



**Testimony of Hayley Gorenberg, Legal Director of
New York Lawyers for the Public Interest
To the New City Council Committee on Hospitals
Jointly with the Committee on Health
Regarding the COVID-19 Test and Trace Program
(Oversight Hearing 9/30/2020)**

To quote our former DOHMH Commissioner Mary Bassett, “Public health has, at its root, the commitment to social justice.” New York Lawyers for the Public Interest, where I am Legal Director, has an abiding commitment by mission to our community partners and clients engaged in fighting marginalization based on race and health disparities fueled by systemic racism, all the more clearly a fight for people’s lives in the age of COVID-19.

I’ll address the City’s Test and Trace workforce and the relationship with community-based organizations, key allies in battling the ongoing pandemic.

Strengthening the T2 Workforce

Hiring thousands of New Yorkers as contact tracers was obviously a key to reaching public health goals. It also presented an opportunity to infuse jobs into the communities most ravaged by the paired crises of infection and unemployment.

The brief hiring process, including the switcheroo from DOHMH to H&H, seemed chaotic and pell-mell to meet an opening metric, costing us the potential for higher effectiveness and equity. I emphasize the point because this was not the City’s first rodeo and won’t be the last. There is a continuing crisis, and there will be more crises, as is always the case in a complicated world. There will be more hiring and opportunities to improve.

New York City inexplicably elevated college degrees and professional public health experience, when the World Health Organization and other authorities make perfectly clear that trusted community connection is the pivotal requirement for successful contact tracing, and specifically flag that degrees are not needed. Some of the communities hardest hit have longstanding, well-known barriers to college education. Prioritizing college degrees and professional experience in this instance undermines public health.

Our community partners specifically elevated concern about the contact tracer qualification in a hearing early in the brief hiring process, I raised it multiple times in meetings with the DOHMH

Emergency Partner Engagement Council, and NYLPI set forth detailed questions and critiques of the posting in our letter to numerous City officials during the hiring process, which I will include with my written testimony.

NYLPI presented our survey of every set of qualifications for contact tracers we could find in job postings in fifteen jurisdictions around the country, including New York State's qualifications -- starkly contrasting with New York City's. The points went unaddressed throughout the brief and intense hiring period, though one official opined that the City ought not be questioned, because it had hired tracers for other public health reasons before, so knew what it was doing. But relying on old systems runs the risk of neglecting modern approaches to HR and discounts entrenched bias that may pervade hiring systems. Finally, subsequently, and in stark contrast, officials helping run the T2 program later distanced themselves from the posting and said they didn't know how it had come to exist.

We know public health efforts must address "educated mistrust" of the health establishment in Black and brown communities, based on historic abuses. And we know from Dr. Long that seven months into the pandemic, we're falling short of linguistic goals and of the stated public health goal of interviewing 75% of identified contacts. Anything that unjustifiably screens out people from communities most engaged in the fight against marginalization demands prioritized scrutiny and critique, because it directly impacts public health goals, and because it stands in the way of an equitable shot at jobs to the communities that need them most, which also connects to community health and wellbeing.

The job specifications are important for at least two major reasons:

1. First, contact tracing relies on the ability to develop strong, trusting relationships, and I cannot count the number of times those of us meeting with City health representatives have reiterated that succeeding on the public health front absolutely requires trusted messengers and community members to do this work. They are the vital core.
2. Second, if the City had strongly prioritized hiring from the hardest-hit communities, including by eliminating barriers in the job posting, it would have infused many more jobs directly into the New York City economy in communities most in need of them. That economic lifeline links to the health and wellbeing of individuals, their families, and entire communities. We could have better served both critical needs. It was a big, quickly moving opportunity – and in important ways, it was missed.

Also, additional hires of T2 monitors have been made through Optum, rather than Health and Hospitals. Our understanding on the Community Advisory Board workforce working group is that there had been at least some idea of rolling those hires into H&H, with attendant benefits, union representation, etc. Our further understanding is that it hasn't happened, and we have not received answers or a timeline for answers. Supporting the workforce with high-quality jobs directly benefits workers, of course. But the benefits also flow to families and communities where workers live and where they serve people who need their help. In addition to job quality, we have questions about information Optum workers get. For example, regardless of whether

they are H&H or Optum, could they all get City communications on accessing flu vaccines for themselves, including most affordable options?

NYLPI urges that the City take the following steps:

1. Overhaul all its hiring rubrics to ensure that job qualifications match lockstep with job descriptions of what's to be done, to avoid excluding people who can do a job well. Searching review is particularly important to ensure that traditional frameworks don't carry forward systemic racism and other biases.
2. Assess the City's assertion, made as a purported sign of success, that more than half of the tracers were hired from hardest-hit communities, addressing the following points:
 - a. Why is hiring more than half the tracers from these communities considered successful? Why shouldn't a successful figure be closer to 100 percent? What is the City's benchmark? Especially when we're significantly below public health goals on contact interviews completed, stating that about half of the tracers are from hardest hit communities seems of ongoing great concern.
 - b. Release additional data probing truly successful tracing and community support, going well beyond the question of whether at least one contact is reported or interviewed per tracing effort. Pull out the stops to deeply assess effectiveness in tracing, including range of contacts provided and barriers (including but not limited to language), turnaround time for effective services, and connecting people to resources they need to keep themselves and those around them as safe and supported as possible.
 - c. Release full data on the contact tracer applicant pool and hires, including how many contact tracer applicants and how many hires had bachelor's degrees, throughout all program positions. Do the same with regard to professional health experience. Correlate to race and ethnicity.
 - d. Release data illuminating the qualifications of those who stay and those who leave the Test and Trace staff. How many have bachelor's degrees, and how many don't? How many have professional public health experience, and how many don't? Assess for correlations to inform the ability to succeed in the work going forward. Again, one can be a big proponent of education and still acknowledge that a strong fit for the job is vital to success. (See article on master's degree quit.)
3. Conduct any additional T2 hiring using sound guidelines such as those from the WHO as a guiding star, prioritizing hiring from the most directly affected communities – for maximum effectiveness and equity.
4. Thoroughly inquire into the H&H/Optum split of jobs in the T2 program, shedding light on what the plans and opportunities are, going forward, for best-quality jobs and health-related communications possible.
5. Make sure outreach for further hiring includes highly effective partnership with community organizations.

Strengthening Community Engagement

The need for highly effective community partnerships leads to my other area of focus today: relationships with New York City's extensive, talented and effective community-based organizations.

Early in the pandemic the City reached out to community organizations to form the Emergency Partner Engagement Council's working groups and the T2 Community Advisory Board and its working groups. Great idea. Keep it up. Make it more functional, more connected, more effective.

Here are some ideas about how that can happen:

- Eliminate or coordinate overlap. For example, EPEC and the T2 CAB both have messaging working groups. Despite inquiries, it is unclear to us how it makes sense to have two messaging groups, whether there is any functional demarcation in the work, and whether the work of the two groups is being compared, contrasted or synergized.
- Ensure the work product of community members and organizations in these groups is seen, assessed, and incorporated as is useful – and let us know, clearly and in a timely fashion, that it's being used. Or ask us for something different. It too often feels like we're pitching into the void, no matter how productive the discussions are in the moment.
- Address staff turnover and rotation. City staff facilitators for our working groups switch out every few weeks. We are constantly working to re-establish relationships. The folks who facilitate seem dedicated and concerned -- and then they're gone. It's a constant parade of apparently well-meaning people. Especially when we're already having questions about where our suggestions, feedback and work product go, the perpetual meet-and-greet further undermines our effectiveness.

We've been straightforward about these concerns, and relatedly, about reporting to our organizations about what we're doing and its worth, bang for the staff-time buck, and about wanting to make sure we are never a community engagement "box-check" in the system. To be most helpful, we want to take full advantage of the potential to engage with the government to do public health good, and we want the system to use our talents well. We can't afford to spend our time in multiple meetings saying the same thing with no assurance that it has been meaningfully considered for impact. For example, one group raised ideas about meshing flu vaccine access and COVID testing, and we did not timely know whether the idea was absorbed, rejected, duplicative, delayed or lost. There is some growing suspicion that to really get things done we need to call our own side meetings, rather than use the structures and staff provided.

I will say that the T2 CAB has benefited from some truly excellent presentations, complete with useful slides we can share with the community and engagement on the spot with our questions. Continuing these strong contributions means a great deal. We request presentations and get them. Slide decks are often excellent. My sense is that many committed staff are applying great talents and are willing to acknowledge when the system falls short and consider changes. I was encouraged to hear yesterday evening that more of a loop-closing mechanism to give us answers to questions and prioritize our recommendations is being devised. Of course tomorrow it's

October, and we've been asking for a long time. Going forward, we urge that efficiently incorporating the community's best ideas be structured in from the outset, as a critical component to the City's health and success.

Thank you.

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Since 1976 New York Lawyers for the Public Interest (NYLPI) has been a leading civil rights and legal services advocate for New Yorkers opposing marginalization on the basis of race, poverty, disability, and immigration status. Our community-driven work integrates the power of individual legal services, impact litigation, and comprehensive organizing and policy campaigns. Guided by the priorities of our communities, we strive to create equal access to health care, achieve equality of opportunity and self-determination for people with disabilities, ensure immigrant opportunity, strengthen local nonprofits, and secure environmental justice for low-income communities of color. For more information, please visit www.nylpi.org.



**New York Lawyers
for the Public Interest, Inc.**

151 West 30th Street, 11th Floor

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May 29, 2020

Dear Speaker Corey Johnson, Health and Hospitals Corporation President and CEO Mitchell Katz, Councilmember Carlina Rivera, Councilmember Mark Levine, Councilmember Daneek Miller, Councilmember Adrienne Adams, Councilmember Francisco Moya, Councilmember Farah Louis, First Lady Chirlane McCray, Deputy Mayor J. Phillip Thompson, Mayor Bill de Blasio, Deputy Mayor for Health and Human Services Raul Perea-Henze, Senator Gustavo Rivera, and Assembly Member Richard Gottfried,

With appreciation for the opportunity to participate in the Emergency Partner Engagement Council COVID-19 working group these past two weeks, I write on behalf of New York Lawyers for the Public Interest and our community partners to pursue the answer to a question I've been raising consistently in the meetings regarding the stated qualifications for hiring a cadre of New York City contact tracers to assist in addressing the spread of the novel coronavirus. The question is time-sensitive, with much hiring already reported as accomplished; a response was indicated forthcoming, but unfortunately, there's been no response to date. Nonetheless, as hiring will continue, we're escalating the inquiry.

Specifically, NYLPI seeks the specific rationale for prioritizing that New York City's contact tracers have college and substantial health/science experience. Further, if the rationale for requiring the qualifications currently in force does not comport with the actual, functional requirements for performing the job of contact tracing, NYLPI seeks a modification of the qualifications, to increase the likelihood that remaining jobs will go to members of New York City communities most deeply affected by COVID-19.

The racial disparities in novel coronavirus impacts, including the devastating impact in low-income Black and Latinx communities, indicates that contact tracers will be in great need in these communities. To be effective, contact tracing requires building rapport and trust. Community members may be particularly well-qualified to connect and succeed in the contact tracing role. At the same time, college and professional public health and science experience are often qualifications less widely available to members of low-income communities of color that have been historically fighting marginalization.

It is axiomatic that addressing challenges to racial diversity, equity and inclusion within the context of historical systemic racism requires assessing job qualifications to weed out any unnecessary "pedigree"-type qualifications that may pose barriers to employment if they are not actually required in order to do the job.

With these concerns in mind, **New York Lawyers for the Public Interest** assessed **COVID-19 contact tracing hiring information available in fifteen jurisdictions around the country where we could find postings for the positions** (table attached). **We found that New York City had the most restrictive job requirements for contact tracers, with the most extensive educational and experiential requirements.**

Hiring contact tracers means injecting jobs into a City starved for them. Both equity and public health effectiveness support making those jobs as available as possible to members of communities hardest hit by COVID-19.

For the above reasons, we look forward to receiving a clear explanation of the City's hiring approach for contact tracers, and if merited based on the above, an equitable change in any hiring going forward. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Hayley Gorenberg', with a stylized flourish at the end.

Hayley Gorenberg

Legal Director

Job Title and Location	Job Duties	Educational Requirements	Experiential Requirements
Contact Tracer I and II (NYC)	<ul style="list-style-type: none"> • Conducts telephone calls with individuals diagnosed with COVID in order to “elicit and trace” others exposed to COVID. • Provides follow-up instructions to those with COVID or those who had contact with someone COVID positive. These instructions relate to isolation/quarantine, monitoring, assessing need for medical care or supportive services. • Follows up with cases and contacts. • Can refer individuals for COVID testing “if appropriate.” • Collects and records information into the data system. • Records data entries promptly. • Follows approved scripts and protocols. • Provides information about social and health resources based on approved scripts and lists. • Maintains daily communication with Supervising Contact Tracer. • Escalates cases to supervisor when “appropriate.” • Needs to be able to communicate “in a professional and empathetic manner.” 	<ul style="list-style-type: none"> • A “baccalaureate degree” from an accredited college or university including or supplemented by twelve semester credits in health education, or in health, social, or biological sciences. • Or four-year high school diploma or its educational equivalent approved by a State’s Department of Education or a recognized accrediting organization. • Or a combination of education and experience. Undergraduate college credit can be substituted for experience. It is 30 semester credits from unaccredited college is equal to one year of experience. • All candidates must have a four-year high school degree or equivalent. 	<ul style="list-style-type: none"> • “Satisfactory completion” of the online COVID-19 Contract Tracing Program. • If applicant has a BA, must have six months of full-time “satisfactory experience” in a health promotion or disease intervention/prevention program where they performed one or more of the following: interviewing, conducting field investigations, assessing health risks, making referrals, or collecting and analyzing epidemiological data. • If a four-year high school diploma or equivalent, four years of full-time “satisfactory experience” in a health promotion or disease intervention/prevention program where they performed one or more of the following: interviewing, conducting field investigations, assessing health risks, making referrals, or collecting and analyzing epidemiological data. • All candidates must have either 12 semester credits in health education, or in health, social, or biological sciences, or the six months of experience with the health promotion or disease intervention/prevention programs described in the above bullets. <p>For Level II:</p> <ul style="list-style-type: none"> • Must have one year of experience as Public Health

	<ul style="list-style-type: none"> • Needs to be able to communicate and demonstrate awareness of “diverse health-related needs” • Needs to be able to protect and maintain individuals’ privacy and confidentiality. • Recognize, document, and alert supervisor of trends in customer calls. • Checks records to ensure they are accurate and that the information conforms with policies. • Conducts in-person investigations into congregate settings or other cases. 		<p>Adviser or at least one <u>additional</u> year of experience with the health promotion or disease intervention/prevention programs described in the above bullets.</p>
Contact Tracer (NYS)	<ul style="list-style-type: none"> • Collaborate with the Case Investigator from the local health department. • Call the contacts of newly diagnosed COVID cases. • Communicate with contacts in a professional and empathetic manner. • Provide contacts with approved information about NYS isolation or quarantine and what to do if they develop symptoms. • Follow a set script to provide contacts with this information. • Maintain daily contact with Team Supervisor. 	<ul style="list-style-type: none"> • High school diploma or equivalent required. • “Some college training preferred.” 	<ul style="list-style-type: none"> • No experiential requirements listed.
Contact Tracer (Chicago)	<ul style="list-style-type: none"> • Calling close contacts of newly diagnosed COVID cases and communicating further 	<ul style="list-style-type: none"> • Bachelor’s Degree is <u>preferred</u> but not required. • High School diploma/GED required 	<ul style="list-style-type: none"> • 1-2 years of customer service experience • Public or private healthcare experience is a <u>plus</u> but not

	<p>actions to those individuals.</p> <ul style="list-style-type: none"> • Collection and recording highly sensitive information into a secure web-based CRM. • Following approved call scripts to collect and share information while adhering with policies and procedures. • Providing those contacted with approved quarantine procedure information. • If appropriate, making a resource referral. 		<p>required (want people with HIPAA knowledge)</p> <ul style="list-style-type: none"> • Bilingual is strongly preferred
Contact Tracer (Louisiana)	<ul style="list-style-type: none"> • Interview and advise people who have tested positive to determine who could be at risk. 	<ul style="list-style-type: none"> • Must have graduated high school 	<ul style="list-style-type: none"> • No experiential requirements listed. • Must be comfortable having telephone conversations and entering data.
Contact Tracer (Massachusetts)	<ul style="list-style-type: none"> • Call contacts of newly diagnosed patients. • Communicate in a professional and empathetic manner. • Collect and record information on symptoms into the CRM. • Provide contacts with approved information about MA quarantine procedures. • Refer contacts to testing of appropriate according to protocol. • Follow script to inform contacts about quarantine and what to do if symptoms develop. Not permitted to deviate from the script. • Maintain daily contact with supervisor. 	<ul style="list-style-type: none"> • High school diploma or equivalency required. 	<ul style="list-style-type: none"> • None listed, but must own a computer (iPads are insufficient)

<p>Temporary Contact Tracer (San Diego)</p>	<ul style="list-style-type: none"> • Identify potential close contacts of confirmed COVID cases • Notify contacts and promote self-monitoring • Ensure contacts who develop symptoms isolate and notify public health staff • Refer contacts to healthcare provider for medical advice, testing and care. 	<p>None listed</p>	<p>None listed</p>
<p>COVID Tracer (New Jersey)</p>	<ul style="list-style-type: none"> • Call contacts of newly diagnosed patients • Collect and record information on symptoms into CRM. • Provide contacts with the approved information about NJ quarantine. • Refer contacts to testing or to COVID Care Resource Coordinator according to protocol if appropriate. • Follow the script to inform contacts. • Maintain daily contact with supervisor. 	<ul style="list-style-type: none"> • High school diploma or equivalent 	<p>None listed</p>
<p>Contact Tracer (Georgia)</p>	<ul style="list-style-type: none"> • Call every case and either call or monitor every contact of anyone diagnosed with COVID. • Refer contacts to testing according to protocols. • Provide contacts with instructions on quarantine. • Must follow all scripts, policies, and procedures provided by the Department of Public Health. 	<ul style="list-style-type: none"> • High school diploma is required. • Bachelor’s degree or current college (undergrad or grad) student majoring in Public Health (or a recent graduate) are <u>preferred</u>. 	<ul style="list-style-type: none"> • None, but do have a preference for those who have completed coursework in epidemiology.

	<ul style="list-style-type: none"> • Conduct interviews and document interviews in a digital system. 		
Contact Tracer Part-Time (Texas)	<ul style="list-style-type: none"> • Call contacts of anyone diagnosed with COVID. Document a symptom check of the contacts, and refer them for testing in accordance with protocols and provide them with instructions on quarantine. • Collects and records information on symptoms into Texas Health Trace. • Follows a script to inform contacts. • Maintains daily contact with supervisor. 	<ul style="list-style-type: none"> • High school diploma or equivalent. • Bachelor's degree in a related field from accredited university is preferred. • Completion of coursework in epidemiology is preferred. 	<ul style="list-style-type: none"> • Experience in customer service or public facing position. • Experience in Public Health, medical or related field is preferred.
Contact Tracer (Houston, TX)	<ul style="list-style-type: none"> • Call contacts of newly diagnosed patients. • Collect and record information into the reporting system, CRP, as well as the surveillance and management system. • Provide contacts with approved information about quarantine procedures and refer them to testing or resources if appropriate. • Follows the script to inform contacts about the importance of quarantine and what to do if develop symptoms. • Maintain daily communication with supervisor. • Manage calls, email, and/or interactive voice response system. 	<ul style="list-style-type: none"> • High school diploma or equivalent <u>and</u> some college level coursework completed. • Bachelor's Degree is preferred. 	<ul style="list-style-type: none"> • None listed.
COVID Contact Tracer (Connecticut)	<ul style="list-style-type: none"> • Use CRM to coordinate services needed by 	<ul style="list-style-type: none"> • High school diploma or equivalent. 	<ul style="list-style-type: none"> • Experience in social work or public health is preferred but not required.

	<p>COVID cases and contacts.</p> <ul style="list-style-type: none"> • Coordinate grocery and prescription delivery. • Locate resources. • Manage referrals in the “local area.” • Perform other duties assigned/necessary. 		<ul style="list-style-type: none"> • Computer proficiency required.
Contact Tracer I (Kentucky)	<ul style="list-style-type: none"> • Use CRM to coordinate services needed by COVID cases and contacts. • Coordinate grocery and prescription delivery. • Locate resources. • Manage referrals in the “local area.” • Perform other duties assigned/necessary. 	<ul style="list-style-type: none"> • High school diploma or equivalent. 	<ul style="list-style-type: none"> • Experience in social work or public health is preferred.
Contact Tracer II (Kentucky)	<ul style="list-style-type: none"> • Notify exposed individuals of potential exposure. • Provide contacts with education, information, and support. • Encourage contacts to stay home and social distance. • Check in with contacts to make sure self-monitoring and not symptomatic. • Maintain data in contact tracing software. 	<ul style="list-style-type: none"> • High school diploma or equivalent. 	<ul style="list-style-type: none"> • Experience with social work or public health is preferred but not required.
Covid-19 Contact Tracer (Kentucky)	<ul style="list-style-type: none"> • Use CRM to call all contacts of anyone diagnosed with COVID-19. • Document a symptom check of the contacts and refer them to testing according to policy and provide them with instruction on quarantine. 	<ul style="list-style-type: none"> • High school diploma or equivalent. 	<ul style="list-style-type: none"> • Experience in clinical medicine or public health is preferred but not required. • Strong preference for nurses or other clinical staff.

	<ul style="list-style-type: none"> • Follow all scripts, policies, and procedures. 		
Contact Tracer (St. Louis, MO)	<ul style="list-style-type: none"> • Follow all scripts, policies, and procedures. • Call and communicate with contacts of COVID patients. • Provide contacts with approved information about quarantine, resources, and testing. • Record collected information in the online CRM. • Maintain daily communication with supervisor. 	<ul style="list-style-type: none"> • High school diploma or equivalent. 	<ul style="list-style-type: none"> • Experience related to the position and understanding of health and disease is preferred but not required.