



Department of Health

KATHY HOCHUL
Governor

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Commissioner

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Executive Deputy Commissioner

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Dear Colleagues:

I would like to begin by expressing my warm welcome to our new Governor, Kathy Hochul, as well as our incoming Lieutenant Governor, Senator Brian Benjamin. They lead us during a most challenging time for New York as we continue to battle COVID-19 and together we will continue to address the many ongoing threats to public health. In my letter this month, I will first highlight steps we are taking to slow the spread of the Delta variant and protect vulnerable New Yorkers. I will also discuss the ongoing threat of gun violence and actions the Department is taking to prevent firearm deaths and injuries.

While we had hoped for a summer marked by a prolonged reduction in COVID-19, the season has become increasingly concerning. The highly contagious Delta variant represented over 95 percent of all New York State sequences performed between August 1 and August 14, according to data from the Global Initiative on Sharing Avian Influenza Data (GISAID), the world's largest database for SARS-CoV-2 sequence data. Nationally, CDC estimates show that the delta variant now accounts for 99 percent of new cases.¹

The speed of Delta's rise as the dominant strain of COVID-19 requires us to recommit ourselves to using a variety of tools to fight through this new phase of COVID-19. A recent study developed by the Department, and published as a CDC MMWR, indicates while breakthrough cases of COVID-19 are rare, fully vaccinated New Yorkers still need to remain vigilant as the Delta variant has led to increases in COVID-19 cases and hospitalizations. The study found that vaccine effectiveness against COVID-19 hospitalization remains consistently high and concludes that the best approach to fighting COVID-19 is multi-faceted and centered on vaccinations, while including other approaches such as masks. We are proud that this study added to federal health experts' understanding of the immune response to these vaccines, and will contribute to future recommendations.

I would like to thank the more than 5,000 registered providers vaccinating New Yorkers against COVID-19. We've made tremendous progress so far, with more than 24.3 million doses administered, 79.6 percent of all New Yorkers age 18 and older with at least one dose, and 71.5 percent fully vaccinated. However, in the face of Delta, we must do more. This is why the Department of Health is requiring healthcare facilities in the state to require vaccination for all personnel. Additionally, Governor Hochul announced a plan for New York State to require all school personnel to be tested if they are not vaccinated.

As our study's findings highlight, vaccines are one part of a multi-layered solution. Last week, the Governor also announced that New York State will be requiring all students, teachers, and school staff to continue wearing masks during the school year. Requiring masks in schools

¹ [CDC COVID-19 Data Tracker: Variant Proportions](#)

is a necessary step to ensure everyone is protected, especially the youngest New Yorkers who are not eligible to be vaccinated.

In addition to responding to COVID-19, the Department of Health continues to strengthen our response to other threats to public health. One of those threats is gun violence, which remains the number one cause of premature death in the United States. According to a June 2021 Government Accountability Office (GAO) report, roughly 40,000 people died due to firearms injuries in the US in 2019, and another 80,000 were nonfatally injured.² In New York, more than 800 New Yorkers died due to firearms in 2019, based on CDC data.³

Gun violence also places a substantial burden on our health systems. According to the same report by the GAO, gun violence results in roughly 50,000 emergency department visits and 30,000 inpatient stays annually. Overall, gun injuries result in an estimated \$280 billion in healthcare and societal costs every year.⁴

Unfortunately, the number of gun-related deaths and injuries has been increasing throughout the COVID-19 pandemic. According to the *Gun Violence Archive*, 2020 saw approximately 19,400 firearm deaths not including suicides, compared to less than 15,500 in 2019.⁵ This year follows this same deadly trend, with 1,625 more gun deaths and 2,703 more gun injuries so far this year compared with the same time period versus last year, as of August 25.

One reason for this increase is a proliferation of guns. Estimates from Everytown for Gun Safety found that people purchased 22 million guns in 2020, 64 percent more than in 2019, based on the number of background checks.⁶ Other reasons include increased isolation and confinement in the home during lockdowns, which can lead to a rise in domestic violence as well as unintentional shootings by children in homes with guns.

As we focus our efforts on addressing violence due to firearms, it is imperative that we direct resources towards the communities most affected. Among gun homicide victims nationally, 59.8 percent are non-white – and in New York State, 68.4 percent of gun homicide victims are non-white. Black people are ten times more likely to be killed due to firearms than white people in the United States. Rates are also elevated for Latinx individuals, who are twice as likely to be killed with a gun.⁷ Interventions to reduce the incidence of gun violence in the wake of COVID-19 must be directed towards the health care providers, local violence prevention programs, and other social services serving these communities.

On the national level, CDC Director Dr. Rochelle Walensky recently announced the re-establishment of the agency's program to research and understand the root causes of gun violence.⁸ Here in New York State, we continue to be engaged in efforts to build and strengthen programming that prevents gun violence within communities most at risk.

² [Government Accountability Office: Firearm Injuries: Health Care Service Needs and Cost \(June 14, 2021\)](#)

³ [CDC, National Center for Health Statistics: Firearm Mortality by State](#)

⁴ [Everytown for Gun Safety: The Economic Cost of Gun Violence \(February 17, 2021\)](#)

⁵ [Gun Violence Archive](#)

⁶ [Everytown for Gun Safety: Gun Violence and COVID-19 in 2020 \(May 7, 2021\)](#)

⁷ [CDC, National Center for Health Statistics, WONDER Online Database: Underlying Cause of Death](#); as cited by Everytown for Gun Violence ([Gun Violence and COVID-19 in 2020](#)) ([The Impact of Gun Violence on Latino Communities](#))

⁸ [National Review: CDC Restarts Discontinued Gun Violence Research Program \(August 27, 2021\)](#)

Programs instituted at local levels, in partnership with clinicians, can lead to improvements. For example, NYS SNUG Neighborhood Violence Prevention Programs (or “guns” spelled backwards), are violence reduction initiatives that engage with individuals in communities with high rates of gun violence, in order to identify and address the issues leading people to resort to gun violence. These programs leverage outreach workers who live within the same community. Programs like SNUG and Cure Violence use trained violence interrupters to identify and intervene in conflicts within their communities that may lead to gun violence before it occurs, with a goal of shifting long-term social norms to make communities safer.⁹ Similar models have shown success in hospital settings, where hospital-based violence interrupters intervene when a victim of gun violence is admitted to the emergency room, in order to address the conflict behind the shooting and preventing further escalation.¹⁰

Clinicians are all too familiar with the burden of gun violence, from treating patients with gun-related injuries to interactions with countless loved ones affected by gun violence injury and death. Healthcare providers, in partnership with community leaders, also play a meaningful role in the solution. Thank you for reading this lengthier monthly letter, as I wanted to cover these two key topics in depth, and for all your work to make communities across New York State healthier and safer for all.

Sincerely,



Howard A. Zucker, M.D., J.D.
Commissioner of Health

⁹ [Cure Violence Global](#)

¹⁰ [The Health Alliance for Violence Intervention](#)