

THE CITY OF NEW YORK
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TRANSCRIPT: MAYOR DE BLASIO HOLDS MEDIA AVAILABILITY

Mayor Bill de Blasio: Good morning, everybody. Well, this is the first full week of the new Biden administration, and I am very, very optimistic about what this new administration is going to mean for all of us here in New York City. I had the opportunity on Friday to participate in a panel the U.S Conference of Mayors sponsored Dr. Fauci, Dr. Vivek Murthy and I together, talking about what we need to do to vaccinate people quickly. And what is so clear now is the commitment of the Biden administration and the leading health experts in the administration to finding every conceivable way to get us more vaccine quickly. Now, we are waiting, in the course of this week, for more detailed information. This is what's on everybody's mind – when will the new administration be able to give us the game plan for specifically increasing the supply of vaccine? We don't have that yet today, but we do know they're supremely focused, they're constantly communicating with us, they're looking for every conceivable way to make things move more quickly. And there's a real dialogue going on – that's one of the huge differences here. We're talking directly to the decision-makers about the kinds of things we need and the kinds of changes we could make to move the vaccination process more quickly. I'm very hopeful we're going to get answers, starting this week and in the weeks ahead that will fundamentally change the reality. And, on top of that, the fact that the Johnson & Johnson vaccine could be just a matter of weeks away, that's going to be a game-changer as well. So, again, more work to do – urgent and important week, but a lot of hope, because we have a new kind of leadership in Washington.

Now, right here in New York City, what's the latest? Well, even though we don't have the supply of vaccine we need – we urgently need more supply, we urgently need more flexibility with the supply we have – the vaccination effort keeps moving forward. Right now, as of yesterday, the number of doses given in New York City, 628,831 since the beginning of the vaccination effort. Now, I've got to put this in perspective, 628,000 doses from the beginning – that is more people who have gotten a vaccination in New York City than the entire population of Louisville, Kentucky, which is the nation's 29th largest city. Just to show you a little bit of the perspective on how much is already happening. But this is just a small beginning compared to what we could do if we had the supply. And this is the frustrating part – right now, New York City has on-hand 19,000 first doses – 19,000 designated first doses. We're expecting 107,000 more in the next few days, the weekly resupply. But, again, look at that number, that doesn't even give us the beginning of what we need for a week. Again, we have a supply problem and we have a flexibility problem, because we can't access second doses that are being held in reserve for weeks ahead and use them now as first doses where there's such intense demand. So, we're working hard to get that flexibility, but, in the meantime, if there's not more supply and there's not more flexibility we keep having to either not provide new appointments or reschedule ones that exist – and that's not fair to anyone. We need the supply. We need the flexibility.

Now, where will we be able to go when we have those things? When we have what we need, here's the latest based on experience we've had so far – New York City will be able to vaccinate half-a-million people a week as soon as we have the supply. This is an update based on the experience we've had so far and all of our projections. We're now confident – and it's a staggering figure – we're able to do a half-a-million vaccinations per week if we have the supply and the flexibility. We said from the very beginning for this to work, we need the federal government, State government, the manufacturers to all do everything they can to help us. I'm saying it again, if we have the full partnership of our colleagues in government and the manufacturers, we can move vaccinations at a staggering level. But we need that help and we need it now.

Look, we have mega sites like Citi Field and Yankee Stadium ready to go. We want to get those to be full-blown 24-hour operations, but we don't have the vaccine. We've got local neighborhood providers, folks who are at the frontline who can build trust, who can get folks from the neighborhood to come in, who speak their language ready to go. We want to have a really neighborhood-based approach to vaccination, decentralized right down to the grassroots. We could be doing that right now, but we don't have the supply. We need the supply and that flexibility of whatever we have on hand we can use for folks who need help immediately. That freedom to vaccinate means helping a senior citizen. Let me make this vivid, when I was out at Hillcrest High School in Queens, I talked to seniors. I talked to a woman who was 97 years old, her name was Marcia. For her, the first shot alone was life changing. She had lived in fear of the coronavirus for almost a year. Just getting that first shot, knowing that that gave her 50 percent protection, made a world of difference to her physically in terms of the protection, but emotionally as well – it gave her some peace of mind, it gave her some hope. I want to get that first shot to as many of our seniors as possible, but we need that flexibility to do it. So, we're going to fight to get it right. We're going to make sure we get our fair share of doses. And this is a message that we have to our colleagues in government – in New York City, we can move so fast. Please help us get the supply, because, I guarantee you, we can get it to people fast – fast or faster than any place else. When I'm telling you, we can do a half-million in a week, that is an indication of our confidence of how quickly we can implement if we have what we need.

Now, again, last week we talked about five guiding principles that we know will allow us to move forward and do this the right way. And this, to me, is what's crucial, getting is to go fast and connecting with people at the grassroots. That's what's going to build trust. I guarantee, if people see leaders of their own community as part of the vaccination effort and sites in their own community they're familiar with, and organizations they know and trust, that's going to make the difference. That's what we'll build, so long as we have the supply to support it.

Okay. Now, the vaccination effort is crucial to everything we're going to do. It is – the number-one concern right now is everyone's health and safety. That's why we need to vaccinate as many people as possible, as quickly as possible. But right behind that, we all need to make sure that New York City has a strong recovery, that we come back strong, that everything about this city becomes stronger in the course of 2021 – we bring back our economy, we bring back our jobs.

Nothing's more important to that than getting everyone vaccinated. But as we build that effort and that recovery, there's a lot of things we need to keep doing to help our businesses in the meantime – our small businesses in particular, as they work to survive. And we know, when everyone's vaccinated, they're going to come roaring back, so many of them. But, right now,

there's something we can do that's a great thing for our restaurant community. Remember, hundreds of thousands of folks work in restaurants that are part of the heart and soul of this city. And we want everyone to do what you can to help our local restaurants. So, we have a great opportunity this week, the first ever New York City Restaurant Week To Go. So, this is a great innovation, it starts today. Everyone knows Restaurant Week, a great promotion that was started years ago and really engaged people with the restaurants of the city – great deals, people got an opportunity to try out restaurants they never had before. Well, we're doing the same thing this year with a to-go twist. So, every participating restaurant will offer at least one takeout and delivery meal for cost of \$20.21 – 2021. So, this is a great opportunity to have a great experience yourself, but also to help our restaurants. I want to thank everyone that NYC & Company, they've been doing great work, promoting our restaurant community. They waive the participation fees to make it easier. They've expanded the effort deeply into all five boroughs. This will now be, as a result, the biggest restaurant week in the 29-year history of this event. And that's actually quite amazing given what we've been through – more restaurants than ever, 571 restaurants will be part of Restaurant Week To Go. And that is everywhere in the city, from Sylvia's in Harlem to Denino's on Staten Island, here's a great opportunity. Anyone who wants to see all the participant restaurants go to nycgo.com – I'm sorry, nycgo.com/restaurant-week and check out the list, get out there, and go out to one of these restaurants and purchase from them, get the takeout and delivery from them, call in that order, make a difference, help them keep moving forward. Support your favorite places and find new favorite places too, and that'll be a good thing for everyone.

Okay, let's go over today's indicators. Number one, daily number of people admitted to New York City hospitals for suspected COVID-19 – today's report, 240 patients. And the hospitalization rate, 5.18 per 100,000. Okay. Current new cases – today's number, four – excuse me, 4,743. And number three, percentage of New York City residents testing positive on a seven-day rolling average, 8.44 percent. The bottom line on all of this is that we need to keep fighting while we're getting the vaccination supply we need. When you keep fighting, use the measures that work. We know – we know the masks, we know the social distancing works. New Yorkers have been heroic. We got to keep doing it while we get the vaccine supply and turn this whole situation around.

A few words in Spanish –

[Mayor de Blasio speaks in Spanish]

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

Moderator: We'll now begin our Q-and-A. As a reminder, we're joined today by Dr. Chokshi, by Dr. Katz, and by Senior Advisor Dr. Jay Varma. First question today, it goes to Kala from PIX 11.

Question: Good morning, Mr. Mayor, I've got to talk about schools with you today. A Princeton professor shows that there was a 43 percent increase in COVID cases from five to 17-year-olds in the first half of January in New York City schools, based on her math. So, is this part of the reason why middle and high schools remain closed, because of this upward trend?

Mayor: Kala, I appreciate the question. I'll turn to Dr. Chokshi, but, no, that is not the reason. The reason is simply that, as we brought back schools, 878 schools, 3-K, pre-K, K-to-five, District 75 special-ED – 878 schools with weekly testing meant we had all the capacity that we had in testing thrown into those schools, and the result has been absolutely amazing. The schools are very, very safe. We have constant testing and a very, very low positivity number. So, it really was about the ability to bring schools back safely and keep them safe. We want to move next to bringing back our middle schools and then our high schools, but, obviously, there's more work to do on that front. But, no, it's not because we've seen a change in the numbers among our kids, but let me have Dr. Chokshi speak to the latest trends.

Commissioner Dave Chokshi, Department of Health and Mental Hygiene: Thank you, sir. Well, what I would add is that we know both in our own experience here in New York City, but also now with a growing evidence-base around schools around the country and around the world that when you do have the layers of protection that we have put in place – the masking, the distancing, the making sure people stay home if they're ill, the very frequent testing regimen that we have put in place – that schools are safe environments. And, importantly, anytime we talk about the health of our children and their families, that schools are health-promoting environments as well. So, all of that remains the case. And there is one thing that all of us can do as New Yorkers to help enable schools to remain as safe as possible, and that's to take those very same steps that I described out in our own communities to try to get our case numbers as low as possible.

Mayor: Go ahead, Kala.

Question: So, in regards to middle and high schools, just last week, the Chancellor at a town hall meeting said that there is a clear staffing shortage with so many teachers with their remote – teaching remotely, so there's not enough to be in the classroom. Testing is slightly overwhelmed, because of what's going on in elementary schools and D75, and, also, he simply pointed out that high school students, older students are better at remote learning. So, in the City's mind, what would it take for middle and high schools to reopen? I'm looking for specific criteria on what it would take for them to reopen before June.

Mayor: Yeah. We're working on that right now. Look, the number one thing is the vaccination effort. The more and more New Yorkers who are vaccinated, you're going to see the positivity levels over time come down. The more and more educators and staff in the schools that are vaccinated, they become even that much safer. We need to keep advancing those efforts and we need the supply to do it. And we're going to keep building out a testing capacity as well, because that's the great guarantee in this process. But, right now, what we've found is the focus, of course, is vaccination. That's where we're putting the most profound resources. But I think the good news is that that's going to give us a picture pretty soon of what kind of schedule we can have to bring back, first, middle schools and then high schools.

Go ahead.

Moderator: The next is Shant from the Daily News.

Question: Yeah. Good morning, everyone. I wanted to go back to vaccines and ask about the goal you, sort of, outlined a few weeks ago to do a million doses by the end of the month. I

mean, you're describing hundreds of thousands of doses have been given out. It sounds like the City is not on track to meet that 1 million threshold. Any thoughts on that? I mean, was that sort of rhetorical statement or were you really hoping to achieve a million?

Mayor: No, it was not rhetorical in the least. It was an absolutely factual statement. Let me give you some facts. So, the previous week – not last week, but the one before – we did over 220,000 vaccinations. That alone is more than the entire population of Salt Lake City. I like to give these perspective points. So, the week – not last week, the one before – 220,000 vaccinations. The week that just finished, our projection was 300,000. We're absolutely confident we could hit that number. Now, we ended up at just under 200,000, because there was no supply. So, Shant, to put it in perspective, we could have reached at least additional 100,000 more New Yorkers last week of the supply had been there.

Question: Yeah, thanks for that. I wanted to ask about a New York Times story over the weekend that noted 54 ZIP codes have had a seven-day positivity rate over 10 percent. I wanted to ask, are there any managers to get that under control while people are waiting for vaccines, such as potentially revisiting shutting down non-essential business or is that off the table?

Mayor: Nothing's off the table. Everything's on the table, in fact. I appreciate the question, Shant, it's a really important one we need to talk about, everything's on the table. We are watching constantly, it's a daily conversation with our health care leadership, and me, and folks at City Hall. It's an ongoing conversation with the State. Right now, the most important part of the equation is what's happening in our hospitals. Our hospitals continue to do well. It's a real credit to our health care leadership. The lessons learned in March and April have been applied powerfully. The hospitals are doing remarkably well under the circumstance, but it's still a very dangerous moment, particularly because of the new variant. So, this is a daily conversation, all options on the table. But as of this moment, we're sticking to the current plan, and we also know that vaccination will eventually make a huge difference, and what gives me hope is we have a new administration, I think it would be much bolder about getting us supply and flexibility. Our capacity to vaccinate is greater than ever and we're quite secure about that half a million a week capacity now. When you add those two factors together, that's a lot, but also the Johnson and Johnson vaccine potentially just weeks away I think is a real game changer. So, this is why I believe we have the tools coming to turn the tide, but we're going to watch very carefully in the meantime. Go ahead.

Moderator: The next is Rich Lamb from WCBS 880.

Question: Hi there, Mr. Mayor, and all on the call –

Mayor: How are you doing, Rich?

Question: I'm just – I'm doing all right, I'm doing okay. So, I'm just wondering in regard to the hospitals, how many, you know, ICU beds are left. We know that that's kind of the critical factor or do we have a handle on that at this point?

Mayor: Yeah, I want to get a Dr. Katz into this part of the conversation and he can certainly give you a perspective beginning with our public hospitals, and then I'll ask Dr. Chokshi and Dr. Varma to comment, but what we're seeing so far, Rich, is hospitals handling the situation very

well, and also learning one of the lessons we learned in the spring about the ability to add ICU beds as needed. But I think most important thing, Dr. Katz, if you could just help everyone understand what the experience has been this time that's different from last time and how that is affecting your supply of ICU beds and the approach you take?

President and CEO Mitchell Katz, Health + Hospitals: Yes, sir. Thank you so much. So, as you say, sir, it's been very different this time around. To answer the explicit question about a third of our ICU beds are still available, not filled, and the way that happens is as we keep getting more patients in the hospital, we keep adding on beds and staffing those beds so that at all times we're able to take new patients who come in. We've been helped by the fact that while the numbers keep growing, they are growing in a very linear way, not in an exponential way. We've had no jumps as we did the first time around where in a matter of few hours, we would get 20 more patients. This has been very gradual every day, has brought a few more patients across our system, and I – besides our data, I review all of the hospital data across the city, and it's all the same picture of hospitals slowly growing in their number of patients, but able to increase their staff, open up new beds to maintain a proper level of open beds. And then finally the mortality rate is much, much lower than it was the first time around. We have less than 10 percent of patients who get hospitalized or succumbing to the illness while in the hospital, and that's because of better treatment, both drug treatment, better understanding of avoiding the ventilator unless it's absolutely necessary and using other methods of keeping people well oxygenated. Thank you, sir.

Mayor: Thank, you, Dr. Chokshi you want to add?

Commissioner Chokshi: Yes, sir. Just to add briefly about the picture for for the whole city according to our most recent data, there are about 687 patients who are hospitalized in intensive care units across all of the city's hospitals, but we do still have a capacity in our ICUs. At least 20 percent of ICU beds remain available, and the reason that I say at least is to build on one of Dr. Katz's points, which is our hospitals do continue to have the ability to add additional surge capacity beyond the existing capacity that they have. The final point that I'll say is that we shouldn't lose sight of the humanity behind those numbers. Each of those 687 patients who is critically ill is someone who is struggling to breathe, who needs a considerable assistance to ensure that they're able to continue doing the basic functions, you know, that that each of us take for granted. And that's the role that all of us have to play, because the number of cases is connected to the number of hospitalizations, is connected to the number of people who are in our intensive care units. So, what each of us do and the public health actions that we've emphasized have a direct impact on those numbers.

Mayor: Doctor, emphasize again your guidance that you've given publicly about how older New Yorkers and folks with preexisting conditions should comport themselves at this moment, particularly with the new variant?

Commissioner Chokshi: Thank you, sir, for the opportunity, and it's particularly important when we talk about the people who are in our intensive care units. These are the most at risk individuals whom we seek to protect through our guidance. That's why I issued a Commissioner's Advisory back in December focusing on older New Yorkers, those above the age of 65, as well as people who have underlying health conditions, people who have cancer or heart disease or kidney disease or diabetes, because we know now from the last several months

of experience that those are the people who are most likely to have the severe outcomes that will land them in the hospital or in our intensive care units. So, what we advise for all of those people is to take extra precautions, all of the basic public health advice that we've given, but also to stay home as much as possible with the exception of essential work, medical care, and other things that are absolutely required for, you know, for people to go outside of their homes. The final thing that I'll say is that this applies also to caregivers for those more vulnerable individuals as well as household members to take extra precautions, because those are the things that we can do to save as many lives as possible.

Mayor: Thank you, Dr. Varma, you want to say anything about the hospital situation?

Senior Advisor Jay Varma: Nothing else for me.

Mayor: Okay, great. Go ahead. Rich.

Question: Okay, thank you very much for those many answers. So, I'm curious about the vaccine firms that are still out there. You mentioned J and J. I'm wondering what – how far do your doctors hear that they are away from approval and the other firms, and what would that mean in terms of the supply? What would it would a double it? Quadruple it? What would it mean?

Mayor: Okay, fantastically important question, Rich. And I'm going to turn to Dr. Varma, but let me preface this, because this is a conversation we've been having now intensely over the last week, what exactly will it mean? First and most importantly, why the Johnson and Johnson is a game changer, it's a single shot. It's a single dose, does the whole job. So, the challenge, the logistics, the supply questions around two dose vaccines, this will be the first time we're dealing with a single shot vaccine. Second, you know, you think about just sure supply, you're bringing a whole another player onto the playing field, that gives us a chance to intensify supply exactly a moment where we deeply need it and in combination with the – what I'm absolutely certain is going to happen, the increasing supply because of the efforts of the Biden administration. So, all of these pieces could come together. I wish they were all here right now, but they could come together in a really favorable way. Jay in terms of more of the specifics about what we're seeing with Johnson and Johnson, potential timeline, and if there's any other vaccines on top of that on the horizon?

Senior Advisor Varma: Great, thank you for the question. So, first, in regards to the Johnson & Johnson vaccine, you know, we're watching the same news that everybody else is closely to get insight into this. I mean, our best read is that the data is being analyzed right now, because some of the international sites like in South Africa have closed, and that our expectation is that that should be presented hopefully to be FDA very soon, and that we're kind of targeting for the end of February or early March to potentially receive a supply. As the Mayor has noted this, if it's as effective or even close to as effective as the two vaccines that we have right now, it'll be a tremendous game changer. The difference that the Mayor has noted between a two-dose vaccine and a one dose vaccine, it's absolutely enormous, it doesn't seem like a lot, but it really is. There are other handling issues related to this vaccine that also make it a lot easier.

So, we're tremendously optimistic that if this vaccine becomes available, we'll be in a very different reality. We don't know the exact supply amount that's available, of course, but the

expectation is again with any additional vaccine, it really does exponentially increase our abilities. In terms of other vaccines that are available, the other one that of course we want to see data for is the Oxford-AstraZeneca vaccine. If people may know this vaccine is already approved and being used in the UK, in India, and in a number of other countries around the world. There was some challenges with the way the original trial was done, and so that's why we're waiting for the US FDA to complete the analysis – I'm sorry the company, and then eventually to submit to the US FDA analyses that were from patients enrolled in the United States. But again, if that vaccine gets approved and appears to sort of cross the threshold of effectiveness, we need, again, completely changes our dynamic, and we get to a point where eventually supply will be than demand, which is where we need to be.

Mayor: Thank you.

Moderator: The next is Sam Raskin from The Post.

Question: Hi, so when do you think we'll be able to get the data on the demographics of who has received the shot by borough, by race? I know Eric Adams and Scott Stringer among others have been – and other reporters – have been asking for that data, so what do you think we'll be able to receive that?

Mayor: Yeah, I think they're all right, and we're going to have that data later on this week. I think it's absolutely crucial that we show the people of this city how this is going, and I think it's part of making sure that we act to address the disparities that have pervaded the COVID experience. So that's going to be later this week. Go ahead, Sam.

Question: And then with vaccine appointments right now are that are pretty hard to come by, is there any plans to – before we get more supply – to consolidate the three different systems with which people are signing up for vaccine appointments?

Mayor: Yeah, we've got to make this simpler. There's no doubt about it, Sam. Right now, of course, when you're dealing with health care, there's a lot of sensitivities, and as you know, there are legal issues that have to be addressed when people are signing up in terms of their eligibility. So, there are always going to be some challenges, but we got to make this situation simpler, make the process easier for everyone involved, and that's what we're working on right now. We'll have more to say on that shortly.

Moderator: The next is Amanda Eisenberg from Politico.

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

Mayor: Hey Amanda, can you hear us?

Question: Yeah, I can, can you hear me?

Mayor: There you go. Okay. Amanda? we had you for a minute. Okay.

Question: Can you hear me?

Mayor: Yeah, you seem to be muting somehow.

Question: Yeah, for some reason it keeps –

Mayor: Why don't we get Amanda back for another round later on?

Moderator: We can go back to Amanda.

Mayor: We'll come back to Amanda.

Moderator: The next is Gersh from Streetsblog.

Question: Hello, Mr. Mayor and everyone on the call. How are you guys doing?

Mayor: I'm doing good, Gersh. How you feel?

Question: I feel great, thank you very much, Mr. Mayor. Listen, I was just on a phone call with Senate Majority Leader Chuck Schumer and he said that he had spoken to Secretary Nominee, Pete Buttigieg of the US DOT, and he said, "everything looks good, that congestion pricing would become a priority of the Biden administration." As you know, Council Speaker Cory Johnson sent a letter to Buttigieg late on Friday urging him to push [inaudible] for congestion pricing. I know it's something you support, but no one is talking specifics or timing on this. So I'm wondering if you could just tell me what do you know and what have you done?

Mayor: Excellent question, Gersh. First of all, I think we should all celebrate the fact that Pete Buttigieg, when he turns to his number two at the US Department of Transportation, he'll be turning to our own Polly Trottenberg, who obviously believes deeply in the changes we need to make, Vision Zero especially, but also congestion pricing. So, that's going to be really, really helpful for the city. I'll be speaking to Secretary Buttigieg to make the point that we really need to move this, and I think that's going to give us a lot of clarity about the timeline. I want to see us go as quickly as possible. This is – was important at the time that it was agreed to and is just as important now, so I'm going to work hard to get the federal government to move, and then, you know, we'll all work together to get it done. Go ahead.

Question: Okay, different question now, speaking of timing, the Brooklyn-Queens Expressway is something that you would – appointed a panel back in April of 2019 to put out some findings about what should be done about this crumbling piece of infrastructure. The report came back from that panel, you weren't a 100 percent on board with it, but nonetheless, that was back in February, right before COVID. Since then, the Council Speaker has had a press conference about what he would like to do, the City Controller has a plan to turn the crumbling stretch of the triple cantilever into a bus – only a bus and truck only route, obviously Streetsblog has written about plans for tearing down the highway entirely, no matter what you do, something has to be done immediately. So, A, where is the urgency and, B, what's the plan?

Mayor: The urgency is there and has been from the original announcement actually I made with Polly Trottenberg about the fact that we had to take immediate actions to protect and shore up that stretch of road. And that is what has been happening ever since, investments have been made to do the repairs, to keep it strong in the meantime while we sort out a long-term plan, and what

we started and now need to get back to as we come out of COVID is more and more enforcement against oversized trucks. So those pieces are going to move aggressively. The next stage plan is something we have to work on in the remainder of this year and lock in as much as we can, I'm going to make it straight forward, Gersh, in the atmosphere of dealing with COVID that hasn't been the front burner. What's been the front burner has been just to keep everybody safe while we had time to figure out the next steps for the future. Go ahead.

Moderator: The next is Jake Offenhartz from Gothamist.

Question: Hey, good morning, Mr. Mayor, can you hear me?

Mayor: Yeah. Jake, how are you doing?

Question: I'm doing okay. I wanted to ask you about a City Council bill that you said it's going to pass this week, that would increase the number of street vendor permits for the first time in about 40 years. My understanding is that there was some pushback from the restaurant industry here. Do you support lifting the cap on three vendors right now?

Mayor: This is something I've wanted to see for a long time, Jake. A balanced plan to support street vendors, but with clear ground rules, strong enforcement, and clear accommodation for bricks and mortar, small businesses, and there's been a lot of discussion in the last weeks with the council. I think we're in a good place. I think we're getting now the kind of balance that we've needed all along. So, I'm very hopeful about this legislation. I'm certainly aware that small businesses have gone through hell and we need to protect them at this moment. I think this legislation, as I've seen it so far, has been written in a way that does that. Go ahead.

Question: Okay, and then pivoting to the vaccines. I have a question for my colleague [inaudible]. You seem to be banking on the Johnson and Johnson vaccine, but the FDA, and its advisory committees, haven't scheduled a review date for that vaccine. So, what happens to this backup plan, if the J and J authorization doesn't happen until say March?

Mayor: Well, I'm going to say this as the layman and then turned to Dr. Varma and Dr. Chokshi. I think what we've seen so far with each of the vaccines has been you know, surprisingly good. Let's just put this in perspective, the fact that there even was a vaccine of any kind by December in the same year that the COVID crisis emerged is an absolute miracle. The fact that we now have two vaccines that are working well, let's put this in perspective. So I do start with the assumption that we're going to get to a good place with Johnson and Johnson, and that a single shot vaccine is a total game changer, whether it first shows up in New York City in February versus March is a very fair open question. But I think the overwhelming likelihood is we will see it and see it relatively soon. Dr. Varma, you want to add?

Senior Advisor Varma: Yeah, no, thanks for the question. I mean, we understand the, the point of it, which is like, so what is the disaster scenario? What is the scenario in which we only have two vaccines for the rest of the year, and I think what we've learned with this disease is that we just have to adapt to where we are.

Unfortunately, we're in a situation with a lot of uncertainty. We don't like it ourselves, and we know everybody else is facing that same challenge. So, we just have to keep managing based on

what we know right now, and I think the things that we know right now lead us to be optimistic. The results from the Oxford AstraZeneca trial, for example, did show benefit above the 50 percent threshold that the FDA originally set as their bar for what an effective vaccine needs to be. So, even though it didn't reach the threshold of the Pfizer Moderna vaccine was still a better than what we would have expected a year ago, for example.

With the Johnson and Johnson vaccine, we have two lines of evidence that it's likely to be effective. One is the data that the published already showing immune responses and showing high levels of immune reactivity and people in their original what's called "phase one and phase two" trials, and we also know that the vaccine is built on a platform of a very promising method that's being used in HIV vaccine development. So, we do have optimism and I don't think there really is a scenario that we need to plan for very limited vaccines in the distant future, just because there's so many things playing in and changing all at the same time.

Mayor: Dr. Chokshi, you want to add?

Commissioner Chokshi: Yes, sir. Well, first I agree with what Dr. Varma has said, and look, we are still in the midst of a pandemic and at the end of the day, we have to look for every single tool in our arsenal to be able to save lives at this moment. That's why we are looking to the Johnson and Johnson vaccine, and planning and preparing for it to become available so that as soon as it does, we are ready to get those shots into as many arms as possible. But it also underlines the urgency of the other thing that the Mayor has really called attention to, which is the supply of the Pfizer and the Moderna vaccines. That is something that we, you know, the collective we, particularly the federal government, should be pushing forward, even as we look to the eventual authorization of hopefully one and potentially two additional vaccines down the road. As with everything, we will follow the science. We'll take a hard look at all of the data ourselves, make sure that we understand the FDA's review processes as well. But then be ready to leap into action.

Moderator: Thank you very much. We'll be talking for two more for today. We're going to go back to Amanda from Politico.

Question: Hello, Mr. Mayor, can you hear me, okay?

Mayor: Let's try Amanda. How are you doing today, Amanda? Okay, this is a recurrent theme.

Moderator: You're not muted.

Mayor: Yeah. We don't know what the problem. You're not muted on our side. Try again, Amanda. You keep flowing in and out. What's going on? Yeah. Could you try getting to a different phone, Amanda, that might help. We'll go to one more person and come back to you, but see if you can get to a different phone.

Moderator: We'll go to Kristin from the Staten Island Advance and then back to Amanda.

Question: Good morning, Mr. Mayor, how are you today?

Mayor: Good, Kristin, how you been?

Question: I'm good. Thanks. I wanted to talk to you about Daniel Presti, the co-owner of Mac's Public House. A grand jury declined to indict him on the felony assault charges for reckless endangerment that stemmed from him hitting a Sheriff's officer with his car, even though there was a clear video of it. Just wanted to know if those officers were from your office and just, you know, what you thought of the decision?

Mayor: I'm shocked. Honestly, I'm just shocked. These are law enforcement officers, Sheriff's deputies, trying to protect people's lives. You know, that's why they were there doing this work. They're trying to save people from this disease and, you know, the Sheriff's Office has done an amazing job throughout the COVID crisis, and there are literally thousands and thousands of New Yorkers who I am certain have not been afflicted because of the efforts of the Sheriff. So, these folks are really heroes and I don't know what this jury was thinking. If someone hits another person with a car, that's an offense right there. If you hit a law enforcement officer with your car, that's something profoundly troubling that should lead to an indictment. I'm absolutely shocked. Go ahead, Kristin.

Question: All right, and the second question is just about the vaccines. You know, you just said the 24/7 sites are postponing the opening, including Empire Outlets until the city has adequate supply. Is there a number – what does that supply number look like for you guys before you would open up those sites?

Mayor: Yeah, it's a great question. Kristin, we need, obviously, the kind of supply that allows us to get to our goals. So, like I said, this last week we had publicly said we wanted to do 300,000 vaccinations. We only had supply for about 200,000. We want to go much faster. We want to go up to 400,000 quickly. We'll be able to get to 500,000 a week in February. That's the kind of supply level that will guarantee us we can have the big 24-hour sites. So, certainly we need more than we're getting now. We don't necessarily need all the way to get that half a million a week level to open the sites, but we need more than we're getting now. I don't have an exact number for you, but I can certainly say if we could have on hand at any time, enough to at least guarantee us, we could meet our weekly goals, that's when we could put this kind of site into action. Hopefully, that's real soon.

Moderator: One more time. We're going to try Amanda Eisenberg from Politico.

Question: I'm hoping this works. Can you hear me okay?

Mayor: Sounding good so far.

Question: Great. Well, thank you for taking my call, I guess third time's the charm. So, I wanted to talk to you a little bit about vaccine extra doses. So, I spoke to a woman who runs a city site and she was explaining that all of the vaccinators have their vials they open up, and at the end of the night, there might be a bunch of vials with like one or two doses left over, and so what she did was they took all of the vials and extracted the rest of the doses to vaccinate all of the workers who were helping out, and if people didn't want them to move on to the security guards, which is amazing, right? Because the goal is to vaccinate a million people this month. My question for you is what happens, you know, tomorrow what happens every day after, where you

don't have that like extra base of people? And so I was hoping you could weigh in on what the contingency plans are when you have that, you know, small amount of doses left?

Mayor: Yeah. Thank you. It's a great question. First of all, the woman who you talk about who ran that site, she did exactly the right thing, and I commend her as a leader for making sure that every dose was used. The state certainly has given us flexibility in situations. We want to make sure that we are able to use every single dose and the more that we can get flexibility and freedom to vaccinate, the more we're going to be able to use. So, Dr. Chokshi can talk to you about the exact protocols we're using in this case, but that's exactly the way we're thinking if there's any additional we want to get at people's arms right away. Go ahead, Doctor.

Commissioner Chokshi: Yes, that's right. Well, the most important point is the one that the Mayor made, which is that each dose is precious, and we have to ensure that we get those doses into the arms of people who deserve that protection. The specific protocols, first of all, you know, what this staff member did is precisely what we have put into place at our city sites, starting with people who have volunteered, and are taking care of New Yorkers who are coming in for vaccination, moving to other staff who are on site, and then the next phase of it is what we call a standby list, essentially having a list of people who meet the eligibility criteria. Some of them may be staff who could be scheduled for other shifts. Some of them may be eligible community members. Essentially having those standby lists ready so that at the end of the day we use all of those available doses.

Mayor: Go ahead, Amanda.

Question: Great, and that goes into my next question. So, earlier this month we saw a bunch of people run to the Brooklyn Army Terminal when there was information about, you know, 410 doses that might've been leftover. I interviewed one woman who came from Staten Island and she says, "look, I don't mind standing in line, and if I'm the 411th person, so be it. But I want the opportunity to be able to stand in line and hopefully get that extra dose." Is that something that you're considering? I know that you are only able to vaccinate the people who the federal government or the state government allows in whatever timeframe, but can you talk a little bit more about the idea of these standby lines where people might feel like they have a chance of getting vaccinated versus kind of the omnipresent wait for getting an appointment?

Mayor: Yeah. It's a very fair question. I'm going to turn to Dr. Katz and Dr. Chokshi. I'll tell you it worries me, even though I hundred percent understand, because I've talked to the seniors in particular who just so urgently wanted this vaccination and it's literally feels to them like a matter of life and death, and we've got to serve them. We need the supply, we need the federal government, the state government, the manufacturers just buckle down, get us the supply, give us the flexibility to use it. That's the solution. I don't love the notion of people showing up for a line and having no guarantee you're going to get the vaccine. I don't like people being in lines together to begin with, unless there's a reason. I don't like the opportunity, you know, that seems like maybe there's going to be hope, but then there isn't, I don't like that reality. I don't think it's going to lead us to a good place. I think we got to solve the problem on the front end, but let me, let me hear the reflections from Dr. Katz and then Dr. Chokshi.

President Katz: I agree with you, sir. We tried very hard to schedule the right number of people so that we can use every dose in the vial and to have a list of people as Dr. Chokshi mentioned

who would be eligible. Having lines does mean the possibility of people being able to transmit COVID to each other, even if the line is socially distant, people had to get to that site, which might put them at risk. I think that it isn't the best way, but I, like you, sir, I certainly understand people's concern and desire to be vaccinated.

Commissioner Chokshi: Sir, I would just briefly add that this is why we have such an emphasis on appointments. To be able to have you know, smoother flow through our sites and to maintain the physical distancing, to allow people to be protected. We shouldn't forget, you know, the seniors the other people who are at risk and eligible to be vaccinated right now, we do need to take those steps to continue protecting them, when they're leaving their homes even to get vaccinated. So, that's why it's critically important for us to maintain those protocols as we've been set up, and the final thing that I will say is that, you know, even as we do try to be as thoughtful and rigorous about, you know, the small number of extra doses as possible let's not lose sight of the big picture that the Mayor started today with, which is we need to have more supply so that we can schedule more appointments and get all of the people who are eligible vaccinated as quickly as possible.

Mayor: Thank you very much, and just finishing, Amanda, I'm hearing your point loud and clear. We've got to be really smart about making sure that no dose goes to waste. I think Dr. Chokshi made the point about the contingency plans that each site needs to have to be ready to make a fast move if there are any leftover doses. We've got to be real tight about that. But again, we don't want to raise false hopes or have people standing on a long line for no reason. That's the balance we're trying to strike.

But everyone, look, as we conclude today, it's real simple – supply, supply, supply. It's all about getting more vaccine and getting it quick, it's all about the new administration in Washington, breaking us out of the status quo that's not working for us. Here you have New York City ready of vaccinate at the rate of a half million New Yorkers a week, but we don't have the vaccine to go with it. A lot of other places in the country are ready to do so much more. We need our federal government to lead the way, push those manufacturers to do more. Use the Defense Production Act in new ways, break down whatever barriers and silos exist, because all that matters is getting vaccine in the arms of our senior citizens, our first responders, our teachers, all the people who need it. So, we're going to keep pushing for those changes. I'm hopeful, and I'm really happy to say we're ready to vaccinate at an extremely high level, really quick, and we're really hopeful that more vaccine is coming to us on the horizon. Thanks, everyone.

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