Transit’s Role in COVID-19 Vaccination National Peer Exchange
Federal Transit Administration
March 26, 2021

**Speaker:**
Hello, everyone, and welcome to Transit’s Role in the COVID-19 Vaccination National Peer Exchange. We will begin momentarily.

**Henrika Buchanan:**
Good afternoon, and welcome to FTA’s National Peer Exchange on Vaccine Access for Public Transit. I’m Henrika Buchanan, FTA’s Associate Administrator for Transit Safety and Oversight and the agency’s Chief Safety Officer. Thank you for joining us today.

We are at a critical moment in our pandemic response, and improving safety is at the top of the list of the Biden-Harris Administration’s priorities. The Administration is working hard to ensure every adult in America has access to the COVID-19 vaccine by May 1st. In support of that goal, today’s peer exchange will highlight the important role of transit in both facilitating access to vaccinations in America’s communities, as well as the importance of vaccinating our frontline transit workforce.

Before we turn to our Federal partners and transit agency representatives, FTA Acting Administrator Nuria Fernandez will discuss the Administration’s priorities and how the transit industry can help accelerate our vaccination goals and advance recovery from the pandemic. We are pleased to welcome speakers from the Federal Emergency Management Agency (FEMA) and the National League of Cities, who will discuss how they are supporting vaccination efforts, and several transit agency leaders involved in their communities’ vaccinations efforts, including Brazos Transit District in Brazos, Texas, joined by their community partner; Foothill Transit in Covina, California; MARTA in Atlanta, Georgia; and the Utah Transit Authority in Salt Lake City.

Before we get started, let me cover a few housekeeping items. As a part of the registration process, we received questions in advance of today’s session. We will not be taking live questions, but you are welcome to submit your questions and comments throughout the session. We will review your questions to help identify any additional information FTA can provide and ways that we can continue to support you. Just select the Q&A bubble on the right side of your screen to submit your comment.

Now, it is my pleasure to introduce FTA Acting Administrator Nuria Fernandez. With more than 35 years in the transportation industry, Acting Administrator Fernandez is an experienced and inspiring leader, and we are lucky to have her leading the FTA. Nuria comes to our agency after serving as the General Manager and CEO of the Santa Clara Valley Transportation Authority for the past seven years, as well as the President of the American Public Transportation Association. Now, let me turn it over to you, Nuria.
Thank you so much, Henrika, and thanks to all of you for joining us today. First off, I’m so glad to see you all. Those that I can see, you’re looking very well. I hope that everyone who’s joined us is also keeping safe. Transit workers have been in the frontline from the very beginning of this pandemic, and many have been directly impacted by COVID-19. Yet, the transit workforce continues to show up to keep our communities moving. So, we know it hasn’t been easy. This has been one of the longest 13 months ever, so I want to applaud your dedication to your jobs and your commitment to our communities.

We have an important role. We help people get to where they need to go. And by helping people, every person in every community across America, we’re also providing them access to vaccinations. So, today’s session provides an opportunity to share some important information about vaccination access, also Federal resources available to support these truly lifesaving efforts.

So first, I want to highlight the exciting news associated – those associated with President Biden’s signing of the historic American Rescue Plan Act earlier this month. The American Rescue Plan, which we refer to as ARP, will ensure that our transportation systems keep running and support you as you continue to respond to the pandemic and step up to answer the President’s call to vaccinate the U.S. population. The American Rescue Plan includes $30.5 billion to help hard-hit transit agencies, including funding to assist with operating costs, payroll expenses, and related personal protective equipment. It also includes dedicated funds to support rural transit agencies, transit service for the elderly and individuals with disabilities, and transit on Tribal lands.

The benefits of this package are already being felt, with transit agencies tearing up plans for drastic cuts. While we’re celebrating the passage of the American Rescue Plan Act, we need to ensure that we continue to obligate grants for pandemic relief under the CARES Act and CRRSAA. This is very important as we move forward to apportion the additional funding. So, I want to encourage you to leverage your Federal resources so that you can protect your workforce and support your communities. Several FTA funding programs are available to support transportation services to and from the COVID-19 vaccination sites. Now, for example, you can use transit vehicles to provide transportation – even if it’s not in a shared ride situation – to COVID-19 vaccination sites, or you can convert transit facilities into vaccination sites, which is eligible as an incidental use. Grant recipients are allowed to use Federal resources to pay for the operational costs of such services. So, for more information, please visit the FAQs on FTA’s website, which detail the specifics of eligible incidental uses and also the available funding.

Finally, I want to say a few words about the Federal mask requirement. To safeguard the safety of our frontline transit workers, as well as to improve the safety of our riders and their communities, we have worked very closely with our partners at the Centers for Disease Control and Prevention and the Transportation Security Administration to promote the requirement. With our colleagues here at U.S. DOT, we have been sharing information and answering questions. Just last week, the Department launched a “Mask Up” campaign. The centerpiece of the campaign is a digital toolkit, including posters and social media, and FAQs, so that we can
help educate travelers and transportation providers, including transit agencies, on their responsibility to comply with wearing a mask when traveling.

The toolkit available on the U.S. DOT website is especially helpful for those who may have lacked the expertise and resources to create public-facing materials. The design templates, web content, and social media are ready to download and plug into your website, tweets, or print for your buses and trains. Transit’s role in this pandemic goes beyond taking the essential workers to their destinations – jobs, schools, healthcare appointments, and COVID-19 testing facilities. To help achieve the Biden Administration goal and ensure every adult in America has access to the COVID-19 vaccine by May 1st, we need to come together and forge partnerships so we can support and we can accelerate vaccine access, including vaccine access for frontline transit workers.

In some communities, transit workers are not yet eligible to receive the vaccine even as they labor to transport others to their appointments. After today’s session, FTA will continue this conversation at the local level. Each FTA Region will schedule conversations to engage their respective transit agencies to share best practices on how you can improve access to vaccination sites and to create a forum for this information exchange. So please visit FTA’s online calendar events in the coming weeks to keep an eye for those sessions.

Thank you very much, and I’m now going to – I’d like to turn this over to our Federal partner, Keith Turi, Assistant Administrator for the Recovery Directorate at the Federal Emergency Management Agency (FEMA), a position he has held since April of 2018. The FEMA Recovery Directorate is responsible for managing the nation’s recovery from declared disasters and emergencies. In this role, Keith is responsible for the management of billions of dollars in disaster aid annually and an organization of more than 4,000 employees. Keith has worked in the emergency management field at the Federal, State, and private sector levels for over 20 years. Keith, thank you so much for joining us.

Keith Turi:
Thank you, Acting Administrator. Thanks, everybody for the time today to talk to you a little bit about FEMA’s role in the COVID-19 response and specifically the focus on vaccine distribution and administration, and so I’m going to keep my comments relatively brief. I know we have a full agenda, and we’ll leave some time for questions and answers, but I want to give you a quick overview. I do have a handful of slides just to walk us through that so we can go to the first slide, thank you very much.

So first and foremost, FEMA has a large role, as you probably know, in the overarching COVID-19 response and we’ve been very active since the beginning of the pandemic but over the last number of months, the vaccines have been one of our primary focus areas. We have the vehicle that we’re using to support those efforts that are major disaster declarations that have been declared in every State and territory. It’s the first time we’ve ever had a major disaster declaration at every State and territory and we’re providing assistance for a range of activities. I’ll touch on that in a little bit, and that is at 100 percent Federal funding. That was one of the executive actions that the President took early in his Administration was to adjust the cost share to be 100 percent, so it is 100 percent Federally funded through September 30th of this year.
You can see some of the statistics up there on the slide in terms of funding amounts. We’ve provided about $63 billion in funding overall for COVID-19. $4.4 billion of that has been grant funding to support vaccination-related efforts at the State and local level. As of today, that number says 999. We’re actually over 1,000 Federally supported sites, and I’ll talk about that just in a minute and part of those efforts are supporting the CDC’s numbers as you can see up there in terms of overall doses administered to date.

We’ve got around 600 to 800 personnel deployed. That covers a number of Federal sources, Department of Defense resources being a primary source. Two thousand FEMA and DHS staff are on the ground supporting vaccination sites across the country, and we’re going to continue to do that as we have made a lot of progress but we continue to ramp up our efforts and sites are coming online each and every week. Next slide, please.

So, there are a couple of different ways we’re supporting. I’ll just touch on them briefly. One of them is funding. As I mentioned, we are providing grant funding through our disaster declarations to States, to local entities, to Tribes for the support of their vaccination distribution administration efforts. We have a strong coordination role. We’ve got our national response coordination center here in Washington, DC stood up. We are strongly linked with CDC and other partners on managing the overarching distribution of the vaccine and lining that up with logistics around site setup, site identification, and the overall administration of the vaccine. Some of that includes materials, personnel, and equipment that we’re providing at a range of different sites. It will depend on the specific need of the State and local government in terms of what their needs are. If they need equipment, we’ll help with that. If they need funding, we’re helping with that as well.

I do want to point out that there are a couple of different types of sites. There are some that are State and it’s all coordinated through the State’s emergency management, the Governor’s office, and the State level entities but we do have some that are primarily State-run, and then we have some that are primarily Federally-run. We have a number of pilot sites that we’ve established across the country that are essentially FEMA coordinated and FEMA run and we are working those with primarily our own equipment, our own materials, our own facilities and doing that, getting in close coordination with State and local government. So, a number of different types of sites. We are working many different fronts to get the vaccine out and available as quickly as possible. Next slide, please.

So, this slide shows a couple of specific things we’re doing. Before I begin, and I just want to touch on the concept of equity and one of the things that you may be aware of is the President signed an Executive Order requiring that all of the COVID-19 response and funding and assistance is provided in an equitable manner. And so FEMA is very much dedicated to that holistically. We’re specifically dedicated to that in the context of vaccine distribution, and so we’ve been working closely with the State and local partners on how we do this in a way that helps ensure that those that are traditionally underserved, those that are most primarily impacted by the pandemic have access to the vaccine, and that includes where we are sitting the locations, looking at social vulnerability data, looking at access challenges, transportation needs and
working hard to make sure that we are distributing this vaccine as a nation in the most equitable and fair way possible.

And so as you work with your counterparts in your locality, I would expect that you would see a heavy focus on ensuring we’re doing things in an equitable manner. The rest of the slide touches on some of the specific things that we’re funding. So obviously PPE and equipment and supplies are a big part of the vaccine distribution effort. Facility support staffing is a large portion of our efforts. Some of those are Federal staff, some of them are volunteers, some of them are State and local staff that are working to support vaccination sites but we’re also supporting IT systems as needed, communications and transportation as was mentioned earlier, not only transportation in the context of transporting the vaccine, but also helping those with access needs that need to get to a vaccine site or need to otherwise have assistance with transportation. Those are also eligible costs as well. Next slide, please.

And then lastly just a little bit separate from vaccines, since I have you all, I wanted to just touch on the other things that FEMA is doing. Of course, our COVID-19 response, as I mentioned, $63 billion overall. Just for your awareness, we are also funding things like distribution of food, medical care, one of the primary early focuses of the pandemic was increasing the capacity of hospitals and other medical care facilities and that was a primary FEMA-focused effort early on, and continues to be but it was definitely an earlier focus. Non-congregate sheltering, those that need and can’t quarantine effectively – can’t find ways to isolate if they test positive – we’re supporting those efforts, and then the last bullet there is just, some of you may be tracking that on the 21st of January, the President signed a Presidential Memorandum that required us to provide funding for opening and operating eligible facilities, which does specifically include transit. We are still working on a policy but I hope to have that out very soon. The Acting Administrator mentioned the ARP. Much of what we’re doing is trying to be synced up with the other resources that are available now that the ARP has passed, and we hope to have a policy out on that quickly.

The most important part of this slide probably is that website link. If you’re interested in anything that we’re doing coronavirus-related and the assistance that we have, you can find it at that website link that is on the slides. So again, appreciate the time and opportunity to talk to you today. Look forward to taking your questions later in the presentation and with that, I will pass it back.

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**Henrika Buchanan:**
Thank you, Keith. Our next speaker is Dr. Robert Blaine, Senior Executive and Director of the National League of Cities’ Institute for Youth Education and Families. Most recently, Dr. Blaine served as the City of Jackson’s Chief Administrative Officer, where he oversaw 2,200 employees and managed an annual budget of more than $500 million. Dr. Blaine, I’m turning it over to you.

**Dr. Robert Blaine:**
Thank you so much, Henrika. So excited to be with you today and this is such a wonderful opportunity to talk about transportation which is so important for the way our families are able to not only respond to the pandemic but to be able to move around and do that in a safe manner. Just a little bit about the National League of Cities, we’re a 100-year-old organization, and we exist specifically to work with municipal governments and foster work that’s really about
empowering and guiding municipal leaders to create bold actions to lead better outcomes for their communities and to create greater equity for children, youth, and families across the country.

And one of the things that we’ve seen through COVID and especially as we start to look at pivoting towards vaccinations is that in many communities, there have been challenges around access and information. It’s been difficult for some communities to be able to have access to get to necessary sites for vaccinations, and historically, there’s been some mixed messaging to those communities. And so one of the things that we’re really excited about is that the American Rescue Plan gives us now an infrastructure that we can really start to solve for some of those challenges. We’re seeing examples across the country, for example in the city of Chicago, the city, the Transit Authority, their Department of Health, and a partner called Capsule came together and they created 19 vaccination sites across the city that were connected to a digital pharmacy, and they prioritized transit workers in those vaccinations.

We’re seeing examples like Philadelphia, Pennsylvania where they’re focusing on making sure that information is available in as many different languages as possible so they have information in English, Spanish, Chinese, Vietnamese, French, Arabic, and Korean so they’re making sure that that access to information is available no matter what language you speak. Another exciting thing that’s happening in Philadelphia is that they created an incentive program for their transit workers, and they created a $100 incentive for every transit worker that has completed all of their shots. So, they’ve gone through both rounds of shots and they automatically receive a $100 bonus.

We think these are great examples of how cities are now thinking about how they create collaborations so that they can decrease the challenges of access and information. And finally, it’s super important that we think about how we prioritize transportation workers in this work. These are frontline workers that are often interacting with the public in a very deep way. And we want to make sure that we prioritize their vaccinations as well. So, the National League of Cities is excited about this work. We’re very excited to see what’s happening with the American Rescue Plan. And we’re focused just on being able to support cities, towns, and villages across the country to ensure that communities and communities that have been historically disadvantaged are treated equitably and receive vaccinations across the board. So, thank you so much for your time.

Henrika Buchanan:
Thank you, Dr. Blaine. I’m glad that we were able to hear from you regarding the benefits of partnerships highlighted by the National League of Cities and FEMA to strengthen our collective efforts to boost vaccine access across the country.

Now, I’ll discuss the results of the registration poll we have and move on to our transit agency speakers, and then lead a Q&A panel with our panelists. We had over 480 individuals register for today’s National Peer Exchange on Transit’s Role in COVID-19 Vaccination, and registrants represent a variety of small and large bus agencies, multimodal agencies and rail agencies, as well as State departments of transportation and transit associations.
Among those who registered for today’s event, we received nearly 200 responses to our poll questions for transit provider representatives, each representing one unique transit agency. And here’s what we learned:

Over half, or 58 percent of respondents, said that transit workers at their agency are currently eligible to receive the COVID-19 vaccine in their community. But almost a fourth, or 24 percent, of respondents said that their workers have faced challenges with getting vaccinated although they’re eligible.

We also asked transit provider representatives who registered for today’s webinar whether and how their agencies are involved in their local health department’s vaccination rollout. Nearly half, or 43 percent of respondents, indicated that they are involved in their local health department’s vaccine rollout. This includes: 27 percent of respondents who said their agencies are providing special transportation to service the vaccination sites, 7 percent of respondents who said that their agencies are hosting vaccination sites at their properties, 3 percent of respondents who said their agencies are providing free vaccine advertising on their vehicles, and 6 percent of respondents who said that they are involved in vaccine rollout but through some other mechanism.

So, we see that there are examples going on across the country, but that there are also opportunities for others to learn and leverage these examples as we continue to prioritize vaccine access across the country. Today’s event is about highlighting those best practices to increase vaccine access in our communities for our transit workforce and our passengers.

So, I’m pleased to introduce our speakers from the public transit community who will highlight the actions taken to improve vaccine access for their workforce and in their communities.

Our next speaker is Wendy Weedon, General Manager of the Brazos Transit District (BTD) in Brazos, Texas. Wendy’s love for public transportation began her first day on the job in 2008. New to BTD and to public transportation, she found an immediate dedication to the industry. She has served in various aspects of the organization during her tenure, which makes her uniquely qualified for her role as Deputy CEO, facilitating services and leadership in the over 16 counties in Central and East Texas that BTD serves.

She is joined by Dr. Jackie Pacha, a local partner with the Brazos Valley Center for Independent Living (BVCIL). Jackie is the founding Executive Director for BVCIL, located near Texas A&M University in College Station, Texas. She has over 30 years of experience working with people who have disabilities as a Sign Language Interpreter, Vocational Rehabilitation Counselor, Special Education Teacher, and Administrator. Wendy and Jackie, the floor is yours.

**Wendy Weedon:**
Good afternoon, everyone. I am Wendy Weedon. I am the Deputy CEO for Brazos Transit District (BTD). Brazos Transit District is a general public transportation provider founded in 1974, where we served seven counties of the Brazos Valley region. Today, Brazos Transit District is the designated public transportation provider for 21 counties and now provides service in 16 of those counties in Central and East Texas, covering 13,000 square miles with a
population of over 1 million people. In those 16 counties, we operate fixed routes, circulator services, demand response, and ADA paratransit services. Next, please.

On December 1, 2020, BTD eliminated all fixed-route fares and ADA paratransit fares due to COVID-19. Then on February 1 of 2021, we began offering fare-free transportation for any person traveling to or from their COVID-19 vaccine appointment across our 21-county region. We wanted to make sure we were doing our part ensuring that a lack of transportation would not prevent any individual access to receive their COVID-19 vaccine. We also wanted to ensure that transportation would not be a financial burden or concern either, further adding potential apprehension in taking the vaccine. By ensuring equitable access to the vaccine, we are fulfilling our purpose as a transit agency and as public servants to equally benefit everyone we serve.

We have steadily encouraged our transit staff to get their vaccine. We have assisted them in signing up, helped book their appointments, allowed them paid leave during their shifts as needed to get their vaccine, led by example getting our own vaccines, and being as positive and vocal as we can about the process. We needed to ensure that we’ve done and continue to do as much public outreach as possible to reach individuals in need of transportation and make sure that they do not allow this to be a barrier for them to receive their vaccine. Next slide, please.

Brazos Transit District has created and distributed flyers in both English and Spanish to emergency management hubs in our 21-county service region. We have contacted our county and city officials, county judges, councils of governments, English and Spanish radio stations, English and Spanish news media, newspapers, and anyone else we could think of via email, phone, and even through interviews to help spread the word. We have posted on our social media outlets on all our service vehicles and at our transportation facilities. Next slide, please.

Brazos Transit District has utilized CARES funding, Federal capital assets, and our own staff to provide safe and reliable transportation to any person that wants or needs it in order to receive their vaccine at no charge to them. Staff in all departments have been allowed to volunteer at vaccine hubs during work hours to ensure that ample staff are available to assist in the vaccination process. Additional staff have been employed temporarily to assist with the accessibility booth daily at the vaccine hub. We have made ourselves readily available to the county, emergency services, centers for independent living, the University, and more. BTD has also assisted Texas A&M University transportation services with PPE supplies, cleaning products, and transportation assistance. One of our most productive and impactful partnerships during these unprecedented times has been with the Brazos Valley Center for Independent Living. Our two organizations have mastered a valuable and cohesive partnership with one another, further expanding our reach and dedication to our communities. I’ll hand it over to Jackie Pacha.

Jackie Pacha:
Hi. That’s how we say things here in College Station, and I just want to say thank you so much for letting us be part of this and for our partnership with the Brazos Transit District. Just for a little quick tidbit of information for those of you that might not be familiar with centers for independent living. We don’t have any beds over here. We’re a community resource center for people that have disabilities to be sure that they stay independent in their homes and in their
communities. In the State of Texas, we have 27 centers for independent living. We are the youngest one here in Bryan-College Station. We opened our doors to the public in January of 2011 and as a center for independent living, a majority of the people who are staff at a CIL are people who themselves have significant disabilities, as is true with our board of directors are all individual private nonprofit organizations.

One of the things that has sort of caught fire for us and to go back on what Dr. Blaine mentioned earlier in terms of access and information, that’s one of, I mean that’s our tenet, we’re trying to make sure the community is accessible in all levels so people that have disabilities can access things the same as everyone else. A few years ago, we were fortunate enough in our local community. There’s a festival that happens around here every year and we went in and just said, “Hey, this would be really great if this had an Accessibility Help Desk,” where if somebody needed a tactile map or they needed sighted guide services or they needed, they drove themselves there in an accessible vehicle and had a little too much to drink but needed a drive home that we would have these sorts of supports available.

And our community was very receptive to that and we called this the Accessibility Help Desk. So, when our local Brazos County – I say it’s local, it’s happening locally but this is a statewide vaccination hub – when they opened in late January, early February we were asked to partner with them for this Accessibility Help Desk. So the pictures that you see there on the slide in front of you, the first one is just what the help desk actually looks like and that’s one of our board members that showed up to get his vaccine, and the bottom picture there, even though they look like they might be BVCIL employees, those are all BTD employees.

Brazos Transit District has been wonderful in providing extra staff just to come out and help support us at that desk. Right now, just sort of for a numbers sort of perspective, this statewide vaccination hub as of today has vaccinated 41,000 people. That means all 41,000 of those people have walked past this Accessibility Help Desk or they’ve driven past or had wheelchair assistance through it. We’ve been there every single day that the hub has been open. In the help desk itself, as of this morning, we’ve had 1,487 requests for accessibility support along with 838 requests for transportation, and Brazos Transit District has contributed 247 hours of their time and support in our efforts towards this end. We’re not finished yet but this has been a really great example of how we’re fortunate that we’ve worked with our county emergency management folks, the Red Cross, Texas A&M’s Emergency Management, CHI St. Joseph Hospital, the cities of Bryan and College Station, and the United Way of Brazos Valley to work with that hub in order for them to even allow us the opportunity to serve in this accessibility role. So, it’s all I have. Thank you, all.

Henrika Buchanan:
Thank you, Wendy and Jackie. Seeing your partnership is really inspiring because equity is so important, particularly as we talk about making sure that there’s equitable access to the vaccine as we move out of this pandemic collectively, together as a country.

So, our next speaker is Doran Barnes, Executive Director of Foothill Transit in Covina, California. As Executive Director, he oversees Foothill Transit’s 38-route system, manages the private contractors who operate and maintain the agency’s 360 buses, and leads the delivery of
service to 12 million customers annually prior to the COVID-19 pandemic. Doran became Foothill Transit’s Executive Director in August 2003. Doran also serves as a member of the Board of Directors of Access Services, the regional paratransit operator for all of Los Angeles County. The floor is yours, Doran.

**Doran Barnes:**
Thanks, Henrika, and good afternoon, everyone. It’s a pleasure to be here and tell a little bit of our story. It’s certainly been a wild ride I think for all of us. Just to give you a quick bit of background, Foothill Transit is a Joint Powers Authority located in eastern Los Angeles County. There are 22 cities that make up the Foothill Transit Joint Powers Authority, and our service area population is about 1.5 million residents, so it’s a fairly sizable area. We connect suburban Los Angeles to downtown Los Angeles, as well as connecting service throughout our entire service area. We’ve been focusing on COVID. I had a board meeting this morning, and I told the board, ‘it’s not all COVID all the time, but it’s mostly COVID much of the time’ and I think that’s the world we’re all living in these days.

What I’m going to share with you today is one particular effort that we’ve had underway, and that’s a project that we’ve had focused at our Covina Transit Center. This is a transit center that literally opened three weeks before the State’s Safer at Home order came into place. So really haven’t had a chance to use this facility for its intended purpose. We’re very much looking forward to getting that facility in operation. But we found another way to use that. And on the next slide, we have a news clip from our friends at NBC Channel Four in Los Angeles that really captures a good chunk of the story here.

**Kathy Vara (Video Speaker):**
California has given out 2 million COVID-19 vaccines in the hardest hit and the most vulnerable neighborhoods, and it’s all part of the State’s efforts to improve vaccine equity. But that doesn’t mean it’s time to let up.

**Jonathan Gonzalez (Video Speaker):**
This morning, a new vaccination site opened, serving those living in the San Gabriel Valley. Our Michelle Valles has the details from the Covina Transit Center.

**Nicolas Delgado (Video Speaker):**
When my daughter called her and she said, “Dad, they’re going to open a place today.”

**Michelle Valles (Video Speaker):**
With paperwork at hand, the joyous 81-year-old Nicolas Delgado was first in line to get the Johnson and Johnson COVID vaccination. His wife gets hers later in the day.

**Nicolas Delgado (Video Speaker):**
I was so happy because I’ve been trying to get an appointment, but they always wanted to send me a little bit further out.

**Michelle Valles (Video Speaker):**
But now, thanks to the partnerships between the city of Covina, Foothill Transit, and Albertsons, people like Mr. Delgado in the San Gabriel Valley area can get their vaccines closer to home, the agencies coming together to use the new Covina Transit Center, which was forced to shut down during the pandemic, as a new vaccination site.

**Felicia Friesema (Video Speaker):**
This is the first time we’ve been back, and it’s actually a really wonderful way to come back. We opened it up originally with 1,000 vaccine spots. We had to up it to 1,250. Those are already full; we’ve added extra days.

**Michelle Valles (Video Speaker):**
The clinic will run every other Saturday, and the location provides plenty of parking for those who drive and options for those who don’t.

**Felicia Friesema (Video Speaker):**
Also, people who can access line 281 that starts up in Azusa, goes through Glendora, West Covina, Covina, all the way down to the city of Industry and Puente Hills.

**Michelle Valles (Video Speaker):**
The vaccinations provided by Albertsons will vary based on availability. To learn more about it, go to covinaca.gov.

**Denise Calhoun (Video Speaker):**
I have lost family. I have lost friends. I have an 83-year-old father that I get to visit now.

**Michelle Valles (Video Speaker):**
In Covina, Michelle Valles, NBC Four News.

**Doran Barnes:**
All right, so you might ask, how did this all come together? And in many respects, that was the grand opening of the Covina Transit Center. We rewind the clock a little bit and go back to January as vaccinations were becoming available. We wanted to make sure that we were doing everything that we possibly could to bring those vaccinations to our local community and to our public transport operators. And so, what I asked my team to do was start planning, and we developed plans and we developed more plans. And we had no idea if we could get vaccinations or how we would get the vaccinations. But we wanted to make sure that we had plans in place.

Here, you see our event action plan, which ultimately led to the event that we held. If you move to the next slide, the way this ultimately came together, and if the definition of good luck is when preparation meets opportunity, we had the preparation part. The opportunity part actually came from relentlessly networking. And ultimately, we found that a member of our team had a family connection to the pharmacy team at Albertsons, which led to a conversation, which led to the event that you saw in that news clip.

On March 13th, we held the first vaccination clinic, and we had 1,300 people that came through. This was a partnership with Albertsons, Foothill Transit, and the city of Covina. And it gave us a
chance to vaccinate our volunteers who participated to vaccinate members of the community. And one of the really great things about this particular transit center is not only is it served by transit lines, but it’s also in a community that’s economically challenged. So again, that goal of serving the community and serving the population that we serve. It was a great event. The feeling at the event was just incredibly positive, and again, the media coverage that we got, which we really didn’t even expect, was absolutely tremendous.

Going on to the next slide, we do have future plans to hold additional clinics in partnership with Albertsons and the city of Covina. We have two dates, and this will be the Pfizer vaccine that we’ll be rolling out, so again, we hope to hit another 1,300 members of the community with both of these vaccination clinics. We’ve also been able to get a number of our transit personnel that are going through the clinic, so again a tremendous partnership and a tremendous way to use a transit asset that’s really at the moment because of COVID, purposely being underutilized to transition that to a new purpose.

Moving on to the next slide, this isn’t the only way that we are supporting the community. We do have service to the FEMA site, the mega-site that’s at Cal State Los Angeles, Cal State University – Los Angeles as well as a mega-site that is at Cal Poly Pomona University, plus dozens and dozens of local sites, local pharmacies where vaccinations are being distributed. So, we want to do everything we can to help the community and at the same time protect those operators and the staff that have been out there delivering service day in and day out.

So, moving on to I believe the final slide here, we’re certainly glad to share anything that we’ve learned and appreciate the opportunity to share our story.

Henrika Buchanan:
Thank you, Doran. I’ll tell you, you did get large media coverage because the first place I saw it was actually I think Facebook, so social media as well so it was all over social media and I remember forwarding it to our communications team because it’s always great when we see the partnerships that we say what you can do with resources but on a local level when we see that materialize, it’s just always good to see transit up and the role we play in our community. So, thank you again for what you’re doing.

Our next speaker is Luz Borrero, Chief Administrative Officer of the Metropolitan Atlanta Rapid Transit Authority, known as MARTA. Luz has served as MARTA’s Chief Administrative Officer since January 2019. In her role, she has oversight of the departments of human resources, information security and information technology and the offices of diversity and inclusion, research and analysis, and MARTA’s customer service center. Luz, the floor is yours.

Luz Borrero:
Good afternoon. Thank you, Henrika. My name is Luz Borrero. I’m the Chief Administrative Officer for the Metropolitan Atlanta Rapid Transit Authority (MARTA). Thank you for the opportunity to share MARTA’s experience regarding our COVID-19 vaccination efforts. MARTA is a 50-year-old organization and one of the ten largest public transit agencies in the country. We have a robust bus system, with over 540 active buses serving 110 fixed routes. We
have a heavy rail system served by 38 stations and we have a modest rail system, light rail system, that covers 2.7 miles in our downtown Atlanta area.

Our primary sources of revenue are sales taxes from the counties of Clayton, DeKalb, and Fulton as well as the city of Atlanta. We employed approximately 4,400 employees and our budget is about $1.1 billion, which includes both capital and operations. Next slide, please.

Since the outset of COVID-19, MARTA began actively engaging and informing, and educating our workforce and the public in the adoption of preventive measures. As the COVID-19 vaccine became available, we have focused our efforts in educating and informing our employees as well as the public so that we can diminish vaccine hesitancy and increase vaccination opportunities. We created a voluntary vaccination list in partnership with the Fulton County Board of Health to refer our employees. We prioritized the list to ensure that employees with the highest level of exposure as well as our public safety personnel and our police department received the vaccines first.

As of today, approximately 10 percent of MARTA’s workforce has been vaccinated. We have also partnered with the DeKalb County Board of Health to establish a large vaccination facility at our Doraville rail station and are now working with them to expand this partnership to include our Indian Creek station in DeKalb County. Finally, we are also working with Delta Airlines to support the establishment of a vaccination center at the Delta Flight Museum. We will provide shuttle services for the public between our station at College Park and the vaccination site. Next slide, please.

We are grateful for the Federal funding we have received through the CARES Act and other means. This funding has provided us with much-needed assistance to advance several programs, including the acquisition and distribution of personal protective equipment and supplies for our employees. This has also been of great help as we purchased and distributed over 1.4 million masks to the public at our rail and bus stations. We have also purchased and utilized electrostatic sprayers for quick cleaning disinfection of buses, rails, stations, and other facilities. And finally, we have acquired bipolar ionization and air purifying systems, which we have installed in all of our facilities in order to facilitate our return to the new normal, which we are now planning. Next slide, please.

We are especially proud of the partnership we have created with the Morehouse School of Medicine. This has helped us to provide credible science-based information and education to our workforce. As part of this partnership, we have implemented a town hall meeting supported by two world-recognized infections disease doctors who informed and answered questions about the vaccine development and about the effects of the vaccine. We recognize that vaccine hesitancy can be a detriment to our workforce and to the community, and we want to make every effort to help support the education and information about the vaccines. We are now discussing opportunities to expand this partnership to include establishing a vaccination center at our facilities. Thank you so much.

Henrika Buchanan:
Thank you, Luz. That’s very encouraging to see that MARTA is not only using their assets to help with the vaccination effort and prioritizing, making sure that their workforce has access but also working on an equity issue by partnering with Morehouse School of Medicine to ensure that vulnerable populations have confidence in the vaccine. So, thank you all for all that you’re doing, and we’ll continue to watch the great work that you all do in the Atlanta region.

Our next speaker is Carolyn Gonot, Executive Director of the Utah Transit Authority (UTA) in Salt Lake City. Carolyn joined UTA as Executive Director in August 2019. She leads over 2,600 employees delivering bus, light rail, commuter rail, and paratransit services to Salt Lake City and the Wasatch region. Carolyn, the floor is yours.

Carolyn Gonot:
Thank you. Many of the speakers talked a lot about the wonderful efforts that are going on in terms of trying to work on supporting vaccination efforts in this country. I just want to give a little bit of an update on UTA’s service region. We are 2,600 employees. We cover six counties and 1,400 square miles. So as part of that, we have six operating service units, three for bus, one in the northern portion of our service area, one in Salt Lake County, actually two facilities in Salt Lake County, and then one in Utah County further to the south and we serve light rail. We have a commuter rail facility as well as special services. We have 12 different yards and office buildings within our area.

As part of that, we also are working with six health districts with the six counties and trying to support their efforts in getting out the vaccination. So, I’m going to go to the next slide. I appreciate Doran’s comments on relentlessly networking, because I think that is some of the things that we continue to do in terms of trying to continue... not trying but we are partnering with the State and local health departments in providing the vaccination. The State dictates in Utah who is vaccinated at what times. But the counties all have to manage that differently based on the level of population. And as most know, the urban areas, the most urban county typically takes the longest to get through the healthcare workers and a lot of frontline workers. And so some of the more rural counties in our service area have been able to move faster.

So, some of our vaccination initiatives, very basic slices on this one is we did issue a pandemic leave policy. We issued it before, the ones within the CARES Act. And then we updated it for that. As part of that, we’ve now added on the vaccination leave. So, for workers, they’re able to use their pandemic leave time that we have. We’ve allocated two weeks towards pandemic leave, and they were able to use that if they haven’t used it for vaccination leave. If they have already used it, then to contact us. We did have roughly 12 percent of our workforce who did have COVID and have used that pandemic leave as part of that, and others who have used it for other purposes either to take care of somebody or because they were exposed and they were quarantined as well.

We have initiated free transit to vaccination appointments. I had a big public relations effort. Actually, in fact, yesterday, the Lieutenant Governor and our board chair had a press conference announcing that in Utah, vaccinations are open to all, and in conjunction, we discussed being able to provide free transit to that. So, there was a press conference yesterday that we worked on closely with the Governor’s office. And we’re working with each of the county health
departments, as I mentioned, to provide any services they need and linking in with them, particularly in trying to reach out to any of the communities that have more difficulty accessing a lot of medical facilities or some of these larger FEMA sites.

And then the other thing that we had done is just trying to get access to the vaccine for our transit workers. We are running 91 percent of the service that we ran previously. And as part of that, we were trying to get transit workers vaccinated. And Doran probably understands this in California, it was difficult. In Utah, it was as well. I think California has allowed the transit workers now to be vaccinated. In Utah, because it’s open for all, they mostly want age-based. But we did have a letter that jointly went from us and ATU to the Governor, just discussing some of the effects of COVID on our workforce, but how we continue to serve with positivity, and to get people to where they need to go because we’re still down about 45 percent of our ridership from pre-pandemic, but we are continuing to serve much of the communities, and particularly those communities where we saw high ridership continue and actually added service into those areas. And those are mostly in the areas that really rely on transit and those areas that we really do need to get to those communities to have the vaccine served to them.

So, I’m going to keep my presentation fairly brief. But we are continuing to do a lot of messaging, particularly in getting people to the vaccination sites now that it’s opened up and providing free transit. We have a lot of messaging. We’re working closely with the Utah Multicultural Advisory Group to get out to the various communities. We are working with each of the health departments to determine what support they need. There has been outreach on some of them, as I appreciated the comments about using our transit center, our transit center parking lots as a vaccination site for some of the smaller counties. So there, we’re trying to continue to work in those efforts.

So, I just wanted to let you know, I think a lot of that working with the six counties at the time, it will lighten up a little bit more with it open to everybody. Each of the counties was different previously, so now with all of them to be able to access, all people able to access the transit to vaccination. And that’s really going to be important to our efforts and continuing to publicize that. And I think yesterday’s press conference was a good start on that in terms of the opening yesterday to the vaccination to all. So anyways, that was a brief presentation from Utah Transit Authority. Thank you.

**Henrika Buchanan:**

Thank you, Carolyn. And one of the things that we lose sight of and you opened up is that 12 percent of your workforce has been impacted by COVID, we sort of anecdotally keep those numbers and for transit, COVID has had a real impact on the industry and so I’m glad those partnerships are developing locally in your area to help the community again move through the pandemic and on to our new normal. So, thank you all for all you’re doing with that.

I now want to open up the conversation with some Q&A. The first question is for you, Assistant Administrator Turi. How is FEMA working to address equitable vaccine coverage and effective outreach and communications to underserved and minority populations? So again, how is FEMA working to address equitable vaccine coverage and effective outreach and communications to underserved and minority populations?
Keith Turi:
Great, thanks for that question. So, there are a couple of different things we’re doing and some of it depends on the context and so you heard, I mentioned earlier, and you heard a number of references to the FEMA-supported sites that are being run around the country. One of the things that we’re doing very directly in the planning for those locations is having conversations with the State and the particular locally impacted entities as we’re choosing those locations, as we’re choosing the setup and that includes both where they would be, how they’re sited and what kind of registration processes can do, what kind of transportation access there will be and we’re working through each of those.

That includes the planning in advance but also we’re monitoring very closely and collecting information on a daily basis on what the actual rates of vaccination are, and one of the things that if you look across the rate of vaccination at the FEMA directed sites in terms of different demographics, we’re far exceeding the national average overall and that’s one way we’re doing it. The other thing we’re doing is as I mentioned, a lot of our funding is supporting other State and local run sites and we put in policy requirements for that funding that every 30 days, we need the State to let us know what their strategy is and their plan is for communication, for accessibility, asking them also to collect information around demographics and other characteristics to be able to assess progress. We have established a civil rights advisory group that is run nationally. We have representatives in every region. They are working with every State to make sure that this is a primary focus and to assess issues that may come up and then adjust operations as needed.

Henrika Buchanan:
Thank you. Our second question for you is how can transit agencies get involved in setting up or supporting local vaccination efforts being coordinated by FEMA in the planning stages? So, we’ve had some instances where vaccination sites are set up and then we think about how we move the people there, but we want to know how do we get involved earlier in the process.

Keith Turi:
Yeah, so I think, well first I’d say we moved very quickly after the beginning of the President’s direction to get 100 sites set up, and his direction to us was actually 100 sites in the first 30 days and we far exceeded that in terms of getting Federally supported sites up, but as we were moving quickly, we were learning as we went and I think one of the things now that we’re doing very carefully at the front end is to be asking all those questions about transportation and say our regional administrators are our main points of contact at driving these conversations. Their counterparts are primarily the State emergency management directors, but they also include reps from the Governor’s office and reps from other public health, et cetera. So, I’d say the first point of contact at the State level would be the emergency management director, find out what’s being contemplated, what’s being planned. We should be reaching out in the context of transportation through those contacts in general, but I’d say we contact your State emergency management director and find out what they have upcoming and how you can get involved.
Henrika Buchanan:
Thank you. Our next question is for Dr. Blaine. What are the biggest obstacles to equitable vaccine access in urban areas and how can transit agencies help overcome these obstacles and partner with cities?

Dr. Robert Blaine:
One of the things that we’re seeing across the country, especially as we are looking at vulnerable communities is that access to technology is a challenge. When we look at vulnerable communities, one of the problems is that many of the structures for being able to get signed up for a vaccination requires a computer or a cell phone or something like that. And in many of those vulnerable communities, you’re dealing with an elderly person or somebody who has mobility challenges or just may not have access to that technology. And so we’ve seen several examples of information that’s put on buses to be able to get the information across the city, telephone, signup sites. And we’ve seen some really exciting ways that cities are thinking differently about how they’re connecting people with the opportunity to move towards vaccination.

So, for example, when we look at paratransit, the city of Wilson, North Carolina, which is a community of just under 50,000, they expanded services so that they directly connected residents to vaccinations. In Miami, Florida, they thought about how to book trips and so they brought together what they call their GO Connect service. And so this was a way for folks to reserve a ride to make sure that they could get to their… [inaudible]. Just 39,000 students, we saw rideshare applications coming into place. And they’ve used the WeGo platform in order to be able to connect rideshares in order to be able to connect those vulnerable communities to access vaccinations. So, we’ve seen a number of cities that are starting to work with intentionality. And I think that’s the really exciting message that I’m hearing across the board is that transit authorities are thinking intentionally about how they’re trying to connect those communities that have been greatest impacted by COVID, and it’s creating impact.

Henrika Buchanan:
Oh, that’s great to hear that it’s creating an impact with the partnership. So, thank you, Dr. Blaine. The next question is also for you. What are you all doing on the national level to encourage cities to develop partnerships with transit systems and to include transit systems as a part of their early dialogues?

Dr. Robert Blaine:
That’s a fantastic question. I think that incorporating transit systems in the early part of the conversation is fundamental. One of the partnerships that the National League of Cities is establishing is with the YMCA of America, and this is a partnership that’s through the CDC, and it’s focused both on vaccine hesitancy and vaccine access. And so we’ve thought about it from both sides. So, one of the things that we’re looking at is on the messaging side, and so we’ve partnered with the National Football League Alumni Association. And so we have messaging that’s coming out from retired football players from those communities who are trusted messengers in order to be able to get those communications to the audience that they’re intended. But we’re also working with creating pass-through grants for municipalities to be able to work with their transit authorities, so that they can have those kinds of intentional transit systems in
order to be able to connect those vulnerable communities with vaccination centers that could be at YMCAs.

And so it’s about trying to put together a set of resources that are found in many different communities. A lot of this work is around trying to figure out what the assets are in individual communities and then to do real play space work to understand how to leverage those assets to benefit the communities that need it most. So, we’re excited about this. We’re excited about the fact that transit authorities are at the front table and not waiting until the end of the process to bring them into the conversation, but really helping to co-design the work so that we’re making sure that we’re serving our population the best.

**Henrika Buchanan:**
Thank you so much. The next set of questions are for our transit agency panelists. The first question is, what challenges have you encountered to getting your workforce vaccinated and what approaches have been most effective to encourage your workforce to get vaccinated? Luz, we could start with you.

**Luz Borrero:**
Thank you. Yes, we believe that vaccination information plays a very important role in persuading those who have vaccine hesitancy to take the vaccines, and because of that, we have insisted on ensuring that science-based information is provided to our workforce. Part of that has been this really exciting collaboration with the Morehouse School of Medicine because that afforded us the opportunity to bring in doctors who have credibility, credibility with minority communities, and with communities who traditionally don’t have as much access to this type of information. And it also enables them to ask questions, relevant questions, questions about the doubts they have or the concerns they have about the efficacy of the vaccine. So, we believe that that collaboration has been very important to us and very helpful in diminishing the level of hesitancy amongst our workforce and hopefully will be something that will also translate to the public, so a very good question and thank you.

**Henrika Buchanan:**
Thank you, Luz. Doran, how are you all handling this at Foothill?

**Doran Barnes:**
Thank you. As was mentioned earlier, we have a slightly different model in that we work with private contractors to provide our frontline operators. We’ve really taken the approach though and we always have that while we utilize private contractors, we’re all part of one family and we all work together. Much like Luz, we’re using and supporting lots of educational efforts so that all of the transit workers are well aware of the importance of getting the vaccine, the issues, dispelling many of the myths. We’re also using a little bit of peer pressure if you will. We’ve created some buttons. They just got delivered yesterday in fact and they’re fairly good sized and for those who get vaccinated, they can get a button and it says I got mine, which is sort of an implied implication that, “Hey, I got mine. Did you get yours?”

The other thing that we found to be really effective is to encourage folks that have received the vaccine to talk about their experience: “Hey, what kind of side effects did you get?” And as you
hear that buzz and that chatter that’s happening with the operators and the other workers, it is helping to create some momentum. We’ve got a lot more work to do because there’s still hesitation but those are some of the tricks that we’ve been using to really encourage people to get on board with this important effort.

Henrika Buchanan:  
Thank you. That’s interesting, and I actually got out of the mailbox a packet of 25 buttons that I bought for myself and my family and I’m going to send it around. It says, ‘I got vaccinated’. So, it’s a great idea. So, Wendy, Texas, how are you all dealing with this in Texas?

Wendy Weedon:  
Yes, so our challenges, we have about 115 employees and they start at age probably 20 and go up to over age 80, and so there’s a lot of different varying opinions about the matter. Our biggest challenges have mostly been uncertainty about the vaccine, but people are very much coming around. We have met with them individually to let them know that the vaccine is available. “We will do everything we can to help you, assist you in getting the vaccine.” “What are your concerns? What can we do?” Also sharing our experiences, being positive about it, encouraging them, and doing all that we can. Something that I always mention that if all of my physicians, their families, their wives, their husbands are getting the vaccine, I’m going to follow suit and do the same thing because they know something I don’t know. So I try to put it on a real level with them. A lot of people that were adamant they were not going to get it have been the first ones in line to get it, so it’s been very pleasing and we’re going to continue encouraging and assisting in every way possible.

Henrika Buchanan:  
Thank you, Wendy. Our next question is how has your agency conducted outreach to inform the community that your agency is providing vaccine transportation services? So Carolyn, could you respond to this question?

Carolyn Gonot:  
Yes, I’d be happy to, thanks. As I mentioned, a few of these things I’ve already mentioned previously, we are partnering with all of the State and the local health departments, and actually, it was outreach to a few of the county departments where we really started moving forward with the free fares discussion for transit as well, and then we also have messaging on all of our websites and their websites as much as we can and we have on the registration platforms for Vaccinate Utah at the State level. We are putting that information out as well because that typically is a site that many people do look at as they go to the State site to see where often times the vaccination sites are. You could click to your county that you live in and find information there.

As I mentioned earlier, we’ve been really working with translating our messages with the Utah Multicultural Advisory Group, so they’ve been working with this as well and then continue using social media website, the news, emails, word of mouth sharing that with everybody and partners in meetings. For example, Salt Lake County has a meeting every Friday, and right now, my Chair of my Board is at that meeting where all the various cities and the county departments all get together to talk about the efforts going on, particularly in terms of safety in terms of what’s
going on with COVID but now really shifting to the vaccination issue so there’s a wide variety of activities that we are involved in as well so we’ll continue to do that through this timeframe.

Henrika Buchanan:
Thank you, Carolyn and Luz. I know you mentioned some of what MARTA was doing with Morehouse College. What other outreach and how is MARTA addressing the outreach issue with all of the services they have?

Luz Borrero:
So internally, to encourage vaccination for our employees, we developed a prioritized list, a mechanism by which our employees could voluntarily register themselves if they wanted to receive the vaccine. This was prior to the State opening the vaccination to everyone. We wanted to have a sense of how many employees we will have ready that as soon as the vaccine will become available, they could go and get it. And through this effort, we got about 500 employees who voluntarily registered to receive the vaccine. As soon as we were able to establish our collaboration with the DeKalb County Board of Health and with the Fulton County Board of Health, we were able to have our police department employees all vaccinated and then send out a prioritized list of employees. So through that mechanism, nearly 400 employees were vaccinated.

These are the employees that have the greatest level of vulnerability because they have the greatest level of exposure. They work at rail stations, they’re bus operators, train operators, station maintainers. So that was a very good first initiative. The second thing we did is we developed a collaboration with the DeKalb County Board of Health whereby they established a vaccination site at our Doraville rail station. It’s been widely successful. It facilitates access for the public from the north side of the metropolitan region as well as from the south side, particularly for communities that are really underserved, and now we’re getting ready to expand that collaboration and open up a new vaccination site at our Indian Creek station, so we’re really proud of that and really looking forward to that expansion. Thank you.

Henrika Buchanan:
Thank you, Luz, and Jackie, as our Health and Human Services partner, what are you all doing as it relates to outreach to get the message out about the services you’re offering?

Jackie Pacha:
Sure. Thanks for letting me chime in here. I just want to say a little bit on outreach for us sort of came in the beginning as we presented with the accessibility questions. So that was incorporated into the registration information for folks that were registering for their appointment, so they actually get prompted with a question, “Do you need transportation? What kind of accommodations do you need?” on the forefront when they’re getting registered.

And earlier, someone mentioned about the technology gaps that exist. Our local United Way also set up phone number call-ins on the registration site to help to be sure that people that didn’t have that access were able to get it. But just thinking about it ahead of time in the way that you guys are collecting information to get registered for the appointment, you’re doing outreach, even though you don’t really recognize that you’re doing outreach, when you’re asking them do you need transportation? Now on the backside of that, every single night, we get a list that says
okay, these are all of the accommodations requests that we’ve got going on for first thing
tomorrow morning. And then as that has sort of morphed over time, the hub has actually set up a
website, it’s brazoshub.com. And on there, we were able to put FAQs about what do you do if
you need transit? Here are all of your transit questions. What about accessibility? And here’s the
answers in there. So looking at outreach in terms of are you just naturally doing it when you’re
collecting the registration information, but then also on the backside of here’s your frequently
asked questions, and that also serves as a source of outreach.

Henrika Buchanan:
Thank you, Jackie. And we have, over the course of this session heard a lot of information and I
tell you, I’ve jotted down the word that Dr. Blaine said about ‘intentionality’. And so it’s so good
to see all of these partnerships happening, intentionally, to really help communities recover
beyond the COVID-19.

So I’m going to conclude with a final question. And it’s really for all of our industry
stakeholders. So panelists, you can take a breath, I’ve got to go out and ask that for those
listening and watching today, if you could use the question and answer feature to respond, how
can FTA and our Federal partners further support vaccine access for transit workers in your
community? So please submit your comments and ideas in the Q&A pod. We would really
appreciate your feedback because it lets us know what else we need to do to encourage these
partnerships to give you the flexibilities and the resources you need to help your local
communities again recover from COVID-19.

So I want to thank you all. I want to say a big thank you to all of our speakers for today. As
we’ve heard from them, there are many ways to partner with the State and local authorities to
ensure vaccine access in your communities. We heard a lot of great ideas about how transit
agencies can support community vaccination efforts, free rides to vaccination appointments in
communities, providing transit employees with dedicated on-site vaccinations, and providing
convenient vaccination sites at transit stations and parking facilities for the public. So, there are a
lot of examples that we heard today.

And thanks to all of you for joining us today. I hope that you can take some of these ideas,
identify partners in your communities, and adapt what others have done to support equitable
vaccine access for all. Under Secretary Buttigieg’s leadership, the Biden Administration has
made safety our number one priority throughout the transportation industry. At FTA, we are
dedicated to keeping transit workers and the public safe. Please plan to participate in our FTA
regional peer exchanges that were mentioned by Acting Administrator Fernandez to see how
agencies in your regions are providing vaccine access and supporting the Federal mask
requirement. We know that the sooner we get our communities vaccinated, the sooner we can
return to school, work, and our other daily activities, including visits with our friends and our
family. So please be well and stay safe. And this concludes today’s session. Thank you all for
joining us.