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**Center for Independence of the Disabled, NY**

Testimony to New York City Council Hearing:

NYC's COVID-19 Testing and Contact Tracing Program, Part II

Submitted by  
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A United Way Agency

Re: NYC's COVID-19 Testing and Contact Tracing Program, Part II

Testimony to New York City Council Hearing:  
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Thank you for holding this hearing regarding New York City's Testing & Contact Tracing program. We are grateful to the oversight committee for its vigilance in monitoring the program. We appreciate the opportunity to elevate some of our concerns.

The over 900,000 people with disabilities in New York City face gross health disparities. Nearly three out of four New Yorkers with disabilities report a chronic health condition compared to 32 percent of their non-disabled peers. There is a gap of six to 10 percent between people with disabilities and their non-disabled peers who report getting regular basic health tests including mammograms, pap tests and dental exams.

According to U.S. Census figures, we live in long term poverty: slightly over 35 percent of us live at or below 100 percent of the poverty rate – a 15 percent gap from our non-disabled peers. Fifty-eight percent of us live at or below 200 percent of the poverty rate – a 19.5 percent gap from our non-disabled peers. We represent 12 percent of the Black/African American population; 11.6 percent of the Hispanic population; 11.3 percent of the White population; 7.2 percent of the Asian population and 10 percent of us identify as "other."

These rates reveal the intersections of population groups that are overrepresented in COVID-19 positive rates and people with disabilities. We are also aware that historically, people with disabilities face lack of Americans with Disability Act (ADA) compliance at doctors' offices, clinics and hospitals. As an organization that advocates for and represents people with disabilities we have several issues of concern for our population as the Testing and Tracing Program continues.

As people are tested and/or are subjects of contact tracing, we are gratified that testers and tracers now ask the American Community Survey questions regarding disability so that rates among our population can be tracked. This information should be made public along with other demographic data so that organizations serving people with disabilities can use it to inform their service provision and their education work. It puts health professionals on notice that individuals may require reasonable accommodations during treatment because of barriers that people with physical, hearing, speech, vision, cognitive and mental health disabilities face in seeking care.

We have heard from people with disabilities that many are distrustful of medical personnel's understanding and accommodating their disabilities based on historical discrimination and recent experiences. Some also report that they are reluctant to go to new sites for any medical/health care needs since they don't know how or if they will be accommodated. In one case a representative of an organization that works with people who are blind or low vision told us that their membership is avoiding going to health clinics or hospitals they have not been to before out of concern regarding how they will be treated.

We are concerned that testing sites may not be fully accessible according to ADA standards of compliance. We have been told that all testing sites are accessible, but since there is no definition of accessibility offered, it is unclear what this means. Did sites merely attest to "accessibility?" Was there actual examination of facilities and their policies and procedures? Accessibility for people with ambulatory disabilities, while critical, only accounts for a little over 7 percent of New Yorkers with disabilities. What

accommodations are available for those who are Deaf or Blind? What are the accommodations available to those who have cognitive or intellectual disabilities and need more explanation or help understanding testing and then if positive what support they can get. We had comments from people with Cerebral Palsy and other neurological conditions whose body movements, including spasticity, can inhibit their ability to take the test unless a knowledgeable health care professional can work with them to accommodate their needs. Individuals with speech disabilities express concern that they will not be listened to if their speech takes longer or is not easily understood. Are testers trained to work with people with disabilities who face barriers in the health environment that need to be removed so that they can get care?

When we are told that sites are accessible, how is that determined? We know that self-attestation often misses key accommodation and accessibility needs. We know that what a site may consider access is often less than required by the ADA.

It is unclear to us how testing for the numbers of homebound seniors and people with disabilities is or will be accomplished. This population should be included in testing and tracing but we have no assurance that they will be. NYC HRA has lists of low-income people with disabilities who are homebound. When we ask, we are told that "home testing protocols are pending." This has been true since the beginning of the testing program. Many seniors and people with disabilities live alone but have support people coming to their homes, whether they are paid aides or family members. There is no way to know whether they are being exposed to the virus without testing, yet our questions about home testing have not been answered. This most vulnerable population has no way to go outside the home for testing. Many can handle their self-care needs, but would not be able to administer the test without help, even supposing that they can receive a home testing kit. What provisions are being considered or made for this population?

We look forward to continuing to work with you to ensure that all New Yorkers have access to testing for COVID-19 and that there is appropriate support for those who test positive for the virus.

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