and answered as we continue to have to pivot our Philadelphia plan once

more, considering the troubling discoveries around Philly Fighting COVID. This continues to add to confusion of where do I go for information.

We urge the City to expand their partnerships with qualified health and community-based organizations as we move forward to rebuild trust and equity for all citizens. In closing, the Department of Public Health recently shared this statement on their Twitter feed, our health center sees everyone, insurance or no, citizen or no, no English, we will translate, remember, you are welcome. Therefore, we implore that the Department must be held accountable to carry this mission and principle to their vaccine planning, contracting and distribution.

On behalf of Vision for Equality, I thank you so much for you time. I'm happy to answer questions and we are ready and willing to provide any additional supports in your efforts to

ensure that equity within the vaccination planning on behalf of all citizens is carried out. There is a saying among self-advocates, nothing about me without me. Please include people with disabilities as you move forward. Thank you for your time.

COUNCILWOMAN BASS: Thank you, Amy. And I agree, nothing about me without me. I hear that loud and clear. Excellent. Thank you for being here today.

I believe our last person for this group of witnesses was Anna Perng. Anna, are you still with us?

(No response.)

COUNCILWOMAN BASS: Okay. If we can have Madam Clerk call the next panel. And if Anna rejoins us, we will bring her to the front.

COUNCILMAN GREEN: Madam Chair, I just had one quick point.

COUNCILWOMAN BASS: I do apologize. Councilman Green, you did say you had a point to make. I

apologize. Chair recognizes Councilman Green.

COUNCILMAN GREEN: Thank you, Madam Chair.

I just wanted to thank all of the people on this panel that testified regarding this important issue. For so many of the parents, guardians and even self-advocates to have a real concern on their ability to receive this vaccine and get tested, the current environment for testing in many ways have not been conducive for people that have a physical learning difference. We've already had those conversations as I said earlier with Dr. Farley, with the Health Department, to start focusing on ways that we can provide testing for people in this community, many who are in the Phase 1B, to be able to receive access to the vaccines.

But as Ms. Millar stated from her testimony as well as testimony from both Chase and Cherie as well as from the Arc, too often this community is

left behind, so it's important that -- left behind and also the most vulnerable from them being impacted by this pandemic. And so, we will continue to work collectively together in trying to come up with a plan and information for those in this community who want to get vaccinated.

Just from the perspective that if you are a parent like myself with a child on the autism spectrum, you could be classified as a caregiver in Phase 1A, but you're not sure so that's a problem. But then even if you say that you're a person under Phase 1A, your child is on the spectrum and maybe Phase 1B. And so, it will be easier if I can get vaccinated at the same time as my child so my child can see me get vaccined and maybe feel more comfortable because I see my dad or my mom get vaccinated at the same time. But under the current guidelines, I would be in 1A and my child would be in 1B. And so, those are some of the issues that we've

been addressing. There's a lot more information that needs to occur.

So I just want to thank this panel for their advocacy and we'll still continue to push forward to get these questions answered so that we can make sure that all people that have and need the vaccine, which is all of us, will get the vaccine in an equitable way.

Thank you, Madam Chair.

MS. BRUMMANS: Thank you for your support, Councilman Green.

COUNCILWOMAN BASS: Thank you. Thank you, Councilman Green, for your tireless advocacy.

Anna is available. I know Lonnie from Tech staff --

MS. PERNG: Hi. This is Anna.

COUNCILWOMAN BASS: Hi, Anna. All right. Very good. Please state your name for the record and begin your testimony.

MS. PERNG: Sure. My name is Anna Perng. And good evening, Chairwoman Bass and members of City

Council Public Health and Human Services Committee.

COUNCILWOMAN BASS: Good evening.

MS. PERNG: Thank you so much for this opportunity to hear from advocates. Almost six years ago, I helped found the Chinatown Disability Advocacy Project, an intersectional coalition of immigrants with disabilities, families and accomplices that fight for equity, justice and inclusion.

On January 4th, my colleague Jeff Le and I published an op-ed for ways to improve Philly's COVID-19 vaccine plan, urging the City to publish its plan and racial and ethnic data, update its priority list to reflect CDC guidance and to spearhead a full-blown campaign, revising the Census infrastructure in partnership with civic, neighborhood and faith-based communities.

Just days later, Philly

Fighting COVID opened its invitation-only clinic at the Convention Center. That evening I reached out to my Councilmember Mark Squilla with a number of questions, including how home health workers were defined. I asked whether they were using the CDC's definition of home health workers, which includes, informal, formal, paid and unpaid caregivers. I also asked whether the clinic could serve nearby unhoused people, immigrant and low-income seniors.

Councilmember Squilla asked Andrei Doroshin and Deputy Health Commissioner Dr. Caroline Johnson to respond. Doroshin's response was polite, concluding perfect is the enemy of the good. Dr. Johnson was unresponsive. For three weekends, Public Health allowed Philly Fighting COVID to vaccinate nearly 7,000 people without requiring them to resolve my concerns or include eligible high-risk populations just one block away.

When other disability stakeholders and I tried to meet with a member of the Vaccine Advisory Committee, we were told we could not provide input into the vaccine plan. We cannot allow this to happen again. City Council's proposed ordinance will level the playing field by providing biweekly data. It will allow the public to hold the City and its partners accountable. Still the disability community has a saying, nothing about us without us.

I would urge the City to go further by doing the following: Building on its coronavirus racial equity plan, the City should create a health equity plan with measurable, observable goals and outcomes that contracted partners are required to support and follow, and the City should work with diverse communities to accurately enumerate and disaggregate groups in each phase.

Secondly, the Vaccine Advisory Committee should be more inclusive and

representative of our City, something members of this Committee have also pointed out today. They should also hold public meetings to invite ongoing feedback about the vaccination roll-out. Third, the City's current map shows vaccine counts by zip code of the provider. The City should instead create a map of vaccine recipients by zip code to reach every zip code and prioritize neighborhoods suffering from the highest rates of infection and mortality. To ensure equity, it should consider phone banking, no contact canvassing and enabling vaccine registration via SMS texting to sign up more residents.

Fourth, community vaccine partners must provide the City with copies of their Americans with Disabilities Act policy, language access plan, nondiscrimination policies and their budgets for providing those services and accommodations. When vaccine access is a matter of life or

death, it's time to retire perfect is the enemy of the good.

If we as a country are serious about striving toward a more perfect union, then it is on all of us to heed calls for equity and work together to create a more just, inclusive and equitable vaccine distribution plan. Thank you.

COUNCILWOMAN BASS: Thank you, Anna, for your testimony. Thank you so much for being here today. I really appreciate your comments. I believe that you were the last speaker on Panel 2.

Are there any additional questions or comments from members of Council for Panel 2?

COUNCILMAN SQUILLA: Thank you, Madam Chair.

This is Mark Squilla. I also want to thank Anna Perng for her endless advocacy, always looking out for those who are at most of need --

COUNCILWOMAN BASS: Excellent.

COUNCILMAN SQUILLA: -- and she is very good at getting answers and even answers that we can't get sometimes, so we appreciate that and looking forward to continuing to work with her to make this a better operation. So thank you, Anna.

MS. PERNG: Thank you.

COUNCILWOMAN BASS: Thank you, Councilman.

Any additional comments from members of Council?

(No response.)

COUNCILWOMAN BASS: And if not, thank you all very much for your patience. It's been a long day. It's been a long hearing, but your input is greatly appreciated so thank you so much for being here.

If we could have the Clerk call the next panel forward.

THE CLERK: Voffee Jabateh, President of the African Cultural Alliance of North America; Oni Richards-Waritay, Executive Director of the

African Family Health Organization; Dr. Eric Edi, Chief Operating Officer of AFRICOM; Dr. Karren Dunkley, Director of the Jamaica Diaspora of the Northeast States; John Chin, Executive Director of the Philadelphia Chinatown Development Corporation. And Dr. Walter Palmer will not be joining us. They had a conflict with the schedule.

COUNCILWOMAN BASS: Okay. Thank you very much, Madam Clerk.

If we can have the first panelist state your name for the record and begin your testimony.

MR. JABATEH: Yes. Good afternoon. I want to especially thank you, Councilwoman Bass, for affording me this opportunity to appear before this Council or this Committee. Creating change for the benefit of society means changing public perception, public will and often public policy.

African Culture Alliance of North America was founded in 1999, 21 years ago. We are located in Southwest

Philadelphia, working across ethnic, social and all racial lines. We pride ourselves as a holistic community-based organizations, working with other nonprofit, educational institution, foundation, the City of Philadelphia, the state and federal government and healthcare providers, principally to improve the human condition and provide assistance to our community, hard-to-reach population.

Our goal has always been leveling a social divide and reducing poverty to improve health outcome. Acana conducts critical research and analyses geared to work providing optimal service to service recipients. This prepares and positions our organization to do excellent work, but at times we are held back by an environment that appear like racial discrimination and marginalization in the (inaudible) of critical resources.

Our organization leadership and staff do very, very qualify. Many times

feel like it has to be more proficient than other competing counterparts, seeking for the same resources. Example, our organization responded to the Philadelphia Department of Public Health's request for proposals concerning the COVID-19 testing and we have submitted that application two times with no contract, with not even getting back to us.

We have also submitted -- we have responded to the RFP for testing. That also has not happened. Now that the vaccine is around, there will be opportunity for our RFP to be issued and we will be asking to be because we have the functional clinic with doctors who are well-qualified to vaccinate. But again, we are afraid that what we have heard today because I was on this Zoom call from the beginning.

Those (inaudible) organizations, we are a nonprofit organization and we served last year almost 7,000 and we provide and we

continue to provide services during the devastating impact of COVID-19. We did not close. We are here and we will continue to be here and we have become a Southwest and West Philadelphia institution. We will continue to address concerns of our community, taking into account the CDC public guidelines, often working within communities that is -- they're African immigrant communities, including the Caribbean and other communities. These are the frontline health workers, so they are our priority.

This community relies on -- it is estimated that about 2,500 persons was affected by COVID at the health centers of which two are located in our area. This include a large number of African immigrants in which we serve between March through October 2020. Due to our 21 years of experience that's set in the community through direct service advocacy, trusted relationship, we are an organization that would have

conducted excellent testing and contact tracing activity, but our RFP was unfunded by the City Department of Health.

We want to take this time to thank our partner and the many organizations who have and continued to work with us as we strive to lower healthcare disparities. We especially want to recognize the work of our Councilperson from the 2nd and 3rd Councilmanic District, Representative Jamie Gauthier and Kenyatta Johnson. We also recognize the work our Council President, Isaiah Thomas, Helen Gym and you, Cindy Bass, for making sure that marginalized communities are brought to this kind of forum where we express our frustration and probably find a solution.

We do not take for granted that community and receptive services environment for change require a communication strategy designed to normalize and improve public interest

messages, which is consistently bombarded by negative media output that reinforces the racial stereotype. Acana and its partners are eager to join the City and the Philadelphia Health Department in its effort to defeat COVID-19 and bring the public humiliation once and for all to an end. Thank you for this opportunity and we look forward to an equal and just distribution of resources for us to defeat the virus.

COUNCILWOMAN BASS: Thank you very being here today and thank you for telling your story. And I would like to get your information. I know that you already probably gave it to Sabrina, but I would like to get your information so we can follow up as to exactly why you were treated the way you were, there was no response and not given any consideration.

Councilman Johnson.

MR. JABATEH: When --

COUNCILWOMAN BASS: Oh, I'm

sorry.

MR. JABATEH: -- during this hearing when you begin to ask for the list of those organizations that are community-based that were not funded, the metrics for funding were defined, especially when another Councilperson was to make sure that do you have competency. Now, you got a 22-year-old person just coming out of nowhere and getting a contract. You know, we can go on and on. You guys have done a wonderful job. That is the City Councilpersons who came on this forum and really grilled Dr. Farley. But I'm seeing that Dr. Farley work for us and we need to at this point make sure that the Philadelphia Health Department dispense resources equitably.

COUNCILWOMAN BASS: Absolutely. Absolutely.

Councilman Johnson.

COUNCILMAN JOHNSON: Yes. Thank you, Madam Chair.

I just want to take a moment to

acknowledge Voffee from Acana. I work very closely with them. But more importantly, just to acknowledge the hard work that he has been doing in Southwest Philadelphia, part of my District representing the African and the Caribbean community. And so, he's right on point.

I know for a fact that if there isn't health equity when it comes to particularly the African-American community, I know for a fact that the immigrant community have to fight just as twice as hard to make sure their voices are heard.

So I'll definitely follow up with Madam Chair and Voffee regarding the status of your RFP that you proposed. But most importantly, just the lack of common courtesy just to get a response. It could be yea or nay. My mom always told me common courtesy is due to an adult. Just respond and tell me yes or no so I know how to move forward. And so, Voffee, continue to

keep fighting the good fight and thank you for staying on the call all day today so we can address this very critically important issue.

And thank you, Madam Chair, for your leadership.

COUNCILWOMAN BASS: Absolutely. Thank you, Councilman. You're doing a great job.

Councilwoman Gilmore Richardson, you have a quick comment.

COUNCILWOMAN GILMORE RICHARDSON: Yes, ma'am. Thank you, Madam Chair.

Quickly I wanted to just echo the sentiments of our colleagues in thanking Voffee for his testimony, but also really underscore the need for Council to receive the information relative to the organizations who were not selected and the why based on not really understanding and having full clarity around the criteria and the initial points of the process. So I just wanted to say thank you for your

testimony and for sharing your experience interfacing with the City during this time. Thank you very much.

Thank you, Madam Chair.

COUNCILWOMAN BASS: Thank you very much, Councilwoman. You're doing a great job as well. Thank you for being on top of all of this with us.

The next panelist to speak, if we could have our next witness.

MS. RICHARDS: Yes.

COUNCILWOMAN BASS: Please state your name for the record and begin your testimony.

MS. RICHARDS: Yes. Oni Richards with African Family Health Organization, AFAHO. Chairwoman, thank you so much for having me and it's an honor to be here and to all of the other Councilmembers. Thank you for the work today. I'm been on the call since 1 o'clock and I'm so appreciative of you all and what you're doing to hold people accountable.

So I represent as I mentioned

AFAHO. We also provide services to African and Caribbean immigrants and refugees throughout Philadelphia. Most of our clients reside in the West, Southwest area as well as North and Northeast Philadelphia, and we provide a host of services, health, human and educational programs.

And since the COVID pandemic started, we reached out to the Health Department because we realized that a lot of our clients are not receiving messaging that was being put out. We felt that the messaging being put out about the pandemic, how to stay safe, how to quarantine, how to isolate, all of that was very -- it was not targeted to no-literate people, limited English proficient people, people experiencing economic disparities. The messaging was very much targeted not to that demographic. And we expressed this to members of the Health Department. But because we didn't get any feedback, we decided that we had to do the work. And

so, we started to create messaging in different languages that was easily understandable, 3rd grade level.

We have multiple families residing in homes. And so, when you tell them to quarantine, isolate, what does that mean? And so, we took on the work ourselves. There was a project through the City and another agency where they were contracting with artists to design mural art type things to place in different businesses. And they were placing these items in businesses in immigrant communities without involving the immigrant community in the design of these items that they were using. So we knocked down those doors and insisted that we had to be involved in the process and questioned why did they not reach out to certain populations when they were doing this work within those communities.

We also applied for what -- we responded to the RFP through the City, and we did get a response just to say

that we were not funded but no reason. And reaching back out to say why we were not funded, did not get a response to that. And so, hearing that Acana also did not get funded and I know there were no other African organizations that got funded, when there's a significant number of African-serving organizations in the City, and to overlook the expertise within these organizations and should not fund the work -- because what is really important that the City has to understand is that you can bring a testing van to West Philadelphia. But if you don't have partners in those communities, in those neighborhoods who are able to be the messengers, nobody's going to access that testing. You have to work in partnership with neighborhoods.

And also saying to the City that that partnership cannot just be utilization of our staffing time and our resources, but allocating funding and resources to the work. So if we're

going to work as partners, it has to be a real partnership and not just saying, oh, we want you to help us to do outreach to your community, but not matching that with dollars, because it's obvious that there are dollars to go around to do the work.

So the staff with AFAHO, we have become trusted messengers in the community. Our clients face the linguistic, cultural systemic racist barriers that impact people's health care. And so, our staff are able to craft messages that resonate with our community that will make people even want to be recipients of certain services.

And I think that with the City in doing this work it's already so much mistrust with the City and with the health care system, and it's even more exacerbated now because of what happened, that it behooves the City now more than ever to work in partnership with local community-based

organizations, trusted messengers in different communities. Because it's one thing to have a press conference briefing with very technical terms about the vaccine, and it's another thing to make it understandable for different populations to have different levels of trust, literacy and language competencies.

Again, I am thankful to be here to be able to express the needs of our community with the City. Grateful for the work that all of you are doing and the really important questions that were asked today of the Commissioner. And I'm hopeful that as we move forward that it's not going to be lip service of what we're planning to do, but to actually do the work and bring people on as equal partners. So again, thank you very much for having me. Yes, and thank you.

COUNCILWOMAN BASS: Well, thank you for being here. Thank you for your patience. I know it's been a long day. I thank you for your comments. And I'm

very curious. I'd like to see the correspondence that you received from the City. This is exactly what we would like to be able to point out and get to the bottom of what happened, how was this allowed to happen, that organizations that are out and serving the community and have been doing it for a long time have been just passed over, over and over again for an unknown, unqualified entity that came out of nowhere. So thank you so much for reaching out.

Councilman Oh, did you have a comment?

COUNCILMAN OH: No, I did not. Just following along, Councilwoman.

COUNCILWOMAN BASS: Okay. Thank you very much. Thank you, Ms. Richards.

Our next panelist is Dr. Eric Edi.

DR. EDI: It's Edi, Councilwoman.

COUNCILWOMAN BASS: Edi,

Dr. Eric Edi. Hi, how are you?

DR. EDI: I am well, Councilwoman, what a long day. I must admit that I run away from this meeting and I came back, and hopefully we are here. My name is Eric Edi. I am the Executive Director, Chief Operating Office of The Coalition of African and Caribbean Communities, AFRICOM. And I am also a faculty member at Thomas Jefferson University, College of Science and Humanities, where I teach global politics and human right courses.

I greet you for this opportunity to bring a portion of the voices of the members of AFRICOM and the immigrants and refugees who are often absent and underrepresented in spaces like this one. In 2001, Councilwoman, when we formed AFRICOM, we came to advocate an organization that African and Caribbean immigrants and refugees see the sense of empowerment, belonging and self-sufficiency in Philadelphia.

To that end, we have operated

multiple programs. One of them is a facility for immigrants and refugees access to health information and health care. We do not run a health clinic. However, we connect immigrant families to health services. We promote health information and materials, file application for public benefits, hold forums and lunch-and-learn series, conduct a focus group session about medical health and intellectual disability, Black men's access to health centers. Researchers from Temple University, the University of Pennsylvania, Swarthmore College, Bryn Mawr College have relied on our network to complete a research involving African Caribbean immigrants.

For 17 consecutive years, our annual Health Fair gave 100 individuals and families opportunities to get screened for any kind of condition, diabetes, HIV, Hepatitis and receive valuable health care information. All these, Councilwoman and members of the

City Council, with insufficient funds, our approach to health care in Philadelphia has been very difficult. However, we have built trust.

Trust, if there is any word I want to leave you with today is trust. Trust is a rarest capital. We all need to defeat COVID-19 collectively and equitably. In 2020, we banked on this asset to help African and Caribbean immigrants mitigate the pandemic's social and economic impacts. Let me emphasize that COVID-19 has confirmed that grassroots organizations and immigrant-led agencies like the two that spoke before me are essential for immigrants.

They were indispensable during 2020 to reach out to hard-to-reach communities. They are essential to reduce the literacy gap -- digital literacy gap, I'm sorry. But they will be, therefore, indispensable in all aspects of the fight against COVID-19. Our Fiscal Year 2020 end-year report

that we unveiled about three weeks ago attest to the impact we have made in the lives of numerous low-income residents in Philadelphia.

For instance, between March 15th and December 31, 2020, we provided direct cash assistance to about 600 people. We provided COVID-19-related information to 150 small business owners, specifically natural hair braiders, restaurants and restaurant owners. Based on these outcomes, we were very surprised that the resources are more complicated while easier for others.

We believe that Philly Fighting COVID controversy, which has triggered this resolution 210041 in the current hearing, makes it more challenging to reach hard-to-reach communities, specifically African and Caribbean immigrants. Why for the following reasons: First of all, this controversy is an inequitable access to resources and handicap Black immigrant-led

agencies. It also violates the human right, considering that health is a fundamental right and that COVID-19 threatens that right. It also amplifies the conspiracy theory, both substantiated and unsubstantiated, that's circulated on social media or podcast shows.

Councilwomen, members of the Council, I can attest from my personal story that based on one-on-one conversations, ongoing outreach efforts would firmly argue that many African immigrants are not sold out on the vaccine. Their views mirror what is going on even in their country of origin regarding access to the vaccines.

South African's President Cyril Ramaphosa has accused rich nations of getting the vaccine for cheaper while African countries have to pay twice as much. There's also people like me, who because of past antecedents of Hepatitis B, are very reluctant to take any shot or any medicine regardless of what it

is, even the flu shot. Hepatitis B we know affect so many Africans, even those who are here.

In closing, Councilmembers, let me reiterate that the City of Philadelphia should implement a quick access to resources and invest more in immigrant-led organizations and agencies to raise awareness about the COVID-19 vaccine. The philanthropic funders have invested in that route. The City of Philadelphia should follow that route also. I want to thank you for the opportunity to speak. We do commend the City government for its responsibility and for responsibly owning the Philly Fighting COVID debacle and making the effort to restore what I said earlier, Councilwoman, trust. Thank you.

COUNCILWOMAN BASS: Well, thank you for your comments. And I have to tell you from your comments and the previous panelists who spoke before you, we really have to change the way we operate in the City of Philadelphia. It

can no longer be business as usual, which always is discriminating against Black people, Brown people, whether you're African, African-American, Latino, immigrant communities, disabled communities. We feel the pain. And other communities don't, you know, if you're not connected, then you don't really know what's happening.

And so, if you really want to make a difference, then you have to get out here and you have to get in these communities and do business with the people who are already on the ground, who are already making a difference and most importantly, who are already trusted by the folks who are in the neighborhoods. So thank you so much for your testimony today.

DR. EDI: You're welcome, Councilwoman.

COUNCILWOMAN BASS: If we can have our next panelist, Dr. Karren Dunkley.

DR. DUNKLEY: Thank you so

much, Madam Chairwoman Councilwoman Bass. Greetings and salutations to you, the other Councilmembers and other participants. From Tuskegee to (inaudible), from medical apartheid to medical racism, we find ourselves at this critical inflection point and fighting the COVID-19 pandemic in my beloved City of Philadelphia.

My name is Karren Dunkley, and I serve as the Global Jamaican Council Representative for the Northeast United Stated. In this role, I represent approximately 1 million Jamaican nationals across 14 states that include Pennsylvania regarding various issues in the United Stated and Jamaica.

We now confront an essential question in the City of Philadelphia that is literally life and death for our community. So I want to thank you, Councilwoman Madam Chairperson Cindy Bass, for holding this hearing today. We've been with you since the beginning, because I have to say to you that I was

especially pleased with the level and the depth of the questions regarding the current debacle.

And the essential question is that we know that the majority of people who have contracted or died from COVID-19 are Black people in the United States, my cousin Floyd Parson being one of these individuals who died. How is it possible that one of the largest and growing immigrant communities, voting communities, tax-paying communities, civic, faith and business communities were not consulted or engaged with during the City of Philadelphia's COVID-19 roll-out process.

It's not enough to say that people who look like us work on the vaccine, it's not enough to say that we will add Black people to the Advisory Committee. If we simply add people without the cultural responsive competencies needed, we will only regurgitate and we will get to the same space. Earlier during this session, I

heard someone refer to Tuskegee as a study. That shows me, Chairwoman, that we really have deep and structural issues in recommunicating in ways the community, our community, will trust what is coming out of the Department of Health.

And we do know that even when people of color, the global majority are in the room and at the table, we frequently have our voices marginalized with no agency. So we're here today from the Jamaican Diaspora to advocate for the African and the Caribbean community to compel the decision-makers to answer this essential question: What are the additional steps that we, the City of Philadelphia, will take to relieve the fears of the people who already do not trust government in any forum or at any level? Are Department of Health officials willing and able to partner with the African and Caribbean communities to manage the roll-out of the COVID-19 vaccine?

Our community is very nuanced so we need to communicate in a compelling manner, especially for our undocumented, uninsured, our elderly, our other abled, our homeless and our English-as-a-second-language community members. We have an example of this, Chairwoman, where the small business association partnered with us in the Jamaica Diaspora. So as I listened intently, we partnered with the SBA and we were able to garner millions in loans for the PPP. And we're asking that when it comes to the COVID-19 process, that the Department of Health really outlines and take immediate actions to remedy not just equity. We've heard a lot about racial equity, but also justice.

The goals are not merely health care, equity and access and opportunity, but also justice. So what does justice require? It requires truth-telling. So firstly, we are asking that the Department of Health tell the truth. The Department of Health must tell us

the truth about its distribution and tracking and management of the COVID-19 vaccine roll-out.

Who is ultimately responsible for the decisions made? I have been with you all day. I am still unclear. The City must tell the truth about how Philly Fighting COVID arrived at the front of the line without meeting vital requirements. This debacle was nothing less than an act of violence against our community.

Secondly, we are requesting transparency. The City must demonstrate transparency in its engagement efforts. A critical component of all the medical and health consortiums and advisory must include a culturally, responsive community engagement strategy. One that provides for us the cultural brokers, once we can refer to it as the trusted individuals, the bridge builders to inform the strategy and share pertinent information so that our community can hear it, receive it and act upon it.

The African and Caribbean communities have informed the relevant individuals. We've heard several testimonies today, and these are our partners that we certainly communicate and collaborate with in the Jamaica Diaspora. So we're speaking to each other, Chairwoman. And we know that despite informing and making sure that we are assertive in initiating outreach, letting them know that we have competent medical professionals that can provide as we have always done, cultural responsive health care information to our community, we still are ignored or dismissed.

Thirdly, we request trust-building. And building the trust is to ensure that our community members will have faith in what the Department of Health says and does. And we're asking that we build this trust through intersectional and inclusive voices and perspectives. And based on what I heard, it will not happen if the same

group of people get in that room again without the cultural brokers, without the bridge builders.

So we're asking that the Department of Health and the City interface directly with our community leaders and amplify their voices and concerns, so that we can continue to provide the necessary resources to disseminate pertinent information and education about the vaccines. Who can register, how do we register, where do we register and what information is needed to do so.

Thank you again, Chairwoman Bass, Councilmembers, for conducting this hearing today. And thanks to our good friend and partner, former City Councilmember Jannie L. Blackwell, Founder and Chair of the Mayor's Commission on African and Caribbean Immigrant Affairs, and Honorable Stanley Straughter, Chairman, African and Caribbean Business Council of Greater Philadelphia.

Let us be clear about the clarion call. Tell the truth. Tell us the truth. Build trust with cultural brokers and bridge builders. We've heard my colleagues articulate the different work that we do in our community. The day has been long, so we know that we have the capacity to engage and to do what it is that we must do and ensure transparency. The capsule now is action. One love. Thank you.

COUNCILWOMAN BASS: Karren, thank you very much for your testimony. But actually, let me start by offering my condolences on the loss of your cousin, I believe you said it was. The amount of devastation and loss to our community has just been overwhelming. And to have been treated so disrespectfully, I believe, by the Administration is totally unacceptable. So I want to thank you for being here, for staying and sticking all day even though it's been a long day. This is very important, and we appreciate you.

We want you to know we hear you and we are going to be following up.

Councilwoman Jannie Blackwell has done an outstanding job we know with your group, and she's just someone I rely on for information and for direction on so many things. So I just want you to know that we hear you.

DR. DUNKLEY: Thank you.

COUNCILWOMAN BASS: Thank you. Thank you for being here.

Next up I believe we have Mr. Chin. John Chin is the last panelist from this panel, last witness from this panel.

MR. CHIN: Good evening, Chairwoman Bass and Councilmembers --

COUNCILWOMAN BASS: Good evening, John.

MR. CHIN: -- on the Committee on Public Health and Human Services. Thank you very much for this opportunity to testify.

COUNCILWOMAN BASS: You're very welcome. Thank you for being here.

Please proceed.

MR. CHIN: My name is John Chin. I'm here today in my position as Executive Director of Philadelphia Chinatown Development Corporation. Before I begin my official statement, I just want to say I really appreciate the comments of the Councilmembers. They were on target and my testimony shares their sentiments.

So I'll begin by saying I believe we can all agree on the following statement, that disparities and outcomes for COVID-19 between racial and ethnic groups result from the accumulated impact of centuries of systemic racism. To mitigate the impact of the pandemic on the City's communities of color and to ensure that a response to this pandemic focuses resources on those at highest risk, we will work with community stakeholders.

Well, this statement is extracted from the Department of Public Health's coronavirus interim racial

equity plan. The media's investigations and data show that the City's vaccination thus far has failed to live up to that plan. My colleagues who serve the diversity of our residents across the City, limited English proficient immigrants, Chinese, Cambodian, Vietnamese, African, Caribbean, Latino, Blacks, disabled, seniors, low-income and more have shared their frustrations with me as well as with the Administration.

There's no action plan to engage and vaccinate the hard-to-reach populations. I'm not asking Public Health to vaccinate by race or category of person, but I am asking Public Health to offer a vaccination plan which upholds our values as a City of neighborhoods, a welcoming city of immigrants and a global Philadelphia.

Our City pledged to deliver racial equity and undo a system that is racist. Philly Fight COVID project did nothing to advance that goal. The

project was absurd. Philly Fight's vaccination site was next door to Chinatown, which is a HUD-designated low-income neighborhood. None of our eligible seniors living in our affordable housing development called On Lok House received a vaccination. 90 percent of those residents are not capable to register on the website due to language, cultural and digital barriers. There is no plan to focus on vulnerable and hard-to-reach populations.

The registration process is easy if you are a person with resources. The process is impossible if you do not have Internet, do not have email, do not speak English well. The few presentations by the Health Department were not targeted for non-English speakers. The City learned how to successfully reach people of color and immigrants during the pandemic. Food distribution is working. The Census Philly Counts infrastructure built a

community network that was successful. It was so successful that Philly Counts was called on to carry out voter engagement leading up to the general election.

The City's housing agency figured out how to provide rent relief. The City figured out how to provide relief to immigrants who were not eligible for federal relief. The Commerce Department provided relief to many neighborhoods of color. At the national level there exists best practices like the checklist for COVID-19 roll-out from the National Resource for Refugees, Immigrant and Migrants.

I hate to say it, but there's a void in leadership and communities have no choice but to step in. The Black Doctors Consortium has been operating. Cambodian COVID-19 Vaccination Response Network has been established. The African Caribbean community is organizing their medical clinics and

professionals, and our Asian-American community is recruiting health professionals to volunteer upon when called upon.

In closing, the current plan is not equitable. It is not working for all people. The Department of Public Health needs to be better immediately. We already have infrastructure that has proven to work during this pandemic, use it. It is not acceptable to make those residents who do not have resources to jump through hoops to get the same service that a person of privilege can get with a click of a button. I am outraged by the inequity of this vaccination plan. Please do not repeat the abandonment experience by the citizens of New Orleans during the Hurricane Katrina. Thank you.

COUNCILWOMAN BASS: John, thank you very much for your testimony and for being here. You were actually here all day as well. I saw you first thing at about 12:30 this afternoon. So thank

you for staying all day and thank you for your always advocacy on behalf of immigrant communities.

This has really been shocking. I agree with you there is a void in terms of leadership, and folks have just had to jump in and step in where they can to keep people alive, and that's not the way government is supposed to work. We are supposed to be much better than that. So I want to thank everyone who is here and spoke on this panel. And this is not going to be the last conversation that we have about this for sure, so there will be future follow-up conversation and we look forward to engaging with you as well when we have those conversations. Thank you.

Madam Clerk, can we have you call the next group which is for public comment. We are going to ask you, if you can, to really limit your comments to three minutes, only because it has been quite a long day, but a very important day, very important that we

have all of these conversations.

THE CLERK: So the individuals we have on the line are Ben Goubil, Liam Dougherty, Melissa Robbins, Desiree Whitfield. And other individuals might join. They just didn't answer.

COUNCILWOMAN BASS: All right. Why don't we go ahead and get started. Ben Goubil, if you can start. Please state your name for the record and begin your testimony. And we're going to ask if you can conclude your testimony at three minutes. We're going to put a timer on, so you will hear a little bell when time is up. So thank you very much.

MR. GOUBIL: Hi. My name is Ben Goubil. Can you hear me?

COUNCILWOMAN BASS: Yes, we hear you well. Please proceed, Ben.

MR. GOUBIL: Okay. Thank you to this Committee for allowing me to speak today. I'm here to reiterate the importance of making the vaccine roll-out inclusive and making sure that this

issue is considered in future processes. I applaud the effort that the Department of Public made early in the pandemic to translate COVID-19 in multiple languages.

However, I wasn't able to find any translated documents about vaccine roll-out information on their website as of today. I believe that (inaudible) to ensure that all communities are vaccinated equitably, translations about the vaccinate roll-out should be available. This is important because immigrants tend to be the last to know.

Immigrant communities are isolated by different barriers that the system always puts on them. Many immigrants face the same racial disparities as African-Americans, Asian-Americans and Hispanic-Americans, but they're also affected by language barriers and social isolation, mainly live in the Northeast and in the Southwest and it's not easy to get to the Convention Center to get vaccinated.

It's also not easy to figure out which pharmacy is doing what and how to get an appointment, especially because it's not the way it works in most countries.

Many immigrants are the ones delivering our groceries or cooking our food. I believe they're part of the Phase 1B, but how many of them know that and how many efforts are put into making sure they know that. And similarly to what Dr. Stanford said during the November hearing of this same Committee, these sites should be open during later hours and not just open during 9:00 to 5:00. Any new contract made with a third party should consider the immigrants.

I hope that this hearing won't solely focus on finding blame on what happened with PFC and I hope you will focus on making sure every community is vaccinated fairly and that the different immigrant communities won't be left behind. Lastly, I know Americans like to get nonprofits to do the job the

government does not do, but most of the time it's a good thing. But in this case the City should be leading and handling the vaccine roll-out. Just like the City is not letting a bunch of kids count the votes of this election, the City shouldn't let those same kids run its vaccination distribution. Thank you for your time. That's all I have to say.

COUNCILWOMAN BASS: (Muted).

THE CLERK: Madam Chair, you're on mute.

COUNCILWOMAN BASS: Thank you. Well, I just said to Ben, thank you. I think you said it all. We thank you for being here today, for your testimony and for your patience. Thank you so much for your words.

If we can have our next speaker come forward. I believe it's Liam Dougherty.

MR. DOUGHERTY: Thank you, Council. My name is Liam Dougherty and I'm the Policy and Project Coordinator

at Liberty Resources and a long-time advocate for the disabled community. I'm here today to speak about the needs of my community to be prioritized in future vaccination efforts, specifically to people with disabilities living in the community.

I have joined in the push for community integration in Philadelphia, and nowhere is the vaccination disparity more apparent than among this population. We have fought hard to keep out of the isolation and segregation of dangerous nursing homes where COVID-19 infections are highest, and many of us were able to transition out into safe and integrated communities.

The disability community seeks to eliminate the institutional bias that automatically places people who need a certain level of care in nursing homes, so institutions can profit and public businesses don't have to prioritize accessibility. Our victories against oppression mean that we are able to live

with friends and family in the community, supported by attendant care and accessible housing and transportation.

While nursing homes have received a quarter of Philadelphia's vaccines so far, staff and residents make up just 2 percent of our City's population. Even though the congregate settings in nursing homes make them dangerous, a similarly vulnerable population lives in the community. A disabled friend of mine affectionately called Spitfire, who had fought against forced nursing home occupancy, died three weeks ago of COVID. The brutal irony is that if she was in a nursing home, she may be alive today. But I do not think for a second that that is the life that Spitfire would have preferred. She loved the freedom and independence of community life.

The fact that nursing home occupants were prioritized to the exclusion of other vulnerable groups may

be the result of the same institutional bias and strong lobbying arm the nursing home industry uses to control how our society deals with long-term care.

A just and equitable plan means not only requiring distribution sites to be accessible to all, including blind and Deaf Philadelphians, but also setting up a network of providers for those in the community who cannot make it into a distribution site.

Of equal importance is the vaccination of direct care workers/caregivers, they are in Group 1A, but very few of them have been vaccinated to date. Over 17 percent of Philadelphians have a disability. True equity means leveraging the work of trusted on-the-ground organizations to communicate with this population and inform our City of the best ways to reach this widespread and independent population. Our City and the Department of Health need to work with proven community-based organizations like Black

Doctors Consortium, Liberty Resources, managed care plans and our City's many hospitals today to get our people vaccinated, not fly-by-night profit-driven experiments with no clinical experience. Thank you, Council.

COUNCILWOMAN BASS: Well, thank you very much for being here and for your testimony today. And please accept my condolences on your loss. As you know, as we all know, COVID has just been devastating in the City of Philadelphia. It's just devastating whole communities.

And so, we thank you for being here and for speaking out on behalf of Liberty Resources who I've done a lot of work with over the years, and I have a relative who works with Liberty Resources who does great work with the disabled community. And so, I just think that you all do a great job and we continue to look forward to continuing to work with you. Thank you.

Madam Clerk, can we have the

next person to testify.

THE CLERK: The --

MS. ROBBINS: Hi. Good evening, everybody.

COUNCILWOMAN BASS: I'm sorry. Please state your name for the record and begin your testimony.

MS. ROBBINS: Melissa Robbins.

COUNCILWOMAN BASS: Good morning, Melissa. Please state your name for the record and begin your testimony. Then we are going to ask that we can limit your testimony, if you will, if you can limit to three minutes.

MS. ROBBINS: Melissa Robbins.

COUNCILWOMAN BASS: Please begin.

MS. ROBBINS: Thank you, Madam Chair. I just like to say thank you to members of Council and the Health and Human Services Committee for hosting this hearing. I took the last five and a half hours listening from the outside and I'll tell you what I heard: I heard Councilmembers suggesting to our top

City health care official on how he should run a program. I was appalled. Philadelphians need competency. We need integrity and surely we need transparency.

Many of the questions that I wanted to pose originally, well, they've been asked already and unfortunately, very few of them have been answered, again by our City's top health official. Accountability versus what's next. I heard a lot of Councilpeople say, let's keep moving forward. Well, it's kind of easy for some people to move forward when they don't see themselves or communities that they come from continuously impacted, hurt, devastated and traumatized.

I kept hearing communication, communication. Well, citizens need to know that the Mayor, who is our liaison for our City, the federal government gave fast-tracked vaccinations to five cities. Of course, the City of Philadelphia was one of them. So the

citizens expect our top executive, Mayor Kenney, to be the liaison between us and the federal government to receive those fast-tracked vaccinations, vaccines, and he and our top health care official Dr. Farley was supposed to put measures and structures in place as a sound ironclad vetting process to ensure that whomever the organizations were to roll out vaccination distribution did it competently and transparently and with integrity and that did not happen.

So what we see is continued -- one Councilmember said, well, this is a Philly thing or this is not a resignation, get on the phone and make some phone calls. Well, what I heard was continued racism, continued discrimination, discontinued White greed via Philly Fighting COVID, continued white supremacy.

You see, Kenney and Farley, they're the people that have the code and you see they failed us. If this were a military operational mission, it

would have failed because they both abandoned their post. You see, they left us exposed and very, very vulnerable. I heard Dr. Farley kick the bucket to Dr. Johnson who's resigned. I heard Dr. Farley kick the bucket to the CDC. I heard him kick the bucket to the Administration, but I did not see Dr. Farley stand on his ship and his vessel and go down with it. What I heard is him not take responsibility and honor his role and leadership and admit when he failed and resign.

It's easy to ignore us because we're Black and we live in the City of Philadelphia. And you can make a mistake and we suffer. That's easy. It's easy for a Black woman to come and save you and say that she's overwhelmed. Well, when you ask her to do tests and you ask her to inoculate after you gave this operation to an inexperienced, non-credentialed 22-year-old who used a 3D printer to print face shields, then somehow he got on the Advisory

Committee, then before you know it, he was given $194,000 to conduct tests in vulnerable neighborhoods, aka poor Black and Brown communities.

He had pop-up testing, and that was all that he did with no tracking and no accountability. And as soon as those vaccines rolled out, he switched over to for-profit to reimburse insurance companies and make money as he bred. We do not deserve this. Dr. Farley must resign. How many more times do Black people have to suffer at the expense or the mistake of a White man? Jim Kenney, Dr. Farley, there's nobody in the Director of Homeland Security. There's nobody in the position of Office of Emergency Management. Adam Thiel, the Fire Commissioner, another White man, he has to wear two hats.

But look what you do to Dr. Stanford in the Black Doctors Consortium, make them double-dutch hoops of fire. 23 years of a practicing Board-certified medical doctor,

pediatrician and surgeon, 23 years, and you question her competency. This is embarrassing. This is egregious. You're leaders of our City. We expect you to hold Dr. Farley accountable. We expect you to hold Mayor Kenney accountable. This cannot continue to happen. People are angry. They want Farley to resign. Lead our City and stop duping and using and hurting and exploiting Black people. We see you. We will not be silenced over and over again. We expect more. You get compensated far too much annually to make these childish, immature and novice mistakes.

COUNCILWOMAN BASS: Well, Melissa, listen, thank you for being here. As always, you know, I know that you know your stuff. You know what you're talking about. You know what's going on. You're paying attention. I really appreciate you being here. I appreciate your comments and I can guarantee this is not the last of the

conversation around this.

So I look forward to additional conversation and dialogue as we move forward because this is not the end. I don't want you to think in any way that we are going to drop the ball on this and just let it go away and then a report is going to come and it's going to be swept under the rug, and it's all going to be nice and quiet.

No, we want answers. We demand answers and we demand them as quickly as humanly possible. So we will stay on top of this and we will keep all of Philadelphia in the loop through the media, through social media, through our individual offices. We will be in touch and we will be letting folks know what is going on because we want to make sure that everyone is in the loop and that this never happens again. So thank you for your comments, Melissa.

I believe our last speaker is teed up and I believe that that is Desiree Whitfield. Desiree.

MS. WHITFIELD: Yes.

COUNCILWOMAN BASS: Please state your name for the record. We're going to ask you to limit your comments to three minutes, if that's possible.

MS. WHITFIELD: Yes. Desiree Whitfield. Good evening.

COUNCILWOMAN BASS: Good evening.

MS. WHITFIELD: One word, corruption. My word, enough. Thank you, Councilwoman Cindy Bass and Councilwoman Katherine Gilmore Richardson, for your superior fight. On January 13th, I had the pleasure to be a part of the COVID-19 conversation with Josh Dickson, who was over Faith Engagement, a group that I am a part of, of the Biden Harris transition team.

Dr. Vivek Murthy was there. My question to the doctor was -- because of my concern for Philadelphia Black and Brown communities, my question to him was, was there any way possible that Dr. Stanford can be hired to oversee all

vaccines coming into Philadelphia so that we can make sure that Black and Brown communities had enough vaccine.

Number one, Rebecca Rhynhart has been telling City Council for a minute now about the mismoney and misleadership of Philadelphia, but no one is listening. Number two, I am concerned because of two things that happened in 2020 that was the beginning of this leadership. Number one, in January 2020, I witnessed President Darrell Clarke walking the hallways of the 5th floor, pacing the floor, on the phone with Mayor Kenney and Mayor Kenney was demanding that he does everything possible he has to do in a very demanding voice that Cherelle Parker win the Majority Leader over Majority Leader Bobby Henon.

When President Clarke saw that I was listening to him, he tried to duck me but he was on speaker so I overheard the conversation. The Mayor's exact words to President Clarke was, you do

this and I will do you a favor. The President Clarke then called one of your Councilperson members, but it was a tie 7 to 7. He called one of your City Councilmembers and told him exact words, I will do you a favor per the Mayor if you change your vote to Cherelle Parker to make her the Majority Leader. Now, if this is not corruption, what is it. How can we believe in City Council when you have a lying President Councilmember and you have a liar and Councilwoman Cherelle Parker, and I dare her to come against me and you have a liar racist Mayor.

Now, I'm asking -- okay, number two, right after that if you remember monies came from the CARES Act that you did not know that came in. They did not give it to the Black Doctors Consortium, but they gave it to different people and City Council did not know about it. That's Corruption No. 2, so this just didn't start about this COVID-19.

Now, my agreement -- I mean, my

recommendation is this is corruption. We Black people have seen this against Black and Brown communities. Enough is enough. You know who needs to resign -- and the Mayor is not here. You know why the Mayor is not here, because every time the Mayor speaks, it is words that are written by his Black assistant.

He didn't know what questions you would have asked. He is ducking himself. You should make him accountable. He is the Mayor of Philadelphia. If he doesn't want to testify, make him resign. So what you need to do is the City of Philadelphia needs to ask Mayor Kenney, a racist liar, to resign. You need to tell Cherelle Parker, a liar who is trying to be the Mayor of Philadelphia at all costs on the back of Black and Brown communities, you need to kick her off of City Council. And also, you need to push off President Darrell Clarke, because what they are doing is hiding behind the scenes at the City's expense.

Who you need to call immediately is the Attorney General's Office and the FBI's office and allow Rebecca Rhynhart to do her job as the City Controller. She's sees the corruption. You all need to stand by her and let her do her job --

COUNCILWOMAN BASS:

Ms. Whitfield --

MS. WHITFIELD: Mayor Kenney resign.

COUNCILWOMAN BASS:

Ms. Whitfield, thank you very much for calling. Thank you very much for your testimony. I believe that's --

MS. WHITFIELD: Thank you.

COUNCILWOMAN BASS: Thank you very much for your testimony.

Madam Clerk, is there anyone else to testify?

THE CLERK: Council support, were you able to get anyone else on the phone?

COUNCILWOMAN BASS: No. Okay. He responded no.

Okay. With that being said --

COUNCILMAN JOHNSON: Madam Chair.

COUNCILWOMAN BASS: Yes, Councilman Johnson.

COUNCILMAN JOHNSON: I just want to thank you for this marathon hearing on a very, very serious and critical issue. And when I talked about the Tuskegee Experiment and the significant impact it has had on generations after generations in the African-American community, this hearing really highlights the fight that we have to do, particularly when it comes to social justice in the health care community.

So I just want to thank you for your exemplary leadership and all our colleagues who actually stuck it out and stayed on the call because it's a very important issue. Thank you very much.

COUNCILWOMAN BASS: Thank you, Councilman. Thank you for sticking and staying. This is not your Committee so you didn't have to stay all day, but I

really thank you for being here.

Councilman Green.

COUNCILMAN GREEN: Thank you, Madam Chair.

This has been a very difficult hearing and conversation. I'm glad that the public did participate to provide their feedback. But in spite of all of the challenges that we had with the vaccination roll-out, we still have a job to do. And as I stated in Council a few weeks ago, we can ask the hard and critical questions about what happened in the past and just because we raise those questions concerning about what happened, we also can work together going forward on addressing vaccinations to make sure that everyone in the City of Philadelphia is able to receive the vaccinations so we can move forward from this pandemic.

People are afraid. They have fear, fear for loss of life, loss of job, loss in business. And so, it's incumbent upon all of us, because we are

all the City, to work forward to address this issue, even as we're asking the hard questions regarding what happened in the past. So I thank everyone for their participation and we will continue to move forward to address these issues to make all Philadelphia safe from this pandemic.

Thank you, Madam Chair.

COUNCILWOMAN BASS: Thank you, Councilmember. Appreciate your input, your advocacy and staying with us all day long on the hearing and being thoughtful with your questions and responses. So thank you for being here.

With that being said since there are -- I'm sorry. Was there another comment, quick comment?

COUNCILWOMAN GILMORE RICHARDSON: Yes.

COUNCILWOMAN BASS: Very quick.

COUNCILWOMAN GILMORE RICHARDSON: Thank you, Madam Chair. I just wanted to also say thank you for your leadership.

COUNCILWOMAN BASS: Thank you.

COUNCILWOMAN GILMORE RICHARDSON: Not only for this marathon hearing, but all you and your team have done to facilitate dialogue, questions and answers with the Health Department and the Administration throughout this process. So I just wanted to thank you for your leadership and everyone who provided testimony today. And we look forward to continuing to work together with the Administration to ensure that all Philadelphians will be able to receive the vaccine and that we do that in an equitable way. So thank you very, very much.

COUNCILWOMAN BASS: Thank you. And I also wanted to just as a side note make a note that you also I noticed are wearing red. Today is wear red day. And I believe that a number of the Councilmembers had red ties on, and it's a way to bring attention to a healthy heart and cardiovascular disease. As someone who suffered with preeclampsia

and high blood pressure, it's very, very important. So I thank you for also wearing red and bringing acknowledgment to this issue.

And thank you, Councilwoman Sanchez.

Councilman Henon, I see you have your hand raised. Did you want to make a comment?

COUNCILMAN HENON: I just wanted to make a parting statement.

COUNCILWOMAN BASS: Yes.

COUNCILMAN HENON: Thank you for your leadership. Thank you for all of the hard work you and your team working in preparation for this, and continued due diligence in making sure that we get vaccinated in the City of Philadelphia and that it is done in the manner that reflects who we are as a City in the most equitable way, in fairness and giving people the opportunities to benefit from the opportunities because of the policies that we set in place with our City

Council.

So to all members, keep up the good work. We are awesome. The City is awesome. The citizens are awesome. We might have some hiccups, all right, but we are a great City. And I want to thank you for your leadership.

COUNCILWOMAN BASS: Thank you, Councilman. We appreciate your advocacy and your hard work. Thank you.

And I see we also have Councilwoman Kendra Brooks. Great job. Thank you so much for all that you do and for being with us. Councilwoman Brooks, I know that you were under the weather, but I thank you for being here at the beginning and staying through the entire hearing, and we appreciate you and your questions today.

With that being said and seeing that there are no other questions from members of the Committee and no other witnesses to testify, I want to thank all of the panels and witnesses for their participation. We value your

opinions and we will now recess this hearing until the call of the Chair. Thank you very much for your attendance and this is not the end. Thank you very much for being here. Take care. Bye-bye.

(Committee on Public Health and Human Services concluded at 6:50 p.m.)

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

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