

Thank you Chairwoman Rapp. Good morning distinguished Committee members and guests. It is my honor and pleasure to testify before you.

My name is Rick Allen and I serve as Chief Executive Officer, Warren General Hospital, Warren, Pennsylvania. Warren General is an 85 bed, independent, non-profit community hospital serving the residents of Warren County and the surrounding North West Pennsylvania region. Warren General is the sole hospital in Warren County.

Warren County was a late comer regarding the COVID -19 pandemic. The County recorded the lowest rate of virus spread and zero deaths for an extended period of time. Collaborative and preemptive efforts to abate the virus were taken at the Hospital, local Long Term Care facilities, and area businesses and throughout the general community. Regardless of these actions, the virus eventually won the battle and the Hospital began to see positive COVID -19 inpatients in October. Multiple positive inpatients were admitted predominantly arriving in the Emergency Room from local Long Term Care facilities. The virus also spread throughout the community in general. The peak of inpatient admissions and community spread occurred in mid -December and early January. We are now down to a manageable number of inpatients and metrics regarding positive community cases and testing have been halved. **This is a welcomed trend!**

In the Fall of 2020, Warren General Hospital began planning for COVID -19 vaccinations with our County Emergency Management Coalition (led by the County Public Safety Director). Like many rural communities across Pennsylvania, Warren County does **not** have a dedicated Health Department. We share a Pennsylvania Department of Health nurse with neighboring Forest County. The coalition does have Pennsylvania government participation as well as the assigned Department of Health nurse and all local healthcare and emergency agencies. It's a good group.... but in the face of these uncharted pandemic waters there is a void in terms of coordinated direction, authority and resources. There is no clear Commonwealth wide guidance or information available as to COVID -19 vaccine mass / public distribution and communication plans. The group did pick sites available in Warren County for mass vaccine inoculation however there was little or no discussion regarding how vaccine would be acquired and who would administer the vaccine. During more recent Coalition meetings discussion did occur regarding using local pharmacies and other healthcare agencies as "public" vaccine administration sites (Commonwealth wide initiative). Local businesses were contacted and a few agreed to participate. As of yesterday only one (1) Warren County Pharmacy has received COVID -19 vaccines (and they received 200 doses). I am told they inoculated 50 eligible individuals yesterday.

Through discussion with the Pennsylvania Department of Health, Warren General Hospital chose the **Modern vaccine** for use. On December 18, 2020 the Federal Government approved the EUA for the Modern vaccine. On December 21, Warren General Hospital received 600 doses to inoculate the 644 employees of the Hospital and Medical Group. We immediately begin inoculating those COVID -19 facing front line staff. In the two following weeks we received additional deliveries of 600 doses to inoculate those workers and individuals identified in group 1 A of the Pennsylvania Department of Health Interim Guidelines for Vaccine Distribution. We also began in earnest planning for group 1 B inoculation.

As our work continued, the “rules” (or guidance) began to change. First was a segmentation of group 1 A in to groups 1 A, 1 B and 1 C. Then, on January 19, 2021 a much more significant change... moving all individuals age 65 and older in to group 1 A (previously in group 1 C). ***This change was significant and once published to the community resulted in an immediate rush to the phones, in –person visits to the Hospital and an overload of e-mails. ALL wanted their vaccine and they wanted it immediately.***

In Warren County the age cohort 65 + represents approximately **10,000** residents. In some Pennsylvania Counties the local Department of Health will handle this population. In Communities such as Warren (no County Health Department) hospitals such as Warren General are apparently responsible and will have an extremely difficult time (nearly impossible) administering this number of vaccines. Help is required.

As noted previously and in effort to help distribution, the Pennsylvania Department of Health has sought support from community Pharmacies and other healthcare business (Home Care providers as an example). In Warren a few Pharmacies and one Home Care agency have signed up with only one (Pharmacy) receiving a supply of vaccine so far (200 doses).

Warren General Hospital will continue to distribute COVID -19 vaccine as supply and resources allow. Each week we will (can) inoculate approximately 600 to 1000 individuals ***if we receive a supply***. Time is our ally... however the 65+ community wants vaccinated and they want it now! Hospitals such as Warren General are simply not set up or staffed for mass public inoculations.

My testimony today is provided to not only give you knowledge of our COVID -19 experience to date and plans going forward, but to also seek answers to the following questions;

- **In communities across Pennsylvania where there is not a County Health Department we ask;**
 - **Who is in charge and has decision making authority?**
 - **What is our role as the community hospital with limited resources?**
 - **Who delivers and how is information to be communicated to the public?**

- **We ask for clear guidance as to vaccine availability and distribution plans.**

- **We ask for guidance on when we may move from group 1 A to group 1 B and then 1 C.**

- **We ask who is responsible for Phase 2 mass community inoculation and how will plans be developed and information shared with the community?**

Thank you for the opportunity to address the Committee. I am certainly open to questions.

Good morning, Chairs Rapp and Frankel and members of this committee and thank you for the opportunity to join the discussion of Pennsylvania's COVID-19 vaccination campaign.

I am Susan Friedberg Kalson, CEO of Squirrel Hill Health Center, an independent non-profit federally qualified health center that is part of the national community health center network. Statewide, FQHCs, also known as community health centers, provide care at 350 sites to more than 917,000 individuals annually. Before the pandemic, Squirrel Hill Health Center was providing comprehensive primary medical, behavioral health and dental care to nearly 8,000 individuals a year through our two sites and a mobile medical unit in Allegheny County. Since last March, when we reinvented ourselves over the course of a weekend, we have been continuing to care for our patients making use of telehealth and safe in-person visits and providing everything from prenatal care to geriatrics and comprehensive behavioral health services that include Medicated Assistant Treatment for opioid addiction. Our patients include some of the most underserved residents of our area, people living with mental illness, refugees and immigrants, low income pregnant women, homebound older adults, and we have done our utmost to make stay connected to them and meet their needs throughout the pandemic.

But even while providing this high quality care, we have also been an active partner with the Commonwealth and the Allegheny County Health Department in our regional COVID19 response. Since late May, Squirrel Hill Health Center has provided about 12,000 tests at community sites throughout the county and we continue to do this. Meanwhile we are now vaccinating in a similar fashion, reaching other front line health care workers and working our way through our eligible phase 1A patients and community members. Today, even as I speak to you, our small health center's dedicated staff is juggling all of these critical services, continuing to be our patients' trusted health home while also acting as a key player in our region's public health response to this unprecedented crisis.

I want to emphasize how grateful we are to state government officials and to our local health department for the trust you are putting in us. It is a privilege to do this work and especially to serve those who are most vulnerable and most likely to fall through the cracks of the health care delivery system – the very people who are most likely to die of COVID-19. The pandemic has cast a bright light on the impact of social, racial and economic inequity on the health of individuals. It also highlights how important community health centers are not only to our patients, but to the wellbeing of everyone in our Commonwealth – to urban communities like those served by SHHC and also across rural Pennsylvania, where community health centers often provide the only health care for miles around. That is why we have a decades long history of bipartisan support at both a state and federal level, and why we are so important to the success of Pennsylvania's vaccination efforts.

I want to just speak for a moment about some of the successes and challenges we have encountered since we started running vaccination clinics on December 24th. In our first week, making it up as we went along, we vaccinated more than 200 phase 1A health care workers, starting with our own staff and quickly branching out to small medical and dental practices with no other access to vaccines. Borrowing from our testing model, where we go to community partner sites around the county on a rotating basis, we are learning to streamline our processes.

We developed a schedule of morning vaccination clinics and afternoon testing clinics. We figured out how to calibrate overbooking to accommodate people who didn't show up and make sure to use those mysterious and unpredictable bonus doses. We hired an extra RN and a retired nurse practitioner to vaccinate and oversee the sites, and put our AmeriCorps members and patient advocates to work scheduling and responding to phone calls. We have encountered frustration but also gratitude and enormous relief among the people we are able to vaccinate. The knowledge that every shot we give is saving lives helps energize and inspire us.

So here are some of our challenges. We have all heard about the enormous uncertainty in vaccine supply and we have seen that play out in real time at Squirrel Hill Health Center. We were on a roll, increasing our vaccine requests weekly and planning ways to increase our efforts even further, when we all learned that the federal stockpile was drained, increasing the uncertainty about not only when but whether we could get vaccines. The unfortunate convergence of shrinking supplies at the same time that the CDC and then the state increased eligibility to a much larger segment of the population added to our burden, as our phone systems and email boxes were overwhelmed by increasingly unhappy and desperate people looking for a vaccine.

We cannot put that genie back in the bottle. But we hope that in the weeks ahead the federal government will make good on its promise to provide states with three weeks advance notice of how many vaccines they will receive – and that in turn the state will give us three weeks' notice. Greater certainty and more time to plan, and to communicate accurately with our community members, will go a long way toward alleviating the understandable anxiety that so many are feeling right now.

I would also hope for smoother registration systems. We have been forced to create our own, with our own limited resources. Trying to regulate access while also figuring out ways to register eligible individuals, is an ongoing headache. Given the uncertainty about supply, we need to control how many people we register. But without any centralized system or coordination, many people register at multiple locations, compounding the problem of no-shows and potential waste and the general atmosphere of a competition in which the fittest and most technologically adept – who frankly are not necessarily those we are trying to serve first – get the prize.

Last but not least, I have to point out that we are carrying all of the staffing and overhead costs of our vaccination efforts. We were fortunate to receive CARES act funding last year. But we will be strapped again without further funds – including the loosening of restrictions on grants that are currently allocated only for testing, but which we need to support vaccination. The speed with which these vaccines have been developed and distributed is extraordinary and points to both the ingenuity of all involved and the urgency of the issue. Nothing matters more than this. As I have frequently reminded our staff – many of whom are decades younger than I am – this is simply the most important work of our careers. If we can work together with greater communication, adequate funding, and shared purpose, then I know we can turn the tide of this pandemic.