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TRANSCRIPT: MAYOR DE BLASIO HOLDS MEDIA AVAILABILITY

Mayor Bill de Blasio: Good morning, everybody. The experience we've all been having these last weeks, something we could never have imagined in all our lives. So many challenges. So many things where people have had to create a new way of living, a new way of thinking. We've all here at City Hall, here in the City government, we've tried to give you guidance, we've tried to give you all the information we have to help you through this. But I know for all of you, for every New Yorker, for all of us, it has been a really challenging process trying to figure out our own approach. Every single one of us, every single family, our own approach to this crisis. A crisis that nothing, nothing like this has happened in a century in this country. And we're all trying our best to find the right way to handle it, to help our families, to help each other, to help our communities, to help protect ourselves. And I think one of the most challenging parts of all this has been that there's so much we all don't know. And it has been very frustrating for all of us to not know more, to wish we could know more, to wish the scientific community, the medical community, anyone anywhere had all the answers, and yet we know that's still not the case. We have learned a lot from fighting this virus right here in New York City. We've learned a lot about what New Yorkers are capable of to support each other and to rise to new heights. We've learned a lot about what works, and we've certainly seen the power of social distancing, and shelter in place, but there are so many things we still don't know and so many things that very personally, very humanly gnaw at us because we don't know and we want to know.

Very immediate questions. The most obvious, I ask it myself, my family asked it, have I already had the coronavirus and I didn't even know it, have I been exposed to it? All of us are asking this question. Have we somehow contracted this virus already? Have we in some way exposed other people to it? We don't know. And that is the reality of this phase we're in right now. Where this disease is widespread. Where we have had community transmission now for weeks and weeks, and we haven't had the thing that would really be the difference maker, and that's testing obviously on a really broad scale. That would help us all to have a lot more answers. That's been the reality we've been living through the months of March and April. It's not an acceptable reality for any of us. It's been what we've had to make sense of somehow, and again, I credit all of you, you've found the best way you could to deal with a situation where there's just not enough answers. But I want to remind us all and I want everyone to take hope from the notion it does not have to be this way. It does not have to be this way going forward. We can change this situation. We can actually provide a lot more answers if we get the help we need to do it and then we use the extraordinary capacity and ingenuity of New Yorkers to follow through. When we have that testing, a whole world of possibilities is going to open up. We're going to be able to give people a lot more answers, and it's going to help us not only to have more comfort knowing that we know a lot more about what we've experienced, what our families

experienced, it's going to give us more power to push on to the next phase to push back this disease and make things better for all of us. We need to be able to envision that next phase, that new reality where things really do start to get better, and it's someplace that will take real work obviously, but we can get there. We will get there. My promise to you is that I will keep pushing us forward. I will do everything in my power. This entire city government will do everything in our power to get us out of this phase we're in, and onto something better as quickly as possible.

We need to do the work now to be able to make that next big jump. So, today I'm going to give you an update on the testing, the approach to testing, the approach to tracing the contacts, all of the things that will take us to that next level. Today, I'm going to give you the shape of what it's going to look like. Broad strokes, but enough for you to start understanding, and feeling the way forward. And I remind you that we talked a few days ago about those phases of this disease. I'm going to go over those again for a moment. Right now, we're in the widespread transmission phase. This is not a place we're going to stay, obviously. We can't accept this reality. We're going to fight our way out of it. The next phase is called low-level transmission. Now, to get to low-level transmission and to hold onto it, you need a huge amount of testing. Not just tens of thousands of test per day, as many as hundreds of thousands of tests per day for a city of 8.6 million people. But when you have that kind of testing, when you have it available whenever it's needed for whoever needs it, then you're also able to do a lot of the other things that continue to contract this disease, and make sure that people are protected. So when you find that someone has tested positive, you're in a position to isolate them, to quarantine them, to trace all the people that they came in contact with who might have gotten the disease from them, the people that came in close contact with, and then help all those people as well. So, we have to be ready to push into that phase, that low level transmission phase that we all want to get to. We have to have all the building blocks in place, even while we're fighting to get the testing we need, we have to have the building blocks in place and that's what we're announcing today.

So, the plan is called test and trace, and it's a very straightforward concept. It's what you have deserved all along. Had there been the testing from day one, this is what we could have done so much more of in the very beginning to contain this disease. But now, this is how we ultimately defeat this disease. You need to be protected every day. You deserve that as a New Yorker, you need to be protected. You need to know help is there for you. You need to feel that sense of protection. Testing is going to allow us to do that, and you need that test to be easy to get. So, it has to be plentiful and then it's our job to make it available in communities all over the city in lots of different ways, so it's easy for people to access. We're not there yet, but we're going to show you how we get there pending being able of course to get the help we still need from the federal government to get that vast amount of testing or somehow to find it in the international market, which to date has been extremely difficult. But we're going to keep looking under every stone to get the quantity of testing we need. So, the testing will be the key, but I want to give you the sense of the whole plan because you deserve that too. You need to know, you deserved to know, if something happens to you, what is going to be the reality of how we'll help all the people in your life. How is it going to affect the rest of your family? What kind of support are they going to get or the people that you come in contact with, your friends, your neighbors, your coworkers, whatever it is, we're going to lay this out to you.

Now, even though we don't have the testing that we need today, we're going to keep fighting for it and we want all the other building blocks to be in place more and more each day. So, as the testing comes in, we can plug it in, and get all these pieces working together. So, we have made some progress on testing. As I announced a few days ago, we found one company in the entire world, one company that is providing us now a steady supply of test kits. It's not a huge amount, but it's really helpful. And in the beginning of May, we'll be creating our own manufacturing, our own here in New York City. Huge breakthrough. It's going to help a lot. Every additional test we get helps someone to be safe, but we want to find a way to expand that production as much as we can locally while finding every other source around the world, and especially getting that federal help we need. And that demand has to continue every day, because the one place that could really create the breakthrough is the federal government. They still haven't done it. So, we will then need, once we have more and more tests, more and more sites to do the testing, and we're identifying public sites, public buildings all over the city that will be turned into those test sites, and they'll be ready to be turned on very quickly.

So, we do believe because we're seeing progress from everything, all of you are doing, the social distancing, the shelter in place, everything you're doing is making a difference. We believe every day is getting us closer to the point where having that testing, having the ability to follow through on each case becomes more and more possible, because as the numbers are driven down, then the notion of literally tracing each and every case through knowing everyone the individual came in contact with closely, and helping all those people, every day the number of cases declines, that possibility of doing that really completely becomes greater. But we also know we're not there yet in terms of our overall indicators to what we show you every day. We'll talk about them again in a few minutes. We still have work to do, but we definitely see progress and that makes this plan all the more necessary.

Now, two concepts here, as I said, test and trace. So, testing widely available, here's how the plan would go. Widely available, plenty of sites, plenty of tests. So, what happens to you if you go to a test site. Well if you test negative, that's great, and of course you'll get instructions about how to continue to protect yourself, because even a negative test doesn't mean you're, you know, out of the woods forever. It means, thank God that day you don't have the coronavirus, and we'll remind you of all the things to do to continue the smart precautions to protect yourself, your family, and help drive this disease back. But if you test positive, then we get you care right away. If you can't isolate properly at home, and that's a lot of New Yorkers that just don't have the right space in their homes, in their apartments. If you can't isolate at home properly, we'll get you a hotel room, we'll get you the help you need. The whole idea is to help you to isolate, to get well, to have the support you need, and of course get tested again to know when you're done with the disease, so you can go back to your regular life. Making sure that that is available, that support is available for each and every New Yorker who needs it, that's what this plan is all about, and that's the building blocks we're putting in place now. The hotel rooms, and all the support that goes with it.

Now, the tracing is literally hunting down each and every case, every individual who contracts this disease, following up with them and making sure that they're interviewed about the people in their life they've been in close contact with in the previous days and then following up with those people and it's the same thing, it's continue following it all the way through. If you were in close

contact with your cousin, then we're going to go see your cousin. We want your cousin to get tested, then we want to see— if your cousin test positive, who were they in close contact with and just keep following it through every single time to make sure that everyone who needs that test gets it. Everyone who then because they got a positive needs care gets it. Imagine it just happening over and over again and that's how we constrict this disease. We obviously help people, most importantly help people to know what's going on with their own body, their own health and get them to help they need to get well, job one, but it's also how we just drive the disease back day after day. We have to keep doing it, it's very repetitive if you think about we have to keep doing it to the point where in a perfect world we literally can see every single person in the City who has the coronavirus at that time and we know exactly where they are and exactly the help they're getting. That's where we have to go to the maximum extent humanly possible.

Now, the kind of care that you will need, let's go through an example. If you do test positive, here's a real scenario, while we want to take care of you. As I said, job one, take care of you, get you the care you need, get you the isolation, the quarantine you need. So, you want to know the second you got a positive test, what do I do next? Where am I going to get medical care? How am I going to make sure I get better? How am I going to make sure my family isn't infected because I have the disease? That's what we work with immediately, we get you to, if you don't have, again a place you can isolate properly at home, we get you to a hotel we put that care in place and that support in place. Then that interview immediately, who have you been in close contact with in recent days? And each and every one of us would say, okay, well I was either around my family members, my friends, someone I worked with, someone who's a neighbor, go through that whole list, go and then literally follow up with each and every one of those people, get them tested. Anyone who's negative, great, we still will give them the information to help them take care of themselves. But if anyone's positive, if your friend, for example, who you just spend time with the day before is positive, then we get your friend to the care they need, to the isolation they need and the support. And we take an interview that friend and go through those contacts over and over and over again. It's going to take thousands and thousands of people to do this right and we're putting that team together now, when you think about what it is to put this whole apparatus together, we're going to need tests and that means the test kits. It means the personnel to give the tests, it means the PPEs to protect those personnel, it means the locations to give— the tests in. It means the labs to process the tests, we need the personnel to do all that— contact tracing, we need the hotel rooms for isolation and then all the services to protect people and give them support while they're in those hotel rooms. That entire apparatus is being put together and obviously a city the size, we could be talking about thousands of people in isolation at a given point, tens of thousands. We don't know the number yet, but we do know that we're going to build an apparatus that will keep expanding to accommodate whatever that true number is because it's the only way we protect people and it's the only way we drive this disease back.

So, if you're someone who test positive and now let's say you're in that hotel, what do you need? We have to get you to the hotel, so we'll provide that transportation of course, you need the place where you can stay. We have a lot of hotel rooms and again, it's very sad what's happened to everyone who works in the hotel industry, not having jobs. Everyone's gone through a lot, but there clearly are a lot of rooms available to us so we have those. We would have to provide food and we're obviously in the middle of a huge food effort for the whole City, so we can use that

same effort here. We have to provide a laundry services, just the basics, obviously we have to provide health care and that's something we will do for anyone who's in those isolation settings, making sure they're safe, making sure to well checking on them frequently and again, every day we drive back the disease, we have more and more people, more and more health care workers who can be turned to other crucial tasks like this instead of just having to focus on the front lines in our hospitals. So, again, it kind of all fits together, the more you reduce the disease, the more health care personnel you free up to focus on the isolation sites and driving back to the disease. And then of course, telemedicine, we're going to use technology clearly in many different forms to help update people stay in touch with them, but also direct connection to a human being, to a medical to a doctor or a clinician who you can talk to, who will check in with you, who will answer your questions. So, we want a lot of contact with folks who are in isolation, we want to make sure they're well and if they need anything, they can get it quick. So, if you said, can we do all that this very day? No, all those pieces are not in place today, but they will be in place next month. And as we fight to get all of the testing we need, we're going to be building this apparatus every single day. And again, we don't know the exact number yet of people it will be serving. Absolutely. it's going to start in the thousands, I'm not going to be shocked at all of it goes into the tens of thousands, but we will build an apparatus that can grow with the need. So, as soon as we can start to do those tests in a truly widespread manner, we can start to accommodate people in this fashion as part of that effort to get to low-level transmission. And that's going to be an intense fight, I want to be clear. I think as you're hearing all these pieces, it's a lot to orchestrate some massive operation. We will put it together, we'll make it work, but it also means finding everyone and making sure that we communicate with all New Yorkers and make them really understand how easy it will be eventually to get testing and encourage them to come and get it because we have to know if someone has the disease to do all that tracing and all that follow-up and all that isolation.

If there are people out there who never get tested and might have the disease and we hope and pray a mild version of it, remember then they're still spreading it to other people. So, this is a big, big job and it comes with a certain amount of unknowns, obviously. But what will be crucial as we build it is to communicate to all New Yorkers how important it will then be to engage at constantly. There will be a big outreach effort, there'll be call centers with people constantly communicating with anyone who is trying to get information. There will be a lot more health care workers, as I said, moved into these kinds of tasks, testing people, taking care of them in isolation. We're going to expand that that pool of disease detectives that we talked about back in the early part of March who do amazing work through our Health Department. But we're going to add a whole lot more folks who don't necessarily have that high, high level of training that our Health Department disease detectives have. But they're going to be trained to do the basics and that's going to take thousands of people. And again, we have a lot of City government employees who right now some of them could be put into this work because their regular work is not happening. We have a lot of people work for nonprofit organizations who contract with the City, some of them can be transferred into this kind of work. If we need to hire more, of course we will cause this will be absolutely crucial to our success and we're going to use all of these efforts to collect the kind of data that will allow us to know exactly what's happening with this disease and how we keep finding it back.

So, we'll have a team that puts together that data, analyzes it, helps understand the strategic meaning so we can act on it quickly. A lot to do, but it's a vision that makes sense, you can hear how all the pieces fit together to protect New Yorkers and move us forward. I'm absolutely confident that we can put this together, the missing link is the testing. I have no doubt about New York City's ability I talked yesterday about the self-sufficiency that we are going to exhibit as New Yorkers, we've learned a very powerful lesson in self-sufficiency too often during this crisis. Too often we've been left on our own to fend for ourselves, but New Yorkers have been absolutely brilliant at fighting back. We will set up this entire apparatus, no one's giving us a playbook or coming here to do it for us, we will create this. But where we absolutely must have help is that testing, if we don't get the quantities than all the other pieces don't come together.

Now, that is the vision that we will be implementing over these next few weeks. There'll be growing throughout May and it's how we will get to that kind of transcendent place where we get out of widespread transmission into low level transmission. I can't give you the exact day that we'll get to low-level transmission, I can tell you it's very much a function of how much testing we have and how many New Yorkers we reach and making sure that everyone gets tested, everyone is reached and is communicated with, that we don't miss people to the maximum extent possible. That's going to tell us a lot about how long it's going to take to get to low-level transmission, and then remember we want to get through that phase and onto the even better phase what is effectively no more cases. So, I can't give you an exact timeline, but I can tell you we're going to build a very aggressive effort to get through it as speedily as humanly possible and all New Yorkers once again are got to be part of it, just like you fought back to the disease with everything you're doing in your own life, we're going to need you to fight it back by being a part of this effort, by communicating, by participating, and while have a lot more to say about that as it builds out.

Now, in the meantime, we've got a lot of work to do even with the tools we have right now because we know where some of the hardest hits hit areas are and I want to emphasize the right thing to do is to go where the need is greatest, where people are suffering the most. Where we've seen this disease take hold the strongest and it's all connected to those health care disparities we've talked about before. It's deeply unfair and it's quite clear what's happening here that this disease is hitting hardest, where people have had the least income, the least health care available to them. We need to go there and help people more because it's the morally right thing to do, it's also crucial to any strategy of drive back this disease overall to go where it's having the biggest impact and cut it off in every way we can. So even with the imperfections of the amount of testing we have now, we're still going to devote more testing as we get it in to focusing on the hardest hit areas. One of the groups of New Yorkers who were most concerned about right now who are bearing a lot of the brunt and have borne the brunt even before this crisis, is our public housing residents, New Yorkers who live in NYCHA buildings. Now, I want to say, I've spent a lot of time with NYCHA residents. I've spent a lot of time in those buildings over the years. These are folks who are the backbone of our city who work so hard and fight through such tough odds all the time. NYCHA for decades did not get the support it deserved. A lot of people are living in buildings that haven't gotten the kind of support and maintenance they deserve in the sense of, you know, a building, 50 years old, 60 years old that should have been rehabbed decades ago – never got that. And so, a lot of people are living in really tough circumstances and obviously these are among the lowest income New Yorkers on top of that. So folks who often

haven't gotten a fair shake and didn't have access to the health care they deserved over the years, but these are folks who are the backbone of the city and we owe it to them to make a special effort. Now that we finally are getting some testing in and building some of our own, this is going to be a real focal point. Everyone in New York City has been hit hard by this pandemic - everyone - but the residents of NYCHA have been hit particularly hard and we want to do a lot more to reach you, to help you, to bring you support, not just the testing, but other forms of support to help you through this crisis.

So, folks in NYCHA have experienced these health care disparities. A lot of folks in NYCHA also have the additional challenge, again, not having had really serious conditions treated sufficiently, whether it's diabetes or severe asthma or heart disease. So, we're talking about a lot of people who have those preexisting conditions - they're vulnerable, especially the many, many seniors who live in NYCHA. We're going to provide new support; so first of all, the testing that we have up and running already, the five community sites through Health + Hospitals, we're going to, we obviously know they are in many cases, very close to NYCHA developments. That's an important option for folks in NYCHA who are older who have those preexisting conditions. We want to make sure you're getting tested so those sites are up and running now. We're going to add six more sites in the next few days and NYCHA residents will be a priority at all six of these new sites and we're going to obviously with the leadership of NYCHA - with all the people work there - we're going to spread this word to all 400,000 residents, but these new six sites are near NYCHA developments and are going to be prioritized so that NYCHA residents can get tests there. So, opening on Friday at Health + Hospitals community sites, so Health + Hospitals will run these community testing sites, opening Friday, three sites at the Cumberland Health Center in Crown Heights in Brooklyn, at the Belvis Health Center in Mott Haven in the Bronx, and Gouverneur Health Center at the Lower East side here in Manhattan. Then opening next week, three additional sites that'll actually be at NYCHA locations in NYCHA complexes - at the Jonathan Williams houses in Williamsburg, at the Woodside houses in Woodside, Queens, and at the Saint Nicholas Houses in Harlem.

Testing, we're going to keep expanding, again, focusing first on where the need is greatest and these six new sites will be a crucial part of that. Second, we've got to make sure that NYCHA residents get more and more support in terms of the supplies to keep them safe and keep everyone around them safe. So we're going to keep delivering supplies as they are needed and that starts with face coverings and gloves for all NYCHA residents. Those will go out next week delivered across all of the housing authorities - so literally every building, every resident - it will help people to stay safe, it will help them to protect others. We're also going to be giving out hand sanitizer to seniors in particular, so that'll be the priority to make sure all seniors have the hand sanitizer they need and as we get more supplies, we'll go beyond that.

Third, we're going to focus on the reality of hunger in public housing. I've been talking about this for weeks, everyone in the city is dealing with this challenge more and more - hundreds of thousands of people have lost their jobs. Everyone who doesn't have a paycheck and doesn't have a way to pay for food needs help. We will be there for all New Yorkers; no New Yorker will go hungry. That is the pledge. We've talked about all the ways that people can get help, obviously by going to 3-1-1 or [nyc.gov/get food](https://www.nyc.gov/get-food). We're going to do a special effort around NYCHA buildings and senior buildings in particular as the focus. So, obviously NYCHA residents, like

anybody else who have been hungry in these last weeks, have been able to go on to 3-1-1 or go online to get help. We're going to do something different now with the senior buildings, the buildings in NYCHA that are explicitly for seniors that have high levels of concentrations of seniors. We're going to just provide the meals directly, meaning instead of anyone even having to call and apply, we're going to go right to their door - right to your door - and bring you meals directly. So, we'll have enough meals for a whole building of seniors and get them right to them. We don't want anyone to miss out on the food they need. So, we're going to do this proactively.

Now, another crucial piece, a fourth element of this plan is to recognize that there's still so many people who say, understandably, they're not only vulnerable, they don't have all the information they need. They don't know where to turn. This is particularly true with folks who are dealing with serious health care conditions; folks who are disabled, seniors, folks who do not speak English as a first language. There's a lot of folks who are particularly vulnerable and don't know where they're going to get the help they need. We want to go right to them. So we'll be calling through seniors at NYCHA and other vulnerable residents directly. Live calls, folks calling to get them the help they need - if they need food, if they need supplies, whatever it happens to be. Obviously if they need medical care, connect them right away to a clinician. We're going to do that as a proactive approach as well.

And then finally we know of so many seniors in particular senior citizens who are feeling more isolated than ever. Obviously, one of the most painful realities of this crisis, there are so many, but one of the most painful human realities has been grandparents who can't see their grandchildren or their children. Seniors who used to get visits of one kind another; kept their spirits up and got them help they needed, a lot of them feel particularly isolated right now. We want to make it a little bit easier and one of the ways of course is through technology. So, there are so many seniors in public housing who don't have access to technology. We're going to do something about that now; we're going to make a \$5 million investment to give free tablets with internet service to 10,000 NYCHA seniors who are particularly isolated and need that support so they can stay in touch with their family and their loved ones and have more access to the help they need. We'll start in locations in Brownsville and East New York, in Mott Haven, Red Hook, Bushwick, and Coney Island. There'll be a phone helpline if the seniors need any help working with the tablets or figuring out how to get the information they need - there'll be a live phone helpline for them. And I want to thank, I'm often giving thanks these days for all the people who stepped up. I want to thank the folks at T-Mobile who are partnering with us on this project to help these seniors get more connected and get the support they need.

So, a couple more things today. One question that came up yesterday and I appreciate that the question was raised because I had made the announcements and they were no fun obviously, the announcements that the May and June events had to be canceled in the city - the big - the festivals, the concerts, the parades that we had to cancel them. But then the question came up yesterday about the 4th of July. And you know, I thought immediately about the big gathering like we're used to, you know, the millions of people, millions of people coming out and all, I thought, well, how are we going to do that by the 4th of July? But then I started thinking, wait a minute, there's no day like the 4th of July - it's special - and even if we have to do something different, we have to market in a very meaningful way, especially at this moment where everyone's fighting shoulder-to-shoulder to get through this disease. So, I reached out to the CEO

of Macy's, Jeff Gennette and he has been a fantastic partner as has everyone at Macy's with the city. We fare a, feel a very special connection to Macy's in this city, obviously because of the fireworks in particular, because of the Thanksgiving parade, but they've been just very, very civically minded for decades and decades. So I said to Jeff, look, we may not be able to do it the way we historically have, but I want to know how you feel about this because we think it would be right, I think it would be right to mark the day in some special way, whatever the circumstance and to the credit of Jeff and everyone at Macy's, he said, we are right there with you. We want to do that too; we're ready to do it. So, one way or another, the show will go on; one way or another, we're going to celebrate the 4th of July in a very special way in New York City. There's definitely going to be fireworks, how we do them, where we do them, how we do it in a way that's safe and keeps New Yorkers healthy - a lot of questions that we have to answer between now and then. Thank God we know that fireworks can be seen by New Yorkers all over the city even just looking out the window or from the fire escape, from the roof, but we have to do it in a way that's safe and smart. We all are going to have to, I think for quite a while recognize social distancing, but this is a day we cannot miss. This is a celebration that has to happen because it's about our nation and it's about all we stand for as Americans and New Yorkers as a symbol of our strength and resilience. But we're going to do it the smart way and we'll have a lot more to say on that as we get closer. But a profound thanks to everyone at Macy's; no one would have blamed them if they said, hey, we just can't do it this year, but their spirit was, you know, come hell or high water, we're going to find a way to do this and do it the right way and do it the safe way, so thank you to everyone at Macy's.

Now, let me, as I start to conclude, go over the numbers we watch every single day. And this really always will tell us how we're doing and what we have to plan on going forward. Again, I've been very honest with folks; these numbers tell us a truth. It's not always the truth we want to hear, but it's the truth we need to be able to make the right decisions and it reminds us to stick to our plan. Even against the backdrop where there's been real progress, we still need more progress to get to the point where we can get to low-level transmission and loosen up some of those restrictions. So, for the daily number of people admitted to hospitals for suspected COVID-19, unfortunately that number went up from 204 to 252. Daily number of people in ICUs across our Health + Hospitals, hospitals for suspected COVID-19 - that number went down, good news, from 857 to 821. The number of people tested positive citywide - went down from 35 percent to 33 percent. The number of people testing positive in the public health lab test - went down from 63 percent to 54 percent. So, three out of four indicators absolutely in the right direction; one more wasn't so good today, but overall real progress, let's stick to it.

So look, before I talk to you, just to give you a few words in Spanish and then we'll, we'll hear from our colleagues in the media. The bottom line here is to always be building the next phase, always be building the next step forward. We have proven in this city - all of us that - we can protect and support each other. Now we're going to build something in some ways even bigger. We had to fight every step of the way through the last few days. Now we're going to build something to fight back to take on this disease and push it back. This is nothing, never been done in this city before. Let's be clear, an operation that could reach potentially hundreds of thousands of New Yorkers in a single day and have thousands or tens of thousands of people in isolation with all the support they need and constant tracing of everybody who might've been exposed to this disease. Nothing like this has ever been seen before in the history of the city, but we will

create it and we will make it work because that's what New Yorkers do. And it will be part of our story of how we fought back this disease and we won the day. So, a lot to do, but we'll do it together and I have no doubt that we will prevail. Just a few words in Spanish -

[Mayor de Blasio speaks in Spanish]

Mayor: With that, we'll turn to our colleagues in the media. And, again, please give me the name and the outlet of each journalist.

Moderator: We'll now begin our Q&A. As a reminder, we have Deputy Mayor Vicki Been and Senior Advisor Jay Varma also on the line. The first question will go to Juliet from 1010 WINS.

Question: Good morning, Mr. Mayor. How are you?

Mayor: Hey, Juliet, how are you doing?

Question: I'm good. So, I actually have a two-parter for you. Just following up on the ticker tape parade, how do you do this with people standing in the street next to each other? [Inaudible] actually that's so much a part of this parade – if social distancing issues are still there or there are people that are concerned with being close after they're lifted. And also, following up, I called 3-1-1 again this morning to see how things were going with senior food delivery. And I was told that after placing one order, which supplies food for two days, the senior needs to call back to place another order. So, is that something new?

Mayor: That is something we're going to change right away, Juliet. The folks who put together the food initiative were building out the program massively and trying to make sure that they always had enough for everyone each day and trying to make sure that folks got what they needed, but obviously making sure that if someone only needed a brief supply, that they would get that supply of food not assuming they would be needing it every day or every week. What I've said to them is I want to change that assumption immediately, turn it the other way around, ensure that the food supply is constant. We can be in touch with each New Yorker who asks for food to see if at any point they have enough or their situation has changed. But I don't want it to be time limited like that. I do understand why it was created that way, because the situation was so urgent, meaning there were so many people needed food and they were building up the distribution system and trying to make sure that food got to who needed it. And, of course, it wasn't sent if someone didn't need it anymore. But I think in this crisis we have to go with the other bias that it's ongoing until we confirm that someone's in the clear and doesn't need it anymore. So, I've instructed that change to take place and you should see that very quickly in your calls to 3-1-1. And I want to thank you again for being our 3-1-1 monitor, it is very helpful. The quality control that folks in government does is important, but there's nothing like journalists and every-day New Yorkers continuing to check to make sure it's really happening. So, again, I thank you for what you're doing and what your colleagues are doing. On the parade, again, when the day comes when we can have parades again – and we don't know that day yet – what I've said is, this'll be the first thing we do. This will be the first parade when we come back, but we don't know what that time will be. And that time would mean, Juliet, that we'd have to have a much different environment where we could have a parade properly. I mean a parade where

people could come out and actually be a part of it and actually celebrate and thank and appreciate our health care workers and our first responders. And you know what a Canyon of Hero's parade looks like and feels like, it works because everyone gets to come together and there's an incredible passion to it for that reason. When that day comes, it will be indicative of the fact that we went not only out of widespread transmission but into low-level transmission and to a point where there were very few, if any cases anymore. So, that's when I want us to be able to have that kind of true, big public celebration, but not until it's ready. So, we'll keep updating you as we go along, but it's another part of the goal we all are fighting for. We all want to get to the day where we could have that kind of celebration, and, if we work hard enough, there's no question in my mind we will get there.

Moderator: Next question is Henry from Bloomberg.

Question: Hello, Mr. Mayor, how are you doing today?

Mayor: Good, Henry. How about you?

Question: I'm doing good. I'm looking at this program, I'm thinking about what you're trying to do here and I have to admit that I'm extremely skeptical about whether the City, or any city of this size, could have the capacity to do this. The testing, first of all, it's not a hundred percent [inaudible]. We have absolutely no capacity to test people by the hundreds of thousands a day. The test results come in hours, if not days later [inaudible] the test is conducted. And the amount of personnel to contact trace people in a city with subways and, you know, dense population and all of the ways in which social contacts can be made – and not even social contacts, but touching a surface that may contain virus on it. It just seems to me that the amount of effort involved and the costs involved in this thing just make it almost impossible to succeed. And so, please explain to me how this is accomplishable.

Mayor: Henry, the question is obviously a heartfelt one, and I appreciate that, and I don't blame you for saying how do we mount something of this size and impact. And I would say, it is like any other moment in history – we have to do it. You know, to borrow Apollo 13, failure is not an option. We have to find a way to do this. This is the only way we can get out of this phase we're in and to a better situation. The shelter in place, the social distancing is having a big impact. It alone will not get us there. So, we have to mount this effort. Now, I think a couple of things you said, I would say you're seeing the glass half empty. The amount and speed of testing, clearly as more and more work is being done on the testing we are looking to a day where results come back much more quickly. So, I want to emphasize that this model is not based on the assumption of long delays in getting test results back. We hope for speedy test results as this model develops. And I think there's evidence out there that there's more and more work being done in that direction around the country. Also, on the question of contact tracing, I hear you if you said, well, wait a minute, what have you had to think about anybody, you know, they were on a subway car with, or anybody they walked down the street past or whatever. That's never how contact tracing has been done here or other places. It's not – it's not focused on any one you might've been anywhere near. It's focused on the people you've had close contact with. And we were talking yesterday, a group of us, with our medical leadership about this, and I know we have Dr. Jay Varma on the line, he can speak to this too. There is an international definition of

close contact and that's the definition that we would use where you are really in close proximity and engaging someone and tracing those folks. Remember, in the beginning, early in March when we were able to do this work with the disease detectives, I remember – and I always use real life examples – we had the lawyer from Westchester that was, sort of, the center of so much of this. We were able to follow up with that lawyer's family, and we knew exactly what was happening with your family member, with, I think it was eight employees of the law firm that had been in close contact with the lawyer. And then, the son of the lawyer went to Yeshiva University, had two close contacts we followed up with. It was actually something that was finite and that we could do. Is it perfect? I'm not saying it's perfect, but I think it gets you to the heart of the matter. That kind of tracing we have done in this city we can do on a mass scale and we can follow through on. So, I would argue to you, Henry, your underlying point – is it a vast endeavor? Yes. Has it ever been done before in New York City? No. Is it going to be perfect? No. Is it absolutely, positively necessary? Yes. We have to do it. We have to innovate. We have to find way. We didn't previously have an approach to surging hospital beds and bringing in, you know, military medical personnel and finding N95 masks from all over the world or building a ventilator here in New York City. We didn't have any of these things two months ago. We had to create all of them. We're going to create this too. On that specific question of who you trace, Dr. Varma, could you step in here and just describe what that international standard is to answer that point of Henry's question?

Senior Advisor Jay Varma: Great. Thank you very much. We use a definition internationally that we often modify a little bit, depending on our investigations. But the basics of it are, you have to have either had physical contact with somebody during the time that they were infectious – so, hug, kiss – or spent a prolonged period in close [inaudible] contact. We sort of arbitrarily set a time of about 15 minutes, but, of course, also leave ourselves open to judgment depending upon the symptoms that the person had. So, really, the two most important things are, were you in actual physical contact with the person? Or, were you in face to face contact with them for at least 15 minutes or longer?

Mayor: Right. And that means, obviously – and it gets back to why the six-foot standard has been the norm here and elsewhere – that face to face, direct contact closer obviously than the six feet is what we'd be looking for. And so, it gives us something tangible to work with and to build that contact tracing around.

Moderator: Next question is Jenn Peltz at the AP.

Question: Hi, Mr. Mayor. How are you? Can you hear me?

Mayor: Yes, Jenn, how you doing?

Question: Thanks. A question about the progress indicators – as we've seen, they go up and down day by day. Since even one additional person can be the difference between red and green. How practical do you think it will be for these ever to go down all together in tandem for weeks at a time?

Mayor: Jenn, that's the whole concept here – it's a very fair question, but I want to emphasize this standard was put together on the basis of, of course, knowing it was possible – for sure, knowing it was possible – and knowing that it was a high bar, but also a smart measure, meaning, you know, we do not want a mistake – make the mistake that I'm worried some other places might be starting to make of reopening so quickly that you could let the disease reassert and set us all back. We want to be smart. We want to be cautious. But absolutely these are attainable measures. And if you sort of think about the common sense of them, you know, if you saw the number of people testing positive going up or the number of people in the ICU going up or the number of new hospitalizations going up, that would not be the time to relax restrictions. You really want to have evidence that something has turned a corner more profoundly. So, they're common sense to me, but of course they can move. We've already seen movement. And interrelates with what we're talking about here. We're going to have to use these new strategies as part of the push. So, the things we're seeing that every-day New Yorkers are doing are clearly working. But we're going to have to do more and these kinds of strategies I just outlined, they help you get to low-level transmission and then secure it and then push on to the phase we all want, which is when there's effectively no cases at all. So, no, I'm absolutely convinced these can and will move, but they're cautious for a reason.

Moderator: The next question is Anna from the Daily News.

Question: Hi, Mr. Mayor.

Mayor: Hey, Anna.

Question: I was wondering, given, you know, the cost of putting on a fireworks display in New York City both for Macy's and for the City, you know, for security and other measures, is a fireworks display really worth our time, you know, given that Macy's has also furloughed thousands and thousands of employees?

Mayor: Yeah, Anna, I think those are two – it's a fair question, but I think there's two separate concepts here. Macy's is a massive company that's been dealt a huge blow here by the economic reality and that is a much bigger reality than whether they put on a single fireworks display. The cost of a single display is a pretty limited thing in the scheme of things. Again, we're going to figure out something we can do. We have to make sure it is safe and, you know, we're not going to do something that we think isn't safe. We're going to find a version of it that we think is and obviously would therefore simultaneously limit whatever else had to be done around it. But I think it is right to say it is a sacred day each year, it is a very powerful day. It's part of our effort to fight back, to recognize a day of this importance, but to do it in a different way and it will be a different way. But I think it's very generous and, you know, really patriotic of Macy's to say, no, we had planned on this we were ready to do it, we're not going to back away from that commitment, but we're all going to find the right way to do it. And it will be something that takes into account safety and, obviously, not something that's going to cost a lot of money.

Moderator: Next question is Gloria from NY1.

Question: Thank you. Mr. Mayor, I'm wondering if you have made – if there's any progress or changes to how the City is going to handle other parts of summer. So, you're talking about the July 4th celebration, but have you made any progress on a plan to deal with people going to the beaches, to deal with people who maybe don't have air conditioning at home and need to go to a cooling center that might now not be open because of the restrictions that are in place? What is the City doing to prepare for a summer other than making sure that we have this day of celebration that you're talking about?

Mayor: Yeah, that's something, Gloria, we've been talking about over the last few days. Obviously, in these settings we're absolutely going to be unveiling a summer plan that looks at how we can protect people, first and foremost, because we don't know as the summer begins – I mean, some people mark it from Memorial Day, obviously, other people would mark it from when school normally lets out. Whatever way you think about it, we still don't know what we're going to be confronting. What we knew was there were some things that would not be ready, certainly like opening a beaches on Memorial Day was not going to be a real possibility and whatever we do has to be with a health and safety focus. So, we'll put together a plan and we'll announce a plan that says this is how we're going to begin as we get into the warmer weather, this is how we're going to keep people safe. Knowing that beaches are not opening in the beginning, we still have to protect people who might go to the beaches, but we don't want to see anything like the normal reality of folks traveling. And let's face it, most people go to the beach, they take the subway, they take the bus. That's not happening right now. That's not acceptable right now. We don't want large numbers of people anywhere near the beaches, but we have to protect if people show up in any number to make sure that they're safe. We do need a process to protect people against heatwaves and there are different ways we could do cooling centers, even with social distancing. There's a lot of pieces. A question was raised a day about blackouts – great question. Again, I think the situation is different this year in a way that will allow us to handle that differently, but we'll speak to that as well. So, a lot of pieces will come together. Now, it is April 22nd. So, this plan is something we would talk about in the next few weeks, obviously well ahead of the hot weather. But yes, it is being worked on right now and it'll be ready soon.

Moderator: Next is Katie from the Wall Street Journal.

Question: Good morning, Mr. Mayor. I was hoping you can give us an update on some of the announcements you've previously made, particularly when it comes to outreach in the most vulnerable communities. In Queens, in particular, the neighborhoods that have been hit the hardest don't have NYCHA developments, so they can't really tap into the relief you've mentioned today. But can you let us know which community groups that your administration has connected with, community health organizations that you've mentioned to do what you described as grassroots outreach? And I'm curious, you know, I know this test and trace plan, how can it really work if we don't have the tests yet? And why wasn't there – I know that there was a lot a shortage of tests, but, you know, a lot of this seems like things – and I've said this before, but it seems like things that we should've done a month ago or even more than a month ago. Thank you.

Mayor: Katie. I appreciate the editorial comment, but I got to tell you it's moot without the tests. I mean, you could say it would have been nice to do it a month ago, but we just didn't have anywhere near the testing capacity. And so, I understand the impulse always is for journalists to wonder what could have been, but I think we all lived through this together and everyone had eyes to see there was barely the testing available to do the most basic work we had to do. And remember, that was protecting the patients whose lives were in danger, that was testing the health care workers, testing first responders. We cannot forget that two weeks ago – a little more than two weeks ago, we thought we were about to go into a massive ascent, unfortunately, with this disease and it was going to take more and more testing just to focus on saving the lives and protecting the health care workers and the first responders. And everything we had was focused on that mission, on saving the hospitals so they could save lives. And it's only been in the last couple of weeks that we have begun to come down from that situation and think about reassigning health care workers to things like community testing, having enough PPEs, which is a constant struggle. We still don't have enough test kits. We still don't have enough lab capacity for tests, going forward. I am hopeful those pieces will keep coming together. But no, there was no way this could have been mounted previously. Now we're building it out rapidly so we will, as much as we have the testing, we'll be able to act on it, but there has to be a sustained supply of testing to do that.

To the other question about the other pieces of the disparity plan, the plan to address the health care disparities. We will have an announcement shortly on expanded telemedicine options and we will have an announcement shortly on grassroots outreach, which again, we want to engage those clinics not just for texting and phoning and things like that. But eventually actual on the ground work and as more personnel are becoming available and as the PPEs are starting, again, not out of the woods, but starting to get a little bit more available, going to be more possible. So those pieces expect announcements on those in the coming next few days.

Moderator: Next question is Yoav from The City.

Question: Hi, Mr. Mayor. I wanted to ask you about 50,000 tests that were supposed to come this week from, I think it was Aria. Well, I guess what is the current daily testing capacity in the city and will we see those 50,000 tests actually conducted this week so that by the end of the week the city will have tested 50,000 more than it did last week?

Mayor: We'll get you the testing capacity previous. The Aria shipment, we've gotten half of it in now. The rest will be coming over the next couple of days. But remember before that there was no widespread testing test kit source. So everything was much more hand to mouth and again, the focus on helping the patients in greatest danger, the health care workers, which we expanded health care worker testing in H + H and first responders. So we'll get you those numbers of where we've been up to now. The community testing has just begun. The introduction now of a bigger supply and what we think will be a sustained supply both from Aria and from our own production. That's now going to allow us to go to something much bigger. So we'll get you the update on what has happened previous to this supply arriving, but this is literally the first week where we ever even began to have a supply that would allow us to have something that was more of a community-based approach. Up to now, it's been a very hospital-based approach. Now it's going to start to be more and more a community-based approach.

Moderator: Next question is Julia from the New York Post.

Question: Good morning, Mr. Mayor, I want to read you the response from the head of the FDNY-EMT union Oren Barzilay to your ticker tape parade announcement yesterday. He said “a parade does not put a roof over the heads of our men and women. A parade does not put food on our members’ tables. The Mayor needs to stop his irresponsible treatment of heroic work of EMT, paramedic and fire inspectors of the FDNY, heroic men and women at FDNY-EMS have risked their lives during the COVID-19 pandemic and the time is now to pay them what they rightfully deserve. If he can spend millions on throwing a parade, he can do the same with paying EMS.” So, what do you say to first responders who want you to honor their work with a pay raise, not just a parade?

Mayor: Julia, throughout this process we've been honoring all of the first responders by supporting them with what they need most, which is the personal protective equipment, the reinforcements, obviously for the health care workers, that meant getting in the military medical personnel, getting in the contract nurses and other employees, the medical volunteers. For the EMTs and paramedics, it means the hundreds and hundreds of ambulances we brought in from outside, and more and more EMTs and paramedics will get you the exact number. But I think the last I heard was something in the neighborhood of 700 or more that we brought in to support of folks who do such crucial work for us and to take some of the burden off them. And thank God as we talked about just a few days ago, the numbers have come way down. We're at a situation now where our EMTs and paramedics are dealing with a number of calls that are much more like would be normal for this time of year, but that extra support was crucial to help them to take some burden off them and we're going to keep supporting them.

I think Senator Schumer is right. There should be a federal bonus program as part of the next stimulus for all the people who acted heroically here, all of the first responders, the health care workers, the essential workers who are part of this fight. Federal government is in a position which we very sadly are not, but they're in a position to provide bonuses as part of a stimulus. Everyone understands what has happened to the City of New York to our finances in this crisis, but it absolutely should be part of the federal stimulus that's voted in May, and our heroes deserve that. So we're going to fight for that. And I would say I think the notion that when the day comes, and it could be, you know, quite a while from now, but when the day comes when we can honor everyone, I think people in this city, I think our first responders and health care workers will appreciate being respected and honored.

Union leaders do what union leaders do. But the folks who do the work keep showing up, they take their oath seriously. They serve other people and I certainly think for them, for their families, but for all New Yorkers, the opportunity to thank them and appreciate them is meaningful. And we're going to get a lot of support from outside to pull together that parade when the day comes. But that day is off in the future. Right now, we got to support our first responders in the here and now and we got to get them those bonuses through the next stimulus.

Moderator: Next is Jeff from the New York Times.

Question: Hey, good morning, Mr. Mayor. I have two questions. Can you talk about the hotel isolation program and the challenge it's intended to address? How much of a role has family transmission played in this crisis so far? And the second question is about the contact tracers. Has the city considered any use of a mobile applications to trace people? And if you have any idea how large, how many tracers are going to be needed. Do you have any sort of more details you can give about the scope of the tracing plan?

Mayor: Okay. So the – Jay – keep, keep Jeff there for a second. I want to make sure I got this right. Jay will speak to the use of what's been done that, and we were borrowing obviously to some extent from models that have been at least somewhat effective elsewhere. How technology is used and how people are used. I can definitely tell you, Jeff, that there will be thousands of people employed whether they are existing city workers, whether they are nonprofit folks who work for the city or if we have to hire new people. But you know, I would say thousands and thousands of people doing the contract tracing, five to 10,000 would not surprise me at all. But we're working on what that exact number would be. Jay in a moment can talk about sort of the technology and all, but the first part of your question about the isolation, you, I think I heard you say, was it indicative of a certain amount of the problem coming from people living in crowded conditions? Is that the question?

Question: Well, two questions. What, you know, can you talk about the challenge that the hotel isolation program is intended to address? And then secondly, what is the role of family transmission in this crisis?

Mayor: Sure. Okay. I'll start and again, Dr. Jay Varma can give you a much more precise answer, but clearly transmission, you know, to the people you are closest to in your life. And we said this from the very beginning, our Health Department team said this from the very beginning that that's, you know, the people you spend the most time with, have the closest contact with. If one gets sick, the chance is substantial it could spread to other people. And when we were doing, that early, early contact tracing that we were doing, remember day by day in the beginning of March over each and every case with all New Yorkers, you could see that transmission within families very vividly. So there's no question that's a real concern. And that concern is amplified if more people live under one roof or they live in particularly crowded conditions. But Jay – I'll turn to Jay in a second on that and also on the use of technology and the tracing.

On the question of the role of isolation, I think this is one of the things that actually gets in – you know, falls under the category of common sense that anyone who is positive unless they are in the living circumstance where they can really be, you know, overwhelmingly isolated and comfortably able handle to that and have the basics they need, we would rather put them in a situation where they're safe and sound in one of the hotels rather than run the risk that they could infect other people in their lives. So again, some people have a living arrangement that would allow for proper isolation at home. And that's ideal. But a lot of other people, it just wouldn't be possible, particularly if you have a lot of people under one roof, if you're doubled up, if you're tripled up, whatever it may be. So that's where having that option to have people, you know, in a safe, secure place with lots of support and monitoring and no chance that they could spread it to spread the disease to the people immediately in their life makes a lot of sense. Jay, you want to jump in?

Senior Advisor Varma: Great, thank you. So, for the question about transmission in households, we know so many experience in many places around the world that the only way that these [inaudible] contained and you can get to this low level transmission phase is by doing more than just the social distancing. You have to get to a point where you are also making sure that people [inaudible] infection don't transmit it to people that they are close to, either those in their house or anybody else that they socialize with regularly. We don't know the exact proportion of that that is occurring in New York. And in fact, one of the reasons that this program should start now and scale up over time is that we will learn more. We have the scientific basis to understand why people should be separated. But, of course, we're going to also learn from the practical experience about how to do that in a way that is you know, ethical, that is safe and also of course is effective.

Now for the role of technology. New York City has tremendous experience with case contact tracing. This is the basis of how in New York City controlled a huge epidemic of tuberculosis in the late eighties and early nineties. And it's the basis for our also driving the end of AIDS in this city. But of course, what we're talking about here is something that will have to be done on an exponential scale. We use that word exponential cause we see how fast the virus grows. It also refers to the scale at which we need to respond to it. Now, technology may have a critical role here. We've actually had a number of discussions already with the big technology companies that have been developing apps and other things. They're not ready for prime time yet. We also don't know how effective they will be. But we absolutely plan to use technology like these mobile apps. As soon as they become available and it may end up being good. It reduces some of the human contact tracing that that we need. But we have to start on the assumption that we'll use the tools that we know already work and then, and innovate with new tools as they become developed.

Moderator: Next question is Matt Chayes from Newsday.

Question: Hey Mayor, can you hear me okay?

Mayor: Yes, indeed. How are you doing?

Question: Doing okay, sir. How are you?

Mayor: Good.

Question: I got two questions. The first is for Dr. Varma. Doctor, who would be taking these hundreds of thousands of tests. Is every New Yorker at some point expected to do this on a consistent, regular basis? Is there some probable cause that triggers a test? Does a person hang out at the test site and wait for the result? And upon positivity is the person then put into isolation and awaiting transport, either home or to a hotel? And for the Mayor, can you be specific and enumerate the stated reasons that New York City's different from Oakland to Denver and some of the other jurisdictions that have pedestrianized their streets. So like in what specific way doesn't it as you've put it doesn't the plan fit our reality in terms of safety? So I'm looking for specific reasons the NYPD feels that the city is different from these places, not just like a

general process answer of who you've talked to and what they said generally. And lastly, did the NYPD generate a written report—

Mayor: Matt, I got you. Hold on. Just parity. Everyone's been pretty balanced about trying to get to as many people as possible. I think you will go. We're going to take the multi-part for Jay. That's a consistent question and I'll answer your question on the streets, but let's, let's leave it there.

The – I think I've been specific about it, so everyone has their own judgment here. But I think I've been pretty damn specific and I'll say it again. The models that have been looked at around the country, the Oakland model as I understand it was assessed by NYPD and Department of Transportation was here are streets that are delineated as pedestrian. They are not blocked off physically— this is what I've been briefed on – they were not locked off physically and there is not an enforcement apparatus in place. So it's something of an honor system, if you will.

And the notion isn't, to be fair in California, I mean, a very obvious specific thing in California, drivers stop at intersections even if there's no light or stop sign. They stop when people are trying to cross the street even in the middle of the street, a lot of time. This is a very different culture. In fact, a number of you have rightfully raised the concern about speeding lately, which we're trying to address, but I'm not comfortable with streets being delineated as for pedestrians and just hoping and praying cars don't go on them and pedestrians are going to be safe. I think there's too much danger that drivers might still go on those streets and put pedestrians in a danger. And then the alternative you could say, okay, well block off all the streets, put in lots of enforcement. Well we can't do that right now. NYPD is still not at the headcount, the sort of troop strength, we want them to be given the number of people out sick and they have a bunch of additional responsibilities in terms of enforcing social distancing, which are more fundamental to the strategy then would be opening up the streets.

So I think it's very specific why the model that, you know, the leading model was Oakland. I do not think that model fits our circumstances specifically. Obviously, we are much more densely populated and we have a very different driving culture. But on top of that, the enforcement piece, which I think is just absolutely necessary if you're going to ensure safety in New York City in anything, it cannot be devoted to open streets. It has to be devoted to all the other places where we have to protect against social distancing. And I've delineated them, the supermarkets, grocery stores, pharmacies, parks, subways, buses, that's where we're putting our energy and that's where I think we should put our energy. So again, I'll happily talk with Speaker Johnson and we'll work on it with the Council and see what we think makes sense going forward, and over time that situation could evolve. But, right now, I think those are very specific reasons why it doesn't make sense for us. Go ahead, Dr. Varma and the other question.

Senior Advisor Varma: Yeah. So, we'll have to understand, you know, what's ideal and then what's pragmatic. So what is ideal is actually the [inaudible] game because this is an infection that we know can be transmitted, sometime before people develop symptoms, maybe two days, maybe even three days, it's quite important to actually in an ideal situation, from what we know right now, that people be tested regardless of the presence of symptoms and that being an opportunity that they be retested. Now, that's the ideal world. The challenge with that, as you've

heard regularly is the fact that we don't have a steady supply chain. So many parts of this testing problem still need to be fixed.

So in the pragmatic sense, what we can do now is that we can prioritize our testing sites in those areas of the city where people are most vulnerable. We know that even before this epidemic, and we know that with this epidemic. So, what we will prioritize testing for is people in these areas, and as you've heard the Mayor describe today places and neighborhoods where people, and for too long not had access to all of this. But as we scale up, as we build testing capacity, we intend to make use of it that throughout the State so that it becomes something that every New Yorker has available to them.

We also don't want to overburden our clinics and our hospitals. Right now, a lot of people, you know have to forego an in person visit because we need to keep capacity for you know, coronavirus cases. But as we move further along to a low-level transmission state, we want to make sure people can get tested, but we don't want people at very low risk to continuously being tested and using up space these other clinical facilities. So that's one of the reasons why it's important to start with high priority people in areas and populations, but over time, as our capacity expands make it available to everybody and also make it available outside of the regular clinical infrastructure that we have.

Mayor: Good.

Moderator: We have time for two more. The next question is Sydney from Gothamist.

Question: Hi, Mr. Mayor. This is Sydney from Gothamist. Regarding some of the City Council legislation expected to be introduced today, I'm wondering if you've had a chance to, to review some of that and if you would support some of the announcements regarding essential workers bills, which include premiums for essential workers, prohibiting firing without just cause, paid sick leave for gig workers, and among other things? And also have you considered or would you support hazard pay for those recent medical school graduates who are in their residency programs at city hospitals?

Mayor: Thank you for the question, Sydney. I've only heard that the package is being introduced. I have not seen any of the details. I look forward to speaking with Speaker Johnson about it, want to understand, you know, what he and the Council are looking to achieve. And look, we're obviously kindred. The values are very much in common between both sides of City Hall. We're very, very concerned to protect working people in general and particularly during this crisis. So, I can't comment on any of the specifics because I haven't seen them. I can say I know the motivation behind them is good and you know, want to see where we think we can work together on that. Always the question in my mind will be, you know, what can we do versus what do we need help from outside to do? And that of course means Washington. And I think a lot of our future is going to be determined by the fourth stimulus. We wanted to get a lot done in stimulus 3.5. A lot of what I think should have been there wasn't but I still want to say, you know, nonetheless, some real progress was made in stimulus 3.5 in terms of small business for sure and new money for testing for example. So, there's some very good things in it. Support for hospitals. There's a lot of good in it.

What was really necessary was the help for cities and States to actually be able to get through this crisis and support our people and provide the basic services that wasn't there, but a lot of energy, a lot of fight is being organized to get that done in the next few weeks in stimulus four. Obviously as I mentioned earlier, another opportunity to stimulus four is to provide bonuses, a special compensation for folks who have played a crucial role in fighting back this disease. So I think that's the place we need to focus where it could be achieved and be done as part of a bigger package to make us whole economically because otherwise we're just going to be in a horrible state in this city. So, you know, when I talk to the Speaker, we'll obviously compare notes on how what he's talking about interplays with what we're trying to achieve with stimulus four in Washington. But absolutely looking forward to having the conversation with them and then I'll be able to give you more of an update.

Moderator: Last question for today goes to Aundrea from CBS.

Question: Hi. Good morning, Mr. Mayor.

Mayor: Hi Aundrea. How are you?

Question: I'm good. So earlier this week the governor announced a partnership with Ready Responders to provide door to door testing in NYCHA. Is the city a part of that? Also what would you say to NYCHA residents whose vulnerabilities were well known prior to the pandemic about why they were not prioritized much earlier?

Mayor: Oh, I think it's a very painful truth and I want to always level with people because we just didn't have the amount of testing and the personnel and the PPEs to do testing on the community level the way we needed. That's just the reality. I mean, look the – I want to separate the State had certain initiatives and you know, I appreciated those, but the point is from the city perspective. We were focused on saving our hospitals and I'm going to keep going over this with people because this was just a few weeks ago. So I want everyone to kind of not lose track of history we just lived through. For that period in March where we saw a sudden upsurge into April, the focus was on saving lives and the way to save lives was to keep the hospitals going and a way to keep the hospitals going was to make sure that we were protecting our health care workers and obviously very much related our first responders who were doing everything to get people to the hospital and protect lives in so many ways.

We needed to ensure that we had enough personnel, we needed to ensure we had enough PPEs. That was a struggle throughout. We remember those horrible days where we weren't sure we were going to have enough ventilators. That was until just a couple of weeks ago and those hospitals, particularly the public hospitals and the independent hospitals are the ones who in fact serve NYCHA residents and that's where people were going to be saved. So that's what we had to prioritize. The testing we did in front of the hospitals was to help separate the folks who really needed to come in immediately and be addressed versus folks who did not need to be hospitalized and that was to protect the capacity of the hospitals to keep going and to protect people who, you know, we didn't want anyone in a hospital setting where they might be exposed to the disease if they didn't need to be there.

So, everything was this kind of last line of defense. And I bluntly, I talked about it very vividly in those days. The hospital system in general was our last line of defense and we were trying to hold that. The notion of having the personnel, the PPEs, the pure testing capacity, the kits, to do something really broad at a community level would have been impossible just a couple of weeks ago. So now that we finally are starting to get the supplies and we're finally getting some relief, it makes all the sense in the world to now focus outward and start pushing the resources outward to the maximum extent possible and reach the community level where the need is greatest. We're going to keep doing that. and then that's going to segue into this much bigger plan around testing and tracing and the follow-up we'll do.

Remember the PPE issue here, we are not out of the woods on that. Even this week we're still struggling to get all the surgical gowns we need. So, I want people to remember when we talk about testing is still going to always come down to do we have enough personnel? Do we have enough PPEs? Do we have enough test kits? Do we have enough lab capacity? And that's been a very tenuous reality until just now and it will still be a challenge for us going forward, so we're always going to be honest about that. So that's to the, what I would say to NYCHA residents that we had to do what we had to do to save lives and protect people and protect the hospitals. Now we're in a position to go out to communities much more deeply. The first part of the question, I want to hear that again. I don't know if Aundrea is still out there?

Question: It's about Ready Responders. The Governor announced partnership with Ready Responders going door to door, is the city a part of that?

Mayor: Yes, indeed. So that idea, I want to give credit where credit is due. It originated with Congressman Greg Meeks and he and I first talked about it and I'm thinking something like 10 days ago, 12 days ago, our team has been working with Congressman Meeks and with Ready Responders. In fact, Dr. Varma spoke with the lead medical officer for Ready Responders to figure out how to do it effectively and to make sure that the Ready Responders said they would be able to bring all the resources in, because especially when the conversation started, we were right - we were clear we weren't necessarily going to be able to free up personnel and PPEs. They were talking about what they could bring in independently to mount this effort. So, we fully intend to work with them to get it done and obviously they came to us. Congressman Meeks and Ready Responders came to us because we run, you know, the Housing Authority is something that's run on the city level. But we absolutely think it's a, a very noble initiative. We want to see it build out and as soon as the very specific sites are put into play and up and active, we'll make that announcement for sure.

Okay. I want to thank everyone. The whole issue today - thank you – the whole issue today of thinking ahead while we're still fighting this fight. I want people to understand that we know it won't be one simple, clean, easy path forward. We understand this is going to take some real effort and some real time to get us through to a point where things start to get back to normal, but we can now build this apparatus. Again, it's going to be unlike anything you've seen before in the history of New York City. It's going to be a huge apparatus. It is ambitious. It has to be ambitious. It is very fair. If someone says, can we reach this scale? Can we reach everyone that needs to be reached? These are very fair questions. But the bottom line is we have to build the

biggest, strongest apparatus we can during the month of May to reach as many New Yorkers as possible, and we have to keep the pressure on at all times on Washington to get us the testing we need and all the other support we need so we can really make this effort come alive.

But I wanted people today to get the shape of it and to understand this as being built as we speak. Let us pray that the testing supply becomes stronger so we can really start to pump this up and make it something that reaches not just thousands of New Yorkers, but then tens of thousands, and hundreds of thousands of New Yorkers because that's how we're really going to turn the corner when we can reach those kinds of levels and sustain them. So that is the plan and we're going to get there one way or another. And again, thank you to all of you. The only reason we're able to talk about this plan today is because all of you did so much already in your own lives to fight back this disease and to put us on a pathway to something better. So as always, I expressed my appreciation to all my fellow New Yorkers and this next phase is a chance for all of us to take a big step forward together.

Thanks very much.

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