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**TRANSCRIPT: MAYOR DE BLASIO HOLDS MEDIA AVAILABILITY**

**Mayor Bill de Blasio:** Good morning, everybody. Today, we want to focus on not just the fight against the coronavirus right now, but where we're going, how we're going to defeat this virus once and for all, rebuild this city, recover as a city, move forward and then have the ability to be a global leader in public health, based in fact, on the very experiences that we went through this year, the painful experiences we learned so much from, the innovations we created, the forces we marshaled together, the extraordinary ingenuity and energy that New Yorkers showed in addressing this crisis. That is also the beginning of building out a role as the global leader in public health and the place that people can look to from all over the country, all over the world to help ensure there won't be the next pandemic or, God forbid we're faced with a challenge, that we handle it a lot better based on the lessons we learned here.

So, we're going to talk about our plans for that future, and we're going to frame it, of course, with the reality that we're fighting an intense fight against the coronavirus right now, we'll talk about that, but that thank God the cavalry is coming. The vaccine is coming, starting this month, this month of December. In fact, just 12 days from now, we expect the first dosages to arrive, and we'll talk about that and how we're going to be distributing the vaccine here in this city quickly and effectively. But let's be clear. This whole crisis has taught us so much. It's taught us so much about the need to create, to do things that haven't been done before, to be willing to try new things and figure out what will work to recognize truths that were too often swept under the rug, including profound disparities that must be addressed head on. All of that has made us stronger, even though none of us wishes we went through any of this pain, any of these challenges, it has made us stronger and it's made us clear about what we have to do for the future.

I had a great example of this yesterday. I toured the Pandemic Response Lab. This is a brand-new facility. It was set up during the coronavirus crisis to help New York City respond to the challenge we faced, and it is absolutely extraordinary. This was created from scratch, using new approaches, new technology, taking some of the best minds in this city, in the business sector, universities, hospitals, bringing them together at the Alexandria Center to focus on solutions we needed right now, and we all know one of the biggest challenges was getting all those tests processed quickly. Remember, from the very beginning, I remember the first press conference we ever had about the coronavirus, the key point was testing, and today the key is still testing. But what we found is crisis is testing is only as good as your ability to process the results and process them quickly, and that's what the Pandemic Response Lab has been doing brilliantly – 20,000 individual tests a day being processed right now, the ability to get up to 30,000 soon, and then we're going to build beyond, and it's remarkable to see how effective this process is considering it was something only thrown together in the last few months. I really want to thank everyone at the pandemic response lab for their amazing effort, and this video will give you a sense of the work they are doing to protect all of us.

[...]

**Mayor:** So that gives you a flavor of the amazing work being done at the lab. This was put together so quickly and effectively, and this is again the spirit of this city, the ability of this city, and this is what makes us special, even irreplaceable in the national and global context. New York City can do things that no other place can do, and we learned that with the Pandemic Response Lab, but now we're going to go farther because the next step is to build something even bigger that will be about the future and protecting this city and every place in this country and this world from future challenges, and so today we're announcing the creation of the Pandemic Response Institute, housed here in New York City at the Alexandria Center to lead the world to the solutions that will protect us in the future.

Now, look, we know that research is necessary in an unprecedented way. We know that during this crisis, there was so much catching up that had to be done. That work can be done in many ways in advance, going forward. The training to prepare people for future challenges can be done – now that we know the depth of the challenge we can get ahead of it and we can prove it can be done right here in New York City. The fact that we have learned a lot more about how to detect outbreaks and manage them, but we have to go a lot farther – that can be done here in New York City. Creating a blueprint for addressing this kind of crisis and do it in a systematic way – that can be created right here in New York City. To tell you more about the Pandemic Response Institute and what it'll mean for the city and far beyond the city someone who has really shown tremendous vision in fighting the crisis here, but also in helping us to envision where we can go as a city, my senior advisor, Dr. Jay Varma.

**Senior Advisor Dr. Jay Varma:** Great, thank you very much, Mr. Mayor. On April 3rd, I boarded a plane in Ethiopia and flew to New York City to help respond to the most lethal crisis the city has ever faced. I remember arriving in New York and being struck by two feelings. First, how unsettling it was to see the storefronts closed, to hear the air pierced by the sound of sirens, to see people on the streets, masked, walking away from each other as much as possible. Second, I was also struck by how eerily familiar it all felt. I've responded to outbreaks all over the world, from Ebola in West Africa, to refugee camps in Thailand, and I'm unfortunately all too familiar with the devastating impact that epidemics can have on societies. In the work I've done throughout the world one principal message I've always tried to deliver is that public health, isn't an investment, it's not a cost. It's an investment in our physical safety, an investment in our economic prosperity, and an investment in justice, ensuring that health and opportunity are available to all, and that is why the Mayor's announcement today about a new Pandemic Response Institute is so important to the city, the country, and indeed the world. New York City had to fight its way back from one of the worst COVID outbreaks of any city in the world, and one of the ways it did that was through a partnership as you've just heard between government academia and the private sector to create the Pandemic Response Lab, and that lab has been the key that unlocked the Test and Trace Corps to prevent thousands of infections in the city, and the key that unlocked the safe reopening of our public school system.

The Pandemic Response Institute is an opportunity to expand beyond laboratory work, into training, research, innovation – into all of the areas we know were important for outbreaks:

detection, investigation, management, and this will position the city as a leader in pandemic response and strengthen our infrastructure for future outbreaks. How do we forecast when an outbreak might emerge, just like we do the weather? How do we develop tests for COVID and other infections that you can use at home, like a pregnancy test? How do we develop PPE that's easier and safer for anyone to use? How do we develop and test vaccines even faster than what we've done with COVID? This Institute can bring together partners from all around the city to answer these questions, to spur innovation, and create new jobs and new business ventures.

To develop this Institute, the city will support its initial home at the Alexandria Center positioned right next to the Pandemic Response Lab. We'll be meeting with public health experts next month to further develop the strategy and focus for the Institute and then issue an RFP for partners to operate the Institute shortly thereafter, with a goal to select an organization to begin operating it in 2021. Central to all of this is really public and private partnership, bringing together the best from the city, from government, our universities, our biotech and technology centers and our civic organizations. Together, they can spur economic development, build a stronger workforce, and make New York City the public health capital of the world.

**Mayor:** Thank you so much, Dr. Varma, and look, this is going to be crucial to our future. It's going to be crucial to our ability to protect people. It's going to be – it's so important to the recovery of New York City to bringing back and building an even stronger base of jobs. This is part of what's going to make New York City great going forward. So thank you Dr. Varma, and thank you to all my colleagues to be a part of putting this initiative together.

All right, now let's talk about, as I said earlier, the cavalry is coming, let's talk about the vaccines. The moment we have all been waiting for is finally here. Vaccines are being approved. Vaccines are being shipped. We expect the first shipments as early as December 15th. That is 12 days from now, the Pfizer vaccine shipments, we expect to begin for New York City – Moderna shipments a week later on the 22nd.

We are working closely with the State of New York on a distribution plan with an important focus on those who have the greatest need and need to get the vaccine in the first efforts. We're going to be working with the state to fine tune the approach. But what we all agree on is high risk health care workers, obviously absolutely crucial to protect those who protect all of us, and we know from a painful experience, how much have to focus on our nursing home residents and the good people who work in our nursing homes. So those will be among the top priorities, of course.

Now, over time there will be enough vaccine for everyone, but we're going to have to prioritize in waves to make sure that those in greatest need get the vaccine first. This will obviously take months, but we're going to focus on the people have the greatest needs. We're going to focus on those 27 neighborhoods that were most deeply affected by the coronavirus. We're going to certainly focus on folks who have borne the brunt, like people who live in public housing, but we're going to throughout this process, work on the fastest and most effective distribution because the faster we can move, and the more we can educate people, and the more we can get people involved, the more people who will be safe. Here to tell you about it representing our Health Department, which has a lot of powerful history, making sure that New Yorkers get

vaccinated and protected, so leading this effort with a lot of tremendous expertise to support them, our Health Commissioner, Dr. Dave Chokshi.

**Commissioner Dave Chokshi, Department of Health and Mental Hygiene:** Thank you so much, Mr. Mayor. New York City, we don't make small plans. We think big, we build big, and we plan big, and the effort to vaccinate millions of New Yorkers in the months ahead will be, in a word, big. That is why we are calibrating our entire public health infrastructure to this project – this spans science, operations, data tracking, equity, and public communication. As the Mayor said, our first priority includes health care heroes. Those who cared for us in the worst moments of the pandemic and whom we continue to depend on now, as cases rise. The Mayor also highlighted the people most at risk, including residents and staff of nursing homes. Our goal is to ensure that a safe, effective vaccine gets to everyone who wants it. Doing so will require close coordination, yes, across the entire city, but also with the state and the federal government, and it also requires us to make sure that all New Yorkers have access to the latest information. That's why we're here today.

But the process of turning a vaccine into a vaccination will be a challenge, a formidable one. For example, storage requirements vary. The Pfizer vaccine requires ultra-cold storage and special freezers. The Moderna vaccine can be stored in regular freezers. So we're shoring up capacity for both to be prepared. The Health Department itself currently has the ability to receive, store, and ship up to 320,000 doses of ultra-cold, that's at -80 degrees Celsius, as well as millions of frozen vaccines. This is in addition to hospital capacity and over 50 hospitals have access to ultra-cold storage, or will have the special ultra-cold freezer delivered very soon, for a total citywide storage capacity of at least 1.5 million doses. But making sure that we're getting vaccine to the people who are at highest risk from COVID-19 requires data, and we will use our citywide immunization registry to monitor inventory and administration and help make sure everyone gets both of the doses.

This registry is like the air traffic control of vaccine distribution. Thousands of health care providers are already enrolled in the registry and report vaccine doses such as for the flu shot. I think of this as the everyday miracle of routine vaccination that prevents so much suffering and already saves lives, but we will build upon this for the COVID-19 vaccine. The Health Department will track in real time communities that may have a low uptake of the vaccine and pivot to ensure that the vaccine is distributed equitably. Our existing public health infrastructure allows us to work closely with health care providers, community health centers, and independent pharmacies across the city. We will be providing everything from technical assistance to resources for storing and handling the vaccine. When we anticipate that more access is needed, we will quickly stand up temporary vaccine centers as well. For instance, these centers will be in pre-identified schools across the city and operated by the Health Department. They're staffed by trained Health Department employees, other City employees from other agencies, as well as Medical Reserve Corps volunteers. These sites would serve essential workers initially, but could be expanded to serve members of the general public getting vaccine to people rapidly and safely. The process is simple. Appointments are scheduled. Eligibility is assessed online and after affirming on the day of their appointment that they are symptom free. They can show up and receive a vaccination. In 2009 during the H1N1 influenza outbreak, the Health Department

immunized tens of thousands of New Yorkers in temporary vaccine centers just like that one. At one site, almost 6,000 people were vaccinated in just two days.

But this is a marathon, not a sprint. And there is a long, long road ahead of us. Building trust has to be integral to our preparation as integral as storage and inventory. So we will also be working closely with our partners, including community organizers, faith leaders, and local clinicians in the coming months. As we get more details, we will be sharing information widely with community partners and the general public through public forums, media availabilities, ad campaigns, and social media. As important as sharing information is, my commitment is also to listen to our community partners. To make sure we're doing everything we can possibly do to be worthy of the public's trust. And make it as easy as possible for everyone who wants a vaccine to get one. Public trust in the vaccine is essential. I think about what it takes to earn the trust of the patients I've cared for as a doctor, starting with listening, communicating the science and following up. We will bring that same approach rooted in humility, evidence, and compassion to our vaccination campaign.

One last note, the media has been extremely important in helping to combat misinformation, whether it was dangerous myths about the measles vaccine or more recently herd immunity and the effectiveness of masks. I want to thank you for the work that you've done and ask for your partnership to report the scientific facts about vaccines and their safety. Together, we can take this step forward into the beginning of the end of this public health emergency. Thank you.

**Mayor:** Thank you so much, Doctor. And everyone, Dr. Chokshi's last point is so important. The trust that we're all going to need to have here, the information that people need and deserve. Again, thanks to our colleagues in the media. You're going to play a crucial role here, getting the information out. And we do want to get the truth out. We know there's been, unfortunately, a lot of misinformation about vaccines. But vaccines are going to be absolutely crucial to ending the coronavirus crisis once and for all. And we're going to need everyone to be a part of this, and we should be thankful too, to all those who participate in creating these vaccines. This has been an unprecedented effort. So, to all the scientists, all the companies that have been involved, to the health care leadership on all levels of government, this is something that took tremendous work in record time, really. And we should be thankful to all involved.

Now, vaccination campaign will begin immediately. We're going to be talking about that regularly. It says to us that we will be able to turn the corner on the coronavirus, but in the meantime, we have a tremendous challenge. And we're going to go over our indicators now, which certainly illustrate what we have to deal with right now to get to that point where the vaccine is widely distributed. And we turn that bigger corner. So, let's go over to indicators. Number one, daily number of people admitted to New York City hospitals for suspected COVID-19. Threshold is 200 patients. Today's report, 174 patients. So, we see a serious increase there. Confirmed positivity level of 49.7 percent. I'm going to talk about all three indicators and then I want to give a summary. The number two is new reported cases on a seven-day average threshold, 550 cases today, 1,962. And number three, percentage of people testing city-wide positive for COVID-19. Threshold, five percent. Today's report the daily, 3.9 percent, but the



seven-day rolling average has really increased, to 5.19 percent. So what does this tell us? Well, we have three indicators and we've talked about the importance of looking at all three. This is something we've had the conversation with the people of this city for months and months, that we use different indicators to tell us different things and to see if they are aligning.

What we're now seeing more than we have seen in a long, long time, unfortunately, is these three indicators all moving in the wrong direction or having already in the case of the daily cases, moved greatly in the wrong direction. So it's quite clear at this point that this second wave unfortunately, is right upon us. We are seeing a different reality in the hospitals for sure than in the spring. And this is a very, very important point. Even though that number has gone up, it's still a very different reality in our hospitals than what we experienced in the spring. The ability of our hospitals to deal with patients is greatly improved. The ability of patients to survive this disease is greatly improved. We are not seeing the kind of stress on our ICU's anywhere near what we saw in the past. But we're extremely concerned and vigilant to make sure that we protect our hospitals and we can protect people's lives. So, this says, at this point, these indicators either have been unfortunately met or on the verge of being met. It's why we're going to come up with new information to help people understand what comes next. But it is clearly, clearly a message that everyone needs to take maximum precautions now.

And I want to amplify what Dr. Chokshi said earlier in the week. If you're over 65, if you're someone with one of those preexisting conditions like diabetes or heart disease, you need to stay in to the maximum extent possible, except for the most essential needs. And everyone has to do the hard work of continuing to distance and wear masks and take all precautions. This is a very serious situation. We all have to be part of the solution. Okay. Let me do a few words in Spanish about the vaccine

[Mayor de Blasio speaks in Spanish:]

With that we will turn to our colleagues in the media. Please let me know, name and outlet of each journalist.

**Moderator:** We'll now begin our Q and A. As a reminder, we're joined today by Dr. Chokshi, by Senior Advisor Dr. Jay Varma, by Deputy Mayor Vicki Bean, by EDC President James Patchett, by Dr. Mitch Katz, by Jeff Thamkittikasem, the Director of the Mayor's Office of Operations. First question today goes to Matt Chayes from Newsday.

**Question:** Hi, good morning, Mr. Mayor, how are you?

**Mayor:** Good, Matt, how you been?

**Question:** I've been all right, thank you for asking. More than a month ago, you said it would be a couple of weeks before the release of the Corp Counsel's report into police conduct during the summer's Floyd protests. Where is the report?

**Mayor:** It's the Department of Investigation and the Corporation Counsel are both working on efforts. My understanding from the Department of Investigation is it will be this month. We're waiting for further details. And that will be either the full report or the first piece of the report. They're working on a number of pieces, actually, not just about the summer but beyond, looking at bigger issues. But I do expect something this month. Go ahead, Matt.

**Question:** On a different matter. What would you say to people in the suburbs who before the pandemic used to drive into the city, but now due to the Open Restaurants program and Open Streets program now find much less parking? Do you expect this situation – the, you know, the fewer parking spots to continue once the pandemic ends?

**Mayor:** Yeah, because we're going to continue Open Streets and Open Restaurants. We're going to make it permanent. If that means there's less parking available, I think that's a perfectly fair trade-off because we know that Open Streets have been a tremendous boost to the spirits of people in the city and giving them a lot of good outdoor options. We know Open Restaurants have allowed you know, 100,000 or more employees to keep their jobs and kept thousands of businesses going. This needs to be a part of New York City's future. So we will sacrifice some parking to provide all those positive benefits to the people in New York City.

**Moderator:** The next is Marcia from WCBS.

**Question:** Good morning, Mr. Mayor. I want to wish you well.

**Mayor:** Thank you, Marcia.

**Question:** I have one question about the vaccine distribution. I'm sorry. I'm out of breath. I ran to get another pen.

**Mayor:** Okay. That is fully acceptable.

**Question:** So, I'm wondering in terms of the distribution – the plan because the Governor has said, excuse me, that nursing home patients and people who work there should be the first ones to get it. And if you add up the total universe, that's 215,000 people. Which is more than the 175,000 doses they're going to get. So, I wonder if they should take precedence or the people who are in the front lines, the first responders, the health care workers, the people who work in

ICUs should go first? Because they're the ones that may be in direct contact with people who are sick?

**Mayor:** I'll turn to Dr. Chokshi. But Marcia, I think the simple answer is we're going to work closely with the State. Both those categories are the highest priority, literally. And remember the vaccine shipments are going to be coming in weekly. So, we're going to be quickly able to get more and more. But we have to get going right away. We'll figure out the top priorities with the State. And we'll get going. Dr. Chokshi?

**Commissioner Chokshi:** That's exactly right. There's a lot of agreement across the federal government, meaning the CDC, the State government, as well as local government about what that highest priority group should be. Just as the Mayor said, it encompasses high-risk health care workers. That includes people who are working as staff in long term care facilities. And then residents of those long term care facilities as well. The initial week to two weeks we will see, you know, more limited number of doses and there will be a plan with respect to exactly how those will be allocated. And that plan will be conducted in coordination with New York State as well. But as the supply increases we expect within a few short weeks that we would be able to cover everyone that is in that top priority group.

**Mayor:** Thank you very much. Go ahead, Marcia.

**Question:** So, my second question has to do with this increase in graffiti on the subways? Vandals tagged about 24 subway cars with graffiti over the weekend. And it takes an awful lot of time and money and precious resources from the MTA to get rid of the graffiti. And in the end subway riders are the ones who end up paying the higher fares. I wonder if there's anything that the City can do to crack down on these graffiti vandals and whether you should tell the NYPD that they should step up enforcement?

**Mayor:** We're going to work closely with MTA, Marcia. If there's ways we can help them. I think a lot of this is obviously about the train yards. If there's anything we can do to help them secure those yards better. Absolutely. That will be something that we'll focus on. Go ahead.

**Moderator:** The next is Bob Henley from the Chief Leader.

**Question:** Yes. I just wanted to circle back on the question of vaccines because the FDNY has said that they anticipate having a certain number of as yet undetermined doses available for frontline responders, EMTs, FDNY EMTs who've been at a much higher risk. I think five times the risk of getting a severe infection than their firefighter colleagues. There is concern early on and we talked about this, you mentioned that there would be some, as did the Governor some independence by the considerable deep scientific bench in New York and New York City related to the vaccine. We have a Reuters report that Moderna investigators, five investigators working



on Moderna trials said in interviews that commercial site investigators quickly felt the large portion of the 30,000-person study used to study their vaccine with white volunteers. If your experts could address the longstanding issues that we have when it comes to big pharma in terms of the engagement of communities of color? And there's a certain irony here that there could be a legacy issue here that it was developed without incorporating these communities?

**Mayor:** Appreciate very much the question, Bob, because it's important that we look at disparity and bias throughout all aspects of our society, including in our health care system. And, certainly, big pharmaceutical companies need to be examined as well. What it means for the here and now let's find out from our health care leadership. Dr. Chokshi and then Dr. Varma.

**Commissioner Chokshi:** Yes, sir. And thank you very much. I agree. It's a fundamentally important question that places equity really at the center of what we're trying to do in our response. And that includes vaccine distribution. Specifically related to the concerns that you're raising about the Moderna vaccine, as well as the Pfizer vaccine. We do have to see all of the data as it's shared. Right now we have some preliminary indications from what the companies have shared thus far. But there are reams and reams of scientific analysis that are undergoing extensive review first within the FDA, then by an independent advisory committee associated with the FDA. That will give us some, some very important information with respect to the specifics of what they've seen in the two large trials for these vaccines.

One of the things that we will be looking for is exactly what you've pointed out. The racial and ethnic diversity of those trials that have been conducted. I will say one indication. One of the reasons the Moderna vaccine took a bit longer to complete is that the federal government asked them to ensure that there was greater racial and ethnic diversity represented among their trial participants, and so that was something that occurred in August and that Moderna adjusted their trial for. But I think the big picture here just not to lose it is that we need to ensure that rigorous, independent, scientific review, and we will also be taking a look at all of the data as it emerges publicly.

**Mayor:** Thank you, doctor. Dr. Varma, you want to add?

**Senior Advisor Varma:** Yeah, just to briefly emphasize, I think the point Dr. Chokshi and others have made all the – which is that, you know, there are some things we don't know about science and there's some things we know a lot about, and one of those is the fact that race doesn't determine the effectiveness of a vaccine but racism determines the ability to get vaccines to people and have people accept and use them. So it's going to be very important for the FDA and the independent review committees to review the data in detail to show the effectiveness across populations, but really our focus has to be making sure that we really earn the trust of communities, which have a very real reason to distrust medical interventions, and we feel strongly that once those scientific reviews are complete, our engagement with the community will help us make sure that vaccines get to those that need the most.

**Mayor:** Thank you very much. Go ahead, Bob.

**Question:** Yeah, so I guess also just in terms of managing collective expectations, because I think that that's very important as we were hearing this idea of turning the corner on coronavirus because of the vaccines and from my reading of a lot of literature on this, it appears that we are still many, many months of having to have this discipline related to this consciousness about how we conduct ourselves and how our individual actions could have all kinds of ramifications to those around us. And I – aren't, you concerned that, that it in our kind of you know, 10 months into this, that we're being a little simplistic here and not really giving the public an accurate picture of the struggle we're going to be in for a while.

**Mayor:** I think it's a great question, Bob, but I'll tell you, am I concerned – I'll tell you why I don't share the concern about what's being portrayed and how people are going to hear it. The – I'll start and my colleagues can add that. First of all, I am someone who firmly believes the way you motivate people to action is by hope. If people are hopeless, Bob, they do not act. If people are hopeless, they give up and they do not have any incentive to do tough and disciplined things. Right now I'd say I'm very proud of how New Yorkers have handled this crisis because overwhelmingly people are wearing masks and practicing distancing, and following the rules that we put out there. But it's always been in the context of being able to show that there was a real impact and that's how we went from being the epicenter to be one of the safest places in the country over the summer. We have a new challenge now. It's really important for folks who have gone through so much or understandably feeling fatigued to see that there is light at the end of the tunnel. I think that sustains people and energizes people, but of course, it's going to take months before everyone who needs the vaccine gets it, many months. We need people to keep to all those smart precautions in the meantime.

One other point though, every person who gets successfully vaccinated changes the playing field. As vaccination becomes more and more common, it improves our ability to limit the virus. Remember also the millions of people obviously have had the disease already, and from what we've seen so far, thank God, are less vulnerable to being infected again, or having a negative impact from the disease. So we do have to put in context those realities and all the advances that have occurred in terms of the hospital approach, et cetera, and let people understand, more work to do, stay disciplined, stay focused, but the situation can and will improve with each month. I truly believe that. Dr. Varma, Dr. Chokshi, do you want to add?

**Senior Advisor Varma:** Yeah, just to emphasize what, what the Mayor has said, you know, there are lots of analogies to think about, but the reality is we just – we can't give up now. We have to fight and keep fighting, and then the vaccine is going to be here. You know, for – if you're, if you're playing baseball and, you know, you've got Mariano Rivera coming into the ninth inning, you don't stop adding just because you know you got a closer coming in. So keep that in mind. It's something that's very important and that's really the message we're giving people, and this is a season of hope, right? This is the season where people celebrate, this time celebrations will be different, they need to be safe but there is hope coming very, very soon.

**Mayor:** Dr. Varma does not even understand the full implication of his analogy. I only will say the year 2004, we can talk about later, but Dr. Choksi you want to add?

**Commissioner Chokshi:** Sir, I'll start with my own analogy actually, which is, you know, we've talked about the cavalry coming with respect to the vaccine, and that is true, although as the Mayor has said, it will take – it will take some time, but just because the cavalry is coming, it doesn't mean you put down your gun and stop shooting, right? So this is actually the most urgent time that we faced in weeks or months with respect to fighting back the pandemic. It is critically important given the spread that we're seeing, given what we talked about earlier this week in terms of hospitalizations increasing as well, that we maintain our vigilance. So even as we do look ahead and we see that light at the end of the tunnel, now is the time to actually redouble our efforts and make sure that we do everything that we can to prevent as much suffering as possible before we're entering into that new reality.

**Mayor:** Go ahead.

**Moderator:** The next is Paul Berger from the Wall Street Journal.

**Question:** Morning, Mr. Mayor, can you hear me?

**Mayor:** Yeah. Paul, how you doing?

**Question:** Good. Thank you. How are you?

**Mayor:** Good, good.

**Question:** I do just want to ask actually continuing the theme that you were discussing just now, you know, earlier on you talked about this second wave that was pretty much upon the city and how everyone has to be a part of the solution, just made me wonder, it seems like there isn't a day that goes by where we don't see examples of people flouting the rules and only last night we had the significant protests on Staten Island. I wonder, what does that tell you about people's willingness to comply with these rules in the coming months given the gravity of the situation the city faces?

**Mayor:** It's a very important question, Paul. Look, I want to separate when there's some ideological motivation and we do see that in some parts of the city, that's notable and that's a challenge and we really need local voices in communities where some are calling for folks not to wear masks or follow the rules, we need local voices to really step up and help us. But that is not most committed communities in New York City. The vast majority of communities in New York City are really honoring the rules. This is just fact, I mean, we've seen it in so many ways. The vast majority of New Yorkers are really honoring distancing and mask wearing in so many profound ways, and in the organized parts of the city, if you will, we've seen just tremendous adherence to safety rules, whether it's health care facilities, schools, businesses. So I don't want to get lost in what a few folks do when I see the vast majority really paying attention and buckling down. I also want to remind you that even though there was a protest, there was a particular bar in question, that bar is now closed because it was violating the rules. So clearly the rules are ultimately what matter here and they're being enforced. Fatigue is real, of course it's real, we're humans, but it's not stopping most New Yorkers from doing what they have to do and that's what matters. Go ahead, Paul.

**Question:** I just wanted to turn actually to the research institute, could you just give us a few more details about it and in particular, I mean how much money given the budget crisis that you're facing does the city intend to invest in this?

**Mayor:** Paul, we think this is a very important part of our future, it's going to be part of the leading edge of New York City becoming the public health capital of the world. It's going to be absolutely shoulder to shoulder with a bigger strategy to grow our life sciences sector in this city, which has the potential to create hundreds of thousands of more jobs. So this is a very big deal to us and we're going to determine the level of investment needed to help support it. But I want to emphasize, and I'll turn to Dr. Varma to add, that there's a lot of resources out there in the private sector, in terms of research grants, et cetera, that are going to be following this exact subject matter. There's a lot of money that's going to flow in this direction. We need to be one of the places that receives those resources because we're best positioned to act on the matter at hand. Dr. Varma?

**Senior Advisor Varma:** Yeah, I would just – following up on what the Mayor's point is just now. There are a number of institutions around the world that have, you know, set models for how an organization like this can focus. You know, many of them are focused on very narrow areas. As the Mayor mentioned, there was almost certainly going to be more investment from governments in understanding the importance of health security and funding it. There's increasing interest from foundations, philanthropic organizations. And then we know of course business and industry, they're seeing this as an economic opportunity as well. Whoever thought before that, you know, investing in making face shields or building a new laboratory in a place that already has a lot of health capacity would actually be a profitable venture. So there's really an incredible opportunity where I think the public interest and the private interest all align around this issue.

**Mayor:** Excellent. Go ahead.

**Moderator:** The next is Candice Choi from the AP.

**Question:** Hi, thanks for taking the question. I have a two-part question, has the city identified where its first Pfizer shipments would go and if so can you give us a breakdown of how many are hospitals, nursing homes, or other locations?

**Mayor:** Doctor – okay go ahead –

**Question:** And then the second part of the question is if the uptake isn't as high as expected at those places, is there a contingency plan for what to do with any leftover doses?

**Mayor:** Okay so we will count that as two questions and I appreciate both questions. I don't think we're going to have a leftover problem. I think we can say that. I think there's going to be honestly tremendous need, tremendous interest and speed of execution. So I'll let Dr. Chokshi speak to it, but I honestly don't think that's going to be a problem, certainly not anytime soon, but if you could speak to both points doctor?

**Commissioner Chokshi:** Yes, sir. I'll take the second one first just to build on that. So the answer is yes. There is such a contingency plan, the citywide immunization registry that I described we'll be monitoring in real time exactly how doses are being distributed as well as the actual uptake of the vaccine. So for finding that there are places that are not able to use their initial allotments, we can shift around demand and then also shift around subsequent supply of the vaccine for future weeks. So that is an integral part of our planning for both the initial phases, as well as beyond that. With respect to the first point with about where the initial tranche of Pfizer vaccine will go, there are some contingencies that you know, that I should be upfront about with respect to the prioritization that the federal government, the State government, and our local government are aligning around. Once that final prioritization is determined, then we can be much more precise in terms of sharing, you know, where that initial allotment will go.

But what I can tell you today is that we've been in constant contact with the 55 acute care and specialty hospitals that are in New York City. We understand the populations of high-risk health care workers at each of those hospitals. They have started placing orders within the citywide immunization registry and that's how the allotment will be determined. With respect to long-term care facilities, that's something that requires additional coordination because the federal government through the CDC will also be rolling out what it's calling the Long-Term Care Facility Pharmacy Program, this is in coordination with CVS and Walgreens, and that will be part of the way in which vaccine is distributed to nursing homes and other long-term care facilities. We will have visibility into that distribution as well through the citywide immunization registry and so the same way of monitoring supply and demand that I described before applies to those as well.

**Mayor:** Thank you. Go ahead.

**Moderator:** The next is Christina Veiga from Chalkbeat.

**Question:** Hi, Mayor. Thanks for taking my question. I am wondering where or when you think teachers, public school teachers will be able to receive the vaccine?

**Mayor:** Christina, really, really good question, and what we're doing right now is we're working through the prioritization schema. And we obviously want to focus after we deal with the single highest priority groups of folks and the most vulnerable folks, we're certainly going to be focusing on other public servants as well. Of course, thank God, you know, we know our schools are tremendously safe, that is proven, and educators who had pre-existing conditions were given medical exemptions. So we know they are protected. So we'll follow the priority schema that the federal government, State government put together and make sure we're always focusing on addressing disparities, but certainly our public servants are going to be important in our priorities as we get more and more vaccine. Go ahead, Christina.

**Question:** Thanks and my second question is about testing. We know that COVID testing in schools is going to be really important for reopening, however, those in Learning Bridges sites I believe they're not being tested, CBOs – universal pre-K providers and CBOs are not doing random testing of staff, and I believe the DOEs Pre-K Center staff, not the students, but the staff



are also not being tested. So I'm wondering why they've been left out and if there are plans to include them now in the next phase of reopening?

**Mayor:** Look, we are trying to expand testing across the board and we certainly want to encourage folks to get tested. We now have so many locations and so many communities, we want to do that constantly, and it's free for everyone, obviously. There's different realities with community-based organizations. Scale is something I've talked about a lot. There are much smaller programs, when you're talking about Learning Bridges and when you're talking about the pre-K sites in community-based organizations, they're much smaller. They've been working, of course, to protect everyone in their facilities, but the scale of schools being bigger is where we've put the focus. But we're going to keep supporting all of them to get testing to them and to make sure they know where testing is available in their communities. Go ahead.

**Moderator:** We have time for two more for today. The next is Amanda Eisenberg from Politico.

**Question:** Hi. Good morning, Mr. Mayor, and everyone on the call.

**Mayor:** How are you doing, Amanda?

**Question:** I'm good. Thank you for asking. So, I was hoping that you or one of your health experts could explain why this pandemic response isn't housed in the City's Health Department, and that you're specifically looking at these private-public partnerships instead?

**Mayor:** I'll start and I'll turn to Dr. Varma. This is about something which I think could be very central to the future of the city and is not going to function as a city agency, but something that really will have national and global reach. And we want investment from the private sector, we want companies to be deeply involved, universities, hospital systems. This is a whole different type of endeavor and it is meant to maximize the energies of all those sectors and also to spur on the creation of a lot of jobs in this city in the private sector. So, it's not built to be a City agency. It's built to be something that I think has got to have a really big ramification for the future of our ability to protect people and our economy. Dr. Varma?

**Senior Advisor Varma:** Yeah. This isn't a competitor to government services. There's a really strong model throughout the world of entities that have been created for the purpose of pulling together resources from, from governments, from the private sector, from foundations and philanthropy to promote research, to also promote innovation, which is not – which is how you turn research into practice, and to also support training. And so, I think, you know, one of the things that we've learned in public health throughout the world is you really need a diverse ecosystem. You need – absolutely need to be built upon a foundation of a strong government public health service. You need private industry to be able to create and manufacture and innovate. And you need something that sits at the interface of those to do all those things. So, I think that's really why this institute is going to be really in that regard.

**Mayor:** Thank you. Go ahead, Amanda.

**Question:** Great. Thank you. And then, my second question, I know you both touched upon it, specifically Dr. Varma, but in terms of equity and the vaccine, is there anything specific that you can talk about of how you're able to get buy-in from Black and Brown communities where there's been a history of medical abuse and distrust in those communities? Obviously, those neighborhoods have been hit really bad by the pandemic. But I think there is still some sort of historical distrust with government with vaccines, especially for Black and Brown New Yorkers. So, I wanted to know what strategies you're looking at to ensure that people are getting vaccinated and that they feel comfortable about it.

**Mayor:** Yeah. Amanda, it's a very powerful question. Thank you. And let's just talk about this head-on – there is tremendous distrust. Black and Brown New Yorkers have every reason to look at the history of American government and institutional racism and be concerned about unfairness and mistreatment. That is something we have to acknowledge and we have to act on and we have to change it. And I think it's different in New York City in some very important ways, because people of color in this city also have seen a series of changes happen in this city to address disparity. And, certainly, even in the context of the coronavirus, the overt acknowledgement of disparity followed by moving resources to communities that have been hardest hit, acknowledging these 27 neighborhoods have been hardest hit and saying they deserve to get priority in terms of vaccine distribution. Folks in public housing deserve priority.

These statements say something about making sure that there is fairness, and we're not going to allow the vaccine just to go to the highest bidder, but to actually go to who needs it most. I think that will engender trust. I think working with community leaders, folks in communities of color want to hear from people they trust at the grassroots level. As Dr. Chokshi said, that's going to be a big part of what we do, building trust by working with voices who are trusted at the community level. So, this is a very real issue. I'm not going to be surprised at all if anyone who was hesitant at first, but we've got to prove by our actions that this is an equitable distribution of the vaccine. And we've got to keep addressing people's real medical concerns with trusted health care voices, both on the city level and the local level. Dr. Chokshi, Dr. Varma, do you want to add?

**Commissioner Chokshi:** Yes, sir. Thank you. And thank you so much, Amanda, for the question, which I agree is core and fundamental to the success of our vaccine distribution program. We're going to make sure that equity, and particularly racial equity, are a key part of how we're addressing disparities that unfortunately we have seen play out in very tragic ways over the last few months. And so, to get to some of the specifics and to build on what the Mayor has already said about this first is, you know, I just think about how this plays out in the exam room when I'm taking care of my own patients and confronting the – you know, the historical legacy of distrust that colors much of the decision-making, you know, that that happens particularly in Black and Brown communities. And the most effective antidote is a trusted relationship. Those are not things that can be developed out of thin air. And so, as a government agency, you know, as the Health Department, our approach is to make sure that we're relying upon the relationships that already exist in communities – community-based organizations, you know, faith leaders, people who are looked to as trusted messengers and partnering with them, you know, having the humility to say, it's not just about the message that we deliver, but about the messenger, and sometimes that's about passing the baton to someone else with respect to delivering the message. But the other really important piece here that the Mayor also mentioned is that we have to think about it in a way that accounts for the places that we're talking about.

This is where it gets very concrete, the priority neighborhoods that the Mayor has made a fundamental commitment as part of our COVID-19 response and making sure that we're using our data to track how things are going in those places and to direct more resources there when it when it is clear that that's what needs to happen.

**Mayor:** Dr. Varma, anything to add?

**Senior Advisor Varma:** No –

**Mayor:** Okay, great. Go ahead.

**Moderator:** Last question for today, who we believe is celebrating a birthday today, is Jillian Jonas from WBAI.

**Mayor:** Happy Birthday, Jillian.

**Question:** How did you know that?

**Mayor:** It's this team – they do their research. Happy birthday to you.

**Question:** Thank you. I didn't even think about it. So, the Politico reporter and the Wall Street Journal reporter already asked some of my questions, but I would like to know where will the Pandemic Response Institute be housed after 2021, because the PowerPoint just said 2021. And what is James Patchett's specific role in all of this?

**Mayor:** Well, James Patchett is with us, so I'll let him speak to that in a second. But – so, it'll be housed initially at the Alexandria Center. And then, depending on the results that we get back from the RFP process will determine if it's there or someplace else as the permanent home. But again, this is a kind of leading edge of something I think has been to be a very big piece of the city's future. And we've got to get it started right away in this moment and build it from there. James Patchett, why don't you talk about the vision of building out the vision and what your role is?

**President and CEO James Patchett, Economic Development Corporation:** I'm pleased to be asked what my specific role is, thank you. So, just to further address the question that you initially asked – the location permanently will be determined based on the partners we identify. So, you can imagine this ultimately being co-located with another institution is looking to expand its efforts and focus on pandemic response, another research institution, another existing not-for-profit. We just want to ensure that we maximize the existing organizations in New York City and scale them up to have this expertise in pandemic response as we see a substantial economic development opportunity here. EDC has been working for the last four years to expand our life sciences ecosystem in New York City and we see a direct connection between the future of public health and pandemic response and life sciences. I think that pandemic response lab is a great example of that. They're using robotics from a Brooklyn-based company, partnering it with health expertise and research that was developed at NYU hospital, and turning it into a new company, specifically focused on pandemic response, but ultimately testing innovation generally

and building it into a company that will, you know, at a minimum hire hundreds of New Yorkers, if not ultimately thousands. So, we see a direct connection in this and our role as long been the conduit to the private sector as a place where we can grow jobs and we'll continue to play that role here.

**Mayor:** Thank you, James. And James, further – I mean, I want to give credit where credit is due to James Patchett and everyone at EDC, because all of the innovations we talked about yesterday during the tour, creating and producing ventilators here in New York City that hadn't been done, was done on a crisis emergency basis effectively, the PPE that were created here, all these emergency efforts to make New York City more self-sufficient in fighting the coronavirus were led by the Economic Development Corporation, working with universities, hospitals, companies, all over the city. That model has been extraordinarily effective. So, thank you to you, James, and your colleagues for leading the way on that. And back to you, Jillian.

**Question:** Thanks for that. Last week, the Comptroller released an audit of the Buildings Department for Fiscal Year 2019. And this is an agency that's well-known for its dysfunction, going back to probably the Giuliani administration. The audit revealed big failures by DOB to perform – sorry – inspections and re-inspection within the mandated timeframe, even for violations considered immediately hazardous. And more than 16,000 – all kinds of violations being late or never occurring. As a sidebar, I've been told for years by housing activists, and I have personal experience with this, that when you call 3-1-1 to file a buildings complaint of some kind, nobody has any expectations for anything to happen except to create a paper trail. Ultimately, I wanted to know, are there any concrete solutions that the city is thinking about to address both the audit and, in-general, to give this agency kind of top-to-bottom rehaul, which it seems to need?

**Mayor:** I appreciate the question, Jillian. I will tell you, I think it's an absolutely fair statement to say over decades, the Buildings Department is one of the most troubled agencies. I think a lot has changed in recent years, and our two commissioners we've had, Rick Chandler and Melanie La Rocca, I think have really been agents of reform at the Buildings Department. I think they've really changed the approach in terms of customer service, technology, efficiency. There's certainly more work to do, because you're right. We inherited something that needed a lot of work, but it is not the same Buildings Department as the past. I think the responses – the response times are improving a lot from everything that I've seen. There's a heavy focus on tenant protection, working with our tenant protection office. So, the mentality of Department of Buildings is a very much focused on the human needs that go along with their work. We'll get you specific responses to that report, but I just want to – while recognizing the troubled history and the need for certainly a lot more work, I don't buy the notion that it's just paper trail. I think a lot of very urgent work happens, particularly when there's a health and safety issue. And I don't think it's fair to sort of stereotype the Buildings Department – a lot of good people there, a lot of people care, a lot of people are doing hard work to protect people. We depend on them a lot. So, I think – work in progress, but let's not take away from the, from the real achievements that they've made.

With that, everyone, look, today, we're talking about some very good things. What the new institute will mean for the future New York City. The fact that we could have vaccine

distribution and a vaccine arriving to us as early as 12 days from now – these are very, very positive developments. We're also talking about a gathering storm, a challenge we are facing with a rise in a number of cases that we take very, very seriously. The key is to keep fighting. The question earlier, you know, were people going to give up? Because they had hope. No, I think people are going to double down because they have hope. I think all of you, as New Yorkers, seeing that the light is at the end of the tunnel, it's going to encourage you to stay tough, to stay disciplined. We need that from you. And we're going through the holiday season and we're going to keep saying to folks, look, it's not a time to travel. It is not a time for big gatherings. Keep any gathering very small, very safe, distanced with masks. And for seniors, please, if you're over 65, do not do anything but go out for essential needs. If you have those preexisting conditions stay in, except for when you have to go out to deal with something essential. We've got to protect people, because now more than ever, that vaccine is coming, big changes are coming. It will take some months, there's no question, but let's double down on what has worked right now to get to that point where we will all be in a much safer reality. That's my request of all of you. And I've got to say with tremendous gratitude, New Yorkers have heard the call from our health care leaders and have acted on it every single time. And we need you to do it one more time to get through this final push to when we beat this disease. Thank you, everybody.

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