Mayor Bill de Blasio
Council Speaker Corey Johnson
City Hall
New York, NY 10007

Commissioner Oxiris Barbot, MD
Gotham Center
42-09 28th St, 9th Floor
Queens, NY 11101

March 9, 2020

Dear Mayor de Blasio, Speaker Johnson, and Commissioner Barbot:

We write this letter regarding the rapidly worsening COVID-19 outbreak in New York City. We understand that the inexplicable failure of the Centers for Disease Control and Prevention (CDC) to ensure that adequate testing was available has severely hampered the city's ability to characterize the extent of community spread and attempt containment of the infection. Given the recent diagnosis of multiple cases within the city with no known links to other countries or individuals previously known to be infected – and the wide geographic distribution of new cases around the state and surrounding area – it is clear community spread is occurring within the metropolitan area. **The city's public health response to this outbreak must transition *now* from one focused primarily on containment to one focused on mitigating the speed and impact of a rapidly expanding epidemic in our communities.**

We have three major areas of concern with the current public health response to the outbreak:

1. **When will the City implement steps like systematic social distancing measures? Early implementations of these will save lives and reduce mass panic.**

There are currently no vaccines to prevent– or specific medications to treat COVID-19. Best estimates indicate that there won't be an effective vaccine available for at least a year, based on optimistic standard vaccine development timelines, or specific treatment for many months. Once these tools are developed, it will take many more months to make them widely available. Given this, our primary tools to control the spread of COVID-19 for the foreseeable future will be "non-pharmaceutical interventions" and community mitigation strategies, including important social distancing measures. This may involve discouraging or prohibiting events/gatherings with more than 25 persons, closing schools, increasing telecommuting, staggered work hours, closing workplaces, and avoiding places where large groups of people congregate. This is especially important for older persons and those who may be more vulnerable. We understand that these steps will disrupt both people's lives and the economy, however, both computer modeling[i] and analysis of historical real-world data[ii] demonstrate that early versus delayed implementation of non-pharmaceutical interventions are the most effective strategies to mitigate the spread of diseases like COVID-19, and ultimately, to save lives.

Critically, it has been shown that cities which *delay* implementation of multiple forms of non-pharmaceutical interventions have dramatically higher death rates than cities which implement them earlier (see figure). There is no virtue in being a late adopter for these crucial interventions; inevitable but

delayed mitigation responses result in the same complicated disruptions but without the benefit of blunting transmissions. San Francisco, for example, is already proactively implementing social distancing efforts.[iii]

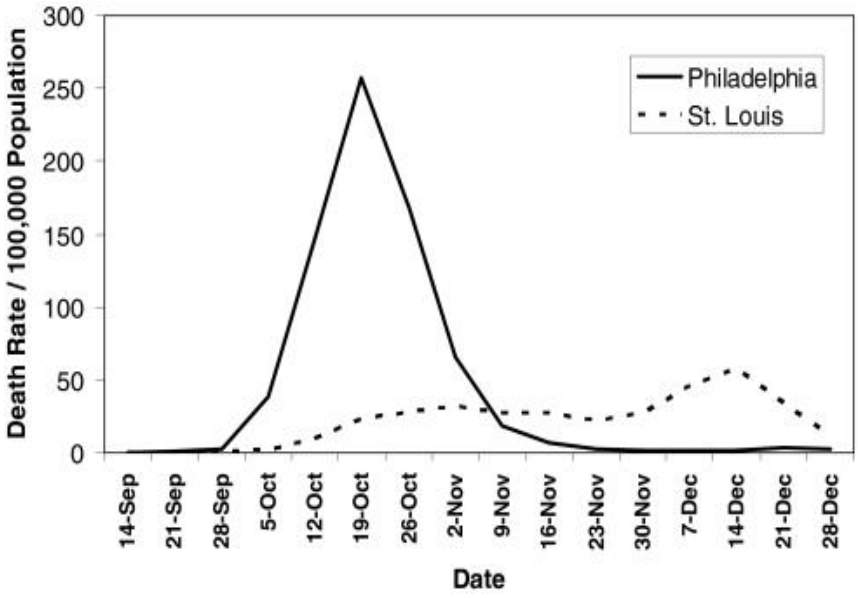

Figure 1: Compare the death rate during the 1918 influenza pandemic between St. Louis and Philadelphia. St. Louis implemented social distancing two days after the outbreak was first detected, whereas Philadelphia waited two weeks to implement them – resulting in a peak death rate that is was 729% higher in Philadelphia compared to St. Louis.[ii]

2. **What plans exist for protecting individuals who may be adversely impacted by non-pharmaceutical interventions?**

If more impactful social distancing measures– such as school closings, workplace shutdowns, and reduction in public transition services– are taken, they can severely impact some of the most vulnerable in our communities. While such measures are crucial to mitigating the spread of COVID-19, steps must be taken to protect those who may be harmed by them. For example, children who rely on reduced price or free lunches in schools may not have adequate sources of food in the event of a school shutdown. Furthermore, millions of New Yorkers live paycheck to paycheck– if their workplace is shutdown, how will their economic security be ensured? We need clear plans for compensation for individuals without sick pay. The ability to "home/self-isolate or quarantine" doesn't work for the hundreds of thousands of New Yorkers who are unstably housed – what is the plan for them? How are we dealing with infection control in jails/prisons and detention centers? Who will pay for testing and care for the uninsured?

3. **Why is DOHMH releasing personally identifiable information about people diagnosed with COVID-19?**

We are extremely alarmed by the decision of the Department of Health and Mental Hygiene (DOHMH) to release personally identifiable information, like age, gender, location, and place of employment about people who have been diagnosed with COVID-19. There is zero public health value to the release of such information, and this practice is contributing to stigma, and disincentivizing members of the public from seeking appropriate care. The community is already aware of people who have been identified based on this information – and subsequently stigmatized and subjected to abuse. **We demand that, going forward, the DOHMH only release aggregate, non-identifiable, demographic information on people who have been diagnosed with COVID.**

The COVID-19 outbreak is a public health emergency. The public has a right, however, to be involved in decisions regarding its – the public's – health. We demand immediate transparency on plans for early scale up of non-pharmaceutical interventions, demand a commitment to protecting the identities of people diagnosed with COVID, and request a conversation with members of your staff at the earliest possible time.

Signed,

James Krellenstein, Co-founder, PrEP4All

C. Virginia Fields, President and CEO, National Black Leadership, Commission on Health

Gerald Friedland MD, Professor of Medicine and Epidemiology and Public Health, Yale School of Medicine

Gregg Gonsalves, PhD, Assistant Professor of Epidemiology (Microbial Diseases), Yale School of Public Health

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[i] Kelso JK, Milne GJ, Kelly H. Simulation suggests that rapid activation of social distancing can arrest epidemic development due to a novel strain of influenza. *BMC Public Health*. 2009;9:117. PubMed https://doi.org/10.1186/1471-2458-9-117

[ii] Hatchett RJ, Mecher CE, Lipsitch M. Public health interventions and epidemic intensity during the 1918 influenza pandemic. *Proc Natl Acad Sci U SA.* 2007 May 1;104(18):7582-7. Epub 2007 Apr 6.
[iii] San Francisco City and County Office of the Mayor. San Francisco Department of Public Health Announces Aggressive Recommendations to Reduce the Spread of Coronavirus (COVID-19). March 6, 2020. Available from: https://sfmayor.org/article/san-francisco-department-public-health-announces-aggressive-recommendations-reduce-spread