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TRANSCRIPT: MAYOR DE BLASIO HOLDS MEDIA AVAILABILITY ON COVID-19

Mayor Bill de Blasio: Well, good morning, everybody. So, yesterday I told you that we were starting to see something very important. We were starting to see some change in the right direction. And I want to really talk this through for a few minutes and I want to make it very real, and very personal to all of you, because this is one of those things where understanding what it means, what it doesn't mean, is really, really important. Understanding that when we see progress, we do need to talk about it, because it tells us something, and it's something I think New Yorkers should be proud of, because it's really about what you have done. It's really about the fact that New Yorkers listened to the guidance from the health care leadership telling you to socially distance, telling you to shelter in place. People really listened, and they really did what was needed even though it was very tough.

So, I want to talk about that and what it means, but I'm going to also say numerous times, we have to be careful not to take this initial information and make more of it than we should, because it is only based on a few days, and it's only initial information. It's not something we can draw much bigger conclusions from. In fact, it would be dangerous to take a small amount of information and decide too many things based on it. That actually could create some new problems, and new dangers, and we don't want that.

But let's talk about what you have achieved, because I think the real heroes here are everyday New Yorkers who had to change their lives. All of you had to do something very, very different in very little time. You know, a month ago this city was in a very different reality and a month ago feels like, you know, a year ago now. I think a lot of us are having that kind of feeling that so much has happened so quickly. There's really nothing I can think of in our lives that has had this kind of reality where we've gone through just massive, massive changes in so little time, with, it seems like, every day there's something very, very different, very new. Sometimes, you know, hour by hour we saw huge changes. This is hard for all of us to make sense of. We're human beings. That's asking a lot of us to constantly adjust to such a difficult circumstance. And we as New Yorkers, we are warm people, we are emotional people, we love our family gatherings, we love our gatherings with our friends, we love to go to restaurants and nightclubs. We're probably the most social people in the whole country. We're used to being close together, and for these last weeks that hasn't been possible, and that's really hurt.

You know, the fear about the disease, the anxiety, the pain we're seeing around us, every New Yorker knows someone who has the coronavirus. So many of us know people who have passed away. That's what's in the front of our minds, and that's what we are every day fighting together. But at the same time, we all feel a sense of loss that we had a life that we in so many ways loved

in this city. And it's been so strange and so different in the last few weeks. But I want people to know, the reason I say the heroes are every-day New Yorkers, is because when asked to do something incredibly difficult, when asked to make these massive changes, New Yorkers went and did it. Amazing levels of follow through, compliance with these instructions no matter how hard it was. And it's something everyone should be proud of, because even though we've got a long way to go, this is still going to be a very long battle, what we've seen these last few days really proves that social distancing, shelter in place, these are ideas that make a huge difference. And they only make a huge difference when people do them the right way, and New Yorkers are doing that in so many ways. So, this gives me hope, more hope than ever that we can get through this really tough moment and come out together, save a lot of lives and get on to recovery at some point.

But now here's the point I want to make about not drawing too many conclusions, because, again, there's a danger in that. We're proving every day that these smart strategies can save lives, can protect people. But we know from some other parts of the world that he started to see a little bit of progress, took their foot off the gas, let down their guard, and guess what? This awful ferocious disease started to reassert itself. And that's something we have to guard against. We have to beat it back, not open the door again too early for it to resurge and hurt so many people. So, what I'm telling you today is something has started to move. We're going to let you know day by day if we see that that positive pattern is sustained or not, because there's no guarantees. Clearly tells us something about what has been working, but it doesn't tell us when this is going to be over. It tells us we got to actually double down. I'd stick to the strategies that are working, and that is frustrating. I'm trying to tell you the truth based on all the information we have, but it's frustrating because we all want to get back to normal. We all want to go see our family, our friends, you know the weather's getting nice. Everyone would love to go out, be in the park, you know, eat outdoors at a restaurant. There's all sorts of wonderful things in this city, outdoor concerts, all the things that we look forward to as it gets warmer, but we're not there yet and we can't get our hopes [inaudible] up the wrong way. We have to keep vigilant, disciplined, strong, resilient. This is what New Yorkers have done, and this is what we've done in other crises too, and we need to keep doing it.

So, the point about doubling down is the strategies working, stick to it. Even as it gets warmer, you start to feel that pull like you want to go do some of the things you used to do, stick to the plan, stick to the strategy. Over time we'll be able to give you more a sense of how long this will be. I've always said, expect a tough April and a tough May. I'm still saying that. But what we'll do is with every piece of new information we'll update you, give you a sense of what it means. But in the meantime, see the progress as an affirmation that you have done the right thing, and if you keep doing it, it's going to help us through this.

Why are we telling you there's some progress? Well, this is about the facts. First of all, the ventilator use. We've talked so much about ventilators. They are lifesaving. This is the way you ensure that someone, God forbid, they're in distress, this disease is a close to taking their life, and a ventilator can save their life, help them keep breathing, help the doctors and nurses see them through. The question until very, very recently, just a few days ago is would we have enough? And that was based on the fact that we saw some very clear patterns in the use of ventilators. And in the last few days we've actually seen fewer ventilators needed than were projected. And

that's very, very important. We expected a really deep intensification of this struggle. We expected the number of ventilators to keep being needed to be more and more going into this week. We've seen actually much fewer needed than we expected. Now, to be clear, we still need more, meaning that they're still each day more people who need them, but much less than expected. That's a good sign. The hospitalizations have stabilized. For a long time, that just kept going up and up. We're now seeing some leveling off. Again, based on only a few days, but something good on that front too. That's telling us something positive. And I want to be clear, we know that means we're not out of the woods. It's too early, it's too preliminary, but we'll keep telling you each day what the evidence is saying. So far, so good, but a long way to go.

Now, the ventilators. So, I want to just recap to you what was going on as recently as Sunday. I said then we, based on all the estimates we could put together, we talked to all the hospitals and looked at every pattern, all the facts that at that point are about 4,000 New Yorkers who needed to be intubated, who needed the ventilator to keep alive. And as recently as Sunday, we expected the number of new ventilators we were going to need each day to be 200 to 300 maybe even more. But what's happened in the last couple of days is that number has come down, and it looks like that number is more like a hundred or even less in terms of the number of ventilators we'll need new each day. That's a striking difference. It's very early. It's very preliminary. But that is a striking difference. We thought we would need many more ventilators to come in this week just to get through the week. As recently as Sunday, I told you that we needed 1,000 to 1,500. A few days earlier I told you we needed something more like 2,500 to 3000. That's how different things have been day to day. We thought we'd need a huge number of ventilators just to keep the hospital system running, just to save the lives that could be saved. That number went down, and it's gone down again. Still a long way to go, but that is striking.

Now, constantly over these last few weeks, we have appealed to the federal government, the state government to help us with ventilators. I want to be thankful and I want to be clear that our call for help has been heard time and time again. So, we got constantly shipment after shipment, including most recently 500 more ventilators from the state of New York. This now means we have a total of almost 5,500 ventilators available throughout our New York City hospitals of all kinds. We have a small emergency reserve of 135 that we're holding in case something has to be quickly moved to a place where the need is greatest. What it means for the first time in a while, is I can say with assurance that we will get through this week in terms of ventilators. We actually have enough to get through this week, free and clear. We are not going to say that we can accurately predict next week yet, it's still too early this week to say that. But the fact that we have confidence we can get through this week is definitely a good sign.

Now, there's some other things to report, and some of them are hopeful, and then some of them are very, very tough, and raise very important questions about what's really going on. But one that's good is when it comes to our public servants, our first responders, the people who we depend on to keep us safe. So many of them we know were out sick because of symptoms of coronavirus or because they had a confirmed case, the coronavirus. And that has been something that caused tremendous worry we were worried for them. They're our heroes, we wanted to make sure they came through okay; their families came through okay. But we also saw fewer and fewer of our first responders available on any given day and people got very worried about what that would mean. I want to thank the NYPD and the FDNY for holding the line throughout this

crisis, always coming up with another way to address all the challenges out there to make sure that the men and women we relied on were ready, always bringing in new first responders. Of course, the amazing effort to bring in paramedics and EMT is from other parts of the country we're so thankful for that. But here now we're seeing something good start to happen because I've said all along, one thing that's true about our first responders is primarily they are younger and obviously very healthy people. And that meant that they could go through this disease quickly thank God in the vast majority of cases, and I'm not for a moment for getting, we have lost some of our first responders. Their families are grieving, but thank God for the vast majority they've come through quickly and they've come through well.

So, the NYPD now reports that they have 276 officers who had tested positive, who have now returned to duty. The FDNY reports that 1,310 EMT, paramedics and firefighters who either tested positive or were exposed to a patient who had tested positive or were suspected of having been infected. 1,310 of our first responders at the FDNY have returned to duty and that's so moving and that's so important for all of us, so we're very grateful. But I told you there's also some things we're learning that really should cause real concern and facts that now are clear and we want to make it very clear to people this city that as facts become clear, we're going to put them out. We're always going to make sure that we believe the information is accurate, but once it's factual, once it's clear, we're putting it out.

So, one of the things that's been discussed in recent days is what do we know about who is being afflicted by this disease? Who are we losing? What does it tell us? Are there some larger realities that we need to look at here? The answer is yes, there are. Here is a disease that has hurt people, hurt families in every corner of our City, let's be clear, every community, every ZIP code has been hurt by this disease, families are grieving right now across every part of the five boroughs. But we also now have information that points out that there are clear inequalities, clear disparities in how this disease is affecting the people of our City. The truth is that in so many ways the negative effects of coronavirus, the pain it's causing, the death that's causing tracks with other profound health care disparities that we have seen for years and decades in this City. So many people have struggled to get the health care they need, who didn't have the money to afford the health care they deserve. So many people have lived with chronic health care conditions throughout their life, so often associated with challenges like poverty. We're seeing folks who have struggled before really being hit particularly hard by the coronavirus. Look, that's a blatant inequality and we don't accept it, meaning we have to fight in new ways we have to come up with new strategies to address what is now a documented disparity. As you're going to see, again, every community feeling this pain, some communities feeling it disproportionately, we're going to help everyone. And the strategies we have in place are meant of course to save the lives of New Yorkers across the board, every part of our City. But we're going to double down on the strategies that reach people who are the most vulnerable now because we're seeing these very troubling facts.

So, here's what the information from our Health Department shows us and this is preliminary information, but it is based on specific records meaning, and this is a tough thing to say, but I want to make sure people understand the facts. This is based on a death certificates, this is based on the work of our medical examiner's office and our Department of Health confirming that someone has died of a COVID-19 related illness and that their specific background is

documented. So, what we've learned is that the deaths, because of COVID-19 in the City, first and foremost have affected the Hispanic community with 34 percent of the deaths. That community is about 29 percent of all New Yorkers in terms of population, but 34 percent of the deaths. And, again, this is preliminary information that we'll keep adding to. It's hard to talk about this stuff like statistics, this means human beings, this means families but we have to look in the face, these disparities that we're learning about. So, the Hispanic community, 34 percent; the black community, 28 percent of the deaths compared to about 22 percent of the overall population; the white community, 27 percent of the deaths compared to about 32 percent of the overall population; the Asian community, 7 percent of the deaths compared to about 14 percent of the overall population. This is painful to talk about, but we have to be honest about it, there's a lot more information that will keep coming out as we have information, excuse me, we can verify. We will keep making it public, but it already tells us something we need to know and it tells us that we need to act.

So, now I want to talk about the plan that we will put in place immediately to address this information we now have about disparities. First, the first and most important element of the plan is to focus on our public hospitals in particular and some other hospitals, some of our independent hospitals certainly as well. But first and foremost, our public hospitals because this is about the most essential concept of ensuring that everyone gets health care regardless of their background, regardless of their ZIP code, regardless of their income. That has been the entire idea of our extraordinary public hospital system from the very beginning we have the biggest, best public hospital system in America. It was always built on that New York belief in fairness and equality. We need to double down on that now, we need to ensure that our public hospitals get absolutely everything they need because we know that so many New Yorkers who are in the most vulnerable communities in the most danger. Where do they turn to? They turn to our public hospitals the most obvious example has been Elmhurst Hospital in Queens. We've all seen what's played out there and the doctors and nurses, all the health care workers have been the most amazing heroes because whatever was thrown at them at Elmhurst, they held, they kept that hospital going, they handled an extraordinary number of cases, they kept saving lives. The public hospitals are the greatest guarantee we have that there will be fairness and equality in saving lives. And that's the single most important thing because we know the blunt truth is we know a huge percentage of New Yorkers, no matter what strategy is put in place, this disease is here, it's going to reach a huge percentage of us, most likely over half and even more. So, people are going to have to confront this disease, it's painful, it's awful that's the truth, but that's the truth. But when they need urgent health care, when they need to have the best doctors and nurses there to save their lives, for so many people that means going to their local public hospital. And we must ensure that that hospital has all the personnel it needs, all the ventilators it needs, all the PPEs, everything that's been the core of the strategy. And we got to go even deeper into that strategy because that's where you literally save the lives that can be saved.

The second is, we're going to do a major campaign to educate people, to give them more and more detailed information on how to address this crisis. There'll be a multimillion-dollar ad campaign, a traditional media digital campaign focused on communities of color, focused on communities where English is not the first language. In fact, these ads will be in 14 different languages with a deep effort to get to folks who have gotten some of the word obviously, but not all the information we want them to have so that we can further protect them. We're going to

keep investing in this kind of effort to make sure we get much deeper into communities, including immigrant communities with real valuable information about how to navigate this extraordinary challenge. Third, you know, the media efforts everything we're trying to do to educate people every day are crucial, but they certainly will not be enough and now comes a part that's going to be very challenging because the nature of this crisis, but we have to do a grassroots outreach again. This is something we're going to develop over the next few days, we're going to have to work closely with community based clinics where there are health care workers who have a deep sense of their own communities who speak the language in every sense of their own community, who have the relationships and the trust. We're going to have to find a way to get health care workers out into communities to educate people, to answer their questions, to help them address their immediate challenges, but in a way that's safe for those health care workers. We are absolutely, as you heard earlier, sticking by shelter and place a social distancing. But we need to find a way to get health care workers in a safe, smart, strategic way out into communities for direct communication with people in greatest need. So, we'll have more on that plan in the coming days, clearly those health care workers will need to have proper protection and that has to be absolutely secured for this plan to work, which is why we will continue all our efforts to bring in a huge amount of additional supplies to the City's PPEs to protect all our health care workers and first responders and everyone who needs them.

Fourth point is to deepen our efforts that have started, but I think they can go a lot farther. When you call 3-1-1 for example, there are many times when you're patched through to a Health + Hospitals clinician, a doctor or a nurse or another health care worker who can answer questions and determine - for example - why people call wondering if because of how they're feeling if they need testing. That's been something that people have been able to get through 3-1-1, but we need to deepen that and make it more possible for people to call just to talk through their situation more, to get more advice. And not just because they're wondering whether they need a test, but to actually have a dialogue with the health care workers – again in multiple languages – about what they're feeling, what's going on, maybe it is not someone even just calling about their own condition; maybe it's someone calling about their grandma, their grandpa, maybe it's someone calling about their mom or their child. We need to create more of an opportunity for every-day New Yorkers who many of whom don't have a doctor that's their everyday doctor - to get someone on the phone right away; a trained professional who can talk through the details and give them guidance. That has to be much more available and that's what we're going to do.

Now, to ensure that we protect that first key part of this plan, are public hospitals. We just need more help, particularly when it comes to personnel. The frontline health care workers have gone through hell, but they've held the line. They've been heroes in every way. Some of them have gotten sick themselves and been out and we look forward to them coming back healthy - we're praying for them, we're hoping for them and for their families. But in the meantime, the many, many health care workers who are continuing to fight this fight, they have really borne the brunt and they're tired and they need relief and they need support, which is why I've repeatedly asked for military medical personnel and it's been a plea I've made to Washington repeatedly. We've seen some progress; we have almost 300 who have come in now out in our public hospitals. These are doctors, nurses, respiratory therapists, highly trained people, highly effective medical personnel, many of them with a kind of military experience that makes them very, very ready to handle the toughest situations. Almost 300 of them now, deployed out in our Health + Hospitals

public hospitals. The Navy has sent health care professionals to Elmhurst, Bellevue, Woodhall, and Kings County hospitals. The Air Force has sent health care professionals to Lincoln, Jacoby, and Queens Hospital. I'm very grateful that our armed forces have come forward to help our public hospitals, but we will need more help and we need it quickly.

Now, let me talk to you about building out even more health care capacity for people who need it. And this is another area where there's some real progress and we got to make sure we keep building. We're still working always, always from the worst-case scenario to make sure that whatever happens with this disease, New York City is ready. So, one of the crucial things, again, is adding additional beds to relieve some of the pressure on our core hospitals. Last week, about eight days ago, I was at the Billy Jean King Tennis Center in Queens. When you looked at it then it was a bunch of tennis courts – indoor tennis courts. Now, right now, it is being converted into a hospital facility. We'll start receiving patients this week. We will convert 20 beds in the new facility to ICU care and the total number originally was going to be 350 beds, will now be 470 beds. So, this is a case of continuing to go faster, add more to make sure we can serve people in need exactly when they need it.

On the Personal Protective Equipment, a lot of us didn't really use the phrase PPE before a few weeks ago, and now it's something we talk about all the time. We've gotten a lot more in to protect our first responders; to protect our health care workers. And yesterday we made a delivery out to the hospitals of this city; over 3 million surgical masks, over 2 million surgical gloves almost 1.2 million N95 masks, over 100,000 pairs of eyewear – protective eyewear – 61,000 surgical gowns. It's very important that this material has come in and gone instantly out to the places that need it. And we're working hard every day to make sure each and every hospital gets what they need, distributes it effectively, constantly gets resupplied when they need it. But we have one urgent need and that is these surgical gowns. I was at the Brooklyn Navy Yard yesterday talking about an amazing homegrown effort to produce them here in our city. A really heroic effort by companies in the Navy Yard and the folks who work there to protect all of our heroes. They're creating a lot of surgical gowns, but this is an area where we need a huge new supply. So. we have asked the federal government for over 9 million surgical gowns to get us through April and into May. We are hopeful that we'll start to get deliveries from that request quickly. We need them even to get through this week. We need more and we're going to have fallback options in place to make sure we can protect people this week.

So, the final thing I want to do is talk about some of the people who are stepping up. And even amidst the challenges we see nonstop everyday New Yorkers helping each other, people feeding our health care workers, our first responders, businesses stepping up - amazing efforts. I want to keep talking about them because it's something people should be really proud of and it's something that's helping to sustain us. And one that's very special I want to talk about today because it's from a foundation that was born out of our city's darkest hour and it's a foundation that [inaudible] means so much to us all, the Tunnel to Towers Foundation. Born out of 9/11, symbolic of the strength and resiliency of our city, Tunnel to Towers has done so much for so many people - always there for our first responders and their families. Now stepping up again, we've just heard of a \$3 million pledge by Tunnel to Towers to help our health care workers and I'm so appreciative of yet another heroic action by that amazing foundation.

Also, crucially, Senator Schumer has unveiled something important, the COVID-19 Hero's Fund and this is an idea that would give the essential workers additional pay up to \$25,000 and would give a one-time \$15,000 payment to health care workers, home care workers, first responders. This is an idea that needs to be made real to help those who are suffering the most. I keep reminding people - the federal government - we did see some progress in that last stimulus bill - we need a lot more. Spoke to Senator Schumer this morning about the next stimulus bill. I know he is proposing to his credit, I know Speaker Pelosi is leading the way as well, that in the next stimulus there be money for our hospitals, there be money for food banks, money to support small businesses, not big corporations, small everyday businesses, and money to help localities and States that have borne the brunt; obviously that means all of us here in New York and New Jersey, especially. Crucially, Senator Schumer, Speaker Pelosi are focused on ensuring that all the cities and States that have lost not only lives, but they've lost so much of the resources to save more lives and protect people and recover, that those resources would be restored through a fourth stimulus bill, hopefully as early as this month. So, I want to thank Senator Schumer and Speaker Pelosi for their leadership. Now we need to get the Congress to come back and pass that bill, so we can still fight this battle and win this battle and then start on the road to recovery.

Look, I'll finish just affirming the point that we all need hope - we all need hope. And when we see good news, when we see something that's working, we need to talk about it, we need to feel good, and we need to especially feel good that everyday New Yorkers built this progress with their hard work, with their sacrifice. Every one of you, when you're hearing today that we see some progress, you should feel that was because of you because it was. At the same time, recognize we're not out of the woods. There'll be a long time before we're out of the woods. We've got a strategy that is working, let's go deeper into it. Let's double down so we can get through this together. I am confident, really confident, always felt in my heart that New Yorkers would rise to this occasion and you have, you have it in a remarkable way - let's finish the job. It's not going to be days, it's going to be weeks and months, but let's finish the job. Just a few words in Spanish and then we'll take questions from our colleagues in the media.

[Mayor de Blasio speaks in Spanish]

With that let's turn to questions from the media and please let me know the name of the reporter and the outlet.

Moderator: Yeah and just a quick reminder for folks we have Dr. Barbot in the Blue Room and, on the phone, we have Dr. Katz, Commissioner Grillo, and First Deputy Commissioner Torres Springer. And with that, we have Shant from the Daily News up first. Shant?

Question: Yeah, thank you Mayor, just wanted to get a little more info about the, the very troubling data about communities of color from you and Dr. Katz and Dr. Barbot, can you say what the understanding is now for the cause of this disparity?

Mayor: I'll start with a very basic point and then turn to both doctors. You know, in the beginning of this crisis, we all were rushing to set up the ability to handle a huge number of cases. One thing we knew from the beginning, and we saw it around the world, is that this is a disease that could escalate quickly. So, we were securing the ability of our hospitals to fight this

battle. But then as we got more and more information – and you saw the map a few days ago, and that was striking, and this new information is striking – it became clear that these disparities were real and sharpen and needed to be talked about and needed to be acted on. One thing I think is clear, and I've talked this through with our health care leaders, is that people who have had less health care available to them are more vulnerable. If throughout your life you haven't gotten the care you deserve or if you've had preexisting conditions that weren't addressed the way they could have if you had had more resources, because, again, health care still in this country is based on how much money you have. And in this city, all of us have tried to change that in some very real ways, but there's still a reality that folks with more resources get more health care. So, I would say, the first thing to know is that, you know, there are a lot of people, particularly seniors in communities of color that were more vulnerable because their conditions had not been treated the way they could have and should have if the resources had been given to them that they deserved. Dr. Barbot?

Commissioner Oxiris Barbot, Department of Health and Mental Hygiene: So, I'll add to what the Mayor just laid out, which is something that I agree with. I think it's important for us to note that where we are seeing these inequities are places and populations that have historically had higher rates of underlying chronic illnesses. And certainly, those chronic underlying illnesses put these individuals at greater risk for poor health outcomes. The other thing that I will say, and, you know, I think that we are still really digging into this is, I am very concerned where when I see the large percentage of Latinos who have died of this illness, and even though we have made lots of efforts to reassure people that all of our public hospitals see individuals independent of their immigration status in the independent of insurance status, that, you know, the overlay of the rhetoric across this country I think has real implications in the health of our community. And certainly, concerns about public charge are some things that I think we need to dig deeper into it. Commissioner Mostofi and I have spoken out about the importance of suspending a public charge during this time. And I think, you know, it's something that, again, we will be digging into deeper to better understand. But the overall, you know, concerning aspect of this is the fact that these are communities that have had higher rates of underlying chronic illness and that it's a reminder that these chronic underlying illnesses in peace time, as the Mayor has spoken about, contribute to higher rates of premature mortality from those chronic illnesses, but that in this particular war-time scenario are really very concerning for higher rates of mortality.

Mayor: Dr. Katz, do you want to add?

President and CEO Mitchell Katz, Health + Hospitals: Let me just to add to what the two of you have so smartly said, that lower income people also live more likely and multigenerational housing because of the high cost of apartment rentals in New York City. And so, multiple families may be living together in very small spaces, which I think facilitates the transmission of this virus.

Mayor: Yeah. And to finish, Shant, I've got to tell you, when I saw this, it made me very angry. I want to be clear, we're all trying to fight this battle and keep focused and keep, you know, calm in the midst of a battle that we must win. And as leaders, we have to stay calm. But it made me angry to see that the disparities that have plagued the city, this nation that are all about fundamental inequality are once again causing such pain and causing people, innocent people to

lose their lives. It's just abundantly clear. It's sick, it's troubling, it's wrong, and we're going to fight back with everything we got. And, right now, all we have to think about is saving the next life and getting through this crisis, but someday there's going to be a reckoning about what all this taught us, that, obviously, our nation was not in so many ways prepared. But more importantly even than that – I would say literally more importantly than that, that our nation has still not come to grips with the fact that health care is provided so unevenly and all based on how much money you have. And until we get to some form of universal health care, until that's the reality, this kind of danger will exist not just when there's a pandemic, obviously in people's everyday lives. But you know what, we should be worried about the future. This is not the last time we're going to see a new disease. Here's a disease we never even heard of, it literally didn't exist six months ago and now it's ravaging us. If we're really going to prepare for the future, we better recognize that if we don't create equality and fairness in health care, there's going to be people vulnerable always who didn't need to be.

Moderator: Kathleen from Patch is up next. Kathleen?

Question: Hi, Mr. Mayor, can you hear me?

Mayor: Yes.

Question: Wonderful. I was hoping that we could talk for a moment about food disparity or food accessibility? You said you've said yourself that more than half-a-million New York City dwellers have lost their paycheck. NYPD data is showing that half of the thousands of supermarkets they're visiting are closed. Are you worried that New Yorkers aren't going to be able to access food? Is that something that your office is working to fix and what would the potential solutions be?

Mayor: Kathleen, I really appreciate the question. I'm very, very worried. I want to make this crystal clear. When I announced a few weeks ago that Katherine Garcia would be our food czar, it was explicitly because I saw a gathering storm that with so many people losing their income. In the first weeks, you know, you could presume people might be able to get by, but with each passing week is getting harder and harder. And yes, I'm glad there was that money in the stimulus to help people directly. But it's not that much money in the scheme of things and it's not in people's pockets yet. So, I'm very worried. When you're talking – you're not talking about a few thousand people, you're talking about half-a-million people who lost their job and very soon that is going to mean more and more people who cannot find a way to pay for the food they need. So, I think you make a really good point that if supermarkets are shut down, thank God there are a lot still going on. I want to thank the supermarket workers, the grocery workers, these are folks who are doing something really heroic too and we've got to thank them – thank the pharmacy workers, all the people out there making sure that the basics are available for people to have enough money to pay for it. Thank God those workers are there, making sure that people get what they need. But I'm worried about more and more people literally not having any money at all to pay for food. The plan that Commissioner Garcia is putting together is for a largescale feeding effort, a largescale effort to feed hungry New Yorkers such as we've never seen before. I hope that when it comes down to it, it won't be as bad as we fear but we are preparing for a very largescale effort. That will be a priority in everything we do, where we put our resources, where

we put our energy, our focus, making sure people have food is going to be a central, central priority. We haven't felt the fullness of the danger and the need yet, but I unfortunately believe it is coming. So, that means the initial efforts we're doing expanded home delivery of food to seniors and vulnerable folks, folks who can't get out of their houses, anyone can call 3-1-1 and sign up for that who is in – one of the folks who is vulnerable. They can get that. We announced last week that we are now at 435 sites, schools that were previously just providing food for kids are now providing food for any and all adults who need it. So, I just want to make this crystal clear. I was at P.S. 1 on the Lower East Side yesterday. Any adult in New York City can go to one of these 435 sites and get three meals for yourself and as many family members as you have. You can ask for – if you have a household of five, you can say, I need breakfast, lunch, and dinner for five people and they will give it to you. It's going to be available at all 435 sites. It is high-quality food. I saw it yesterday with my own eyes. I saw the food service workers who are also doing valiant work. They want to make sure people not only fed, but there's quality nutritious food. So, they're out there doing that. You can call 3-1-1, you can go to nyc.gov to find those locations. So, that's going to be a crucial part of the equation. But I think we're going to even have to go farther than that. We're definitely going to be supporting in a variety of ways local food banks, food pantries to keep them going, and then just keep building from there. My order to Commissioner Garcia is, whatever it takes to feed New Yorkers, whatever the expense, whatever the effort, no matter how many City workers it takes, no matter how many volunteers it takes, we're going to do it.

Moderator: Julia from the New York Post is up next. Julia? Julia, can you hear us?

Question: Hi, Mr. Mayor, how are you –

Mayor: Good? How are you doing?

Question: [Inaudible]

Mayor: Julia?

Moderator: Julia, we can't hear you.

Mayor: You're going to come back?

Moderator: Yeah, we'll come back to her. Yoav from the City is up next. Yoav?

Question: Hi, Mr. Mayor. I wanted to ask, you've made it clear beforehand when we've asked about the racial and ethnic data that providing the data was of secondary concern to saving lives, but here in response to producing the data [inaudible] it's clear that the city is taking steps that are intended to save lives. So, why weren't you able to do that beforehand? You know, because clearly the data is important in determining how the city responds. Why was it secondary – why was it secondary in nature, you've always said you can walk and chew gum at the same time. Why wasn't that possible here?

Mayor: Because we were all walking in chewing gum on many, many levels. This is nonstop crisis and everyone, everyone on the phone with me here and all my colleagues are working nonstop. The concern – and Dr. Barbot can speak to it – is the Health Department was very concerned that there'd be something verifiable, that you have to make sure there was enough evidence that it was confirmed, that we not put out something that was unclear or not based on enough data. So that is absolutely crucial. If we're going to tell people something, we better damn well be right about it. Also, as I said, what's happened out there, there is more data we'd like to be able to provide and some of it has been hard to get as clear as we'd like because in a crisis atmosphere, I assure you, that folks at the front line are not focusing on, you know, recording data when they're trying to save lives. So, there's been real crisis dynamics that have mitigated against getting the kind of data we would in peacetime. And then there's been real concern to make sure that what we had was accurate and consistent and enough of a – enough evidence over what's really been just weeks. Now that we believe it, that we really have something hard and fast, it's telling us what we got to do. But as I said in the beginning, the one thing that was unquestionably job-one and remains job-one for folks experiencing the disparity and everyone is to protect the hospital system. That's where the overwhelming majority of our efforts were going, to protect and build up our hospital system. And that was more important than anything, because that's what every New Yorker needs.

Dr. Barbot?

Commissioner Barbot: So, to build on what the Mayor laid out, I think, you know, we've been focused on having complete data and I've spoken before about the fact that our reporting is only as good as the quality of the data that we get in. And it's been a challenge to work with hospitals who are overwhelmed with patients in the intensive care unit, on the floors, in the emergency department to focus on the more granular importance of data. And as I've said in the past as well, we've then resorted to alternative data sets in order to augment the data that we have, meaning that, you know, we are going directly into electronic health records at hospital systems because we recognize that, as the Mayor laid out, you know, these folks are overwhelmed with taking care of patients, but it doesn't take away from the importance of needing to know this information. And so, the other thing that I will say is that, you know, in spite of all of those efforts that we've made to have complete data, the percentage of reports that we have in terms of race related to people who have died from COVID-19 is slightly less than two-thirds. So, we are still dealing with incomplete data. But I think it's important to note that we are, as the Mayor likes to say, not making perfect be the enemy of good. And so, we're not waiting until we have 100 percent. We are acting now. There are other aspects of our data that we are also looking to improve the racial demographics of, but, again, it is an ongoing effort in collaboration with the State as well as with our health care partners.

Moderator: Back to Julia. Julia?

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

Mayor: Yes, Julia.

Question: Hi. So, I found the numbers you gave on the ventilators very interesting. You know, that we were projecting we need 300 more but we're only needing about 100 more. Could you give us kind of similar numbers to show how hospitalizations are, you know, either leveling off or down? And then I'm just wondering if you could follow up on what you said on TV this morning that you think that the statistics for folks dying at home, which are overwhelmingly being driven by coronavirus should be included in the official death toll. Do you expect that to happen soon?

Mayor: So, on that one, look, it's a very, very painful reality. I just want to say, imagine what a family goes through, struggling to help a loved one, and, obviously, hoping and praying it's something that'll pass, and then suddenly someone's gone. I mean, it's just horrendous. But the numbers speak for themselves. I've been over this with our health colleagues that this used to be a very, very rare thing in New York City and suddenly it's jumped up. And, obviously, the only thing that's changed is COVID-19. So, the Health Department knows what they're doing, but what I would say as a layman is, let's assume that with this kind of increase, the vast majority of these are related to COVID-19, you know, directly, indirectly and start counting them. And I'm sure the Health Department, you know, can figure out what's the right way to do that. But I think it would be more accurate to just acknowledge what is, to me, a growing truth. On the question of hotels – excuse me, the hospitals – I'm saying stabilization, because I think it's fair to say that the hospital admissions numbers and people going in and out of ICU, there's still a lot of variability there, meaning we get data. But again, what we're finding from a lot of hospitals is there's a lag in their data because they are first and foremost focused on saving lives and the data is a little bit uneven for that reason. Also, the improvement we've seen is only over a few days. So, I think the word stabilization is right to say, that we, for a period of time, we're seeing a constant increase. We're not seeing that now. I'm not clear yet if we're in the territory of any kind of sustained reduction. The ventilator pieces actually, in some ways, much clearer, because it's a real finite number. It is specifically about people who are intubated, people in those ICU's. We can literally know how many ventilators out there and we can get very quickly updated on how many are in use. So, that one, where we thought it would be 300 more each day and it's looking like a 100 more each day or less – that's striking, because that moved rapidly in a matter of days. Again, I want to see a lot more days and weeks before we draw any firmer conclusions.

Moderator: Dave Evans from ABC-7 is up next. Dave?

Question: Hey, Mayor, this is Dave Evans. Can you hear me okay?

Mayor: Yes, Dave.

Question: Yeah, I just had a question about antibody testing, and I know it's a State function, but I wanted to ask you because when we are the epicenter of this crisis. And the Governor talked about it yesterday, Dr. Birx talked about it this morning and they call it a game changer. I just wanted to see if you see it the same way. And my other question about this is, since we are the epicenter, has the FDA, the CDC, has anyone in the federal government contacted the City to see if we can start moving in that direction? I mean, how in the world are we going to do all these tests? And do you see it as a possible game changer?

Mayor: Yeah, it's a great question, Dave. I'll start and Mitch, who's obviously thinking about this from the perspective of the frontline hospitals and their heroic employees, and, of course, Oxiris, thinking about this in terms of the whole city – they'll join in. So, I think it's a big deal. I think that the first thing that I understand about the antibody testing is it's not here yet in the kind of numbers we would ideally want. So, I want people to understand that with everything with testing – and testing has been sort of the big problem, the big X-factor through this whole crisis, is anytime people are wishing for testing, the most important thing to understand is does it actually exist in the numbers we need it to or not? Right now, the answer is no for antibody testing. But at some point, and that might be, you know, in weeks that might be in a month or two, you could have antibody testing available on a much bigger level. I think it would be very, very helpful, because, to begin with, it would help to strengthen the folks who are doing all this heroic work in the hospitals. And the first responders, if they knew for a fact they were exposed to this disease, and, you know, we all presume that means some immunity. It's not a perfect equation, Dave. I'm sure the doctors are going to say this, there's no one who knows the answer yet on this question because there's still so much about the coronavirus that there's no one on earth has definitive answers on. We don't know for sure that if you've been exposed to it, it means you cannot get it again. It seems likely that if you'd been exposed to it, you wouldn't get it again this year, this season. But we don't know that 100 percent. But we know enough to say it would sure as hell be helpful if people knew, it would give them a lot more confidence and would tell us a lot. So, I'm hoping that's something that could be a big part of the strategy when it's really available on a broad level. I think the bigger point about testing is what we should have had in the beginning was universal testing. It's one of the really crucial strategies we've seen that has worked in the world. It clearly was something the federal government did not have ready to not provide somewhere in the future universal testing could be part of the way out of this crisis, but it's still clearly – again, the numbers aren't there yet and they won't be there for a while, but that's something we should be focused on as one of the potential ways to recovery.

Mitch, you want to start with anything you want to add?

President Katz: I think you've gotten all the big points. I know Mr. Mayor that you yourself spoke with the head of the FDA, Dr. Hahn about having enough access to these tests and they've indicated that they will facilitate it. There are tests that are on the market from other countries that have been developed. Only one has been approved by the FDA so far. The State is interested in using a different one at their state lab. But as you say, I think the, the most important issue is getting the reagents. Having an approved test is no help if we can't get the reagents to perform it. I think that will change in the next week or two. And I do believe that it could be a game changer, as you say. We won't be able to assure people that they're immune, but we certainly will be able to say to them, look, you've been exposed to this virus and your body successfully dealt with it. And I think that will keep people a sense of confidence that they don't need to be as fearful.

Mayor: Yeah, and Dave, just a quick thing to add before Oxiris. So, I want to give real credit to Dr. Steve Hahn, the Commissioner of the FDA. Mitch has talked to him a bunch of times. I've talked to him. He's been incredibly accessible and really trying hard to speed approvals. And I'm a layman, but I think we could say FDA was never known for speed historically. I've been really

pleased at how responsive he's been and how much they seem to get it now that they have to move quickly if they're going to be able to help us in this crisis.

Commissioner Barbot: So, what I'll add is I think we need to remind ourselves of a very fundamental question and that is what are you going to do with the results of an antibody test? And so, I agree with Mitch on the individual level that it can help in a number of different ways. However, when we think about the – what we're going to do with the results of those tests at the population level, I don't think we know enough yet about what it means with regards to immunity. The concept of herd immunity is something that I think as a city we've become familiar with through the experience we had with measles. But the reality is, you know, what does it mean to have a whole group of people who may potentially be immune? We just don't know enough about that. We don't know enough about how long that immunity remains. And so, I think we just need to temper our expectations about in what arena the use of antibody testing can be a game changer. I think there's a distinction between at the individual level and at the population level.

Moderator: Erin from Politico is up next. Erin?

Question: Mr. Mayor. Hi, can you hear me?

Mayor: Yes.

Question: Okay. I heard what you spoke to earlier about, you know, communities with a history of disparities being the worst affected here. I'm wondering if you could speak more specifically to the Hispanic community since it seems like in the city specifically, they're the largest share of deaths. I've seen a lot nationally that the black community has been the worst affected. So is there a reason why we're seeing this particular effect in the Latino community here?

Mayor: I'll turn to Dr. Barbot because obviously the statistics come out of the Health Department and she has been for her whole life focused on fighting health care disparities and with an obvious focus on the community she comes from, the Latino community. But I think just first of all, it is a huge community in the city getting close to 3 million people in terms of total population. And second of all, I think it's fair to say language means for some people they're not getting as much information as they need and we want to keep addressing that aggressively. And then immigration status, what's happened in the last few years has really driven a lot of immigrants, undocumented in particular, but even folks who are documented, has driven them away from a lot of the places they would have turned for support and for health care. And that's another story that I think will come out as this whole painful history has looked at. I think that's another one of the reasons here. Doctor.

Commissioner Barbot: And so to add to what the Mayor laid out, I think fundamentally what we're seeing across the country relates to the additional burden that poor people have in terms of dealing with underlying chronic illnesses, either because of their insurance status and the additional burden of copays, a whole host of reasons that we typically talk about with regards to what we call the social determinants of health, but that in reality translate into the impact of where we live, work, learn, and play has on our ability to address and manage underlying chronic

illnesses. And so I think what we may be seeing here played out, which is also being seen in Chicago, LA and other places, is that cycle of those underlying drivers to poor health outcomes. You know, essentially on steroids because of the acuity of this virus.

So that in combination with issues related potentially to immigration status and the mixed immigration status households that we have here in the city. I think there are many potential contributors to why we may be seeing the disparities and inequities in this particular situation. But clearly, I think we won't know fully until we have more data. And you know, as I've said before and the Mayor has said before, we're not waiting until we have perfect data. We need to act now in urgency. And it's a reminder that it's not just about what the Health Department can do. It's not just about what the health care delivery system can do. It really is about what all sectors of civil society can do to contribute to the ongoing improvement and slowing of the spread of this virus. And that, you know, the work that's been put in place and being led by Commissioner Garcia addressing food has implications on not just, you know, everyday survival, but on people's ability to manage their chronic underlying illnesses. What we're doing around housing, et cetera. All of that plays out in terms of how successful we are in, in beating this COVID-19, which obviously we're all engaged on as a team in doing so.

Moderator: Gloria from New York one is up next, Gloria.

Question: Thank you Mr. Mayor. I have two questions, but if you could indulge me, I want to give Dr. Barbot an opportunity to talk about the data in Spanish specially for our Spanish-speaking viewers. I want to make sure that they're getting a chance to hear this information in their language. If she could summarize what you have found up until this point, and also talk about the campaign that the City's putting together to reach those communities. And then I have two questions for you if I may.

Mayor: Okay. Wait, that's Gloria. I need you to tighten that up a little bit just because we're trying to have a same standard here. So absolutely. Dr. Barbot will give you the Spanish summary and I will describe the campaign a little bit more, which we're just putting together now. Let's stay there and we'll do that. And if you can, I'll give you a one, one follow-through right now on that. Is there anything else you want to add to that?

Question: Sure. If I could ask you if you have an update for us on whether Correction officers and inmates have received masks. We're getting some reports including some folks in the union that they have not.

Mayor: So, I'll be quick and then Dr. Barbot, we'll do the quick summary in Spanish and I'll come back and, and just clarify the new initiatives we're putting in place. So, the Corrections Department, for the officers who require any form of mask or face covering, yes. That has been sent and will be continued to be resupplied as needed and for inmates the same. For, again, folks who I think Dr. Barbot confirmed this, you know, if someone is infected and doctors and Correctional Health want them to be wearing a mask, they'll do that. For other people, it's the same thing as for all New Yorkers to wear a face covering. All of that has been sent and will be resupplied as needed. You want to do the Spanish summary?

Commissioner Barbot: Yes.

[Commissioner Barbot speaks in Spanish]

Mayor: Thank you, Doctor. So, Gloria on the other point about the campaign, so all of these pieces are going to be laid out individually as they're starting. Of course, the first part, the most important part, the continued support for the public hospitals – that we've been updating you on constantly. The ad campaign, we'll be unveiling those ads again, TV, radio, digital print, 14 languages. We'll be unveiling that shortly. The grassroots outreach is something we are going to do. That's a new and we have to figure out again, a way very quickly to work with the community-based clinics and to figure out how to get health care workers out in the appropriate safe way. So that's something that's literally being put together over these next few days. We'll announce pieces as they are ready. There'll be a texting element of this, which is important and it's something that we've seen to be helpful in other countries, continuing to communicate with people in need information by text. So that's something that will be a part of it. And then the phone [inaudible] as I said, we already have a good experience with this with 3-1-1 with folks who are trying to get information about testing and they got an opportunity to talk to a clinician directly to determine if they actually were someone who had a priority need for testing or not. We have definitely found that people can talk to an actual human being with medical training. It makes a big difference. We want to go deeper now we're going to figure out how to do that through 3-1-1 and make clear that there will be enough clinicians available. But what I want to get to is the point that we really feel confident that anyone who needs to talk stuff through in multiple languages can have that kind of back and forth with a clinician to make sure that they know if they do need to get to health care facility, to know how they can handle their own situation. But I also think crucially for family members, I think this is one of the missing links we have to address. Family members who are trying to figure out how to take care of a loved one properly while also protecting themselves, who a lot times are just, you know, doing what they would do historically. Just taking care of someone. We want to help them to take care of their loved one, but also be safe doing that and having someone that can talk that through with. So those are elements of the campaign. Each piece will be unveiled a very quickly as they are ready to go public.

Moderator: Katie from the Wall Street Journal is up next. Katie.

Question: Hey, good morning Mr. Mayor and good morning New York. My question for you in the administration and everyone there. You know, you laid out the longstanding disparities here in the city, in certain communities, particularly the immigrant communities and communities of color. Last week or two weeks ago, Dr. Katz noted the lack of hospital beds comparatively to other boroughs in Queens, which is the most diverse county in New York City. My question for you is, knowing this pandemic was coming and seeing that as far back as January, what did you and the administration do to ensure that these vulnerable communities had better access? We're hearing now today on, you know, almost in mid-April about grassroots outreach. Why wasn't this done before or earlier? Why weren't community-based organizations and health centers engaged earlier? It just seems to be a little late compared to how quickly this is moving.

Mayor: Look, this has been a hugely moving target, first of all. This entire reality with coronavirus. There's no one alive who has experienced a pandemic on this level. The last one was a hundred years ago. So, everyone's been trying to rapidly figure out strategies to address something that's just beyond anything we've ever known and beyond anything we ever could have imagined, honestly. The fact is from the first time we started talking about it, Dr. Barbot, Dr. Katz and I, our folks at Emergency Management, our Deputy Mayor, everyone was saying one to start warning people was coming and that we were putting in place the strategies to protect ourselves, which meant reinforcing our public hospitals and getting them supplies, getting them ready for what was coming. It meant a lot of public education, which we were doing constantly and Dr. Barbot has led the way on in multiple languages. A lot of the foundation was laid, but the notion of the kinds of strategies it was going to take, we didn't have a – I don't think anyone had a perfect plan of when you were going to go to each piece and how to prepare people in advance for each piece because we have never been here before. What we do know is the kinds of outreach we used to do, which we would have done immediately, couldn't be done in the first instance, meaning sending health care workers out door to door, having a deep grassroots effort. You couldn't do it. One, you had the challenge of course, of shelter in place and social distancing. But two everyone was needed in the hospitals. In – a few weeks ago, we were projecting that not only would today be as bad as it is, but it would be much, much worse and every health care worker was going to be needed in the hospitals, and then some, all the PPEs would be taken up there. Again, we're not out of the woods, but we are seeing an improvement in our PPE supplies. We are seeing more and more medical professionals come in. The notion that we actually could get people out into the communities that the need is greatest is not impossible now as I think it would have been even a week ago.

So, it's a very dynamic situation. We're learning from experience, what we need to do more of, as in every situation. I understand your question, I really do, but I've also watched everyone trying to stay ahead on the most basic level and that was protecting the hospitals. I can't say enough. There's been a conversation over weeks and weeks and weeks at all costs, protect the hospital, surge everything we had into them, particularly the public hospitals and only now are we even able to think about using our personnel and some different ways to try and go at some of the real specific problems, the deep problems that we're seeing emerge.

Commissioner Barbot: And Mr. Mayor, if I can add to that. You know, I would say that we from the beginning have engaged our partners both in the health care delivery system, hospitals, ambulatory centers, but also our CBOs to deliver much needed information. We've done a lot of outreach with regards to the ethnic media. I think what we're talking about now is using the data and adjusting our approach to add yet another layer. I think none of us could have anticipated, and we said this from the beginning, not only how the virus behaves, but then how are New Yorkers behaving in terms of what we're asking them to do. And this is an acknowledgement that we then now need to leverage those same partners that we used at the beginning in a different way.

Moderator: Matt Chayes from Newsday is up next. Matt.

Question: Olivia, thanks a lot. Mr. Mayor, doctors, good morning. I'm wondering how exactly is your staff calculating the numbers of ventilators needed in New York City? Can you take us

through the specifics of the models you're using, the assumptions you're making? I'm not asking for a general or kind of conclusory statement [inaudible] I'm asking you specifics. Basically, please show us or rather tell us your work.

Mayor: Yeah, Matt it's a good question. I think it's pretty straight forward. A regular survey of each of the 56 hospitals to understand the exact usage, that has been deepening. Obviously, the team that Jimmy O'Neill has put together. It's directly in the hospitals working with the leadership of the hospitals, working with the people who are managing equipment and supplies, that's giving us, you know, very, very tight, consistent information. And it's the number of people intubated, cross checking against that. So, one part of it is literally the number of machines and the other part of it is obviously the number of people on the machines. And the supply side of the equation is straight forward because the supply comes in to a central warehouse and we act from there. So, I think it's as straightforward as that. The – we are asking very specifically direct into the hospitals – how many people are intubated today? How many ventilators are you using, how many ventilators do you have left? And constantly rechecking that count. That's how we're doing it.

Moderator: Brigid from WNYC is up next. Brigid?

Question: Good morning, Mr. Mayor. I wanted to make sure that I understand stand some of the challenges associated with and some of the new data that your – the city's providing to the demographics and some of the COVID death. I spoke with an emergency care doctor in Brooklyn who had talked to me about how he has a regional health information exchange and that all of our electronic medical records collective racial and ethnic demographic data so that this is information that the city had. So, can you or Dr. Barbot explain, you know, is it that the Health Department needed to start doing something differently or why was it not possible to publish this information sooner? And then on top of that, when you do begin releasing more information about some of those home deaths that are presumably related to coronavirus, will you also leave the race and ethnicity of those deaths as well?

Mayor: Yeah, I'll start and pass to Dr. Barbot look anywhere where we have definitive information. The answer is yes. So, the home deaths are again, a painful, awful reality for those families. Clearly, ultimately each one will be we'll have the information and when we confirm a death in New York City, yes, we do know the background of the people involved and when that gets factored in as it should to the COVID-19 deaths we'll absolutely provide the data. I think the other piece is, do not underestimate the part I'm telling you about, I'm trying to be careful to draw conclusions where we thought we actually had enough information to speak to. It's very – this is, as I said, the last month felt like a year. But where the first case, not the first death and someone can check my facts, I believe I'm right, the first case was March 1st. The first death was a while after that. So, we're really talking about a universe of about three or four weeks and most of that has been the last couple of weeks. We had to be really careful to make sure that we were providing accurate information based on enough to go by. And I think that's really important because otherwise it could have been something that did not represent a bigger reality and then that would have been misleading. And the other point, which Dr. Barbot can go into much more specifically is there are some kind of data that they do not feel the Health Department – they're getting full data on yet – and some of that is because in the heat of battle

the folks who normally would keep the data and collect the data, one, just are busy fighting, you know, busy trying to save lives and to the flow of information has been disrupted compared to normal times. And there's other factors as well, but it's not as simple as the information that we would normally rely on is happening as quickly and reliably as normal. Go ahead.

Commissioner Barbot: So yes, I think the most concise answer that I can give is we have had to do a lot of new and different things with regards to data that we've never had to do before. And it speaks to the way in which we have all needed to adapt to our new reality. And so, in that we have approached the regional health information networks and tapped into them. There are some networks where that was a fruitful endeavor, there were other networks where there were technical issues, where the – it wasn't as easy as just tapping into [inaudible] – and so we needed to then make arrangements to go directly into their electronic medical records. I think the point is that all of that is work that needed to be accelerated. There were technical issues that had to be addressed as well as legal issues. I think that we are in a much different place now and my hope is that when we begin reporting on the probable COVID deaths that we will be able to similarly report on the racial demographics as well.

Mayor: And just finishing the point, I just got the facts provided to remind me, the first death, this again is such a painful reality, but also just a shocking statement on the time and how long each day has been for all of us, the first death was March 14th. So, literally 25 days ago. So that's the world in which we're dealing with that, that the information we have is based on a very brief period of time. But again, now we believe it is unfortunately enough information to say that there's this clear disparity and that tells us something that we can act on

Moderator: Jeff Mays from the New York Times is up next. Jeff?

Question: Hey, good morning, Mr. Mayor. Just wanted to ask about again – about the preparations regarding the potential disparities. I mean you announced on January 24th that it wasn't a matter of if, but when the virus would arrive in the city. So, you know, what was done in those weeks leading up to March 1st during the first case, especially if the city knows that these disparities are existing, was there not a plan put together in those beginning weeks to address that potential disparity. And then secondly, you know, you ran on ending a lot of inequality in New York City. I'm wondering if you could talk a little bit about whether your efforts were focused enough in the health care area in terms of inequality to help end some of these disparities that are causing these deaths now.

Mayor: The first point – the whole point of going out early and saying that it was not if, but when was to try to do the thing and achieve the thing that really could have protected people so much more deeply, which was the testing and for weeks and every – I mean this is all very documented – the whole idea was to try and get the federal government to send the testing that would allow us to get ahead of it while there was still a chance. And then it quickly turned into a non-stop effort to get the aid we needed from the federal government to prepare our hospitals, sustain our hospitals, the ventilators, the supplies, now more and more of the personnel. The point about education, I don't think it should be missed, and I want to really make clear the Health Department's been doing this non-stop, that the education about how to handle this virus,

how to protect yourself and your family has been non-stop for weeks and weeks and weeks and it has been focused on all communities.

The Health Department in fact by its nature historically focuses on communities that have gotten less health care and less support. So, I think you go back and look at all the messages, all the efforts made to educate and inform people, get them help, to help people know where to turn. There's a huge amount that was done, but it's quite clear now, we have to go to another level and we have to do some things now that we would never have been able to do a few weeks ago. Like I said, the grassroots outreach would have been unthinkable a few weeks ago. It's still going to be tough now. If we still – I would have to have enough medical professionals in the hospitals to allow for that and we'd have to find a way to do it safely. But if we could get more in-person activity out there, it would be in terms of health care professionals being out in communities, it would be, I think, profoundly helpful. So, I think it's quite clear, there's been huge amount of communication, huge amount of direction given to people, huge amount of guidance in multiple languages to many, many communities. Now it needs even more and we'll do that.

On the other question Jeff – yeah, the battle against inequality takes many forms and I think what Oxiris said a few minutes back is really important. There's a deep connection between whether people have affordable housing or not and what happens to their health. There's a deep connection between how much money a family makes, including working people, do they have decent wages? Do they have things like paid sick leave? Do they have paid family leave? All of these things contribute. Obviously, you're talking about a combination of income, benefits, housing, all of these things that come together, food to say the least, making sure people have available food and nutritious food.

So, and we see all that interconnects with education, all the pieces come together. So from the beginning what we've tried to do is do, bluntly, a massive amount of redistribution of wealth to help working people and help poor people to the tune of tens of billions of dollars. And it's quite clear, all of the things that we did whether it's, you know, a massive amount of affordable housing or subsidizing people to stay in their affordable apartment or a rent freeze, that kind of thing, straight on through to all the food oriented programs, all the efforts to increase wages and benefits, \$15 minimum wage, paid sick leave, all of those things contributed to try and get people healthier and address the disparities. But then on the pure health care front, a lot of the efforts and initiatives that have been supported at the Health Department, including, you know, the fight against tobacco for example, which clearly is pertinent here, but also what we did a year and a half ago with guaranteed health care. Creating for the first time in this city, the notion of every single New Yorker would either be given an insurance plan that they could actually afford and use or given direct health care through NYC Care. That to me is a kind of initiative that gets really even deeper to the root of the matter. We worked on that for years, we were finally able to get it to be something that could work in this city about a year and a half ago and now it's being implemented.

And lastly, and crucially important, Health + Hospitals was nearing collapse a few years ago, it was nearing bankruptcy, and we put a huge amount, billions of dollars into restoring Health + Hospitals and Dr. Katz and his team had done an amazing job turning it around. I had no idea, Jeff, at the time that we were putting those billions of dollars into the turnaround at Health +

Hospitals, that they would be, you know, the vanguard of fighting off a pandemic, that the eyes of the entire world would be on places like Elmhurst hospital. I couldn't have imagined that in a million years, but that's exactly what happened. So, all of those efforts were based at fighting disparity and preparing to have a more fair and equal city and especially to get all the pieces, including the health care pieces. And we didn't know we would confront this to say the least, but thank God we invested in Health + Hospitals because it's the only reason they're able to hold the line.

Moderator: Last two. Henry from Bloomberg. Henry?

Question: Hello, Mr. Mayor, Harry here.

Mayor: Good. Henry, how are you doing?

Question: On this ethnic disparity, these statistics, I'm struck actually on how close they tracked to the city's tomography. Yes, there's disproportionate impact, which, you know, can't be surprising to anyone who has eyes and ears open, you know, there's institutional racism, there's social disparities. But when you look at Chicago, 68 percent of the deaths have been experienced in the black community, which represents about 30 percent of the population. That's disparity. And the question that is in my mind is whether or not these city statistics, even the reality of racism, are actually accurate or whether the disparity is much worse than this data would indicate? It's one question I had. And the second question which relates to it is how much is city's network of community clinics engaged in this pandemic? We hear nothing about all of this work that was put into community care and decentralizing care outside of the hospitals. Where is the surveillance there? Those are my two questions.

Mayor: Yeah, no, they're good questions. I appreciate it, Henry. The – on the community clinics, again, I think in a situation that went from something like normal to total war time in the period of a few weeks this was an element of the equation that was really important. But it was hard to focus on, to be truthful, when we were first and because first and foremost trying to save the hospital system and I really need people to hear this point. There was a period there where it looked like our hospital system across the board could be overwhelmed and again, we're not out of the woods. We're not out of the woods to say the least, but there was a period of just a few weeks ago where the numbers were tracking very dangerously that even with all the reinforcements we could bring in, our hospital system might not be able to hold and might not be able to save every life that could be saved. That's where we just put supreme energy and effort, because that was what mattered most, was saving those lives. And the local clinics were not in that immediate equation obviously, and a lot of them were disrupted by a shelter in place. They're disrupted, their economic reality is disrupted.

Now we want to go back and try and build out more of a grassroots strategy, now that at least thank God today we're in a better position to hold and maintain and strengthen our hospital system. This grassroots piece becomes more powerful. We've got to go back and work with those clinics to see how we can do it, but again, I'll be the first to say, if God forbid there's another surge or our hospital system needs to help, then everything's going to go back that way. But if we continue to get some breathing room, figuring out that grassroots effort absolutely involves those

community based clinics and it makes their role more central again, and that's what we would love to get them in the game and provide them the resources to do that kind of outreach the right way, the safe way. Some of it can be done remotely, but some of it really can't to be effective.

To your very good question about the disparities. Look, I don't want to talk about the pain other cities are going through some of the numbers we've seen about the loss of life, the cases, but also the disparities are just disgusting and troubling and deeply, deeply un-American, really. I don't want to talk about their pain and their challenges. I do want to talk about something that's right about New York City. I think here we have the strongest public health system in America by far. We have the strongest Health Department. We have the strongest public health system with health and hospitals by far. We also have these amazing community-based health providers, which like everything else in the non-profit world in New York City is just much, much deeper and richer per capita. I'm not just talking about grand total, I'm saying per capita this is a city it's always believed, it's been a compassionate place since well before Franklin Roosevelt and the New Deal. This was a city that put a huge amount into those community non-profits and the charities and all the organizations that did such important work at the community level. And I think that means that even with real disparities, our disparities are nowhere near some of the other places that just don't have anything like that or some of the cities that don't have you know, cities and states that don't have particularly expansive public health capacity. It's just a real profound difference and something New Yorkers should, even in the middle of this crisis, should be proud of that. We've always invested in things like this. We've always invested in helping people at the grassroots.

I think this information we've given today, is today's information, Henry. Meaning to say, as we get more, we're going to update people as we take into account those home deaths. I think those will probably add something to the disparity. I don't know that yet, but I think that. But I think it's not going to be a massive change. I think the template you're seeing here is likely to be pretty consistent. I don't think it ever is the kind of thing that you're talking about has happened in a few other cities, but we will keep updating it and if the numbers shift because – the facts shift, the reality, the human reality is shifting, we're going to talk about it and we're going to talk about what it means. But this today is the best information we have. We'll keep updating it from there. Doctor, anything you want to add or does that cover?

Commissioner Barbot: It covers. The only thing I will add is that of all of the indicators that we track in public health and that we are tracking in this response the number of deaths of people who have passed because of COVID-19 documented by test is probably the most pristine. And as we add, as the Mayor said, the, the number of individuals who have died from likely COVID-19, I think it may end up showing a somewhat different picture. I don't think, as a Mayor says, it will be that much different. But I just want to draw the distinction between a piece of data that is fairly absolute versus a social political construct that is inherently biased if you will. There is no definitive way on how to collect someone's race, right? If you look at my name on paper, you would never think that I was Latina. If you saw me and I didn't say anything, you would never, you might think that I was white, and I'm not white. And so there are inherent biases and how we as a country categorize people, but we shouldn't lose sight of the fact that we are focused on everyday saving lives and that if there are communities – and this is the very definition of

addressing inequities – if there are communities that need that much more, than we use our data to drive what in addition we provide to those communities so that we can continue to save lives.

Mayor: Thank you.

Moderator: Last call, Mary from the Brooklyn Eagle. Mary?

Mayor: Mary?

Question: Hi. Can you me?

Mayor: Yeah.

Question: Yeah, hi. I have two questions. The first is, is the city considering doing a random sampling at various spots around the city to see what percentage of people who may not even know they have a virus have it? That's my first question.

Mayor: Well, say them both, say them both.

Question: Oh, okay. And the second one is a totally different one. I know the city is not in charge of the post office, but we've received reports here in Brooklyn of an awful lot of people not getting their mail or getting it only very sporadically. And in the main post office on Cadman Plaza East, a large percentage of the delivery people are out for various reasons. They only have like six out of 60 left. So, is there – do you have any word on the mail delivery service, getting them personal protection equipment, anything like that?

Mayor: A great question. So, I'm going to say we do not run the post office. That is a very true statement but I want to speak to it. On the random testing random sampling, I'll pass to you because that's something I've not heard said like that. But let me say on the post office, look, we all depend on the post office. If they're in trouble, that affects us all. We got to figure out how we can be helpful and how the federal government could step up too. So if they're having that kind of a problem with their personnel we're going to certainly talk to the folks from the postal service to see if there's something we can do. Now we got to first take care of obviously so many other people. Our first responders, our health care workers, as I said, people at grocery workers, pharmacy workers who need whatever they need. But if we can help postal workers as well, we certainly will. But I'm also going to push the federal government to step up in that because that should be their first responsibility. They're in charge of the postal service. Bottom line, we have to protect those workers. We're all depending on them. Dr. Barbot?

Commissioner Barbot: So, on the random testing, I think that the concept of random testing is more useful in the very early stages of responding to an outbreak. And unfortunately, we were hampered by the fact that the testing at the federal government's level was really not readily available as early as we would have liked in order to have done that early surveillance. I think that the concept of testing will take a different level of importance as we get to the other side of the apex, but it's probably too early to start talking about that just yet because we don't have a

good sense in terms of what the overall distribution and availability will be of tests that are being slated for approval.

Mayor: Okay. You very much doctor and thank you to my colleagues and everyone. We obviously have a lot of updates that'll be coming up on things we've talked about here, but we're going to be very, very careful to constantly update you on what we're seeing, the things we've talked about now, the ventilators, the hospitalizations, all the trends. Again, I'm happy we're seeing a little bit of progress. I don't want any over-confidence, anyone jumping the gun, anyone taking their foot off the gas. Let's stick with what's working. New Yorkers should be proud of the fact that your efforts are working. You are the heroes here. Stick with the shelter in place. Stick with the social distancing, double down on it. That's the best way for us to overcome this virus.

Thank you, everybody.

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