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NEW YORK, NY 10007

FOR IMMEDIATE RELEASE: August 10, 2015

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**RUSH TRANSCRIPT: MAYOR DE BLASIO HOSTS PRESS CONFERENCE TO INTRODUCE NEW
LEGISLATION AND PROVIDE UPDATE ON LEGIONNAIRES' DISEASE**

Mayor Bill de Blasio: We're here to provide additional updates on the Legionnaires' outbreak and efforts to protect New Yorkers now and against any potential future outbreak.

I want to emphasize at the outset, as I said on Saturday, we are dealing with a new set of realities that we have never encountered before in this city. And as we experience this outbreak, we are making a series of changes in the approach that we undertake – the commissioner's order, which was issued last Thursday; we're about to talk about legislation that we've partnered with the City Council on. I want to thank all of our colleagues in the Council and their staff for the hard work over the last few days on the legislation.

A series of actions will be taken in the coming days that will change the future of how we address this type of challenge in this city. What we've had to do since there was no handbook or playbook previously provided by the federal government, state government, or city government, because we had no such previous outbreak of this nature – we've all had to work together to find each and every location that might be suspect and to act accordingly.

That process has been done with a tremendous effort by a variety of city agencies – and I'll outline that in a moment and give updates on what that effort has yielded.

But I can safely say that all of the agencies present here and some others as well have thrown all of their resources into play to address this challenge.

I also want to thank not only the City Council members who are here, but all the elected officials and community leaders who have played a crucial role in getting information out to the people of the South Bronx.

It is vital to remember that because this is not a contagious disease and because it is a disease that can be treated with antibiotics, it is still crucially important to inform anyone in the affected area who believes they have the symptoms that they must get care immediately.

That is the single highest-impact thing we can all do at this moment – making sure that, God forbid, anyone who has contracted this disease, that they get the care that they need immediately, because that will make all the difference in the world – and the numbers prove that, which I'll go over in a moment.

The broad stroke is consistent with what we described to you on Saturday. You've heard from Dr. Bassett and Dr. Raju about the way that this outbreak is tapering off. It continues to taper off.

As we have said repeatedly, there is a difference between the time some people contracted this disease and when it gets reported. Oftentimes, there's a substantial lag time. Sometimes in the first instance, the disease is considered to be something else, and only later identified as Legionnaires'.

But what is very important to note is we have no evidence over the last few days of any new cases of Legionnaires'. The last day someone became sick with Legionnaires' was August 3. So as we go through every passing day with no new sicknesses, it's a very promising sign.

Again, we will continue to give you updates of cases that have been found after the fact. So the numbers will continue to grow for the overall situation. But as you'll hear from Dr. Bassett and Dr. Raju, what they are looking for in particular is what's happening with new cases – and we're very relieved to say there have been no new cases since August 3.

We continue to believe – and I'm going to go into a fair amount of detail, as my colleagues will – we continue to believe strongly that the outbreak emanated from one or more of the original five sites. As we said, the testing for those sites, which is done in cooperation with the state – the state actually has the laboratories that do the testing, and we thank them for cooperation – we are still several days away from getting final results of those tests that will allow us to make firmer conclusions. But everything that we know today points to one or more of those five original sites as the problem location.

Now let me update you on the overall number of cases. We have, since our last update, now four more cases that have been identified – again, after the fact, not new in the last days, but identified after the fact – bringing it to a grand total of 113. 113 cases.

Of those who were hospitalized, 76 now have been discharged. So again, the overall numbers are very promising in terms of those who get hospital care overwhelmingly ending up in a good situation and discharged. But at the same time, the painful reality that we have lost some lives in this crisis – 12 people now. Two more deaths have been reported, again, from Legionnaires' that was contracted earlier on in this episode.

So 113 cases total, 76 of whom are people who were in the hospital and been discharged. Now, 12 people have passed away.

I emphasize again – everyone has been very – working very hard on this situation, and we feel the loss of life and our hearts go out to all the family members of those who have lost a loved one or those who are still suffering with the disease.

I mentioned the scale of the effort – over 200 city workers – and that number, actually, is much larger if you count everyone who's participated in any way – from NYPD, FDNY, environmental protection, DEP, the Department of Buildings, Department of Health, Health and Hospitals Corporation, and other agencies have all been working on the ground in the South Bronx to locate each and every building that may have a cooling tower, to inspect, to disinfect within the boundaries of the impact zone that established many days ago – that we established as the area where this outbreak was occurring.

As we talked about Saturday, there was no preexisting list of cooling towers, because, as a matter of public need, there had not previously been a need for a list of cooling towers. We have now found out just how important it will be to have such a list – and between the commissioner's order and the legislation, we will now have the tools to address that situation.

As this outbreak deepened, we literally had to scour every possible building in the South Bronx, looking for any that might have a cooling tower. As you can imagine, some were reported inaccurately. Sometimes we were given the wrong address. We used, as we talked about Saturday, NYPD aviation. We used community outreach efforts. Well over 700 buildings were checked in one form or another.

On Saturday, we told you there were 161 buildings that we had determined to be the total final universe that could possibly have a pertinent cooling tower. And again, with the efforts of all the agencies I mentioned, and

with the NYPD and FDNY leading the way, we have now been to all 161 buildings. A full canvass has been completed of the impact zone. And 39 buildings were found to have cooling towers. So now we have a definitive number for you.

There are 39 buildings in the impacted area of the South Bronx that have a cooling tower of the type associated with this outbreak to begin with. So this is an important fact for our colleagues in the media – the first time we’ve been able to say this with absolute definitiveness – 39 buildings – the entire potential source of this problem.

Now I’m going to break that down further. The 12 I mentioned a moment ago – I’m sorry, I was talking about the 12 deaths a moment ago – it’s 12 buildings now. 12 buildings have been identified as testing positive. Ten we talked about on Saturday, plus two new – and I’ll go over those in just a moment.

So again, from the original list of over 700 that were reviewed, checked, visited, we brought it down to 161 on Saturday. We now can say from a full and complete canvass, 39 grand total that even have the pertinent cooling towers, of which 12 have tested positive. So that’s the final count for the South Bronx. 12 buildings have tested positive for the bacteria; 22 have tested negative; five remaining – the samples are at the state, awaiting final judgment. We expect those responses most likely end of the day today.

On all of the buildings that have been located in this final round of canvassing, all are in the process of disinfection or have been disinfected already. All will be disinfected by the end of today.

So we’ll have a final complete universe, and every single one will have been disinfected.

Two new sites, also within that group that are being disinfected, will be complete no later than the end of today.

The Department of Homeless Services location – the [inaudible] intake facility for the Department of Homeless Services; and a nursing home – the Daughters of Jacob Nursing Home – those are the two additional sites, bringing the grand total to 12.

We continue a huge community outreach effort, because, again, anyone with the symptoms – and Dr. Bassett will go over the symptoms again in a moment – anyone with the symptoms should not try and explain them away or minimize them or wait. They need to get care immediately.

The effort to date? 15,000-plus flyers have been handed out. 600 buildings have been canvassed by outreach workers, providing information to 300 businesses. There have been over 1,100 participants in our telephone town halls. Obviously we had a live town hall a week ago – about 400 people participated, another one coming up tomorrow. 46,600 robocalls have been sent to residents, to households of the South Bronx with information.

This is a type of response, obviously, we never conceived of previously for this disease, because there were never such an outbreak, but it’s also a new model we will use in other situations going forward. This is a highly integrated community outreach effort that we’ll use in other moments where there’s a need to get information out quickly to people when there’s any kind of challenge.

As I said Saturday, all levels of government have been in close coordination. And now, we are turning our attention to ensuring that we can handle any such outbreak in the future, and in fact prevent any such outbreak.

The commissioner’s order that went out Thursday is a crucial immediate step that will have immediate impact citywide.

But we want to take proactive measures, and we need stringent new regulations to ensure that this can never happen again.

We've been working in close partnership with the City Council. I want to thank Speaker Melissa Mark-Viverito, and her colleagues, who you'll hear from. I want to thank her staff – our two teams have been working very closely together over the last week to craft this legislation.

To the best of our understanding, there is no other model like this in the United States of America. So we were literally creating legislation for this situation for the first time. We will clearly be the first major city in America to have a particular set of laws and regulations to address the potential of this type of Legionnaires' outbreak.

The legislation will require all existing cooling towers – literally all existing cooler towers – again, not water towers – cooling towers – to be registered with the Department of Buildings. And all new towers must be registered – any tower that goes online after the date of this legislation coming into effect, any new cooling tower will have to be registered with the city before it can begin operation. The bill also requires regular inspection, testing, cleaning, and disinfection in accordance with Department of Health standards; and requires annual certification to ensure that all safety standards and procedures are being met. Inspections will occur quarterly, and potentially dangerous levels of microbes must be reported to the Department of Health. Failure to comply with this law will be considered a major violation, and building owners will be penalized. The bill will go before the City Council for a hearing tomorrow.

To expedite the process in advance of the bill, in addition to the commissioner's order, the city has created a voluntary online registration database for cooling towers. I want to now strongly urge all building owners in New York City who have one of these cooling towers to register them with the city. We want them to register cooling towers and a similar apparatus – evaporative condensers – and our buildings commissioner can explain that if you need more detail. Cooling towers and evaporative condensers – we're asking all building owners to register them online right now at nyc.gov/buildings. It literally only takes a few minutes to register the information. It will help us to speed up the process, to ensure that we can have total information about all cooling towers in the city.

We use every tool at our disposal to protect the safety and wellbeing of our fellow New Yorkers – and I want to thank all of the agencies, all of their personnel for all they've done already and that they will continue to do. Of course, want to thank the City Council for the partnership that will lead to the legislation. I also want to take a moment – you'll hear from several of our colleagues, but I also want to thank both these leaders of their agencies and all the members of their teams who have been working so hard – Joe Esposito, our commissioner for OEM; Dr. Ram Raju, president and CEO of the Health and Hospitals Corporation; Rick Chandler, our commissioner of buildings; Deputy Chief Vincent Giordano, Commanding Officer for the Emergency Services Unit of the NYPD; and Chief James Leonard, Chief of Department for the FDNY. Thank you all for your efforts.

A quick moment in Spanish before I turn to the Speaker –

[Mayor de Blasio speaks in Spanish]

I want to introduce the Speaker by saying, first of all, thank you for leadership and partnership; second, as I think you know, Speaker Mark-Viverito's district has been affected by this outbreak directly, so she speaks to us not only as the leader of the City Council, but as a council member looking out for her residents who have been dealing with this challenge. I want to thank her for all she and her team have been doing. Speaker Melissa Mark-Viverito –

[...]

Mayor: Okay, we're going to take questions on this topic followed by questions on other topics. Beth?

Question: Many of us are going to have questions about the politics around this –

Mayor: I think it would be better to talk about the actual substance first.

Question: The building that you've identified – they're all public buildings. And do you have a list of at the very least of which and how many public buildings have cooling towers? Such as maybe the Manhattan Municipal Building, city hospitals? They're public buildings – do you have that?

Mayor: Let me clarify because I think that's important. One, again, we have to look at this objectively. This was not data that was kept previously. It now, obviously, will be. Two, as we kept closing the circle – so we started again with well over 700 buildings. We went down to 161 – and then the final count 39. You are right – I think you're getting at something important. I wouldn't call them public buildings. I would say they're larger buildings that are either commercial, governmental, or institutional. We have not found a typical private residential building amongst those that have been identified in the impact zone. The impact zone is very clear geography, and again, as Commissioner Bassett said, Legionnaires' has existed in the city for many, many years – in many locations without, thank God, much consequences. A few moments that obviously people got sick – a few times when it ended up with a very bad result, but essentially sporadic, no pattern, no concentration anything like this we've ever seen before But your point is very important here. It is not affecting residential buildings. You heard the list from the other day. We had a post office; we had a school; previously we had a shopping center; cinema; we had – in fact Lincoln Hospital itself. But again, that was in some ways the most powerful example. Lincoln Hospital – one of its own cooling towers had the presence of bacteria – was found, was disinfected and no one within Lincoln Hospital got sick – no employees, no one who was at Lincoln Hospital got sick because of the cooling tower on its own roof. But, to date, all we have found and now we have a final universe – all we have found is these institutional or commercial, or governmental buildings. Again, I remind you five buildings still awaiting final test results in the impact area.

To your point, she would now consider all governmental buildings, for example, to be a challenge. Well, numerically, I can tell you right now the vast majority we're going to find don't have anything because that's been clear for a long, long time. But, because of the commissioner's order, alone, and then the legislation behind it, every single one of those will be not only registered. Because of the commissioner's order, they are all going to be disinfected immediately as part of that first wave of action, and then thereafter because of legislation, there will be constant maintenance, regular reporting, etc. So, every single one will be both catalogued, but more importantly, acted upon.

Melissa?

Question: Is the reason that you're saying that you think the source of the original infections is limited to the original two buildings...

Mayor: Original five. Original five.

Question: Original five. Because you've spoken to the family members and patients and you know those are the buildings that were...

Mayor: Yeah, I don't know if we have a version of the map that we gave out on Saturday. So, let me just to my colleagues and say even if we don't have the last information plugged in, I think that giving out the map from Saturday would still help people. So, can we distribute that please again? Some of you were at the press conference Saturday. There are many ways, and I'm basing this on a lot of conversations with Dr. Bassett and Dr. Raju, there are many ways to understand what happened here. The ultimate information will be when the state testing comes back. But again we could be a week or more away from those definitive answers. And then you could literally trace the specific data from a site to the specific data about each case. But one thing we can say for sure – and the map shows it – there is a huge concentration of cases in a particular area. And that area

aligns to the original five sites. And again we believe it could be as few as one of those sites. We would not be shocked by that.

Question: It's not because you actually know that the people were actually in those specific five buildings?

Mayor: We know where people live who got the disease. So, that's plotted on the map. We know, of course, where the sites are where we found the bacteria. When you simply do that cross-check it becomes pretty clear in our view. Again, pending more information.

Dave?

Question: Mayor and also Dr. Bassett. Could you explain just a little bit more. You explained the lag time – someone who's looking at this could see the number of deaths up by two, the number of towers up by two, the overall number of cases up by four here today. Well, you're saying on one hand, the numbers, things are good [inaudible]. But then these numbers have gone up. Is the lag time just because people are slow in reporting this? Or are you seeing doctors, for example, say, well, this person died from pneumonia, well this person died from Legionnaires'...

Mayor: Let me frame it and I'll pass to D. Bassett. Again – she'll go into the nuance of your question about how it might have categorized one way, later another way, or what that lag is about. But the fact that it's not only we haven't seen cases since August 3rd that were brand new, we also are seeing from the emergency room activity in the South Bronx. People are not coming in with pneumonia cases the way they were previously. So, there's more than one indicator telling us something has changed. In terms of the physical sites, again, with so much of the evidence pointing to the fact that the sites that were originally found were the basis and those were cleaned on July 30, I believe. That's another factor in our reasoning here. This last piece I reported earlier that we now have a final – total final universe of the buildings – that they've all be tested. And that the ones where we find the presence of bacteria have been cleaned – or will be cleaned in the course of the day. It simply suggests to us we now for the first time are getting the full picture. And that is connecting to these other facts to give us confidence that the corner has been turned. Now, we're not going to stop our activities until this is all over, because remember, there's an incubation period for this disease – the doctor will remind us about that. So, until we're out of that range, we're going to continue all the outreach efforts, and we're certainly going on be alert. But I also remind you, we're entering into a brand new phase now. The commissioner's order will take effect over the next 14 – well, now ten days really because it was published last Thursday. We're going to get a lot of information from that and it is very likely in different parts of the city we will find buildings that have the presence of the bacteria. But that doesn't mean that they've affected anyone. That's very, very important for people to understand. Legionnaires' disease first identified in the country in 1976, has been in New York City for quite a while, and it has never had this kind of impact. We will find other sites with, but that doesn't mean people have gotten sick. One think we can say for sure, because of the commissioner's order, every cooling tower will be identified and cleaned. So, for the first time, we will have not only a register of all cooling towers, we will have a baseline of knowing on a certain day, every cooling tower in New York City will have been disinfected.

Go ahead on the [inaudible]

Commissioner Bassett: So, speaking to the graph here, just to be clear, the data that we enter on the graph – we enter by the date, in this case, when patients reported the onset of their symptoms. We may learn of them days after. There can be a lag time in all of these, so when, for example, we tell you, sadly, that we have additional deaths to report, they may have been from several days before, and that can occur for several different reasons – mostly to do with the reporting system. So, there's a lag time in reporting, but we don't create these graphs based on the day that we heard about them. We create them based, in this case, on the date when the person began to get sick by their report. And I just want to note to – in addition to what the mayor has said, that this epicurve is also very strong evidence that we have correctly identified and remediated – because all of the

cooling towers are cleaned or in the process of being cleaned today that we knew to be positive. So, the fact that we saw this decline in cases is entirely consistent with the fact that one or more of the initial cooling towers was responsible for the outbreak.

Mayor: Going to the back there –

Question: Mr. Mayor, the music teacher who died – was diagnosed with Legionnaires' in April. His school is next to the daughters of Jacob nursing home. Will that death now be included in this count?

Mayor: I'm going to let the doctor respond. Again, let me emphasize, we do know in the past we've found isolated instances, and that's been true in previous years as well. So I think this outbreak, which we've seen only over the last few weeks, has been a thing unto itself. Certainly, I would differentiate it from something that happened in April, but you can give a more scientific answer.

Commissioner Bassett: So I – let me just add – because it should be clear to everyone that we have no expectation that the number of cases of Legionnaires' will go to zero. We know that this is a bacteria that's present in our environment. It's present in water; it's present in soil. And every year, we get what we call sporadic cases. Cases where we never have the opportunity to figure out where the person contracted that bacteria any more than any other bacteria that people may get when they get pneumonia. So those kinds of cases will continue. So I want people to understand that what we're talking about here is this explosive outbreak that has been clearly associated with cooling towers. Now we do go back and we keep archives of patients and the bacteria that we culture from them. I – and when we have more information we can go back and see whether these appear to match. And we can later add more people, but I can't give you information about the individual that you've just mentioned. Not yet.

Mayor: We'll just do – one other follow at that – at the conclusion of all the testing – and again, as the doctor has mentioned, the disease detectives who work at the Department of Health function in a very much parallel way to an NYPD detective in terms of gathering a whole host of information trying to come to a conclusion as to what – where the culprit is in this case. So, we are still several weeks away from all that information coming in. That will give us the scientific basis for trying to understand exactly what happened, exactly where it happened, exactly when it happened. But, as that information solidifies, we're going to do a final report to explain why this happened. It will obviously be one of the reasons – one of the foundations – for all of our policy going forward when we can finally identify the exact cause of this.

Question: Mr. Mayor, yesterday, Governor Cuomo said that he wanted statewide regulations and that it shouldn't necessarily be up to individual cities because the state should have consistency when it comes to regulating cooling towers. Any reaction to that?

Mayor: The City of New York, obviously, takes responsibility for our own people. We're going to pass laws and rules we need to protect our people, and we're going to do it right now. I'm not sure when Albany is going to treat the matter. I think it's right that you can often want to have statewide rules and regulations at the same time as you have strong city rules and regulations. But we will take responsibility, obviously, for protecting our own people.

Question: Mayor, what is the fine under the legislation for a building owner who doesn't comply, and how will you know, if it has to be reported and someone simply doesn't report it, how will you know that they are not compliant?

Mayor: Wait, wait, wait, let's do one at a time. Okay, the fine and how we are going to know. Alright, so let's start with – do you want to address her?

Speaker Mark-Viverito: That level of detail and exactly what the fine is going to be is still being discussed. Again, we have until Thursday to iron this all out. And there's a lot of back and forth that is going. So some of those granular details are still being discussed.

Mayor: In terms of the – how we know – let's be clear that there are real consequences under both the commissioner's order and the legislation for failure to report. I believe that's going to have a very big impact. We believe the vast, vast majority of landlords and building managers will want to report and work with us, it's in their interest by the way – not just to avoid the fine, but to deal with this issue. It's better for them and the people they're serving. We can further say that, in any instance where we don't see activity by a building owner, we will go and deal with the situation ourselves. We do that constantly on a host of levels. I've often used the parallel to heat and hot water. When a landlord fails to provide heat and hot water, we order them to provide it. If they don't do it, we provide the heat and hot water. We go in and make the repairs and we charge the landlord. So this will be a very activist approach. And, in any instance where we believe we're not getting the information, we will use our resources to get the information and confirm the situation.

Question: [inaudible]

Mayor: Say it again?

Question: The quarterly inspections – who conducts them? Which agency?

Mayor: The quarterly inspections – do you want that or do you want to speak to that?

Commissioner Bassett: Well, the Council is really going to have to speak to that.

Speaker Melissa Mark-Viverito: Yes, again, we'll have Matt speak to that.

Mayor: Okay, Matt Gewolb is the Council Legislative Director.

Speaker Melissa Mark-Viverito: Different jurisdictions between the Department of Buildings, Department of Health in terms of who has what jurisdiction.

Mayor: Just take down the name plates so they don't think you're the chief of the fire department.

[Laughter]

Mayor: Although it will be a cool job.

[Laughter]

Matt Gewolb: The quarterly microbial testing will be done by a third party individual ascertained by the building owner or operator. And we're determining now, as the speaker said, we'll have finalized by passage, the qualifications for that individual.

Mayor: Okay, let's try this side.

Question: Mr. Mayor, two-part question. Part one, the governor right now is holding a press conference [inaudible] about Legionnaires'. It's a little different than some of the things you're saying – buildings tested outside the area. You think it's helpful for the public to be hearing two different messages at the same time that aren't coinciding. And part two, one of your aides over the weekend seemed to question the state's performance and how well it was doing. In that same story, another aide disavowed those comments. [Inaudible]?

Mayor: Yeah, again, I'm focused here on the work we're doing. We right now are focused on the impact zone because that's where this outbreak is. As I said to you a short while ago, as we go around the entire city, we will find what we found historically. There are other places where there are individual instances of buildings that have the Legionella bacteria. That does not necessarily mean there will be any impact on the people who live there or walk by or anywhere near the building. In fact, in most cases, there isn't – that's also a statement of fact. So, we're going to focus on resolving issuers in the impacted area. Because of the commissioner's order issued Thursday, every single building will be cleaned over this next ten days. So those are the actions that we're focused on. Any information the state finds we're certainly going to work with as well.

Question: The second part of the question –

Mayor: Again, my view is we are doing the work that has to be done. We have been working with the state government and with the CDC. We'll continue to do that.

Question: I'm just a little curious – the legislation hasn't been written yet – and yet there...

Mayor: It's being finalized. Let's be clear, a lot of work has gone on – it is very normal in the legislative process – you have the basic format and some basic – some final issues are being resolved. It will be before the committee tomorrow.

Question: The speaker just said that the details will be worked out by Thursday. So I'm a little confused how there is going to be a hearing without the legislation.

Speaker Mark-Viverito: There is legislation, and we're still finalizing certain details. There will be a draft available for the hearing, and they'll be questions that will be answered by the relevant parties of the Department of Buildings and Department of Health officials. But there are some other details that are still being worked out.

Question: And, just a follow up to that, do you think that this is being done a little too quickly? Given that it is such an important –

Mayor: I think the – it is important that we get the done right away. We're working under a message of necessity format for obvious reasons. I believe this will help us to answer a lot of the questions that need to be answered and to address the situation going forward. I don't hesitate to do things quickly when they need to be done quickly.

Question: Mr. Mayor, the governor just said that two buildings outside of the impact zone have tested positive. You said that – I'm sorry he said that three buildings outside the impact zone – you said two inside the impact zone. So does that mean that five...

Mayor: Again, I want to, with all due respect to anyone else is doing, we're trying to be very consistent with the information we're giving you. We have a very clearly delineated impact zone. You've seen it on maps before. We're happy to go over it. That is where the outbreak is. That's where the focus is. The entire rest of New York City will be covered by the commissioner's order. Now, if the state has used its resource to identify specific sites, we'll work with them right away to address those sites, but that is a separate matter entirely. I can try saying it as many times as possible, but I think that people have to try to listen hard here. We've had situations before where Legionella has appeared and there has been sickness, but nothing like this. We've had sickness and people got better in most cases obviously. But we've also had Legionella in buildings, in cooling towers, that have no impact whatsoever. It is a form of pneumonia. I think if it was called pneumonia, we'd be having a different discussion. I really don't mean that as anything but a statement of fact. It sounds different, and obviously it's something new to us in any way on this scale. But, in fact, it's pneumonia, which many, many people obviously had experience with. So, any new information we get we will respond to. But those –

from our point of view are isolated situations different from this concentrated situation we find in the impacted area.

Question: So, out of the buildings that you tested in the Bronx, about 30 percent are showing Legionella bacteria – you know, the 12 out of 39.

Mayor: 12 out of 39.

Question: Do you expect the same amount if we were able to test citywide? Or is this just about the Bronx?

Mayor: I'll start and pass to Dr. Bassett or Dr. Raju. I don't think we know the answer to that because we don't have a historical basis. And I don't think we should be predicting. Again, had this occurred like this in New York City, there would have been rules and regulations long ago – or by the way, had it occurred in other parts of the country, the Center for Disease Control would have issued rules and regulations or the State Health Department. I think the honest truth here is that all three levels of government have not encountered the dynamics of this disease in such a way as to cause them – any of them – to believe we had to register all buildings and do consistent – register all cooling towers and do consistent regular inspections and cleanings.. I think we're in a new dynamic. I think this is something that happens in history. Sometimes you're literally in a new situation and you have to then – from the moment you get the full information you have to act differently, and we're acting very quickly and very differently. So I think it would be irresponsible to predict a pattern. I think we can say one thing for a fact, we've never seen such a concentrated outbreak in the entire history of New York City. I hope that means we're going to see very different and much more sporadic dynamics around the rest of the city. Would you like to add?

Commissioner Bassett: I think it's important to make the point that we were testing for Legionnaires' disease in the outbreak area because there had been an outbreak that was consistent with an outbreak related to cooling tower exposures. All of our understanding of where the cases were – they weren't concentrated in a building; they were disbursed – people who got sick were disbursed throughout this community. So we wanted to know every cooling tower, its status, and that every cooling tower had been cleaned. The pattern of the outbreak suggests that we found the cooling tower early. It was among the first five. That's why we've seen the decline in cases. We have no idea what would be found if we tested every cooling tower in New York City, but in areas where there are no cases, there is no evidence that they are driving an outbreak. There's only one outbreak – a very large one – going in New York City right now. It's in – tailing down as we can see. It was located in several identified areas in the South Bronx. We have found the cooling towers and we have cleaned them. And the clear message to all of us is that cooling towers need to be maintained – and they need to be kept clean. And the need for testing is secondary to the need to maintaining them and ensuring that they are well maintained and kept clean.

Question: Mr. Mayor, or rather Dr. Bassett, you keep talking about how this is the last time that someone reported having the disease. But wouldn't it be more realistic to think of the last day of concern would be ten days after you finished up cleaning every tower that you have identified? And, also, for Mayor de Blasio, don't you think that the public's interest is best served when the response from Albany and from New York City is the same one, so you're coordinated? So we don't keep asking you, we don't keep telling you, you know, the Governor said this and you said this? Would it be better to work together?

Mayor: Again, we are working closely together at all three levels of government – have been from the very beginning. So, I'll like to ask everyone, you can ask political questions or personality questions, I'm just not going to entertain those. The health officials – the people who know what's going on and are charged with protecting us – and, by the way, if you take the Centers for Disease Control, the state health department, and the city health department, and you look at their track record over decades, they're extraordinarily capable people who work together all the time. And they've been working together from the very beginning of this outbreak. So, the politicians are not the issue here. The issue is, do the people who know the facts, are they working

together constantly? The answer is yes. And that has been part of what has allowed all of us to deal with, again, an absolutely unprecedented situation. I think your first question is very important to dwell on and is what I said earlier in this session. We are not saying for a moment there could not be brand new cases – because of that ten-day incubation period – we take that very, very seriously. And, we are not, for a moment, until we have all the information on this crisis, we can't make all the judgments we want to. Now, again, remember there is a detective effort underway to figure out exactly why this happened in such an unprecedented manner. When all the facts come back and all the testing comes back, that could tell us some things that are going to change our approach, going forward. But I am not for a moment going to say we are resolving all issues and closing the books until we get through that incubation period. Now, that being said, this trend is pretty clear. No one's saying that nothing different could happen. We're saying that you see a very consistent trend. You see where it peaked. Five or six days without a new case is promising, but no one's closing the books on this situation until all the information's back.

Question: And, Mr. Mayor, just to rectify, that wasn't a political question, I said we're getting two different messages and that's doing a disservice to the public.

Mayor: That's an editorial comment on your part, with all due respect. We are providing the information that the city of New York has, and it's not unheard of that different levels of government have different approaches. It's quite common, in fact. We always prefer when everything can be perfectly coordinated. When it comes to the health officials, they are perfectly coordinated. We're providing – obviously because we're the agencies dealing with the frontline here – we're providing you with regular updates, and we're focused on the impact zone. You'll be hearing a lot more about the areas outside the impact zone as the impact of the commissioner's order starts to be felt, and obviously thereafter the legislation, we intend to also update you on those efforts. But our singular focus right now is on the impact zone.

Question: To date, can you tell us how many buildings in the Bronx inside the impact zone, or outside of it, have tested positive –

Mayor: I'm going to try again. I'm going to try again –

Question: [inaudible]

Mayor: It's actually – what I'm going to make sure my staff does is pass out the map of the impact zone again that we gave out Saturday, so you see boundaries. You see where the sites are where we found the bacteria, and you see where the preponderance of the cases are. We're working on those boundaries because those boundaries have been very, very consistent – that's where the outbreak is. That number – again, total number of buildings in the impact zone that have a cooling tower – 39. The number that have tested positive for bacteria – 12. The number that have tested negative – 22. Five more outstanding – we hope for test results later today. We will have a definitive universe then obviously – everything will have been disinfected by later today. In terms of any place outside the impact zone, I hope people are hearing our repeated efforts to explain that there have been sporadic cases of Legionnaires' for many, many years in this city. So, if we find a new case tomorrow in Brooklyn, or if we find a new case in Queens, it's clearly not related to this specific outbreak. From everything we understand, we have a very defined impact zone and you can see it here on the map. But we take every new example, every new sample, seriously so if we have another building identified outside the impact zone, of course we'll move immediately to get it disinfected.

Question: Mr. Mayor, I know you said that two more have tested positive for those sites. Could you elaborate more on the status [inaudible]?

Mayor: Yes. Every site, whether it is found to be positive, negative, or still waiting on the test scores – the test results, I should say – is being disinfected. So, just to pass to Mary, those two sites will be disinfected later in the day. We have five more where we're waiting for the final test results. But once the tests are taken, we move

to disinfect. What we did in the South Bronx, which will be different – and I want to emphasize this about the commissioner’s order – the commissioner’s order makes clear: identify and disinfect. But in the South Bronx in the outbreak area, we were very clear that first we needed the sample, because we needed that history, we needed that data and evidence for the work we’re doing to finally determine what caused this. But outside the impact zone, once you identify a cooling tower, we’re moving straight to disinfecting.

Question: So can you say you want to make sure it’s coming from the same five tower sources that most of these cases are coming out of?

Mayor: Well, I’ll say this and then pass to the doctor – we firmly believe it’s one or more of the five. One or more – I’ve said that many, many times, I’ll say it again – it could be only one, it could be several of the five. We will always keep an open mind based on the data. If something comes back that changes that assumption, we’ll be very open about it. But, so far, nothing has changed our assumption. But until we get all the test data back, we cannot say that definitively.

Commissioner Bassett: I just want to add to what the mayor said, that every single cooling tower that has been identified in the area of the outbreak has been decontaminated, regardless of the test result. The way our orders read when we identify a cooling tower, is that we want you to obtain a water sample. Our staff do that with the help of the many people here who’ve helped us identify these cooling towers, and immediately begin the process of decontaminating. So, we get the test results, but every single cooling tower in that area has been decontaminated. And that means that it has been treated with some kind of biocide and routinely maintained. So, I think that it should be clear that as we’re talking about cooling towers, we are really turning the conversation from the outbreak, which we continue to be incredibly vigilant, and working hard, keeping track of every case, monitoring all of them. But when we talk citywide, we’re turning the page here to talking about prevention. How can we ensure that we get a better handle, and that we are confident that every single cooling tower in our city has been well maintained? That it is decontaminated regularly, that we can identify every single cooling tower in the city, and that we can identify any cooling tower that is behind on its maintenance. And there’s good evidence that this has an impact on the risk of outbreaks like this. In Australia, in Victoria, not in New York City, a cooling tower regulation that’s similar to the one that’s being considered by the City Council, resulted in a 40 percent decline in these types of outbreaks, and the outbreaks were smaller and less frequent. So this is something that is important to the prevention of future outbreaks, and the work has already started.

Mayor: Okay. Anything on this side of the room? Then I’m going to go to that side of the room – last call. Yes, sir?

Question: Yes, P.S. 325, where the teacher who died in April taught, is now being cleaned, we’re told. If this is a single case and there’s no pattern...

Mayor: Sorry, can I just interrupt? I know you’re very educated on this topic, and I appreciate that, but when you say we’re being told, who’s saying that that –

Question: [inaudible]

Mayor: Okay. I want us to check, just to be consistent. It’s not on the list, obviously, of the positives we have. I have no reason to believe that’s happening, but we should verify that.

Question: [inaudible] told the building’s being cleaned, so...

Mayor: It could be cleaned even if it’s negative, obviously.

Commissioner Bassett: If it’s – yes, that’s correct.

Mayor: It could have tested negative, but still be cleaned.

Commissioner Bassett: Every single cooling tower has been maintained in the area of the outbreak.

Question: So, you're saying that that building has a clean tower, it's just going to be cleaned regardless?

Mayor: Again –

Commissioner Bassett: We have to check to get you the actual one.

Mayor: One – and two, the 39 towers in the entire South Bronx – imagine for a moment you had to reset all the information you had. So, we had to go and get a group of agencies out there understanding what we're looking for. We had to find them, then sample them, then disinfect them. We finally are at the end of that process. 39 is your grand total in the impacted area of the South Bronx. That includes the 22 so far that we've found no presence of the bacteria, but we still cleaned them because if we're there doing the other work, we're going to clean them anyway.

Question: [inaudible]

Mayor: I don't know the answer. We'll check because we're obviously not – we're not divulging the negatives we can, but we haven't because we're focused on the ones that are positive. But we'll get you that answer. Yeah –

Question: [Inaudible]

Mayor: Yeah, let me just do the first one and Mary might join me. Look, I want to emphasize there's a common sense element to this. We identify a site, sample it, clean it very, very quickly. So once it's disinfected, you don't have the presence of the bacteria anymore. If anyone had been exposed previously, in the overwhelming majority of cases, so long as they get medical treatment and get antibiotics they'll be fine. So, the first thing we would do, obviously, is emphasize to people in and around those facilities that if by any chance a cough, or they have muscle ache, or the other symptoms, we want them to get care immediately. Once the disinfecting occurs, and, again, in most places it has occurred already – we'll finish today – there is no ongoing threat. But what we have to be is vigilant for anyone who during the incubation period then might start to show those symptoms and get them to care immediately. That's the most important thing we can do to protect people.

Question: And, my second question, just goes back to the one I originally asked [inaudible]...

Mayor: I'm sorry – let me – just for that one important fact, it'll be helpful. Lincoln Hospital is the best example – remember, one of the first five. Lincoln Hospital – one of the cooling towers on that hospital had the presence of the Legionella bacteria. We did not close the hospital. We didn't move people out of the units. We went in and immediately disinfected, and Ram can talk about the details – went and checked the staff. And Ram, why don't you confirm that there was no instance of Legionnaires' amongst the staff.

Dr. Ram Raju: That's correct, Mayor. No worry, no patients – all the patients came to Lincoln, came with Legionella. No staff member who worked at Lincoln Hospital contracted Legionella, so that is correct.

Question: And back to what I was asking before. You're saying the best way to link the source is to [inaudible]?

Commissioner Bassett: Absolutely. That work began on July 20th. We have been interviewing every single patient who – to look for the kind of links – the disease detective work that you’re talking about. If they’re able to be interviewed throughout the course – it’s a classic epidemiologic technique and it’s called line-listing.

Mayor: Wait, wait – I’m sorry, we won’t let you go there. Line listing – just explain – so people can visualize the process.

Commissioner Bassett: Every single patient who we identify in an outbreak who has the diagnosis – and sometimes we don’t know when there are outbreaks what the disease is, so we use something called a surveillance case definition. We make a running list, and each one of them is interviewed with standard questionnaires that tries to figure out what kind – who is getting sick – and in this case it’s mostly older people with other health conditions – where they’re getting sick. And that’s when we try to find out did they share going to one building? Did they go shopping in the same place? And, in this case, what we found was that this outbreak was occurring among older people, all of whom had other underlying conditions, including being a smoker by the way, if anybody needed another reason to stop smoking. Smoking seems to be – put people at risk for Legionnaires’. And – but there was no single place other than the neighborhood. So, the fact that it was in a neighborhood, not in any single building, is the reason that we looked to cooling towers. Remember, cooling towers sit on the rooftop and they let this warm mist, which in a contaminated cooling tower, can contain bacteria. Now, that mist can’t go very far. It evaporates in the heat. It doesn’t travel. That’s why we see a localized geographic area. But nothing – the risk of people in any one building is no different than the community risk. The risk of people at Lincoln Hospital is also, because of the work that Dr. Raju did, looking at both employees and patients. There’s no evidence of anybody acquired Legionnaires’ in the building. It’s a reason also that we’re reminding everyone that the water is safe, that it’s fine to drink the water. There’s no evidence that Legionnaires’ has contaminated our water supply.

Mayor: Just a couple of follow-ons – Melissa, then you still have a follow-up, if you need it. First of all, I remember – this could not be more different from Ebola in terms of the totality of the disease, the dangers associated. Obviously – something we had not confronted in terms of the contagiousness, etc. There’s another difference on the negative side, which is – Ebola, there was a whole warm-up time when we had lots of warning from CDC, we had lots of time to prepare our protocols. This – obviously, no one had seen such an outbreak until we were literally in the middle of it. But one of the things that became clear as we gathered more information is, we’re never going to tell people we have a final answer until all the tests are back. So, I want to emphasize – we’re giving our best judgement based on a lot of information. That chart says a lot. The map that I think has been handed out to all of you says a lot. But we’re going to constantly qualify it and say, until we have absolute and total final information, we’re not going to give you our final judgement. But what we do know is that, as Dr. Bassett just said, a very likely way that someone would contract this is they are walking by a site, for example. It’s interesting again – if Lincoln Hospital had it inside, a whole hospital, how does no one in the hospital get it? Because the mist is going externally. It’s not the water supply – it’s going out, up, over the building. So, in principle, people could get it walking by a building. But as we’ve said also, in many, many cases in the city previously, Legionella bacteria has been in a cooling tower, but had no impact. It either dispersed too widely, or for whatever reason had no impact. So, based on what we know, it’s one or more of those first five sites. But the detective work that Mary and her team are doing is now, to retrace steps. And remember, with Dr. Spencer during Ebola, we literally went down to which stores did you go to? Which subway were you on? That kind of process is happening here wherever possible to trace everyone’s movements, and to find those commonalities. So, even when we can say we know where someone lives, that is not the end of the discussion because clearly they might have contracted it somewhere else in their travels. The one thing we do know is, when you look at where people live, it is so striking how it concentrates around a few sites. That gives us a lot of confidence that we’re on the right track. Rich?

Question: Just, one for the doctor. Doctor, I thought I heard you say that one of the five might be of particular interest. Is there a reason you said that? Is [inaudible]?

Commissioner Bassett: Well, it's related to the concentration of cases within – if you look at your maps, you can see – I think everyone will agree that there's a sort of higher concentration of cases here. So, as I have said, and the mayor has been emphasizing, it's really important that you understand that an actual biological link can't be established until we have the full test results back. We are working with our state and federal partners on these tasks. We have samples in labs in our own public health lab here in the city, and the state lab – the [inaudible] lab – which has been a terrific partner in this investigation. And the CDC. As you know, we were pleased to welcome a CDC team to come to New York earlier last week, and the CDC's lab is also assisting us with these analyses. This is using many advanced techniques that involve genetic sequencing in some cases, and everyone is working together on this. We're going to put all of our data together, and that will be the best available science to be able to look at those links. A lot of people have asked the question, are the cooling towers contamination linked? We'll be able to look at that by looking at the bacteria, as well as linking to patients.

Question: Have all the deaths thus far, including the newly-reported ones, are they all older adults with multiple health conditions?

Mayor: Preexisting conditions – older adults.

Commissioner Bassett: Yes, we have one person who is younger than 40. Everybody else is over 40. Everybody has had multiple serious – what we call co-morbid conditions.

Question: Do you know the age of that [inaudible]?

Commissioner Bassett: I'm not going to give that kind of personal information. We're very serious about protecting personal privacy.

Mayor: But I think you should clarify the larger point about Legionnaires' and age dynamics. This is beyond this particular outbreak – the bigger reality.

Commissioner Bassett: Sure. Over to me.

Mayor: Yes, over to you. I've been learning way too much.

Commissioner Bassett: You know a lot. It's really – so, Legionnaires' is overwhelmingly a disease of older adults. The majority of people who are exposed to Legionnaires' don't contract it. The proportion of people who have what we call the attack-rate, which means given exposure, do you get infected, ranges from .1 percent to, perhaps, five percent. But the people who seem to be particularly vulnerable are people who are older, people who are smokers, people who have other conditions like heart disease, diabetes, who have damaged or suppressed immune systems – something over 10 percent – something around 10 percent of the people in this outbreak have been HIV-infected. I don't know the information, but I know from the literature, people being treated for common cancers, transplant patients – these are people whose immune systems are weakened. These are people who are especially vulnerable. Our understanding of the vulnerability of patients has driven our outreach efforts. That's why we've been collaborating with the Department for the Aging, reaching out to senior centers, making sure that we reach populations. The healthcare provider system has been really terrific in stepping up and being very vigilant for Legionnaires' disease. Our data now shows that the time between showing up to a hospital and being diagnosed with Legionnaires' is down to zero, meaning it's done in the same day. So, reaching – so this is a disease that is especially an issue for older adults who have other problems.

Mayor: So, to clarify, your question – all 12 of the fatalities were people who had serious pre-existing medical conditions, and now 11 of 12 were older adults.

Last call on this. We're going to take other topics in a moment. I just want to see if there's any other questions related to the Legionnaires' outbreak. Going once – twice – okay, other topics. Marcia?

Question: [inaudible] police officers [inaudible] pictures of homeless people violating quality of life or who are [inaudible]. I'm wondering your reaction to it, and if this campaign is trying to make [inaudible]?

Mayor: Well, two very different questions, so let me begin – and I think on the second one I'll obviously let the speaker speak for herself, and the council members may have a different view than I have about broken windows and quality-of-life enforcement, but – although, I hasten to add, we are all constantly in dialogue and work together very collegially. On the first question, with all due respect to any union representative, I listen to Commissioner Bratton. That's who's running the NYPD. I have absolute faith in him and he has made abundantly clear – and I have pushed hard on this point as well – that we're going to have very consistent quality-of-life enforcement all over this city for any kind of offense, and that includes if a homeless person commits it. Now, Commissioner Bratton to his credit has also talked about the fact that if someone hasn't committed an offense, if they haven't broken a law, there is no law in this country against sitting on a park bench. There's no law against standing next to a store and asking for spare change, but there sure as hell is a law against a lot of the quality-of-life abuses that bother a lot of us in this city. So we are going to enforce those laws stringently – that's a fundamental view the commissioner's had throughout his career, and I share it. So I would say to any on-duty or off-duty officer, if you see a law being broken, it's my firm assumption that they will either act on it or report it to the proper authorities for action. Do you want to add?

Question: [inaudible]

Mayor: Sorry?

Question: He also wants members of the public –

Mayor: Again, I – with all due respect to our friends in the labor movement, we have a police force that every day enforces the laws of New York City – and they're quite familiar with what to do if they see a law being broken. If a member of the public sees a law being broken, they should report it right away so a police officer can deal with it.

Speaker Mark-Viverito: Yeah, we're all concerned about the quality of life in the city of New York. And I'm not sure what the agenda or the purpose of – of – of this representative is. Clearly, as the mayor has indicated, if someone is breaking a law, we want to make sure that that's being enforced. At the same time, you know, this council has been actively looking at low-level non-violent offenses and having and engaging in conversations with the police commissioner on those issues. And this is – these kinds of tactics are not going to dissuade us from having real legitimate public policy conversations, all keeping in mind that we want to maintain the city and the quality of life, and that the people – particularly when we're talking about homeless individuals – probably need additional support services. And that also is important – that we're making sure that people are getting the proper support, whether it's mental health services or any other social services, so that they are getting the proper treatment as well.

Mayor: So let me just – I want to add one point to this. I agree with the way the speaker's framing it. You can abide by and enforce the current while talking about if there's any changes that need to be made. As I talked about last year, we did two things in terms of the Broken Windows strategy. We increased the amount of enforcement related to Vision Zero. We decreased, in terms of reducing marijuana arrests for low-level marijuana possession. Broken Windows or quality-of-life enforcement, I've always said is a living, breathing idea. It changes with the times and with conditions – and I know Commissioner Bratton shares that view. So there's a very healthy discussion happening between the NYPD, City Hall, and the City Council about what we think about the future, and if we need to make additional changes. But let me break it down simply – the law is the law. Anyone who urinates in public is subject to arrest. Anyone who jumps a turnstile is subject to arrest.

There's a long list of clear violations we all know about – and the NYPD will enforce those very, very consistently. At the same time, another point the speaker makes, we can do more – and we've put a lot of resources into doing more – to ensure that people who have other problems – we all know a lot of our homeless also have substance abuse problems or mental health problems – we're trying to make sure they get the kind of help that might get them off the street and out of shelter altogether – things like the Safe Haven program that helps facilitate substance abuse treatment and mental health treatment; obviously supportive housing efforts, which are a big part of our housing plan. We also know – and we talked about this a few days ago – there's a small subset of folks who have mental health problems and a history of violence – a smaller subset of whom are violent – excuse me, a smaller subset of whom are homeless. They will be addressed under our new NYC SAFE initiative. And they will be specifically followed-up on case by case. All of these pieces come together, but the simplest answer to your question is if you violate the law, there will be law enforcement following up on that case and clearly, aggressively, and consistently ensuring that people obey the law.

Question: Yeah, Mayor, given the homeless issue, you've said that the number of homeless people in the streets has not increased by your count. So I'm wondering if you could tell us about complaints related to behavior or to homeless in general – [inaudible]?

Mayor: We can get – we have a lot of impressionistic information, meaning a lot of sporadic and anecdotal information. We can certainly get you information about 3-1-1 calls, for example. And I would not be surprised if complaints have gone up in part because of the public dialogue that's happening. Now, again, I don't think you have to be a social scientist to say if you in the media are talking about it all the time, people may think about it differently or be more sensitive. I'm not going to pass judgment on that – I'm simply going to say I think it's a fact. If it's on the front pages a lot, people think about it differently. So we can get you whatever data we have. The only objective count – and I've not found a single person who can disagree with this statement – once a year, there's an objective count. It was done in February. It showed a decrease from the year before of street homelessness, meaning people who live entirely on the street. That number was about 3,000 New Yorkers. That's different from folks who go to shelter overnight and might be out on the street during the day. That's different – here's another one – that's different from a person who has a stable home, but goes and begs in front of a store. That person has a home, but we may see them as homeless, because we associate begging in front of the store with someone who might be homeless. So there is no perfect database on this. What there is, however, is a set of strategies that could really make a difference, and we have invested heavily in those strategies – and I think you're going to see more and more impact from that.

Question: Mr. Mayor, we noticed the police officers on the strategic response team yesterday at the Dominican Day Parade very proactive and even getting physical with some of the members of the press and other people along the parade route. We were told they were there to protect you, and we've never seen that at any parade before. Is this a new precedent?

Mayor: No.

Question: [inaudible] keep reporters away?

Mayor: No, no, of course not. And I think a number of you – Beth is right there – I think Beth – I remember you getting to about 90 – no, 90's too much – nine inches away from me with your microphone, if I remember correctly. Maybe not. Maybe it was someone else. But in any event, the fact is that this was something that was deployed for reasons I was not talked to about. I saw it with my own eyes, as you did, and it's not something that I think is necessary for a parade, and it's something I don't see being repeated. So I think it was a specific decision that was made for reasons I don't fully know, but I like what we've done with the parades previously, which is to have a pretty light touch in terms of security presence. As you know, I like to go side to side at each parade and greet with people, and oftentimes we have a media availability at the end.

Question: So they won't be at any – they won't be –

Mayor: Unless there's some particular extenuating circumstance, you should not expect that.

Question: Me?

Mayor: Yeah.

Question: Okay. You've never been a fan of Michael Grimm [inaudible] –

Mayor: So far, you're accurate.

Question: So I just wanted to get your take on his fate. He's going to be serving eight months in prison and will probably have to pay \$150,000 dollars in restitution. What do you think of that?

Mayor: It's very sad. I mean, it's sad that – look, I don't wish him ill personally or his family – I'm sorry for them. I think we've seen a lot of corruption over the last few years in this state, and I don't think it's very good for the public trust. Obviously, we've seen any number of people in Albany go to jail. And there are still outstanding issues – a number of outstanding issues. So I think it corrodes the public trust, and I think – you know, I never blame members of the public who are cynical about government. Too many people have violated their trust and given them a reason to be cynical. I'd like to see it end, and I commend all of the prosecutors and the inspector generals and all the others out there who have rooted out corruption. I commend our Department of Investigation for the extraordinary job they're doing rooting out corruption in some of the agencies. Until more happens, the public will have every right to be cynical. So in the end, I think it's very sad for our larger society.

Jonathan.

Question: Mr. Mayor, earlier this year, you indicated plans to travel to Israel this summer. There are only a few weeks left in the summer. Has that trip been postponed? And if so, do you have to reschedule it [inaudible]?

Mayor: We're definitely going to Israel. The date is moved for a couple of reasons. Right now, the most immediate reason is that we're very focused as a family on Dante getting ready to go to college. So that's going to be the focus – and then Chiara going back to college. So we'll come up with a new date, but I'm definitely going.

Question: Would it be this year still?

Mayor: Yes, this year.

Thanks, everyone.

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