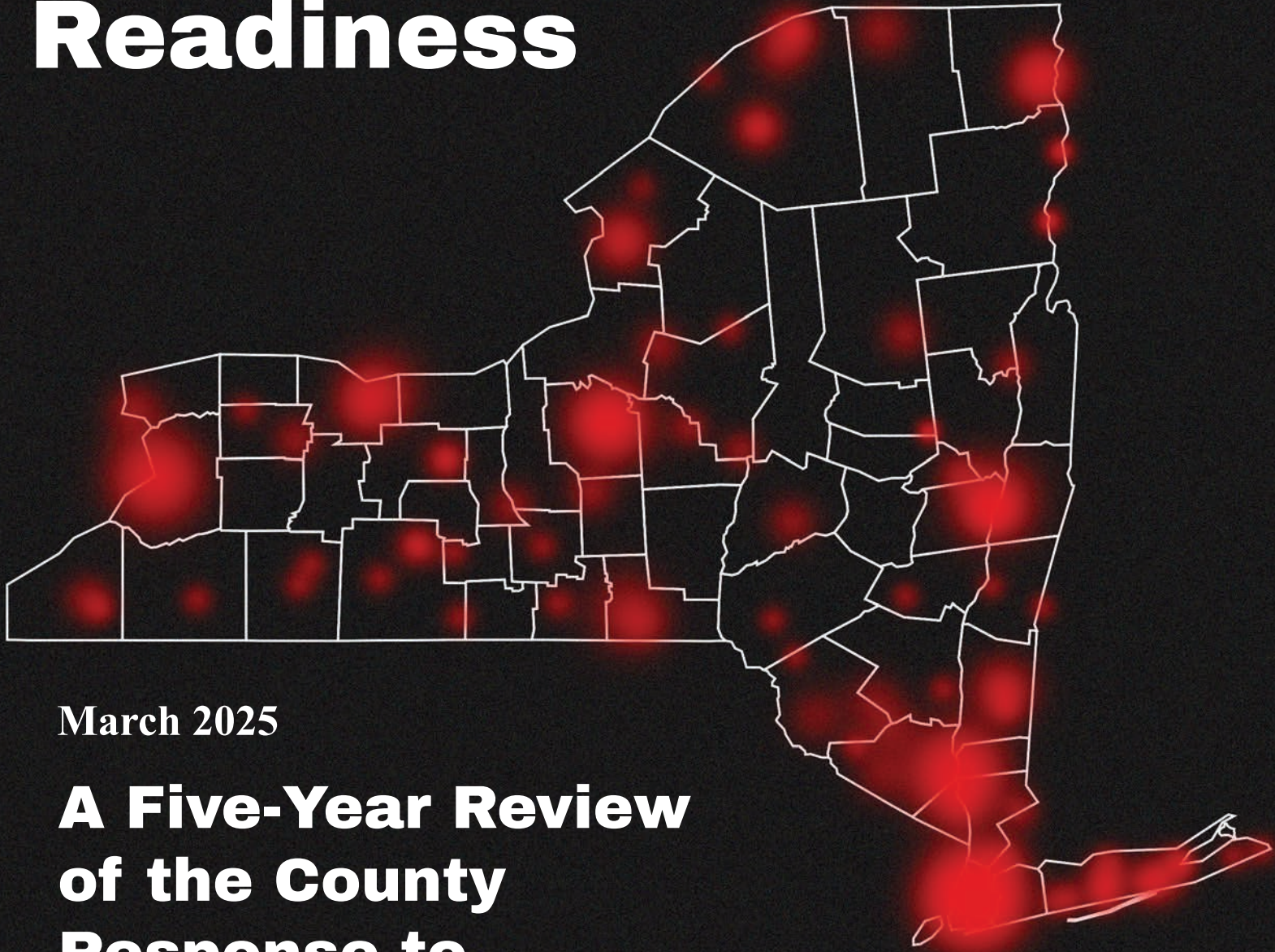


Crisis, Recovery, and Readiness



March 2025

A Five-Year Review of the County Response to COVID-19



NEW YORK STATE COUNTY EXECUTIVES' ASSOCIATION

PRESIDENT Hon. Jason T Garnar

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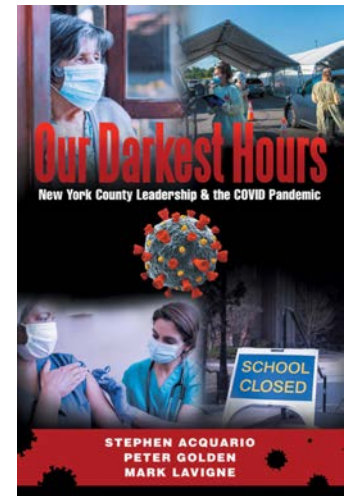
Chapter 1: Introduction

Reflecting on Five Years of Pandemic Response

Throughout recorded history, certain events stand out as defining moments: times when the resilience, fortitude, and ingenuity of humanity are put to the ultimate test. The COVID-19 pandemic is one of these moments. As the virus swept across the globe, it left in its wake unprecedented challenges and profound transformations in every community.

Now, as we mark the five-year anniversary of the COVID-19 pandemic, we reflect on the extraordinary challenges and fateful policy decisions that shaped our world since the spring of 2020. This unprecedented public health crisis tested the resilience, adaptability, and resolve of governments, healthcare systems, businesses, and communities worldwide.

In June 2021, New York’s county executives published *Our Darkest Hours: New York County Leaders and the COVID Pandemic*, a mid-action report of how county governments helped keep their communities safe during the pandemic. This book serves as a testament to the spirit and unwavering commitment of New York’s county leaders and dedicated public servants, who stood on the front lines of this global crisis in one of the hardest hit states.



Available on Amazon at the link below
<https://a.co/d/6fE3fSZ>

Since the release of *Our Darkest Hours*, a great deal has happened. The emergency declarations that once governed our daily lives have been lifted, and the SARS-CoV-2 virus has evolved into a less dire, though still significant, public health concern.

But the story of COVID-19 is far from over. The experiences of the past five years have caused governance changes that continue to impact our daily lives and imparted crucial lessons that can enhance our preparedness for future health emergencies.

To commemorate this milestone, county leaders are releasing this after-action report to chronicle their response efforts and document the insights and lessons learned since the pandemic’s peak. It was written by some of the same county executives who set up emergency operations centers in March 2020 and spent the next four years dealing with every facet of the response, from school closures to mass vaccination campaigns, while supporting their communities through the pandemic’s disruptions. By documenting the lessons learned and the strategies employed, we can ensure that we are better prepared for whatever challenges lie ahead.

This addition serves not only as a historical account but also as a roadmap for the future, highlighting lessons that should inform us about our preparations for the next public health crises. The pandemic underscored the necessity of preparedness, adaptability, and effective communication in managing health emergencies.

The experiences documented in this after-action report highlight the importance of localized decision-making, government transparency, and the need to keep counties informed and involved in state-level decisions.

The journey through the pandemic was an arduous one, but it was also a testament to the strength and resilience of our communities. County leaders showed that, even in their darkest hours, they could rise to the occasion and emerge stronger together. This report is a tribute to their dedication and a roadmap for future local leaders and public health officials. As you read through this report, we encourage you to reflect on the strides we have made, the challenges we have overcome, and the enduring commitment we must make to protecting public health. It is our hope that the insights shared here will contribute to being more resilient and better equipped to face the next emergency.

Chapter 2: Key Lessons Learned

While communities have largely moved on from the pandemic, its impacts have reshaped daily life. The workforce and the workplace have forever changed. Downtown business districts, shopping malls, and restaurants and bars have never fully “returned to normal.” Instead, there’s a new normal in which county governments and their communities now operate.

It is in this context that county executives distilled key lessons that will shape future public health and emergency response strategies. County leaders have gained invaluable experience in public health operations, emergency management, mental health services, resource allocation, intergovernmental coordination, and economic recovery.

By reflecting on the response to the pandemic, we can identify areas of strength and success and be better prepared and more resilient in future crises.

Local Leadership through Communication

One of the best and most consistent lessons learned is that effective leadership involves clear, honest communication, even when delivering bad news. Effective communication became a cornerstone of the pandemic response effort for these local leaders.

County executives struck a careful balance: delivering difficult news with reassurance, maintaining transparency, and demonstrating their commitment to protecting their communities—even when they didn’t have all the answers.

They had to disseminate accurate information swiftly to both the public and their teams. This required a multi-faceted approach that leveraged traditional media, social media, and community networks. Regular updates were provided through press conferences, town hall meetings, and public service announcements.

Media coverage amplified these messages across television, newspapers, radio, and social media channels.

“Prior to taking my oath of office, I had never envisioned I would be featured on television nearly every day, breaking into “Days of Our Lives,” to update residents with vital facts about how they could protect themselves and their families during a global health threat,” **said Monroe County Executive Adam Bello.**

County leaders believed that transparency and consistency were paramount in maintaining public trust and ensuring compliance with health directives, and that belief was critical to helping them and their residents get through the public health emergency.

“One major takeaway from those harrowing experiences was the importance of government transparency. We shared the data we had in real time, doing our best to make sure what we were communicating to the public was accurate, knowing that maintaining the trust of the people was vital in preventing chaos,” **said Albany County Executive Dan McCoy.**

The importance of building and maintaining trust was paramount. This was done through regular and consistent press conferences or media availabilities, where the local leaders could provide accurate and timely information to the public. County executives also took advantage of live feeds to provide residents with access to these news events in real time through their websites and social media channels. These updates were used to combat the rampant spread of misinformation.

“Local government public information officers need to be trained to spot such misinformation and immediately respond to its false nature. Public health and other officials must continually disseminate accurate information and call out any misinformation for what it is: a falsehood that only puts the community at risk,” **said Erie County Executive Mark Poloncarz.**

County leaders relied on trusted partners, such as public health directors, hospital administrators, and business owners, as credible messengers. These public updates happened daily or weekly at the beginning of the pandemic, when uncertainty was highest, and became less frequent as the public health emergency waned.

Strengthening Public Health Infrastructure

The paramount and overriding concern for county leaders was the protection of public health. This involved a delicate balance between implementing stringent public health measures and addressing economic and community impacts. Lockdowns, social distancing mandates, and mask requirements were met with varying degrees of public acceptance. County leaders had to be both enforcers of public health policy and empathetic listeners to the concerns of their constituents.

The public health infrastructure is both bottom-up and top-down. State and federal governments have health and disease control agencies that hand down regulations, policies, and procedures.

But it is the county public health departments and staff that do the day-to-day work in their communities to keep residents safe.

Another result of the pandemic was a rash of retirements in public health and in healthcare in general. Workers in these industries felt underappreciated, overworked, and burned out. Some even had their lives threatened by those who did not agree with lockdown requirements. More than half of the county public health directors in New York State have retired since the start of the pandemic.

One of the key takeaways from the COVID-19 pandemic is the need for a more robust public health infrastructure. The pandemic hit after a decade of the state and federal government underfunding public health departments. Strengthening and maintaining dedicated public health infrastructure was identified as a key factor for improving future crisis responses.

“Prior to the onset of the crisis, our Public Health Department had become more aligned with social services than public health. This was a weakness quickly exposed as we worked to protect the public from the virus. To address this, I separated public health into its own entity,” **said Chautauqua County Executive PJ Wendel.**

County leaders have long advocated for sustained funding and support for public health initiatives from both the state and federal levels. Investments in disease surveillance, testing capacity, healthcare workforce recruitment and training, compensation and retention incentives, public health communications systems, data infrastructure, mental health resources, and supply chain resilience are essential to mitigate the impact of future health crises. The pandemic and its aftermath have demonstrated the real need for these investments.

Supporting a Stressed Healthcare System

New York’s healthcare system was stretched to its limits during the peak of the pandemic. County leaders worked tirelessly to support hospitals and healthcare workers. This included the establishment of field hospitals, the deployment of medical reserve corps, and the provision of mental health support for frontline workers. Public-private healthcare partnerships proved instrumental in expanding capacity and building a more resilient healthcare system.

“The healthcare industry has been beset by staffing shortages, a problem exacerbated by the COVID pandemic. The need for more nurses is chronic, but by offering a benefit such as childcare on site, along with other terrific benefits, we have instituted a great recruiting tool,” **said Albany County Executive Dan McCoy.**



Dan McCoy showing infection data at a news briefing.
Photo by Will Waldron/ Times Union - November 2020

Distribution of Vaccines

The development and distribution of vaccines marked a turning point in the fight against COVID-19. County leaders spearheaded vaccination campaigns, ensuring that vaccines were accessible to all residents, with a particular focus on vulnerable populations. Counties established mass vaccination sites and deployed mobile units to reach underserved communities. Public education campaigns were launched to address vaccine hesitancy and misinformation.

“Above and beyond our efforts to make testing and PPE supplies widely available was our robust strategy to get as much of our community vaccinated as possible. All told, we delivered vaccines to residents at over 75 locations across Monroe County, including schools, community centers, libraries, and more,” **said Monroe County Executive Adam Bello.**

A Focus on Mental Health Support

The mental health impact of the pandemic on both the public and county staff was significant. The pandemic’s stress and demands underscore the necessity of integrating more robust mental health support into response plans for any type of future crises.

“My staff worked diligently to respond to the torrent of calls, emails, and social media messages from understandably worried residents. While the daily briefings are no longer being held, we continue to ensure we are keeping people informed about the recovery efforts and initiatives,” **said Albany County Executive Dan McCoy.**

“This generation has faced significant disruptions in their social and emotional learning, which has been halted, affecting their capacity to engage in social settings. Instead of just providing financial assistance, there needed to be a focus on the long-term developmental consequences of isolation and a more strategic approach to support communities beyond temporary monetary relief,” **said Chautauqua County Executive PJ Wendel.**

“Additionally, civil servants and other front-line employees need to have mental health resources available to them. Dealing with so much death and illness each day had serious, negative effects on some staff members,” **said Erie County Executive Mark Poloncarz.**

“Now that we have had time to reflect on our response, I believe we could have done more to strengthen mental health support for our residents and our county staff. Some employees worked in excess of 70 hours each week in highly stressful situations. Throughout the community, we see lingering mental health challenges exacerbated by COVID-19,” **said Monroe County Executive Adam Bello.**

Better State and Federal Coordination

The early days of the pandemic were marked by a sense of uncertainty and urgency. County leaders across New York were thrust into a situation for which there was no playbook. The virus, largely unknown and highly contagious, required immediate and decisive action. Counties activated emergency operations centers and found themselves in a race against time to implement measures that would curtail the spread of COVID-19 while managing the complex logistics of resource allocation.

At the same time, local leaders were bombarded with mixed messages from other levels of government. There was a lack of centralized coordination from the federal government and too much control at the state level. Early in the pandemic, the Director of the U.S. Centers for Disease Control and Prevention was being routinely undermined by then President Trump. Guidance from the federal government was, therefore, seen as optional and hard to trust. Meanwhile in New York, the Governor requested and was granted sweeping emergency powers. The state's public health response, traditionally managed at the county level, was directed from Albany.

The need for better coordination between federal, state, and local governments is a recurring theme in the accounts of county leaders. They emphasize the importance of involving local officials in decision-making processes and ensuring that policies reflect the unique needs of different communities.

“Staying flexible, poised, and proactive in the face of tremendous challenges resulting from the COVID-19 pandemic was crucial in allowing Albany County to bounce back from the severe hardships our communities experienced after detecting the first infection on March 12, 2020,” **said Albany County Executive Dan McCoy.**

Throughout the entire pandemic, county executives had to adapt and be flexible in the face of ever-changing guidelines from the state and federal government. As local leaders, they were appointed to regional committees established by the Governor to help coordinate the state response. These committees received updates and guidelines to administer or communicate locally. As the pandemic response evolved, guidelines were continually updated, affecting everything from social isolation requirements to testing and vaccination protocols and business closures and reopenings.

“The federal government could have addressed the social, economic, and governmental needs of our community by better utilizing federal stockpiles for PPEs and testing equipment,” **said Chautauqua County Executive PJ Wendel.**

“Too many elected officials in our nation treated the spread of the disease in a political manner. For example, President Donald Trump, then in his first term, at least initially failed to treat the public health threat with the seriousness it deserved. This had a most unfortunate ripple effect, as it lulled some people into a false sense of security,” **said Erie County Executive Mark Poloncarz.**

“With a lack of leadership from the federal government, New York State took the lead in authoring

public health guidance on how to go about day-to-day life in the safest way possible. But these guidelines seemed to change daily with little to no advance notification to counties. This led to a deluge of questions and inquiries that we were not always equipped to answer,” **said Monroe County Executive Adam Bello.**

Establishing New Partnerships to Enhance Resilience



Monroe County Executive Adam Bello

Tina MacIntyre-Yee/Democrat & Chronicle - Sept. 2020

The pandemic fostered unprecedented collaboration among local government partners, healthcare systems, and various stakeholders. Regular meetings and strong coordination between these partners proved highly effective in managing the crisis. These collaborations ensured a unified approach to public health challenges and laid the groundwork for lasting partnerships. These new relationships were crucial in sharing resources, making informed decisions, and strengthening community response capabilities.

Building resilient communities was a multifaceted endeavor that involved addressing social determinants of health, promoting mental well-being, and fostering social cohesion. County leaders emphasized the importance of community partnerships and grassroots initiatives in enhancing resilience. Engaging with community leaders, non-profit organizations, and faith-based groups proved effective in reaching and supporting diverse populations.

“Through our partnership with the regional food bank, Albany County budgeted \$250,000 to support food insecurity in 2024 and an additional \$250,000 in 2025. Additionally, our innovation partnership between Albany County and MVP Health Care invested \$375,000 over 3 years to support the food bank’s direct delivery program, retail store donation program, and the Patroon Land Farm fresh produce program,” **said Albany County Executive Dan McCoy.**

“I established what I called the Border County Coalition, which met weekly to discuss the situation. This coalition included eight or nine counties along the 253 miles of the [Pennsylvania] border, allowing us to share information about infection rates and the potential risk of cross-infection between residents,” **said Chautauqua County Executive PJ Wendel.**

“Our Department of Public Safety coordinated the countywide response, using the Incident Command System. The Department of Environmental Services (DES) worked hand-in-hand with the Department of Public Health (DPH) to receive and store millions of pieces of PPE to be distributed to our community. Our Parks Department, highly skilled at beautifying our county’s outdoor spaces, was now managing operations at our county-run mass vaccination site alongside DPH and DES,” **said Monroe County Executive Adam Bello.**

Overcoming Resource and Personnel Challenges

The scarcity of critical resources, such as personal protective equipment (PPE), ventilators, and testing kits, posed significant challenges. Everyone needed a face mask, and hospitals needed ventilators to keep patients alive. There was a lack of federal and state coordination to help get these to the communities that needed them.

County leaders had to navigate a labyrinth of supply chains, often competing with other states and countries for essential materials. Counties employed innovative strategies, including partnering with local businesses to produce PPE and establishing makeshift testing sites in community centers, schools, and sports arenas.

“Governments always need to be stocked with PPE and the basics to run the entity for at least 90 days, including even such essentials as toilet paper. While these purchases may seem excessive in a normal environment, especially when you consider that PPE has expiration dates and must be restocked, to not do so after having gone through the pandemic would border on negligence,” **said Erie County Executive Mark Poloncarz.**

Innovating Government Operations

The pandemic has also underscored the need for innovation in government operations. County leaders have embraced digital transformations, leveraging technology to improve service delivery, enhance communication, and streamline processes. The adoption of virtual meetings, online portals, and data analytics has facilitated more efficient and responsive governance.

The crisis accelerated the adoption of state-of-the-art technology, allowing county governments to deliver services more efficiently. County leaders also had to address the overwhelming demands on personnel, including extended work hours and high-stress conditions. Remote work capabilities, electronic payroll transactions, and virtual meetings became standard, leading to increased efficiency and cost savings.

“At our county Civil Service Office, we began accepting applications from prospective employees and financial payments electronically. Remote meetings became the default. This not only saved travel time but also allowed us to share information with software such as Microsoft Teams and SharePoint,” **said Albany County Executive Dan McCoy.**

Supporting Businesses and Economic Recovery

The economic impact of the pandemic was profound, with businesses across New York facing unprecedented challenges. County leaders implemented a range of measures to support local businesses and foster economic recovery. Our social and economic systems had to adapt to new operating norms. All organizations, including businesses and county governments, had to adjust to remote work, enhanced sanitation protocols, and virtual meetings. Collaborative efforts with business associations and chambers of commerce helped to identify and address the specific needs of different sectors. This included the provision of grants, loans, and tax relief, as well as initiatives to promote local commerce and tourism.

Looking beyond immediate recovery, county leaders also focused on long-term economic strategies. Counties made investments in infrastructure, technology, and workforce development to ensure that the local economy would emerge stronger and more resilient. The pandemic highlighted the importance of diversification and innovation in building a sustainable economic future.

“Our efforts have been instrumental in the fact that economic activity has rebounded all across our county. It is a rejuvenation that has coincided with our very strategic investments of American Rescue Plan funds into workforce development and community recovery. We also received a needed boost from the Advance Albany County Alliance,” **said Albany County Executive Dan McCoy.**

Chapter 3: COVID Lessons from the Field

In the years since the COVID-19 pandemic, New York’s county executives have had time to reflect on the challenges they faced, the lessons they learned, and the lasting impact on their communities. While earlier chapters presented excerpts from their experiences, this chapter provides their full reflections, offering deeper insights into the crisis and its enduring effects on local governance.

Albany County Executive Daniel McCoy



Staying flexible, poised, and proactive in the face of tremendous challenges resulting from the COVID-19 pandemic was crucial in allowing Albany County to bounce back from the severe hardships our communities experienced after detecting the first infection on March 12, 2020.

How we managed to weather the storm is a story of the strategic steps we took to not only counter the threat to public health but also to emerge stronger, more resilient, and more prepared for the range of crises we face today and the others that may arise in the future.

From the very beginning of the COVID pandemic, no community was spared from the profound economic impacts on individuals and businesses. Small businesses, the backbone of the local economy, were forced to operate at reduced capacity, with many closing their doors altogether.

The state-ordered shutdowns, while essential to protect public health, led to significant disruptions, impacting both merchants and consumers and slicing across all segments of the economy. Here in New York’s Capital Region, we lost an estimated 40,000 jobs between September 2019 and 2020. But we knew this was no time for panic.

Our efforts have been instrumental in the fact that economic activity has rebounded all across our county. It is a rejuvenation that has coincided with the fact we made our very strategic investments of American Rescue Plan funds into workforce development and community recovery. We also received a needed boost from the Advance Albany County Alliance.

Just three years after the onset of the pandemic, the achievements we have experienced have been remarkable. Just look at 2023, when new business applications grew by a stunning 130 percent in Albany County. We fielded 8,859 applications. That was up from 3,841 applications in 2020.

The growth spurt has now cemented Albany County's position as the 83rd fastest growing county of the 3,200 counties in this nation. Even with that level of progress, I remain steadfast in believing we need to be vigilant in working hard to achieve full recovery. Our residents deserve nothing less from us.

In pivoting to respond to the challenges, we recognized that our county government needed to embrace state-of-the-art technology so we could better deliver the vital services we provide to our residents. We also made our county agencies more efficient through better use of information technology and financial software. These transitions were facilitated by the fact Albany County has one of the best workforces you could find at any level of government.

At the very beginning of the pandemic, we strengthened our continuity of operations through improved remote capabilities of our employees. We were able to squeeze a decade of progress into just several months. With our newly acquired hardware and software, we updated workflows and revised policies in ways that allowed remote work to handle more tasks, ensuring we would remain in compliance with the state's personnel spacing mandates for office work. Efficiencies were identified by making direct deposit payroll transactions for all new employees. We also made electronic paystubs available for all employees. As a result, we saved taxpayer money on paper costs while at the same time leaving us with a more efficient workforce.

At our county Civil Service Office, we began accepting applications from prospective employees and financial payments electronically. Remote meetings became the default. This not only saved travel time but also allowed us to share information on platforms such as Microsoft Teams and SharePoint.

This was an international crisis that tested our resolve and forced us to recognize how vital clear communication is in maintaining public trust in government and tapping into the life saving but limited resources we had at our disposal. We were all learning to fly while the plane was already in the air, and we pivoted day after day to save lives, protect vulnerable populations, and make efficient use of all the tools and strategies we had within our reach.



Albany County distributes \$7.9 million in ARPA funds to local organizations.
Photo by Jana DeCamilla/CBS6 Albany - August 2024

One major takeaway from those harrowing experiences was the importance of government transparency. We shared the data we had in real time, doing our best to make sure what we were communicating to the public was accurate, knowing that maintaining the trust of the people was vital in preventing chaos. I held daily press conferences to reassure residents and to provide updates on the state of our response. Meanwhile, my staff worked diligently to respond to the torrent of calls, emails, and social media messages from understandably worried residents. While the daily briefings are no longer being held, we continue to ensure we are keeping people informed about the recovery efforts and initiatives.

Helping Vulnerable Populations

Delivering public services and assistance to vulnerable populations was certainly complicated by the pandemic, but we took a variety of steps to strengthen our safety net for those who are less fortunate, with one agency after another working together on the new challenges.

The needs remain great. In Albany County alone, nearly 32,000 people don't have access to sufficient food or food of an adequate quality. Through our partnership with the regional food bank, we are changing those numbers in ways that put food on the table. Albany County budgeted \$250,000 to support food insecurity in 2024 and an additional \$250,000 in 2025. Additionally, our innovation partnership between Albany County and MVP Health Care invested \$375,000 over 3 years to support the food bank's direct delivery program, retail store donation program, and the Patroon Land Farm fresh produce program.



Albany County honors MLK with impactful food and supplies drive.
Photo by Jana DeCamilla/CBS6 Albany - February 2025

While COVID-19 threatened our physical health, it also unleashed a mental health crisis. Wrapped within the pandemic was a drug overdose epidemic. Fatal overdoses in our County increased by 61% from 2019 to 2020 alone. That death toll surged by 98% from 2019 to 2023. This represents the single largest increase in deaths the county has experienced in any single year.

Cases of naloxone administration by emergency medical services (EMS) agencies for overdoses increased by 82% from 2019 to 2020 and by 200% from 2019 to 2021. In addition, emergency department visit rates for overdoses in Albany County increased by 21% from 2019 to 2020. These staggering statistics reflect the high level of stress felt during the pandemic by those struggling with substance abuse disorders.

That is why I recently unveiled the Albany County "Anyone Can Narcan" program. This two-pronged initiative aims to create a social safety net throughout the county by making harm reduction supplies readily available. Many residents are now being trained to recognize and respond to apparent overdoses. A total of 498 Narcan units were distributed from January 2024 to August 2024. This is in addition to 390 fentanyl test strips and 390 xylazine test strips distributed during this same period.

Albany County was one of the first in New York to take on Big Pharma in court for their role in the opioid epidemic. Albany County recently awarded \$2.3 million of Opioid Settlement Fund Community Grants to twelve organizations. No amount of money will reverse the tragic toll overdose fatalities have had on our neighborhoods, but we are doing everything we can to wisely earmark settlement dollars to fund treatment, recovery, prevention, and education programs. Additionally, nearly \$800,000 has been dedicated to expanding our programs and services to bolster these efforts.

I am cautiously optimistic that we are turning a corner in the fight against opioid addiction. Since we began taking in opioid funds and funneling the money to community programs, we have seen a reversal in overdoses and deaths. For the first time in a decade, we have seen overdoses and deaths caused by opioids decline over the past 12 months. We will continue to analyze the data to determine if the drop in overdoses is directly related to our programs, though we believe that is the case.

Meeting Basic Needs: Housing and Childcare

Another stubborn challenge before us is the shortage of affordable housing for our residents. In January 2024, we recorded 677 individuals as homeless in our county. Our strategy is to meet people where they are in order to connect them to services. By engaging directly with homeless individuals, the Albany Navigates Pilot Program has been doing just that, increasing access to case navigation services. Between the County and the City of Albany, we've committed a combined \$1.8 million over 3 years for this initiative.

We know that homelessness is a human issue. We are committed to working with our neighbors, friends, families, veterans, and youth who have fallen on hard times and need urgent support.

A comprehensive safety net cannot leave out affordable childcare. It is a necessity that enables parents to pursue and maintain employment without compromising their family's wellbeing.

On this front, Albany County leads by example. In 2024, we opened Little Sprouts Day Care at Shaker Place Rehabilitation & Nursing Center. This state-of-the-art children's day care is available at a discounted rate for employees based on salary.

The healthcare industry also has been beset by staffing shortages, a problem exacerbated by the COVID pandemic. The need for more nurses is chronic, but by offering a benefit such as childcare on site, along with other terrific benefits, we have instituted a great recruiting tool. We hope this will serve as a model for other municipalities. We can already report this is helping to attract and retain more healthcare employees.

While we must remain prepared to protect people from contagious diseases, the COVID experience has left us in a stronger position to manage emergencies and assist our communities during times of crisis.

Chautauqua County Executive Paul M. Wendel Jr



One of the greatest lessons from the COVID-19 nightmare is that when decisions are made that impact local communities, local officials must be kept in the loop and included in the discussions surrounding them.

Looking back now, there is no doubt we had been plunged into uncharted waters on March 15, 2020. That was the day we announced our initial response at a press conference. The need for swift coordination was crucial to protect our local communities and get us through the ordeal. At the time of the announcement, I learned our local schools were moving to act on their own, opting to close without following the protocols we had just framed. The last thing we needed was a sense of chaos in another aspect of our community.

The fact that the schools made some decisions independently was alarming. It reflected the confusion gripping our community. Some would be left wondering, “What does this mean for us?”

My team had dwindled to a core group: three physicians, our sheriff, our public health director, and our emergency operations director. We scrambled to assemble clear protocols and engage the public.

We realized we had to adapt and work within constraints that contradicted our instincts as leaders. Daily meetings evolved into daily videos to keep the community informed, addressing growing anxiety and uncertainty. We shared infection rates and even detailed case numbers by ZIP code, which felt like an overwhelming and invasive task.

The weight of the decisions before us felt monumental. We were tasked with closing businesses, mandating quarantines, and enforcing social distancing. At times, it felt as if we were operating in a military state, battling criticism from all sides. People demanded immediate answers. It was up to us to show a clear path forward amid an atmosphere that was both daunting and humbling.

Adding to the challenges we faced was the fact that there were separate sets of protocols being erected for our neighboring state, Pennsylvania. While New York was implementing shutdowns on its own schedule, Pennsylvania was not as quick to do so. This led to significant economic activity across the border at the very time when some leaders were attempting to discourage travel. People frequently commute between Warren County, a more rural area in Pennsylvania, and Chautauqua County for jobs in various industries. This made it difficult to manage the flow of individuals across state lines while adhering to New York’s stricter regulations. It was a challenging situation that could not be ignored. Of course, this was a virus that did not respect state borders or county borders.

To address these concerns, I established what I called the Border County Coalition, which met weekly to discuss the situation. This coalition included eight or nine counties along the 253 miles of the border, allowing

us to share information about infection rates and the potential risk of cross-infection between residents. This collaboration was essential in navigating the complexities of being so close to a state with different health protocols while trying to protect our community.

Now, five years later, the ongoing debates surrounding rights and mandates are a testament to how deeply the pandemic affected our society. For me as a leader, it was a pivotal moment, one that will forever shape how I approach crisis management and community engagement. The experience taught me about resilience, the necessity of adaptability, and the importance of open communication in times of uncertainty. Ultimately, my hope is that we emerge from this stronger and more united, having learned valuable lessons about our collective responsibilities.

Never Leave Counties on the Sidelines

The decisions we made at the county level were the appropriate ones as they were based on the information we had at the time. However, I am disappointed the state leadership in Albany failed to listen to the concerns we had about closing down Chautauqua County at a time when we did not have a single documented case of COVID. Policies should be tailored to the situation in each county.

Some of the unexpected challenges we encountered included a significant lack of supplies, particularly in testing and personal protective equipment (PPE). As demand surged for testing machines, rapid tests, and PCR tests, our county, with its smaller population, received minimal supplies.

Despite this, we managed to set up large testing centers, including a drive-through site near a local school. Initially, we had five machines. At first, these appeared to be adequate. However, I soon realized that this number was significantly lower than what other counties had received, relative to their populations.

Nevertheless, we seized the opportunity to assist those in need, particularly by sharing some of our machines with Onondaga County while ensuring we retained enough for our own requirements.

PPE shortages were another pressing issue. Healthcare workers were advised to reuse masks, with protocols suggesting they store used masks in paper bags so they could air out. The irony of urging people to wear masks to protect themselves while simultaneously instructing them to reuse potentially contaminated masks was concerning. It raised questions about the practicality and safety of the guidelines we were following.

Another challenge arose from public compliance. Many individuals resisted the rules, wanting businesses and gyms to remain open despite guidelines from the state categorizing some services as essential or non-essential. This led to situations where we had to issue cease and desist orders, including one instance involving a local private school that had not enforced mask-wearing among students.

Responding to reports of non-compliance felt heavy-handed, leading us to take drastic measures reminiscent of authoritarian enforcement. Moreover, the broader impact of our decisions created lasting consequences

for local businesses and the community. While we complied with state requirements, the closure of small businesses contrasted sharply with the operation of larger retailers like Wegmans and Walmart. This inconsistency raised concerns about fairness and the viability of our community's economic fabric.

The shutdowns prompted a cultural shift where many people began to feel comfortable relying on state assistance rather than seeking employment, fostering a mindset that could hinder long-term economic recovery. Some unintended consequences of decisions made at the county, state, or federal level included a disconnect between the rules applied across various regions of New York State.

For example, we followed the same guidelines as areas like Suffolk County, despite being geographically distant and facing different local conditions. This one-size-fits-all approach meant that decisions made in Albany did not always reflect the needs or circumstances of communities in Chautauque County and other rural areas.

Additionally, there was a structural weakness in relying heavily on our health department for final decision-making authority. This spawned tensions, as I had to clarify to our public health director that the decisions being weighed had significant ramifications for me and the community. Communicating these decisions to the public became challenging, especially when there were discrepancies between local and state directives.

Prior to the onset of the crisis, our Public Health Department had become more aligned with social services than public health. This was a weakness quickly exposed as we worked to protect the public from the virus. To address this, I separated public health into its own entity. Now, the county has a dedicated Chief Medical Officer overseeing public health, which strengthened our response moving forward.

Additionally, the pandemic highlighted a reliance on state leadership that was not effectively managing the situation. State officials delegated too much power to the Governor, which led to a lack of oversight and accountability at the state level. This left local leaders feeling unsupported as they navigated the challenges of the pandemic.

The need for elected officials to remain engaged and conduct business in Albany became evident. Many felt abandoned and had to find solutions on their own. Moving forward, there needs to be a clear understanding of the importance of maintaining a focused public health mission and the need for local leaders to have the authority and support necessary to respond effectively to public health crises.

Going forward, I would recommend that state elected leaders and policymakers prioritize staying engaged in their roles. It's crucial for them to remain present and actively involved in their jobs, rather than stepping back during crises.



Chautauque County Public Health team surpassed 25,000 COVID-19 vaccine doses administered at county sponsored clinics.

Photo by Chautauque County staff - April 2021



Chautauqua County COVID-19 Response team.

Photo by Chautauqua County staff - March 2020

While I found it helpful to come to my office to focus on the job amidst the chaos, many leaders were not available to provide the necessary oversight and support. This absence was felt on the ground, and elected officials must ensure they are visible and working alongside local leaders during challenging times.

The federal government could have addressed the social, economic, and governmental needs of our community by better utilizing federal stockpiles for PPE and testing equipment.

On the education front, there should have been a more comprehensive understanding of the social impacts of the pandemic, especially on students. This generation has faced significant disruptions in their social and emotional learning, which has been halted, affecting their capacity to engage in social settings. Instead of just providing financial assistance, there needed to be a focus on the long-term developmental consequences of isolation and a more strategic approach to support communities beyond temporary monetary relief.

If I knew then what I know now, I wouldn't have done anything differently because I made decisions based on the current information available at the time. However, I wish state leaders had listened to our concerns about closing down Chautauqua County when we had no cases, especially compared to counties experiencing significant outbreak. By realizing the importance of localized decision-making and understanding the specific needs of our community, Chautauqua County is now better prepared to step up in the event of a similar public health crisis.

My team recognizes that not all areas were confronted with the same challenges, and there is value in listening to local voices when it comes to public health responses.

Stoking fear in the public when tackling a public health threat only complicates the job of those on the front lines. The guidance provided by federal and state officials should be carefully evaluated before any mandates are imposed that impact the public. Our reliance on certain safety measures, such as Plexiglas shields, failed to make communities safer and served mostly to contribute to anxieties.

To effectively address these issues, we need to prioritize trust and community engagement rather than perpetuating a sense of ongoing fear regarding health and safety.

Erie County Executive Mark Poloncarz



Upon reflection, the COVID-19 pandemic was a mass traumatic experience.

From the beginning, Erie County was on the front lines, defending our communities from a virus that posed a grave threat to every one of us. We were not trained for this specific disaster, but I am confident in stating now that we did the best we knew how in that moment, and our local response saved lives.

As painful as memories of the COVID crisis remain, we must never forget the events that unfolded so that we can learn from them, do better in the event of future calamities, and honor those who perished.

Far too many lives were lost. By the time we stopped counting the deaths in March 2023, a total of 3,130 residents of Erie County had died. We can never fully calculate the emotional and mental impact that this virus had and continues to have on so many people.

This was the first widespread pandemic to strike the United States in more than a century. As a result, when it came to responding in real time, the initial response was akin to the proverbial “building the plane while we flew it.” It is inevitable during such a fast-breaking crisis that there will be second-guessing of many of the decisions that were made on the fly.

As we look back, let there be no doubt the decisions at the local level were made with the best of intentions, with the primary goal being the protection of lives.



Erie County COVID-19 update.

Photo by WKBW - November 2021

But too many elected officials in our nation treated the spread of the disease in a political manner. For example, President Donald Trump, then in his first term, at least initially failed to treat the public health threat with the seriousness it deserved. This had a most unfortunate ripple effect, creating deep political division as some argued over which “side” they were on, rejecting science while prioritizing their freedoms.

I personally knew individuals who tragically perished from the contagion because they did not take it seriously. One of my most active critics on social media died in November 2020. I learned afterwards that he rejected the belief that COVID-19 was a real threat, remaining in denial until his final breath. There are countless stories of others who should be alive today had it not been for all the political sparring.

Because of the politicized nature of the pandemic, local officials and public civil servants became the targets of threats simply because they were focused on safeguarding others. If such a pandemic or mass crisis occur again, future leaders should be prepared for the inevitable politicized nature of the event and understand their own civil servants will need help and possibly even law enforcement protection.

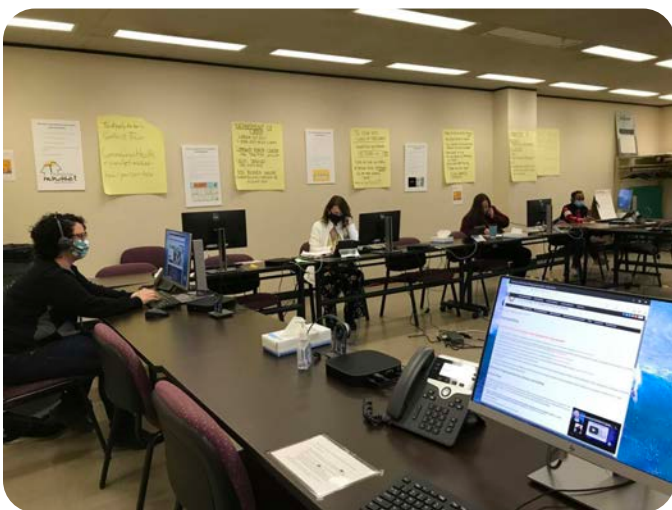
Additionally, civil servants and other front-line employees need to have mental health resources available to them. Dealing with so much death and illness each day had serious, negative effects on some staff members. I watched trained medical and other first-responding professionals break down and cry from the stressful impact of their experiences. Many other civil servants responded to the crisis, accepting new tasks they were not hired for or trained to perform.

These employees not only lived through the pandemic like everyone else, but they had to weather the experiences of those who suffered from the disease and those who lost a loved one. Extra mental health assistance should be made available to local government employees who are living through the shared experiences of so many others, as well as to the public at large.

On the state level, there was one decision that stands out as wrong: the decision to return nursing home residents who were treated in a hospital for COVID-19 back to the nursing home even though the resident may have still been shedding the virus. When the decision was announced by former Governor Andrew Cuomo, there had been no prior discussion with local officials. We had no choice but to follow the directive because the state, not local governments, regulated both hospitals and nursing homes.

While I understand hospitals were at the breaking point due to the number of patients, this decision should have been the result of a unified discussion between state and local governments, as well as hospital and nursing home administrators. I believe those who made that decision were well-intentioned; however, it became quite clear early on that the decision had negative ramifications, including the deaths of hundreds, and perhaps thousands, of residents of nursing homes statewide.

If a future pandemic should occur that is especially dangerous to older adults, the state should establish separate facilities for the placement of these at-risk patients who no longer need acute hospital care but pose a risk to others. In Erie County, some nursing home operators converted their facilities to COVID-only nursing homes, thereby protecting residents who had not yet contracted the disease. This inevitably saved lives in our community. The same should be done in any future pandemic statewide.



Erie County's team of Covid-19 contact tracers making phone calls.

Photo by Erie County staff - May 2020

We also need to more rapidly identify and counter the spread of misinformation that compounds the challenges when dealing with disasters. This happened during the COVID emergency, and we saw it here as well in Erie County when we responded to the terrible three-day blizzard that overwhelmed the Buffalo region in December 2022. That misinformation contributed to residents and some members of the news media questioning our actions and the veracity of the information shared by local officials.



Abandoned cars following three-day blizzard in Buffalo.

Photo by Lindsay Dedario/Reuters - December 2022

Just a few months into the pandemic, it became apparent misinformation was being deliberately shared on social media sites about the efficacy and safety of vaccines. Sadly, some of this misinformation appears to have been originally shared by foreign state actors, such as Russia, North Korea, and Iran, and then reshared by our fellow citizens.

In 2024, I was asked to join local leaders from Florida, California, and Hawaii in a special meeting in Washington, D.C. with members of the United States National Security Council's Resilience and Response Unit who confirmed that foreign actors were posting false information on Twitter/X and Facebook during each of our disasters (the blizzard in Buffalo, hurricanes in Florida, and wildfires in California and Hawaii) about actions we were taking and the true death total.

The intention was to foment distrust of government among our citizens. In effect, these foreign actors are trying to sow the seeds of discord by manipulating our fellow citizens to share the misinformation, thereby creating difficult situations requiring an immediate response.

Local government public information officers need to be trained to spot such misinformation and immediately respond to its false nature. Public health and other officials must continually disseminate accurate information and call out any misinformation for what it is: a falsehood that puts the community at risk. Ignoring such false claims only creates more distrust because citizens may believe the posts are true when officials refuse to issue a response. In times of crisis, it is imperative that accurate information be shared with the public and any false information be countered.

Until recently, we would never have had to respond to the deliberate sharing of false information. Sadly, it has become a fact of life. With the advent of generative artificial intelligence (AI), such falsehoods will probably increase from both foreign and domestic bad-actors, and every local government needs to be prepared to respond to them, whether it is a future pandemic or a natural disaster.

The COVID-19 pandemic showed how the expectations of a modern society can break down in a short period of time. Prior to the pandemic, we never experienced the shortages of medical supplies, or necessities like toilet paper, that occurred then. However, as we live in a global society where we rely on foreign goods for our daily lives, we now know that in a true global pandemic our way of life can be upset quickly.

Governments need to be always stocked with personal protective equipment (PPE) and the basics to run the entity for at least 90 days, including even such essentials as toilet paper. While these purchases may seem excessive in a normal environment, especially when you consider that PPE has expiration dates and must be restocked, to not do so after having gone through the pandemic would border on negligence. Preparing for the next global emergency is critical because one will eventually occur.

I am very proud of the actions taken by our Erie County team in response to the pandemic. There was no playbook at hand for responding to such a crisis, or guidance for how to balance the importance of public health against individual rights. Hopefully, future leaders will learn from what occurred and act in a manner that best protects all, not just do what is politically convenient.

I know our actions saved lives. I am forever appreciative when a constituent approaches me today and thanks me for the actions we took during an unprecedented time. I just hope we never have to experience a similar pandemic during our lifetimes.

Finally, thank you to all my colleagues for the acts you took to protect the public. I will never forget the long and difficult hours we spent for three years responding to the crisis of our lives. Others may not appreciate the impact the time you spent working on the pandemic had on your lives, but I do.

Monroe County Executive Adam Bello



With less than three months under my belt in my first term as County Executive, we were slammed by the news that Monroe County had its first case of COVID-19.

Across the country, the often-fatal disease was beginning to spread like a prairie fire. The gravity of the situation on our residents became painfully clear one day when I entered a grocery store and was approached by a woman gripped by palpable fear and sadness. As she stood in one of the aisles, through her tears, she asked: “What are we

supposed to do? How can we stay safe?”

The task before us immediately crystallized for me. Her questions reflected the high anxiety in the community. They echoed many of the same questions I had been asking myself. With a hug, I reassured her we would keep her informed of exactly what she needed to do to protect herself and provide her with the tools she needed to stay safe. And that is exactly what we did.

Suddenly, we had to reinvent the way Monroe County government operated and how to deliver the services our residents needed. It was clear our best approach was to be as candid as possible with our residents, offering them the cold, hard facts. This was essential when the federal government and its leaders had created fog by repeating claims that injecting bleach and taking horse de-wormer could treat the virus.

That grocery store encounter motivated our move to conduct near daily briefings for the community. Fears about the pandemic extended far beyond our county employees. The entire population was understandably anxious. Prior to taking my oath of office, I had never envisioned I would be featured on television nearly every day, breaking into “Days of Our Lives,” to update residents with vital facts about how they could protect themselves and their families during a global health threat.

All of this was piled on top of us at a time when I was still finalizing the key members of my new administration. Many department heads were new to the county, and others had seldom ever worked together in any meaningful way. COVID changed that, and fast. Our team came together in ways they never had before. Our Department of Public Safety coordinated the countywide response, using the Incident Command System. The Department of Environmental Services (DES) worked hand-in-hand with the Department of Public Health (DPH) to receive and store millions of pieces of PPE to be distributed to our community. Our Parks Department, highly skilled at beautifying our county’s outdoor spaces, was now managing operations at our county-run mass vaccination site alongside DPH and DES.

Forged at a time of crisis, these relationships have strengthened over time. I remain in awe of the selflessness of our county employees who checked their own fears at the door and temporarily set aside their regular roles and responsibilities to come together to keep our residents safe.

Sharing the latest data and other information was only part of the challenge. We also prioritized getting residents the physical tools they needed. We worked with our partners in town and village government to hold drive-through style PPE giveaways to distribute hundreds of thousands of surgical and KN-95 facemasks.

Additionally, we were among the first counties in the state to use our federal Coronavirus Aid, Relief, and Economic Security (CARES) Act funding to purchase and distribute over 1 million at-home rapid test kits, giving residents yet another tool to use to keep themselves safe. Once we received the kits, we worked with our Library System to distribute them free of charge to residents in every town, village, and the City of Rochester. We also partnered with the United Way of Greater Rochester and the Finger Lakes to provide test kits to nonprofit agencies serving our county's most vulnerable residents. Finally, we partnered with nearly every school in the county to provide them with tests to keep students and staff safe and in school.

Above and beyond our efforts to make testing and PPE supplies widely available was our robust strategy to get as much of our community vaccinated as possible. All told, we delivered vaccines to residents at over 75 locations across Monroe County, including schools, community centers, libraries, and more. Our highest volume vaccine site was the Mass Vax site at Rochester Riverside Convention Center. There, we immunized tens of thousands of people

We quickly learned, however, that while the mass vaccination model worked for many, it did not work for all. In many communities around the county, rich or poor, urban or rural, there was a significant amount of vaccine hesitancy and distrust. To mitigate that distrust, we relied heavily on our partners in these communities to serve as credible messengers. In rural areas, we held vaccine clinics at volunteer firehouses. While many residents were skeptical of the vaccine, they trusted their local fire companies to keep them safe. This effort helped lessen vaccination hesitancy. In urban areas, we partnered with organizations such as the Ibero American Action League and the Barakah Muslim Charity to reach populations they had served for years. Our strategy not only got the job done, but it still bears fruit today.

According to the New York State Department of Health, in 2023, Monroe County had New York's second highest vaccination rate. Our residents remained highly receptive to the updated vaccine in 2024. I am confident our residents are getting vaccinated because of our commitment to earn their trust in the earliest days of the pandemic.

Even with the many successes we had in keeping residents safe, we had more than our fair share of challenges.



COVID Vaccine Clinic in Rochester.

Photo by Joshua Bessex - June 2021

With a lack of leadership from the federal government, New York State took the lead in authoring public health guidance on how to go about day-to-day life in the safest way possible, but these guidelines seemed to change daily with little to no advance notification to counties.

This led to a deluge of questions and inquiries that we were not always equipped to answer. “Can I have a birthday party for my daughter at a public park if there are less than 50 people there? We live in an orange zone, but the party would be in a yellow zone.” Or “I’m 65 and have comorbidities, but my job as an essential worker is only seasonal. Can I still get a vaccine?”

It was a continuous stream of questions that were often difficult, if not impossible, to answer. We realized then it was more important to impart correct information once we could ascertain it rather than respond rapidly in ways that confused the community or would be proven to be inaccurate.

To that end, even before the state instituted their Regional Control Rooms, we convened regular meetings between local government partners, healthcare systems, and other stakeholders in Monroe County to ensure that we were operating from the same playbook. Now, all of us could bring our questions to one place, allowing us to decide what questions could be answered and what needed more clarification from Albany.

Coordination with our external partners in health care improved immensely. Prior to the pandemic, it would have been unthinkable to have regular joint meetings between a pair of rival health systems. But now we were all standing shoulder to shoulder in a high-stakes mission to protect public health. Our community has benefited from this collaboration. Out of an awful horror, we built the foundation for relationships that will help us to address whatever challenges come our way in the future.

Now that we have had time to reflect on our response, I believe we could have done more to strengthen mental health support for our residents and our county staff. Some employees worked in excess of 70 hours each week in highly stressful situations. Throughout the community, we see lingering mental health challenges exacerbated by COVID-19.

When I get a rare quiet moment now, I think back to the weekend of our first COVID death in March 2020. I was concerned about the gravity of making that announcement at the same time we cancelled the St. Patrick’s Day parade and closed schools. This was our inflection point, and I struggled with how to balance the severity of these announcements while not stoking more fear in the community.

For me, it was a good reset moment, a moment of clarity. The job of a leader in the middle of a pandemic is to communicate and answer questions. You can’t be afraid to give bad news or admit to not knowing the answers, all while reassuring people that you will do everything you can to figure it out.

I am proud of our community and how so many competing entities collaborated to solve the problems we faced. And I am grateful that I had a chance to do my share.

Chapter 4:

Public Health Lessons and Impacts

March 2025 marks the fifth anniversary of the first confirmed COVID-19 case in New York State, a pivotal moment that tested our public health preparedness and fortitude.

This is an opportune time to reflect on the profound changes and developments that have unfolded since the original release of *Our Darkest Hours*. This chapter delves into the critical policy shifts and events that have shaped our path from crisis response to recovery and rebuilding, distilling key lessons that should guide our efforts to prepare for future emergencies.

The End of Federal and State Emergency Declarations

The COVID-19 pandemic prompted an unprecedented level of federal, state, and local government intervention. In the early months of the pandemic, emergency declarations provided the legal frameworks necessary to respond rapidly to emerging public health threats and mobilize resources. As the situation stabilized, many of these emergency declarations and regulations began to sunset.

The federal public health emergency declaration was a cornerstone of the national COVID-19 response, providing essential resources and regulatory flexibility. This declaration allowed for the expansion of telehealth services, expedited approval processes for treatments and vaccines, and provided funding for states and localities. The declaration was extended multiple times but ultimately ended on May 11, 2023, as the immediate crisis subsided, and vaccination rates increased.

State-level emergency declarations mirrored the federal response, granting governors the authority to implement key public health measures, such as mask mandates, business closures, and social distancing requirements. These orders also allowed for the suspension of certain regulations to increase healthcare capacity and flexibility. In New York, Governor Cuomo's emergency powers allowed for swift and unchecked action during the early stages of the pandemic. However, these powers faced escalating criticism and legal challenges, leading to their rollback as the state moved into the recovery phase.

On March 5, 2021, the New York State Legislature voted to revoke the emergency powers Governor Cuomo had been granted in March 2020. The Legislature aimed to restore the balance of power in Albany and required the Governor to seek legislative approval for any new executive orders related to the pandemic. Their decision was also influenced by controversies surrounding Governor Cuomo's handling of nursing homes, particularly related to how nursing home patients were cared for, and allegations of sexual misconduct.

His successor, Governor Kathy Hochul, later initiated an extensive evaluation of New York State's pandemic response to analyze the handling of various controversial matters, including the transfer of vulnerable individuals to congregate settings, the shutdown and reopening of schools, the designation of essential businesses, and the procurement of goods and services.

The executive order that declared COVID-19 a disaster emergency in New York State, first issued on March 7, 2020, expired on June 24, 2021.



Photo by Victor J. Blue - March 2020

County-level emergency declarations generally ended around the same time. The end of these declarations marked a transition from emergency response to long-term disease management. Agencies at all levels are now focused on maintaining preparedness for future emergencies without the extraordinary measures that characterized the early waves of the pandemic.

Federal, State, and Local Vaccination Efforts

Vaccination was a critical tool in managing the pandemic and continues to curtail the spread of the virus. During the pandemic, the federal government played a pivotal role in supporting accelerated vaccine development and ensuring the rapid distribution of vaccines once approved. The U.S. government also increased domestic manufacturing capacity to produce additional vaccine doses and launched initiatives like the Federal Retail Pharmacy Program for COVID-19 Vaccination to ensure accessible vaccination options.

States, including New York, developed and implemented comprehensive vaccination plans with the goal of reaching herd immunity for COVID-19. These plans included mass vaccination sites, mobile clinics, and public education campaigns to combat vaccine hesitancy. New York State's efforts relied on partnerships with local health departments (LHDs), pharmacies, and community organizations. LHDs were instrumental in the vaccination rollout. Their decades of mass vaccination planning, relationships with community organizations, and local knowledge allowed for effective targeting of vaccination efforts. Counties across the state launched education campaigns about the new COVID-19 vaccines, advocated for equitable distribution, opened immunization clinics and drive-through vaccination sites, and worked with community partners to reach underserved and vaccine-hesitant populations.

The success of these vaccination efforts is evidenced by the number of New Yorkers vaccinated in the winter and spring of 2021. New York State received its first shipment of COVID-19 vaccines on December 14, 2020, and, by June 15, 2021, 70% of all adults had received at least one dose. The experience gained from this mass vaccination campaign will be invaluable for future communicable disease control efforts.

Subsequent Public Health Challenges

In the years following the onset of COVID-19, LHDs have confronted a series of additional outbreaks that tested the resilience of our public health infrastructure, including polio, measles, and monkeypox (mpox).

In July 2022, the first case of polio in nearly a decade was detected in an unvaccinated individual in Rockland County. This case was alarming not only because it presented with paralytic symptoms but also because it marked the return of a virus that had been eradicated in the United States by 1979. The New York State Department of Health (NYSDOH) and LHDs responded swiftly, launching aggressive vaccination campaigns. Within a few months, over 25,000 polio vaccines were administered in Rockland and its neighboring counties. A critical component of the response was the use of wastewater surveillance technology introduced during the COVID-19 pandemic.



Rockland County's Health Department opened a pop-up clinic to distribute polio vaccine.

Photo by Victor J. Blue / New York Times - August 2022

This technology played an essential role in monitoring the extent of the virus's spread and identifying its presence in communities before additional cases could emerge, allowing for quicker and more targeted public health interventions.

In 2022, public health officials also saw a resurgence of measles, a highly contagious virus that can lead to severe complications if left untreated. The first confirmed case in New York State involved an unvaccinated child in Nassau County. The rapid response by LHDs, including contact tracing and public education campaigns, underscored the persistent threat posed by vaccine-preventable diseases, particularly in areas with lower immunization rates.

Simultaneously, public health officials were grappling with an outbreak of mpox, first identified in the United States in May 2022. New York City quickly became the epicenter, reporting over 30% of the nation's cases by mid-summer. The virus predominantly affected men who have sex with men but posed a risk to anyone in close contact with an infected person. Local and state health departments, in coordination with federal agencies, mobilized to vaccinate high-risk populations and provide public health education to prevent further spread.

These concurrent public health challenges have placed significant strain on an already overburdened local public health system. The simultaneous resurgence of polio and measles, along with the emergence of new threats like mpox, underscores the critical need for sustained investment in our local public health workforce and response infrastructure. As new challenges inevitably arise, the ability to respond effectively will hinge on whether we can make a renewed commitment to strengthening and supporting our county health departments.

Looking Ahead: Strengthening Public Health for the Future

The dedication and expertise of local responders were crucial in navigating the coronavirus pandemic, demonstrating the vital role that counties play in protecting community wellbeing. Managing COVID-19 has now become a routine part of the ongoing work of New York State's 58 local health departments. This sustained effort has required continuous adaptation and innovation, as LHDs balance communicable disease control with their many other essential community services.

The lessons learned from this unprecedented challenge have provided a blueprint for enhancing our preparedness and response capabilities. As we move forward, it is essential to continue investing in LHDs and strengthening the public health workforce. By doing so, we will not only be better equipped to handle future pandemics but also reinforce the overall resilience of our public health infrastructure, ensuring that we are ready to face whatever challenges lie ahead.

While the pandemic may be over, the lessons learned from this global health emergency remain critical. It is true that our communities have moved on: it is neither practical nor healthy to live in an extended period of emergency. Our leaders at all levels of government have also moved on. There are laws, policies, regulations, and budgets to enact on behalf of their residents and constituents. But, five years after the advent of the pandemic, the lessons contained in this after-action report need to be documented, read, and archived so that they can be accessed and drawn from in future emergency situations. We have a responsibility to preserve and apply these hard-won insights, ensuring that future public health responses benefit from the lessons of our shared experience.



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