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TRANSCRIPT: MAYOR DE BLASIO HOLDS MEDIA AVAILABILITY

Mayor Bill de Blasio: Well, good morning, everybody. It's a Monday morning, and even with all the changes we've been going through these last months, a Monday morning still can always be a little tough for all of us. So, I'm happy to give you some good news to start your week. It's important to think about this whole fight we're in the middle of, and how many times we've had to emphasize that it's a long battle, there are no shortcuts, to get where we need to get to really beat this disease back is a long, intense process that everyone has to participate in. So, the good news I'm going to give you in a moment is about how we make that easier for all of us. Everyone's been doing a great job. Every time, I'm going to say thank you to all of you for everything you're doing to practice social distancing, to shelter in place, to help each other. It's been absolutely outstanding, but it's not easy, and it's taking a long time. Everyone wants more certainty.

One of the most frustrating parts of this whole experience has been how many things aren't known, how many things aren't known about this disease. We constantly feel like we're fighting an invisible enemy, but not only an invisible enemy, an invisible enemy that we just don't have enough information about. But the thing we all want to know the most is about what's happening to our own families, what's happening in our own lives. Have we been exposed to this virus or not? Are we still vulnerable? These are the questions that people want answered and want to know what it means for their own safety and everyone they love. And we know the question has always been from the very beginning. This goes back to when we first talked about COVID-19 back in January. The question has always been testing, testing, testing. How are we going to get the testing? How are we going to be able to get answers? Even with this difficult adversary, this mysterious adversary, how do we at least get less mystery about our own lives and get answers through testing? So testing is the way forward, and it's been a long fight just to get the testing we need, the ability to give the tests, but today we have good news.

Today we are beginning to see an easier process for testing. I'm going to talk about it by putting it in context of what I experienced Saturday in the Bronx at the Health and Hospitals Gotham Community Testing Center in Morrisania. I went up there to see how the testing was being done. To see how our extraordinary health care workers at the front line are giving people answers, helping them get clarity, figuring out with them what they're going to do next based on the results of the test. Making a lot more testing available in the places hit the hardest like the South Bronx. So, we all know that a few weeks ago we were just trying to save our hospitals, save lives. We couldn't put together the personnel, and the PPE's, and the test kits, and all to do community testing, but now we were able to over this last week or more, and so as of this morning they'll be eight Health + Hospitals community testing sites around the city, open for

business. And since we started this initiative a couple of weeks ago, even less than a couple of weeks ago, there've been now over 5,000 tests at the H + H sites, another more than 2,600 tests at the sites we've sponsored with local 1199 SCIU, the health care workers union and one medical. That number is substantial, but now we're going to be taking it up. There'll be 10,000 test per week or more at these community-based sites, and we want to keep ramping that up.

But the challenge has been, and I saw this with my own eyes on Saturday, that the test process we've known up to now, the test kits that were used, which had a specific long swab, and it required a trained medical professional to administer the test. Not fun and easy, very long swab, had to go way up into someone's nose, had to be handled a certain way, kept in a certain environment to be sent on to the lab. This was a more elaborate process, and not only slower, more elaborate for the patient, but for the health care worker. A challenge in many ways, and our health care workers have gone through so much already but realize even in the testing process how much they had to do. A health care worker, even to do one test, had to put on, if you will, their body armor. They had to put on the whole PPE ensemble. The face shield, the N95 or whatever type of mask was appropriate, the gloves, gown, a whole specific plan to keep them safe, because the problem was with the test we've been using up to now, a lot of times it made the patient sneeze, and obviously it might be someone with COVID 19, and that was going to expose the health care worker. So, it was a laborious, careful process. But of course, a process done with someone who might be infected with a disease that might therefore infect the health care worker. So, we had to take real precautions, and that was every single patient, every single person being tested hour after hour, day after day. And it was a slow process and a process that came with real exposure for the health care workers who have been through so much. We have been working to confirm for weeks now that there was a better way to do this, and the good news I have today is there is a better way, there is a better way to do testing. There is an easier way to do testing, and there is a safer way to do testing, and we're going to start that this week at our Health + Hospitals clinics right here in New York City.

So, we're calling it, just to make it simple, straight forward self-swab tests. What does it mean? It means when you go to one of the community testing sites, instead of the health care worker having to be all prepared with all the PPE's, and then take that very long swab, and administer the test. Now this is a whole different thing. This means the health care worker explains to the person there for the test how to administer the test themselves. They go into another room for privacy, and the patient takes something that's basically a sterile Q-tip, puts that in their nose. They don't have to go way deep, just enough to get a sample. They, forgive my bluntness, they spit into a cup, and that, those two samples, provide enough information for the testing to be done. Much simpler, much easier for everyone involved, no chance to cause the same kind of sneezing that that long swab way up the nose does. Simpler but also safer, especially for that health care worker. So many of whom had been putting their lives on the line now for weeks and weeks. So, when that's done, just like we've all experienced, many of us, at least at doctor's offices, you hand the sample over to a doctor or a nurse, a health care worker, you do the same here. The clinic or the health care provider sends it off to the lab to get the results. Now, this is simpler, this is better. This is something we're going to start using now aggressively, because it'll improve the situation for everyone.

We need partnership from the private labs that do the processing. We're engaged in these conversations with them already. We need them to step up. What our health care leadership here in New York City have told us is it's a very similar process to what they would do with the current samples. It doesn't take a lot of modification, but we need the private labs to agree immediately to do this on a wide scale. We have enough to get started, but we want to make sure we do this on a wide scale, so I'm asking the private labs, step up, make the small alterations necessary to be able to take these simpler tests. I think that will be a step forward for everyone. For health care workers, this will be a simpler, better reality. Also, think about the PPE's that will now be saved in this process. They've been precious up to now, that personal protective equipment. We know it's been a fight week after week to make sure we had enough. This will mean we'll be able to conserve our supply a lot more, and make sure we have it for everyone who needs it when they need it. So, there's a lot of virtues here. It will also just take fewer health care workers to administer this kind of test, because we'll get more done in the time we have. So just it helps on so many levels and allows more health care workers to be at the front line where they're still needed so deeply.

Now, it's faster, as I said right now at an H + H site, because you have to process each individual, and explain what's going to happen, and administer the test, and everything has to be done very methodically. They can do about 15 tests per hour for each health care worker taking the tests. But the – I'm sorry, 15, I shouldn't say per person, per site – 15 tests per hour. With this new approach that will go up immediately to 20 tests per hour, and then we'll keep expanding from there. Again, we need help. The private labs, we need them to really get with this new approach quickly, help move it forward, because this will make everyone's lives easier, and faster, and this'll give more people answers, and it will simplify, and clarify our steps forward as we move into that test and trace period in the month of May. But we also still need the federal government, I don't want anyone for a moment to think this means the federal government doesn't have responsibility. They still do and the big question now and again, testing has been the big Achilles heel of the federal government from the beginning, but here's the chance to get it right. Use all the tools of federal government to expand lab capacity so we can help New Yorkers and this is needed all over the country. We need the supplies that go to those labs to make them work, particularly what's called reagents, which are part of the process of doing the actual analysis of each sample. There is still a crisis of supply affecting the labs, we still don't see the federal government owning this problem to the extent they need to. It's been the same story from the beginning, not focusing on testing when we needed them to and then even when everyone became clear that testing was the answer. We don't see the federal government using all its powers, all its tools to secure the supply chain and make sure the test kits originally and the lab capacity is there, that needs to be fixed immediately so we can take a big step forward in May.

Now, remember, the more tests you do, the faster you move towards low-level transmission of this disease. It all starts to come together, expand, testing rapidly more and more of the contact tracing, more and more getting people to isolation who need it. That's what May is going to look like, but this is actually going to help us speed that up markedly to be able to do a simpler kind of test. One day and I think it is possible, we'll be able to test everyone we need to, again, we cannot do it without federal help, but one day if we do this right, we'll be able to reach everyone we need to on any given day and you'll see a extraordinary correlation of how every step towards that day connects with pushing back this disease. I'm not saying it's going to be perfect, I'm not

saying there's always going to go into a perfect straight line you've seen with our indicators and we'll get to them in a minute. Things go up, things go down. Sometimes we'll have setbacks, that's part of life, but so far New Yorkers have done an extraordinary job pushing back this disease and now the testing is starting to come into play. If we do it right, may not be a perfect straight line, but it will be regular consistent progress. The more testing, the more progress, this will help us achieve more testing, simple as that. So, of course once you have the testing more and more widespread, you need that ability to trace the contacts of everyone who tests positive. And as we've talked about before, when we were tragically seeing the disease spread and spread, and spread, we weren't able to do the contact tracing. We were trying to save lives, protect hospitals, deal with the most basic needs of people, but we couldn't build a whole— contact tracing network that we wanted for something of this size.

Now, the good news is we can, and that's what we're going to build in the month of May. A contact tracing network in this City like never been seen before on a vast scale. So, every time someone tests positive, immediately we can swing into action, figure out who were their close contacts, get those people tested to isolate anyone who needs isolation. So, I'm announcing today that we are hiring, we are looking for talented, experienced health workers. So, anyone out there listening to me now, watching this or anyone who hears about this, if you have experienced in the health care field, if you're ready to lend your talents, this fight, we need you and we need you right away. We are hiring immediately and we will be hiring throughout the month of May, City of New York plans to hire 1,000 contact tracers immediately. They will be working with all the health care personnel we have already and people we will train from a variety of City agencies to complement this work as well. But, right now, we need 1,000 new contact tracers. We're getting great help from our fund for public health and I want to thank everyone at the fund for public health, for the great work you do and all the people who support you and have donated to the fund for public health. You're going to see that support come alive in a powerful way now, as we fight back this disease here in the epicenter, but we want to get the word out to everyone that we need to hire up right away as work begins. What will they do? The contact tracers, literally, they'll do the interviews to determine who were those key contacts, they'll follow up with those contacts, they'll arrange for each of them to be tested. Folks who need isolation, they'll make sure they're getting it. They'll help make sure that the steps that are needed are glued together and they'll ask the questions that are needed. And that training will be so important to understand if there's anyone who needs that follow-up, talked about disease detectives before. This is a variation on that, but it's the same concept of knowing how to ask the right questions, knowing how to search for the clues of the people in someone's life who tested positive, that need to be contacted, need to be followed up on, need to be tested. So, again, we'll start immediately and anyone interested should go to the fund for public health website it's FPHnyc.org again FPHnyc.org. Very, very important please, we need you to come forward right away so we can get you into this battle and help save lives here in this City.

Let me switch to a couple of other important topics before I talk about the daily indicators. First of all, something so many New Yorkers ask about and care about and it's important to everyday life, alternate side parking, alternate side parking. In this crisis we've seen something very unusual, there've been so many fewer people out and obviously businesses closed, etcetera, that the reality why we need alternate side parking to begin with has been altered fundamentally. So, we've been watching regularly, our Sanitation Department is monitoring communities to make

sure we don't want to see communities get dirty we don't want to see anything that would undermine the hygiene of this City in the middle of a pandemic, been very pleased by what we're seeing. Streets are staying generally clean I know a lot of everyday New Yorkers are helping to make that happen and I thank you for that. So, as we continue to see progress, we can continue to pull back on alternate side parking, we've been doing it two weeks at a time we're going to keep doing that for the foreseeable future and we're going to judge each time what makes sense. But I am here to announce that we will suspend alternate side parking for the next two weeks and that will take us to Tuesday, May 12th again as we get close to that point, we'll have another update.

Very important update I want to give now and it's something that's been worked on for the last few days. The weather has been getting warmer, slowly but surely, we've talked about the changes that when it gets warmer there'll be more and more people outside. Gotten a lot of good questions from every-day New Yorkers and from the media and from elected officials. How are we going to balance this? Well, we're going to have a bigger, for the truly warm weather in summer, but in the here and now we can predict in the next few weeks as we go through May, it will get warmer and warmer, more people out, more challenges. Lot of folks have asked good questions about what can we do differently and I've said consistently, we want to see if there's new approaches but we have to make sure they're safe and we have to make sure there can be enforcement.

The City Council came forward, I think it was Wednesday, with a vision of how we could come up with a plan to open up more streets do it over time and do it in a way that was responsive to the core concerns we've heard from the NYPD for example, about safety and enforcement. We've been engaging the city council over the last few days with a very positive spirit because as I said a few days ago, when you look at the history of relationship between both sides of City Hall, we always come together in the end and find a solution. There's been a collegial, positive spirit always, but particularly during this pandemic, and we share a lot of the same values. So, the city council has been absolutely right to say, let's keep looking for solutions here and I want to thank them for that. I think it's been right to say, let's find a solution that helps open up space, but absolutely keeps people safe, because the first job here is to protect people's safety. So, I want to announce today that we have reached an agreement with Speaker Johnson and the city council. And over the next month we will create a minimum of 40 miles of open streets and then the goal during the duration of the COVID crisis, and we don't know how long that is obviously, but as this crisis continues, we're going to all work hard to keep it as short as possible. But during this crisis, the goal is to get up to a hundred miles of those open streets and the way we will do it, we're going to focus first on streets in and around our parks. Very concerned about the streets on the outside of parks that oftentimes we're seeing that immediate area getting very crowded, that's an obvious opportunity. Those streets adjacent to parks are an obvious opportunity to open up more space, so we're going to work together to figure out how to do that. Some places will be able to expand sidewalks. Use the example of what we did over the holidays around Rockefeller Center where you just open up the sidewalk space into the street more, but with the proper kind of barricades. Some streets will be more local areas that aren't necessarily where you have a major attraction like a park, but they are places where we can safely open up some space and have it be enforced. And another important piece of this discussion is early action bike lanes where we see an opportunity to do more with bike lanes - done some of that already in this crisis, we want to do more. So, the focus here will be to focus – of course, same as we're doing in so

many other things, where the need is greatest. So, so many communities that we already have identified have been very hard hit by COVID, we want to be particularly sensitive to implement these kinds of steps - working with the City Council, working with the Police Department, Transportation Department, Sanitation Department, and Parks Department figuring out all the right places we can do this, but first priority are the places hardest hit. And then of course, figuring out where they'll have the biggest impact, where the most people are. So that's good news, from the good work we've all been doing together with the Council over the last few days.

Now let me go into the indicators for the day. And I think today's indicators are broadly good [inaudible]. It's not the perfect thing we want all down in the same direction, but broadly good. And we keep making progress in one form or another. I want to see more and I want to see steadier progress for us to really be able to make some of the bigger moves we all would like to make. So, the first indicator today, daily number of people admitted to hospitals for suspected COVID-19. This is obviously the root of everything – this one's down meaningfully from 144 to 122. That's very good. Daily number of people in ICUs across our Health + Hospitals, public hospitals for suspected COVID-19 - that's down but, only a little, 768 to 766. Percentage of people who tested positive for COVID-19 citywide – stable, not going in the wrong direction at least, but stable at 29 percent. The one place that was not so good, the public health lab tests went up 46 percent to 55 percent. That is again an important measure, but it's a measure of a smaller group of people. When you composite the day, progress, but not enough progress. But it's a reminder everything we're doing is affecting these indicators; let's keep doing it.

So, as I conclude, and I'll say a few words in Spanish, but first say, look, the test and trace plan we talked about a few days ago, this is really the key. It's going to be very aggressive; it's going to be large scale. This is how we take the good work that all of you have done. We supercharge it by finally getting testing on a wide scale. Tracing people, isolating everyone that needs it. Doing that is the path forward, but we knew the testing piece of the equation was a challenge because we've always struggled to have the testing capacity we needed from the very beginning of this crisis. Finally, we see something simpler. Having an approach to testing that will protect our health care workers more, save time, allow a simpler process. A process that's easier for the person being tested as well as for the health care worker. And the fact that it will speed things up and require less personnel over time is a huge, huge benefit. So, the goal here is to test as many people as possible. This is another step toward that. It's a good way to start the week with some good news and it makes us even more ready to go into May with that aggressive test and trace strategy that I think is going to be a game changer from New York City. Just a few words in Spanish –

[Mayor de Blasio speaks in Spanish]

With that we will turn to questions from our colleagues in the media and as usual tell me the name and the outlet of the journalists calling in.

Moderator: We'll now begin our Q & A. As a reminder we have Dr. Daskalakis, Dr. Barbot, Dr. Katz, and Senior Advisor Jay Varma all also on the line. First question today goes to Brigid from WNYC.

Question: Good morning Mr. Mayor, I have some questions that related to the election. Tomorrow would have been the Presidential Primary here in New York. So just a few questions; first, the Governor announced an executive order last week and that the State Board of Elections wants municipalities to mail absentee ballot applications to all voters. Just interested in your reaction to that along with keeping poll sites open. Do you have any concerns there? He also canceled the special elections for Queens Borough President and City Council and I'm wondering your thoughts on that. And then finally, the State Board of Elections is meeting today and may cancel the Presidential Primary here in New York. Given that you're a base supporter of Senator Sanders, I'm wondering about your thoughts on that.

Mayor: Thank you, Brigid. So, I think the absentee ballot approach is very much a step in the right direction and look, Brigid, you've been very, very deeply involved reporting on these issues for years now. This state was way behind the country for a long time. Last year we saw extraordinary reforms and change. It was a moment a lot of us have been waiting for, for decades; where New York State finally caught up with the rest of America in terms of a lot of crucial reforms to make voting easier and to protect the voting process. In this crisis, to me, the first question is health and safety. I care deeply about the sanctity of our elections, but the first question is health and safety. So I think the absentee ballot approach is the smart way to go. And in fact, you know, it's teaching us for the future if mail-in ballots might be a part of yet another piece of a strategy - which some states use very widely already not just cause of this crisis - to make it easier for people to vote and encourage more people to vote. So, I'm very happy that, that approach is being used here. I think we could go a lot farther with that potentially. I think the absentee approach is what everyone should do. So my advice to everyone involved is let's just focus on folks mailing-in is the safest approach, it's - so long as it's being made widely available and it will be handled benevolently. Meaning, you know, for years and years, you know, there was kind of a burden of proof on the voter. If my assumption and my hope here is that every absentee ballot application will be regarded as automatically valid; in that case, that's the way to go. That's where the energy should be focused on. Certainly, don't want to see people out and about who don't have to be. On the other issues, I honestly compared to all the other concerns out there, none of this registers to me as something I'm particularly worried about. I respect the decisions that the state has made. I was a proud supporter of Senator Sanders. He obviously made a decision to leave the race and support Vice President Biden. I think that matter is closed. So I think keeping the election activity to a minimum in this environment makes sense. What I'm looking forward to is getting through this recovery the right way and getting our whole society back to normal and having elections again as an indicator of our Renaissance of our resurgence. But I think that's something that obviously is going to happen in the fall, not now.

Moderator: Next question goes to Andrew from WNBC.

Question: [inaudible] How are you? Good morning.

Mayor: Hey Andrew, how are you doing?

Question: Good, I was wondering if you had seen some of the studies which show that outdoor transmission of this virus is extremely low and as a result of that, are you considering assisting restaurants like closing some of the streets, like Ninth Avenue, to when they ultimately reopen,

essentially create sort of the maximum amount of outdoor restaurant space in New York City? Have you begun discussions on that and do you think it can happen?

Mayor: Yeah, Andrew, I think that's a very interesting idea. You know, as we've thought about and we have begun discussions, but as I said, when we have firm plans step-by-step, we'll unveil them. But there's something elegant about that solution, we know that when the right time comes for restaurants to reopen there's still going to be real questions about how much distancing, how you protect customers, how you protect the folks who work in the restaurant. And clearly, there could be advantages to having more of it be outdoors. You still have to have those precautions thought through and acted on. But there's something appealing about shifting more of the activity outdoors and adjusting accordingly, obviously, in terms of how we handle streets and sidewalks. So, there's something very, very interesting there. Now, I have not read that particular study, to be fair, and I think one of the things we can say about COVID-19 is we get new information all the time and a lot of unknowns. But I'm very intrigued by the idea and I want to see if it's something we can act on as we think about that piece of the reopening. I don't know of any of the doctors wants to comment further. Doctors? Anyone?

Commissioner Oxiris Barbot, Department of Health and Mental Hygiene: Sir, I'll just add that my team and I actually have begun those conversations to talk about ways in which we can provide a clear guidance to New Yorkers with regards to maintaining distance while we are able to lift early some of the layers of social distancing and certainly maximizing our use of outdoor spaces is one of those potential options, especially when it comes to restaurants.

Moderator: Next question is Jenn Peltz from the AP.

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

Mayor: Good, Jenn. How are you doing?

Question: Fine, thanks. I had just some questions a little bit about the self-swab testing that you mentioned earlier. One was, could you explain a little bit further about why there are two samples being collected here, one nasally and one from saliva? And also, a little bit of more about how come this reduces the need for personal protective equipment?

Mayor: I'm going to start as the layman here and then pass to the doctors. So, Jen, so it is two samples, two different samples from the same human at the same time, and that actually is helpful in terms of cross checking and helping with ensuring the validity of the outcome of the test. But the other thing is, just to try – and I'll try and be clear without being overly graphic – so, why is it safer? Because when I was there at Morrisania in the Bronx today, they took out the actual test kit, and here's the swab – and the swab. I don't know if I can get the exact length, one of the doctors probably knows exact – but it's a long swab. It's not a, think about a Q-tip, it looks like most of twice that size. And the idea is to put it really deep into your nose in a way that a human being would have trouble doing themselves, but a medical professional can perform. But the problem is, it also causes for a lot of people a kind of impulse – sudden impulse to sneeze. So, you've got a certain number of people who are going to be COVID positive, they're there with a health care worker and their health care workers right up close to them performing this

test, and then the immediate reaction is someone sneezes right at the health care worker because they're right there in front of them. So, that's not great. It's been what we've had. It's been the only option that appeared to be truly consistent and viable. And that required a health care worker – think about it, the face shield, the PPEs, everything. This ain't that. This is, you know, like many of us have experienced at a doctor's office, they give you your instructions and here's the sample cup that just spit into and you put the cover on and here's the Q-tip, and, you know, bring it back and hand it over, and then they can package it and send it for processing. So, it just takes away that, that close contact, that sneeze, the things that would create vulnerability for the health care workers. Also, from what I've heard at least – it has not been done to me, but from what I've heard a lot more comfortable for the patient to not go through that deeper procedure. Doctors, that was my attempt to put it into plain English. You take it from there.

President and CEO Mitchell Katz, Health + Hospitals: Thank you. I think you did really well, Mr. Mayor. Everyone who has the nasal pharyngeal culture done, the one up their nose almost always coughs and sneezes on the health care worker because it's so uncomfortable. So, new methods are really needed. In terms of the multiple specimens, in some cases we may be able to do it just with the nasal swab – just swabbing the front of the nose, something that the patient can do under the supervision of the health care worker. As you keep saying and teaching people, we learning new things about the disease all the time, we may find that adding a sputum spitting does improve the test characteristics or doesn't make it different enough. So, we may just be doing the swabs. But I think the big point, which you've made so well, is that this will be safer testing, it'll be more comfortable testing for the patients and will enable us to do more testing and reach your goal of being able to open the city safely with enough data to be sure that we don't have a large outbreaks in the future.

Moderator: Next question is Christina from Chalkbeat.

Question: Hi, Mayor. We have seen some reporting that the DOE is considering a grading policy that many advocates think is unacceptable. They don't want to see any grades for high school and they want assurances that every student will graduate from high school this year. Just curious whether the DOE is taking that feedback, when we can expect an official policy to come out, and what the holdup is?

Mayor: Yeah. Thank you, Christina. Now, look, the focus has been over these last few weeks to really get the distance learning moving to the extent that we need it to and to try and consolidate the education of our kids right now under the most adverse possible circumstances – 1.1 million kids spread out over a whole city, not a single one of them, you know, in a classroom in the traditional sense, although some are at the enrichment centers, it's still not the classrooms that we knew – you know, in the school structure we knew. So, that's been the focus of the DOE – get that piece right and start building for the future, for the summer and for beyond in different ways. This week we'll have an update on the grading policy. I've had detailed conversations with the Chancellor and his team. We'll have an update for you. I will say, of course, the voices of the advocates and every stakeholder is listened to. And we want to be fair and we want to be really respectful of students and families in this moment. We also want to strike a balance. I think it is important, as with everything in life, that there be some real standards. I think it helps people to have some clear standards. And we think we can do that in a fair way that accounts for how

difficult this experience has been. Clearly, we want to see as many seniors as possible move on at the end of this school year the right way. But we have to structure that in a smart way, and again, we'll have the details this week.

Moderator: Next question is Henry from Bloomberg?

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

Mayor: Good, Henry. How are you doing?

Question: I'm okay. Let me ask you this – have you – I don't know whether you've ever spoken about this, but why do you think New York City has been an epicenter for this pandemic way beyond other cities that are densely populated and act as international gateways?

Mayor: Well, it's a profound question, Henry. I've spoken a little bit to it and I think we're going to keep researching that question, going forward, but I would say you're on the right track. International gateway in a way that very few cities on earth are. I mean, I think we have to understand New York City, you know, who we are, what we are, how we compare to the rest of our country, how do we compare to the rest of the world? We are one of the most international cities in the world, with a handful of cities as the true international capitals that, obviously, in a pandemic makes us more vulnerable. We have, you know, the greatest diversity in the world, so we have people traveling back and forth from every part of the world. And we saw this pandemic growing from different parts of the world. And I think as we look at more and more, we'll see that some of that came in from more than one location and that was more of a vulnerability for us than it might've been for some other places. Yes, there are densely populated cities in this country, but there's nothing that compares New York City. There's just no city that's laid out the way we are, that concentrates anywhere near as many people. That's a huge part of the equation. When you think of the second biggest city in the country, Los Angeles, it's structured entirely differently. It's spread out over a vast area, you have many, many fewer people concentrated in big buildings. There's many, many reasons why it made sense, very sadly, and the human cost has been profound and painful. There's many reasons why we were particularly in the crosshairs of this disease. A lot more we'll say about over time. I think the other interesting question will be examined over time is, you know, when all those challenges added up and this disease manifested so intensely and we'd never seen anything like it. I mean, again, the only parallel is a hundred years ago. Thank God this city long ago devoted itself to having a very strong public health apparatus, Department of Health, Health + Hospitals, community-based clinics, and that is part of what saved us here, because our hospital system was strained deeply, but it never broke. A lot of other places, if they had gone through the kind of overwhelming growth of the disease that we've gone through, their hospital systems would never have been able to handle it. Ours held, so that's something that all New Yorkers should be proud of and, obviously, the health care workers were the heroes. But those are some initial thoughts, Henry. But I think we'll all be doing a lot more research as we get more information.

Moderator: Next is Gersh from Streetsblog.

Question: Hello, Mr. Mayor. How are you?

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

Question: Great. I appreciate that. I'm sorry, I do want to obviously talk about this massive open-streets announcement you just made. You did [inaudible] from enforcement, so I need to understand a little about what's different now between what you're going to do and what the NYPD was doing with the original open space pilot. Have you accepted the Council's position that open streets can be done with far fewer cops and with more trust in drivers to stay out of areas where they don't belong?

Mayor: So, I would say it this way. I mentioned, I think, in one of these settings – it may even have been an answer to one of your questions – a long conversation a few days back with Commissioner Shea and Commissioner Trottenberg and we went deeply into the question of looking at each of the plans from around the country, something you and others have asked, Oakland, Minneapolis, etcetera, things happening around the world, and our comparison to New York City and what it would take here. And I think there is, you know, an assumption in everything we do, and it gets back to Vision Zero, that we want to be very cautious about making sure drivers are constantly given the message, slow down, drive safely, recognize the ramifications of what it means to drive a vehicle and your responsibilities. So that worldview, Gersh, makes us very cautious when it comes to trusting that if you create a situation where there are not protections and there's not enforcement that you could put people in danger, and, obviously, the goal of an open street or safe street kind of structure is that people can enjoy it and experience the virtue of it and the social distancing without having a new danger from vehicles. So, we've always had a concern about enforcement and continued to, but the Council – discussions with the Council, I think, were kindred in the sense that we could come up with places to open – I think the areas around parks are a great example – whereby, opening them up, you are going to capture the natural flow of people. One of the things – many of the questions I've gotten from all of you in the media, but beyond, is, one of the most important places to open might be where a lot of people are going anyway and just give them more space since more and more people will go there when it gets warmer. That also is actually a more straightforward enforcement dynamic than if you're trying to open a bunch of places all over. So, it was sort of a focus on where the need was greatest, both in terms of where people would go and obviously communities most affected, using some of the enforcement we were already devoting to those areas in an efficient way. And then more and more of the conversation revolved -- this is something the Council felt deeply. And actually as we looked at it more, we felt this was a very important piece, revolved around community partners that could be upon to create structures that, you know, if you were going to have a place closed off, there would be a constant effort to monitor it, to make sure it was safe. If there was any problem to get NYPD over there quickly, something with a little more structure than for example, what we saw in Oakland. So, I think there's been a really good consensus that we can do something substantial while keeping the health and safety issues up front and ensuring the right kind of enforcement, more work with trusted community partners. But I would not go so far as to say, forgetting what we learned from Vision Zero, which is to always keep our guard up against the problems of people who drive irresponsibly and making sure we're protecting pedestrians at all times.

Moderator: Next is Shant from the Daily News.

Question: Good morning, Mr. Mayor. Yeah, I was wondering if you could share some more details about the street closure plan? I mean, to start with, can you sort of help New Yorkers visualize what the plan will look like? Will there be barricades, police cars, officers enforcing? Also, can you say exactly who's going to be picking the streets? Will that be DOT or the Council or somewhere else? And maybe last but not least, do you know what this stage, what the first streets will be, parts of Manhattan, Bronx, et cetera, anything like that?

Mayor: Okay. So we're all going to work together on the selection. Council, Mayor's Office, NYPD, DOT, everyone's going to work to figure out the places that make sense immediately. Again, I think it's going to be a combination – I think assume first and foremost those streets around parks where that natural ability to expand, if you will, the park space and the places where a lot of people are going to be congregating as it gets warmer. I think in May we're going to see, you know, steady warming and more and more people. So let's get ahead of that. Expand out around the parks. We'll figure out together where to focus. It's one part where you're going to see the most activity, another part where you're going to see the most need in terms of the health reality. So that's obviously a lot of the communities that have been afflicted the most. Yes, there will be enforcement and I think everything you said could, you know, can and will be a part of it, meaning in some places barricades. But one of the open questions is, you know, how permanent for the duration of this crisis, the barricades need to be or how temporary they can be, what will be effective. Yes, there has to be enforcement attached. Depending on the location, it might be more enforcement, other places it might be less, so long as again, there were trusted partners. Bids have come forward as one example. Certain neighborhood entities that work very closely with the NYPD, this is an idea that Commissioner Shea put forward. If NYPD has a working relationship with an organization and knows that they can rely upon them to manage something, and keep in touch if there's a problem. That makes sense. So, and timeline to move obviously as quickly as possible through the month of May. But to start where we think there will be the most activity and then build from there. Details will be announced. You know, we have to deepen this process with the Council and with the agencies as we have the first tranche of the places that will occur, we'll announce that.

Moderator: Next is Yoav from The City.

Question: Hi Mr. Mayor, I wanted to ask you about the three indicators the City is tracking for the percentage of people tested who are positive for COVID-19. Why are you guys separating out the Public health Lab? My understanding is that that's a very small subset. I guess if you can tell me how many tests the Public Health Lab is conducting and is that a special group of people? I'm just trying to understand why it's being separated out.

Mayor: It's a great question. Appreciate it Yoav. So the indicators, I'll start and I'll turn to Dr. Daskalakis and Dr. Varma to speak about this. The indicators were developed because we wanted everyone to be able to see in common where we're going. But there was real concern that, and I think this is playing out in a certain states right now in a very troubling way, that if you either didn't have clear transparent indicators or you use the wrong ones, or you didn't give them enough time to develop, you could really set up that horrible boomerang scenario. Where the disease reasserts and disease reasserts, you know, I have no words for how much of a

problem that would be if it reasserted in a strong way, both in terms of the people who would be endangered and the lives that might be lost, but also setting back any effort to get to normalcy. I've said we're not going to be in a perfect straight line on our path back, but we need to keep it as tight as humanly possible. So having these indicators, it was a conservative act to choose three indicators. Again Yoav you'll appreciate this, on this matter of how and when to reopen, I'm a conservative, I'm a proud conservative in this matter only. But getting it right, being cautious, being smart, looking for the correlation of the indicators. That was the underlying value. Yes, the Public Health Lab is sort of a rarefied slice in my layman's terms. It's a high bar, but we thought it was right to have it there because we wanted a high bar. We wanted to make sure we were really cross-checking all our indicators and seeing something consistent. We're going to see how it plays out. We always have the option to reevaluate down the line. But so far I think what we've been seeing tracks with what I believe is happening. Which is we are getting steadily better, but we're far from out of the woods. Look at the number of new cases every day and look at the number tragically of New Yorkers who are losing every day. It's better than what it was, you know, a month ago or a few weeks ago. But it's nowhere near what we want it to be and need it to be. So I think the indicators are doing their job right now. But Dr. Daskalakis, Dr. Varma why don't you jump in?

Deputy Commissioner Demetre Daskalakis, Department of Health and Mental

Hygiene: Thank you, Mr. Mayor. So the Public Health Lab actually focuses on testing in patients. So, it's the sickest New Yorkers who are being tested. The indicator, the reason that they're together in a graph is because we want to look at them in combination of sort of the sickest folks who are being tested, as well as just the general population who is being tested. So, we think it gives a pretty robust view. And again, like the Mayor said, you know, we really will be able to adjust these further if necessary, but the most important message is that the trend is definitely down in both. So day to day variations to be expected, especially since we test fewer folks in the Public Health Lab. But again, since the trend is down, we are going in the right direction and does provide for some cautious optimism.

Mayor: Dr. Varma, you want to add? I guess he doesn't want to add. Okay. Go ahead.

Moderator: Next is Gloria from NY1.

Question: Hi, Mr. Mayor. Thank you. I have two questions for you. The first, I understand what the doctors have explained about how this test is easier to administer. But is there anything they can say about how you eliminate or prevent the possibility of a person not self-administering this test correctly? If they do it wrong, then is there a possibility that the test might get a wrong result? How do you monitor that, if the idea is to send the person off into whatever space to administer the test? And my second question is about the Streets plan. I thought much of the discussion around this had been about giving people who don't have, who might not have access to say a park or a large area of open space options? So why start with places that are near parks? Why not focus in places where people might not have immediate access to a green space or a place to spread out and take a walk?

Mayor: So, I'm going to speak to that one and then I'll turn to the doctors on the self-swab issue. And I think a very good question you're asking about how do you make sure the tests are

accurate? I think the crucial question here Gloria, is about health and safety. So when you think about social distancing and the ability to help people do it effectively, and you know, New Yorkers have been amazing, but obviously space is something we are all challenged by here in general, even when we're not doing social distancing. It stands to reason, the first concern from a health and safety perspective is where are the most people going to be? And how do we help address that? And of course, the warm weather coming on. And this is something we've talked a lot about with the City Council that the warm weather is going to change the dynamic. It's going to make it more challenging. So the notion of going where the people will be, which we know will be a lot of the places they'll be attracted to, we're already seeing that on a few nice days we've had. That's about maximizing the impact to protect people, to give the most people the most opportunity to socially distance. Again, there'll be a focus on making sure we can do it the right way and enforce it. And there is an efficiency to focusing on the places we're already doing a lot of enforcement and just building them out more, if you will. And as I said, there's going to be a real focus on the communities that have been hardest hit. Every community in New York City has some kind of place for recreation. It's by no means even an equal, but every place has some places and folks do congregate all over the city, every kind of community, in those places. So it makes sense to focus there. I think as we think about expanding outward, it'll all come back to where can we find those local partnerships that we can trust to make sure that people are safe? Again, different from the Oakland model, which was I think a more honor system kind of model. As I said, we want something more backed up by a structure and by monitoring and then by enforcement when it's needed. But we can do that in a number of communities obviously, so that'll be an option as well. But I think that the first concern should be to think about where the most people are going to be, how quickly they are going to be there, and try and get there first. And that's around the parks. But we'll do these other pieces as well. We're talking about a substantial amount of space that'll be addressed. And we'll work with the Council on those priorities for sure. Let me turn to the doctors on how you make sure the self-swab tests is done accurately. Mitch, you want to start?

President Katz: Yes, sir. Thank you. At least in the beginning we will not be asking people to go into a separate room. What we'll be doing is setting it up so that they are looking into a mirror and the health care worker is behind them, thereby protected from the health care worker being sneezed that or coughed on, but they'll be able to observe in the mirror and help to instruct the person on how to do it. We may be using for health care workers who need to be tested and who are therefore very familiar with the procedure, we may allow them to go into a separate room. And as you keep saying, as we learn more and more about these diseases and these technologies, we may be able to liberalize it. But I think in the beginning it is appropriate that a health care worker be observing it. But way less risk to that health care worker.

Commissioner Barbot: Mr. Mayor, I'll just build on what Dr. Katz said and if Dr. Daskalakis wants to weigh in. I would say that Gloria, there are other situations where we work with patients for them to do self-collection. So, for example, in our Chelsea clinic, we have a clinic where patients can self-collect samples to do testing for sexually transmitted infections. We provide patient education materials that easily walk them through step by step, how to conduct the self [inaudible] collection to make sure that we have samples that we can test accurately.

Mayor: Good. Okay.

Moderator: Next is Nolan from the Post.

Question: Mr. Mayor, can you hear me?

Mayor: Yes, Nolan. How you doing?

Question: I'm all right. How are you?

Mayor: Good man.

Question: I have a couple of questions on two separate topics. First of which is I was wondering how your own personal experiences in the park changed your mind or decision making when it came to opening streets around parks? I know when I've been riding my bike on the weekends, especially along [inaudible], the streets and the sidewalks have all been packed with people. I'm wondering how your experiences in the parks shaped any change in decision that you made? And secondly, you've repeatedly talked about the importance of testing throughout the entirety of this crisis. The New Yorker published a story yesterday that said that in early March, your broader proposal to test flu swabs that had already been taken to see if they contained coronavirus, I'm wondering if you can comment on that story and why it took your administration according to the story, the better part of three weeks to okay that proposal?

Mayor: So, on the first question Nolan, I've been watching carefully as I've gone around the city and tried to always check to make sure that I was watching for how much people are distancing. As we told people, it's important to use face coverings, how much people are using them, you know, all these different realities, how much people appeared to be out versus you know, different points. And that's part of why I've been praising New Yorkers throughout, I've just been really moved and impressed by what I've seen has been so consistent. How much effort people are going to, to distance and how much adherence there is to the face coverings. There's more to do on that front, but still it's pretty remarkable. And when you think about the places I've gone, when I've gone to different public hospitals or voluntary hospitals, I was at RUMC on Staten Island, Kings County Hospital, Bellevue, Elmhurst, Lincoln, you know, looking around the neighborhoods as I was there.

My own – you're right, I've kept an eye out whenever I've been in a park. I've been in several different parks, getting a sense of that, talking to our different commissioners – but, you know, Commissioner Shea has been particularly focused on this issue of going out and seeing for himself places like Central Park, Riverside Park, Hudson River Park, but talking to all of his commands about what they're seeing. And I think it became clearer and clearer that the parks were filling up in nice weather, but people are still doing a pretty admirable job of keeping distance. When you saw folks together it tended to be people who were family groups or people obviously were in relationships under the same roof by and large. So, the impulse that people were living by was really good, but the question has been coming out more and more, it's going to get warmer.

And we've all been having these constant conversations. When it gets warmer, what's it going to look like, and what new stresses and strains is that going to create? And you know, that's where a lot of the energy came from, to think about what can we do around the parks and particularly to expand them out, if you will. And certainly, the City Council had been thinking a lot of the same things and it was a good consensus. So yes, everything I saw in parks but beyond made me feel we had to help people continue to be able to socially distance. And that a lot of the nexus would be around the parks as it got warmer.

On the question of the New Yorker piece, I have not read the piece. What I've had summarized to me doesn't make sense to me. So, I'll look at it and I can speak about it in more detail. Whenever we've heard of any opportunity to get more information and I remember these conversations vividly, we wanted to maximize anything that would bring us more information on what was going on and anything that would help us reach more people to help them know their health status. So, I'll give you a more thorough answer after I've read it, but from what I've heard so far, it does not bear a resemblance to what I remember.

Moderator: We have time for two more. Next is Aundrea from CBS.

Question: Hi, good morning. My question is pertaining to the task forces that you announced yesterday. Will the City not consider or delay reopening until those task forces come back with recommendations in June? And to that end, Mr. Mayor, you campaigned on a platform to address inequalities in the city. Are you now using these committees and task forces to make up what you haven't been able to accomplish during your tenure?

Mayor: So, on the first part, no, the reopening will move as quickly as is safe and healthy obviously, based on the indicators and deliberatively. And we're going to be very, very transparent about what can happen in each phase so long as we keep making progress. It's just a good incentive for every one of us to keep doing the things we're doing and keep showing the discipline that New Yorkers have shown. So, no, these groups will come forward immediately to work on both issues of the immediate restart and the bigger recovery. I've said with those sector specific groups, for example, we'll have one for small business, we'll have one for larger businesses – we're going to start meeting with them right away because we need their input as we're figuring out restarting plans, obviously want to hear from the people who will be most effective and the people who know their businesses best and their employees best. Think about the fact that May is our first chance to even begin any kind of restart, that will depend on the value – the indicators going in the right direction and it will require, you know, careful smart efforts. And then you test them, Aundrea, you know, you do some relaxing say of a particular rule and you watch the impact of it. Is it working, is it enforceable?

So that's all going to play out starting in May. These groups are going to be meeting in a matter of days to give us initial input and then they'll keep giving us input throughout. That June 1st initial roadmap that I'm expecting from the Fair Recovery Task Force is to set some parameters on how we're going to go through a bigger recovery process and do it in a way that actually helps us address some of the real disparities we've experienced and have a smart and effective recovery that reaches all. So, we'll get down on June 1st, you know, we're clearly not going to be all recovered by June 1st so that will be more than timely. So, no, none of this slows down anything

the whole rest of the government will be doing. It augments and advises and gives us more perspective.

To your other question – no, I'd say the reality is six years we've been fighting inequality and in many ways that have been profound. I mean hundreds of thousands of people came out of poverty as a result of these initiatives and obviously now many, many hundreds of thousands of kids got pre-K and I could go through a whole list of things that have happened that have changed the lives of New Yorkers. No question that that was the right direction. Also, no question that didn't solve inequality. No one said that that's enough to solve the fundamental problem. We just have to keep fighting. We have to keep going deeper. Now, I think this moment is a transformational moment. The first and foremost is to protect the health and safety of all New Yorkers and to rebuild an economy so everyone could get back to work. But remember that comparison, I say it with the deepest humility, Aundrea, that this city was in another crisis, you know, 80 years ago that really paralleled some of what we're going through now. And New Yorkers led the way. And instead of saying, we're going to repeat what we had before, including the mistakes we had before, they were devoted, led by giants like Franklin Delano Roosevelt and Fiorello LaGuardia, they were devoted to bringing us back, but making our society better and fairer at the same time. That's what I aspire to start. I've only got 20 months, but in those 20 months we're going to take some very big steps in that direction and then leave the city a clear, bigger road map of where we go from here. And I believe these actions can take another big bite out of inequality and move us forward.

Moderator: Last question for today goes to Allen from 1010 Wins.

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

Mayor: Good, Allen, how are you?

Question: I'm fine [inaudible] for me. The experience needed for those 1,000 contact tracers the City is hiring and what does it pay? And then the second one, we have groceries, pharmacies, essential businesses have been open now for some time with the new standard, the mask, the gloves, the social distancing – when do you see other businesses opening with the same protocol? It seems that maybe there are other businesses that could open right now with the right precautions.

Mayor: Let me do the second one first. Allen, I would be careful about that. The – and I think again, there's a bit of a tale of two cities going on here in this country. The places that seem to be putting, you know, economics ahead of human lives, and then those of us who are trying to focus on the health and safety of people first, and then build out our economic restart from there. If we're not making decisions based on health care indicators, there's something wrong. If we're not making sure that, like I said, that sort of foothold idea, if you're climbing a mountain or something, and you get your foothold and make sure it's secure before you go up to the next one. I mean, right now we're still very much in the throes of this. It is better than a few weeks ago, but we're very much in the throes of it and, you know, we're not going to make a sudden move that sets us back. So, when you talk about, you know, what could you reopen safely? We want to be very smart about that because imagine for a moment, you know, you start to reopen a lot of stuff

and people start to get looser and they don't do as much social distancing and they don't wear as many face coverings. Now the disease starts to spread again and here comes that boomerang. We can't have that. We have to believe that when we have that jump-off moment, it's one, we've really seen the indicators go down; two, that handoff I talked about, to the testing and tracing – remember the testing and tracing is like an offense. It's like a fight back against the disease because you're finding people proactively, identifying who has it, and then tracing the people in their life and getting them testing, and everyone who needs isolation gets it.

That apparatus is being built right now. That's going to empower us if the indicators are with us to open up more because we're pushing back to disease constantly through that effort. So, when you get to that kind of point, yeah, you can say here's some places we can start to open up. And, yes, as you said with face coverings, with gloves, in some cases, whatever it might be, with distancing. But I wouldn't suggest that just those precautions solve the underlying problem. I think we have to make progress on the root cause here and then start to open up slowly but surely. And the better we do, the faster we open up, the more we open up.

On the question of that contact tracers. And I don't know if there's someone on the phone of our doctors who can answer right away, pay levels and things like the questions Allen asked. If – hold on, I've been handed a note. I guess I can answer this because I've been handed a note. Thank you, Freddi. So, the pay – the annualized pay would be in the \$55,000 to \$65,000 range. So, we're talking about folks who have some kind of health care background and can come on board and that is the range. But we'll get more details out unless one of the other doctors can speak to any of the other specifics of Allen's question. What I can say is we're hiring right away and the details would be online at the Fund for Public Health website – unless one of the other doctors has something to add. Let me give them that chance. Okay, so Allen, that's some initial information, but we will get more to you today and we'll put it up online today so everyone can see it.

Okay. Everyone, look, as we conclude, I do want to say a very pleasant thing to have a good Monday morning and we're having a good Monday morning. We're taking a big step forward here with testing. The fact that we can do testing now in a simpler, faster way is going to improve everything. It's going to allow us to fight back better and faster. It's going to protect our health care workers more. It's going to be a better experience for everyone that gets tested too – not a minor matter. That's a really good thing. I spoke to some of the folks online at the Morrisania clinic in the South Bronx on Saturday morning and you're not surprised to hear they were anxious. They were worried. They were worried for themselves. They were worried for their families. The test was going to be a moment of clarity and definition and the test was going to tell them something. And I talked to the health care workers. They were outstanding. I want to thank everyone at the Morrisania clinic. They really, really impressed me. What they said is you know people – of course they want answers and they want to know what to do next especially if you test positive. How do you stay safe? How do you keep your family safe? How do you isolate? If you test negative, you still have to take precautions. So, the fact is anytime we can make that simpler, people are going through a lot and they're worried that they're looking for answers. If we can make it a simpler process, a better process, more comfortable process. That's a good thing unto itself.

But imagine now the ability to get a lot more tests done, simpler, less danger to our health care workers, thank God, and something that allows us to move forward without being dependent on some of the sources we used to be dependent on. Again, that does not mean we'd no longer need the federal government. We do because we still need the lab capacity and, again, to the labs – help us out, this test is going to make everyone's life better. Join us in that effort. To the federal government, work to make sure the labs are doing that work to make sure we have all the supplies we need at those labs. We expand lab capacity. Testing, testing, testing. When we can do this truly on a bigger level all the time, that's when we're going to be able to beat back this disease even more. So, a good step in the right direction today and a lot more to come in the month of May.

Thanks, everyone.

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