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Testimony of Dr. David Kim CEO, Beacon Christian Community Health Center April 30, 2020 NYC City Council, Oversight and Investigations Committee

Hello, and thanks for allowing me to speak. My name is Dr. David Kim and I am a co-founder and CEO of Beacon Christian Community Health Center. For almost 15 years, our federally qualified health center has been the primary access point to health care for our diverse, socioeconomically disadvantaged community of close to 30,000 in northwestern Staten Island.

At the outset of the coronavirus outbreak in Staten Island, Beacon launched a comprehensive outpatient strategy to reduce patient surge going to Staten Island's two major hospitals. There were two immediate things we noticed at the outset.

First, the only testing facility other than Beacon available at the time in all of Staten Island was a state DOH-run, drive-thru only site located near the middle of Staten Island. For our North Shore population, the majority of our underserved community do not own cars and therefore could not even access this site. Early data reported by New York City DOH seemed to indicate that the middle, more affluent part of Staten Island was hardest hit by coronavirus, and that the North Shore had hardly any cases at all. This disparity, however, was basically due to the fact that no one in the North Shore was effectively tested until Beacon started testing. Ironically, *it was only when we started testing in our home zip code of 10303 that 10303 suddenly shot up in new reported cases*. Today, we are still the only outpatient facility directly testing the community on Staten Island, and this is wrong. The City DOH's initial directives discouraging outpatient testing not only removed an important force to fight hospital surge, as both local hospitals have admitted to us, but also created a significant disparity in access to testing for the poor communities that centers like us serve.

Secondly, existing protocols did not help people for whom English is a second language. Translated media messages alone do not create compliance; we learned this the hard way. As Beacon tracked and followed its suspected or positive patients, we found that most of our non-English speaking patients had no idea how to follow the city's directives, and it was only through significant time investment by our staff, case managers and spiritual care team members, that many of our patients and our families began to understand what they had to do.

In conclusion, I will simply add that as a trained emergency planner who led responses on Staten Island to H1N1 and Superstorm Sandy, we and other city FQHCs ironically worked just last year with New York City OEM to be ready to handle a pandemic crisis scenario such as this. It frustrated me to see the city in its initial panic completely throw away these plans, and see the chaos and disorganization that followed and continues to this day. It doesn't have to be like this the next time, if everyone sticks to the plans that were painstakingly made by many stakeholders. Thank you, and may God bless these proceedings.

Respectfully submitted,

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