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TRANSCRIPT: MAYOR DE BLASIO HOLDS MEDIA AVAILABILITY

Mayor Bill de Blasio: Well, good morning, everybody. The past few days we've focused on the progress we've made in this city, throughout this city, and how it relates back to everything that you have done, your hard work. I am very, very clear about the fact that socially social distancing isn't easy. Shelter in place isn't easy. Even remembering to wear a face covering all the time isn't easy, but New Yorkers have done it overwhelmingly, and consistently with a lot of strength, a lot of discipline. So, we have talked about how that has given us now a chance, having done a lot to get to a stronger place to go on the offensive, to do the things that will contain this disease further and move us towards a better situation. Now, we've talked about some of the things that we're going to need to do. We're going to need to have the most extensive ability to trace people around the city who have been exposed to disease, to get them the help they need, to get them to isolation if they need that in one of the hotels, all the services that go with that. We've talked about that whole apparatus that has to be built, and obviously the grassroots piece intensifying our grassroots efforts. More community efforts like the community clinics I spoke about yesterday, fortifying them, strengthening them, helping them with new tools to deepen their work. More and more telemedicine, more and more support and personnel to reach deeper into communities. These are the characteristics of going on the offensive. These are the characteristics of being able to move forward in a coordinated way to beat back this disease. All of these elements matter, but the thing that matters most, and its mattered most since the very beginning is testing. Not a surprise to any of you. Testing, testing, testing from day one it's what we needed most. Didn't get what we needed from the federal government. Kept building nonetheless to do the most we could do here. And it is the essence, it's the connective tissue, it's the foundation of everything we're going to do here to fight back this disease, and we have to keep building it up all the time.

So, let's go over where we are right now when it comes to testing. Lately we have been citywide when you combine all the testing done around the city, generally in the neighborhood of about 14,000 tests per day. Now again, that is a much better than where we were, and it shows improvement, but it doesn't show us where we need to get. We have to keep expanding rapidly. Right now, at our public hospitals and clinics, we have capacity for just over 5,000 tests a day across 23 sites. And again, every single one of these tests counts for the everyday New Yorker. It gives you information you desperately need about your own status, but of course it is crucial to our ability to fight the disease everywhere, and to lay that foundation for the ability to trace the disease and follow up with each and every case over time. But we've got to get to the point where testing is much more widespread around this city. It will be done in stages, but it's absolutely a requirement if we're going to win this fight to have testing be widespread.

So, today, I'm announcing 12 new Health + Hospitals sites, and these will be expanding over the next three weeks. So, during the month of May. And let me go through them with you, so you'll see the progression of how these will build over the coming weeks. First, starting next week, week of May 18th, two new sites. In Manhattan in Washington Heights. In Brooklyn, in Midwood. So, when you take where we are today, about 5,100 tests per day in our Health and Hospitals sites, that's going to add another 1,200 or so. That gets us in the course of next week up to 6,300 per day. Then the following week, the week of May 25th, we will add 10 new sites. In Staten Island, three sites, Prince's Bay, Concord and Port Richmond. In Queens, one site in Woodside. In Manhattan, a site in East Harlem. In Brooklyn, sites in sunset park, Bay Ridge and Canarsie. And in the Bronx, in Fordham Manner and Melrose. So, add that into the equation. So again, by next week we get the sites up. It takes us to 6,300 tests per day. When you add those additional 10 sites, that will add 4,400 tests per day more. Therefore, by the week of May 25th we'll be at 10,700 tests per day at Health and Hospitals sites alone. So, we'll be more than doubling our testing capacity in our public hospitals and clinics, and that is the essence of getting out to the grassroots, but it's only beginning. We're intending to do more and more as more and more testing, more and more lab capacity becomes available. And again, as I said, by the week of May 25th when you add everything together, we'll be in the range of about 20,000 tests day. I want to see us in the months ahead, get to 50,000 tests a day, and then ideally go beyond that. The criteria for who gets tested will keep evolving as more and more testing becomes available, and we'll have more to say on that in the coming days, but it stands to reason. As we reach deeper and deeper into the city, we want more and more people to participate. So, we'll keep you updated on that as we build out our testing program at the grassroots.

Now, test and trace. So, remember testing is important for every individual who gets tested, and tells you something absolutely vital for yourself and your family, and helps you know how to handle the situation you're in. But what we want to do for everyone, is build out the tracing element of this. Finding out if someone tests positive, who have been the other contacts that they've had, close contacts who need to be evaluated in many cases will need to be tested as well. So, the goal here is to trace people, and then for those who do require support and isolation, to make sure that happens seamlessly. Look again, some people will be in a situation where they can isolate effectively at home, other people will not and will need help, and will want help. Will want a place where they feel safe, and where they know they're not in a position to spread the disease to other members of their family or their household. That's what the hotels are for, but I keep reminding people, it's not just a hotel room somewhere, you know, here's an address, good luck. No, it's a very, very deeply coordinated effort. Once someone's identified as needing that isolation, and needing that option, to get them there, the transportation to get them there, the medical support once they're there, food, laundry, you name it, all of that has to be put together. It has to be constant. It has to be something that people can access quickly. And when they're done and they're safe, they go back home. And then of course there's more people who will need to take advantage of the isolation. So, it's a nonstop effort, always having a room available for anyone who needs it, and that's crucial. I want people to be very, very clear about this. We're building out a test and trace capacity with the goal of making sure there is an isolation location for anyone who needs it. And we have a lot of hotel capacity that we already control, and we can get a lot more as needed. So, we'll build it as big as it needs to be.

So, as we look at it, what it's going to take to build something like this, and it's never been done on this scale in any American city before. So, when you think about what's necessary, a leadership that can really put together something big and challenging, a big logistical and operational challenge, but also a compassionate challenge, making sure that each and every human being is treated with dignity, with respect, with the support they need. So, the team we have been building very much comes from that tradition of knowing how to get things done, but also people with big hearts, and big appreciation for what it takes to serve all the people of this city. Folks who come out of our great health agencies and have been steeped in that philosophy of being there for each and every New Yorker. I last week announced the executive leadership of our test and trace corps. We are now bringing two more leaders in to build out this leadership further to oversee the tracing and isolation operations. And each of these pieces is a really big job unto itself, given the scale of this city. So, we looked for people who were really good, really talented, really experienced, and could handle the sheer intensity of what we were asking them to do. So first, our new Director of Tracing Dr. Neil Vora. Neil Vora is someone who since 2015 has served in our Health Department as Director of Disease Control Informatics Data and Outbreak Response. That is a mouthful, but, but a very important job. And he is someone with tremendous expertise in tracing infectious diseases. In fact, so much so that in 2014 working with the Centers for Disease Control nationally, he literally went to West Africa in search of information on Ebola and literally went into caves in West Africa to learn about the bats. Who were the carriers of Ebola and rabies. Talk about hands-on, talk about a can-do spirit. Dr. Vora has proven by his actions that he is someone who is going to go out there and get the job done no matter what it takes. He's also overseeing New York City's Ebola monitoring and Zika Testing Coordination Program. So, he has dealt with tough situations before, and brings so much expertise and spirit to this effort. So, we welcome him. We welcome Dr. Vora as our new Director of Tracing.

Now, the team he will lead, the contact tracers, their job will be to identify each and every case. Dr. Vora knows from the work he's been doing already as a key member of our COVID-19 response effort, that we've got to make sure that that is good and precise work, but then we also have to make sure there's the right hand off to the team that will manage the isolation for all new Yorkers who need it. And so, to coordinate our isolation team, the new director of our isolation effort will be Dr. Amanda Johnson. She is currently the Senior Director of Ambulatory Care Integration at Health and Hospitals.

Now, Dr. Johnson is not only a great physician herself, but she has built a career on helping other physicians to build their skills, to really understand their patients and everything that's going to take to get someone through the whole process from the beginning of their challenge or disease identified to full recovery. She was chief resident at the university of California at San Francisco and also there and in her current work at Health and Hospitals. Her focus was on teaching residents, teaching doctors to care for the whole person, to care for the patient from beginning to end, to make sure that there was that continuity, and this is so important to the work she will do directing our isolation effort. Because remember we've got to see people through from the moment it's clear, they need that isolation to the moment that they can go home safely, every piece of the equation has to be covered. So, Amanda brings that mindset, that history, that experience. Also, a bonus qualification, she has a joint MBA, MD from Harvard. So, her background is not only as a doctor but also with an operational mindset, a business mindset of

how to make something big and complex come together. A really rare and special— background, a special capacity that will be perfect for this role serving this City. So, the isolation team that Dr. Johnson will put together will make sure that people have a seamless experience and we want to encourage those in need isolation to take advantage of it, to know it's there for them, to know it's free to know, to know it will be an easy, straightforward process. But again, we're building it from scratch, not a task for the faint hearted, but Dr. Amanda Johnson is up to the task. So, these two great leaders joining our leadership team in test and trace and everyone is moving quickly. And in that vein the actual hiring of the tracers is moving rapidly, we have the generals, but now we need the army. And 7,000 applications have come in so far and we're still encouraging more because as I've said, we're starting with a certain number, but this effort is going to grow out easily, could take us to the five to 10,000 range. So, we want people with public health background to apply and apply right away at nyc.gov/traceteam. Again, nyc.gov/traceteam put your application in immediately. And I have an update today that the first 535 contact tracers are now being trained through the Johns Hopkins university training initiative sponsored by Bloomberg Philanthropies. As they complete their training and they're ready to go, those tracers go into action right away. So, this effort is moving quickly, our goal is to have 2,500 tracers in play by the beginning of June on the field doing this good work. So, this has to constantly, constantly move and we welcome more applications all the time.

Now, one important personnel announcement today, and this gets back to one of the big points that we've been talking about over these last weeks, which is the fact that this disease has laid bare horrible disparities that every one of us should find unacceptable that must be addressed more and more aggressively. And that is something we need to work on in the big picture as we think about how to rebuild this City and bring it back, not the way it was, but better, fairer, more inclusive. But right now, there's also crucial work to do to make sure that each and every city agency is doing everything it can do right now to ensure that disparity is being addressed right in the middle of this crisis. So, we put together a working group of city officials, the inclusion and equity task force, and we needed an executive director for this group who really knows the City, knows our people, but also understands how the city government works and understands how to make change energetically and rapidly. And we have found a great leader to serve in the role of executive director announcing today that Grace Bonilla will be Executive Director of the task force. She has been doing an extraordinary job since 2017 as the Administrator of the Human Resources Administration, she'll continue in that role but also take on this important responsibility. Her whole life has been spent helping vulnerable New Yorkers and folks who are not getting their fair share, this is what she has focused on. She is a lifelong New Yorker, born and raised in Queens, she understands life in this City. She also understands the immigrant experience coming from an immigrant family. She has done amazing work before government as well and including as CEO of the committee for Hispanic Children and Families and she was one of those unsung heroes who helped us to put together the pre-K initiative. And the very beginning of the administration, we had a senior advisory group in 2014 that helped us figure out how to rapidly put together pre-K. And it was a group that immensely contributed to that success in the first months of this administration. So, Grace has done so much and we're so happy she'll be taking on this role. The goal here is clear, right now, what can our city agencies do as part of this immediate response to help address these disparities and then go beyond to contribute to all the thinking, the planning, the, the bigger changes that we're going to need in this City that we'll

be working on over the next 20 months, the more structural change as well. This group of key city government leaders will be with that every step of the way.

Okay. Let's turn to another topic and this topic, this is really on our minds and it really has grabbed us all just in the last week or two. It's sobering, it's bluntly frightening and I want to say to parents out there of, you're hearing this information about pediatric multi-system inflammatory syndrome. And it sounds scary, it does sound scary, I'm speaking as a parent myself. It's something we did not see essentially throughout March and April, this was not something that the health care community saw on their radar and then in the last week or two, suddenly we're seeing something that's very troubling. And we're combining the efforts of health care professionals all over New York City to understand what it is and how to deal with it. In this context of the coronavirus, this is obviously, and you know, we'll have an opportunity in the Q&A to talk about more. We're talking about characteristics that have been seen before but now are being experienced through the prism of this pandemic, that's what's causing particular concern. So I'm going to give you an update on the numbers here and they continue to grow and that's why we are really, really concerned and really want to get the word out to all family members to keep an eye on their kids and to act immediately if they see a problem. As of the latest information we have 52 confirmed cases, so that number has continued to grow, 10 cases pending right now for this City. Of the 62 cases, so the 52 confirmed in the 10 they're still being evaluated, 25 tested positive for COVID-19 and another 22 percent – excuse me, another 22 had COVID-19 antibodies. So again, 25 individual children tested positive for COVID-19, 22 had COVID-19 antibodies. We have lost one child and that has made it even more sobering and even more an area of concern to all of us. But again, what we understand so far from our medical community is early detection, early action makes all the difference here. So again, the symptoms, persistent fever, again, persistent fever, rash, abdominal pain, vomiting and if you see any combination, especially be concerned. Dr. Barbot, I thought yesterday I gave a really great description that every parent could understand, or every family member could understand. If your child is off, if your child doesn't have energy of your child, is not themselves, and has at least one of these symptoms, call immediately to your doctor, your health care provider. If you see multiple symptoms even more urgent, we want people not to hesitate here and if you don't have a regular doctor, call 3-1-1 and you'll be connected to a Health and Hospitals clinician. This is something where the quicker a parent reports to them, the quicker a health care professional can evaluate, the more chance of protecting the child and seeing through them, seeing them through this challenge safely.

Now, we've also been talking a lot in the last few days about something that every New Yorker cares about, which is helping folks who are homeless, helping them to overcome the challenges in their life and get to a safe place and no longer live on the street. And we're now one week into the experience of having the subways shut down in the late-night hours for cleaning and experiencing each night, what that means for our outreach efforts to connect with the homeless and bring them in. Consistent results now, every single night, last night, 362 individuals were engaged by our outreach workers and again, specially trained police officers who work with the homeless, 360 to engage 211 accepted help, 178 went to shelter, 33 went to hospitals. Every single night, we're seeing the same things, high level of engagement, large number of homeless individuals being engaged, the majority accepting help. We've never seen that before, it keeps happening night after night, I'm sure it won't happen perfectly consistently every night. But if the

first week is any indication this is a game changer and we're going to put everything we've got into making this work because I think it could fundamentally change the future of homelessness in the City for the better and get a really large number of people off the streets once and for all.

Okay, let's now talk about the daily indicators. And this is every day the thing we are focusing on together, all New Yorkers get to see this in common, it's all based on the work you do. Overall, the work you've done has been great and the indicators have really, really moved over the weeks. But we've got to keep going, we had a really good day, yesterday, three going down together. Today, we do not have as good a day, but I'll qualify it by saying where things went up it was very by very little amounts. So that's at least something to note, we want it all to go down, obviously. We want it all to go down consistently when they all go down consistently it says something really profound has happened and that's the gateway to opening up more and reducing restrictions. But today little too much of a mixed bag. So, indicator one daily number of people admitted to hospitals for suspected COVID-19 that is down from 55 to 51. And I always want to celebrate when only 51 people are going into the hospital for COVID-19 compared to where we were a few weeks ago. But the sheer numbers when they're this good, that is something really to be happy about. That one went down. Let's keep that going down. Now, on the number of people – indicator two – daily number of people in the ICUs across Health + Hospitals for suspected COVID-19, that number went up. It only went up by a small amount in the scheme of things from 537 to 550, but it still went up. That's not what we want obviously. And that's a number that's still higher than anyone would want - that many people still fighting for their lives. So, we got to see more progress there. And then indicator three, percent of people tested positive for COVID-19 citywide – it went up by only one percentage point. Again, not what we want, but only one percent up. So, overall trend line, very good. Daily results, not yet what we're looking for. Stick to it because we know what you're doing is working. Let's just keep doing it. Let's keep trying to do it better.

A few quick words in Spanish –

[Mayor de Blasio speaks in Spanish]

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

Moderator: We now begin our Q & A. As a reminder, we have Deputy Mayor Perea-Henze, Dr. Barbot, Commissioner Banks, and Test and Trace Corps. Executive Director, Ted Long also on the line. First question today goes to Dave Evans from ABC.

Question: Hi Mayor, I wanted to ask you because Dr. Fauci is beginning to testify as you know, in front of the Senate and we already know that he's going to be telling us that early opening around the country, that, that what's needless suffering for so many Americans. I wanted to get your reaction to that. And yesterday you mentioned June as the possibility we could be opening things up in the city. Is even that perhaps a little ambitious, a June opening?

Mayor: Dave, let me ask you just repeat because I got handed a note, my apology, repeat the point you made about Dr. Fauci.

Question: Dr. Fauci will be telling by remote testimony today to the Senate that other parts of the country opening up quickly - earlier than he thinks they should - puts needless amount of suffering to so many Americans. Basically, saying that they shouldn't be opening so quickly. That we will see that second wave - that boomerang that you have talked about. I wanted to see your reaction to that.

Mayor: Yeah, thank you. And obviously the two questions go together. I appreciate it, Dave. I'm very much aligned with Dr. Fauci's concern. Again, you'll, you'll see here that we are very devoted to our daily indicators and they're, you know, they're real honest indicators because they show you a good overall trend line, but they don't show you enough yet to feel comfortable reducing any of the restrictions. In fact, they keep telling me that, keep doing what we're doing and double down. You know, people can keep doing all they can to stay at home to improve our social distancing efforts to, you know, keep wearing face coverings. I think what folks have done has been outstanding, but I still see room for improvement; all of us can improve. So, just want to see people go deeper and deeper into it because that's the gateway to actually loosening restrictions, but I agree with Dr. Fauci. We are seeing places that clearly are not basing their decisions on the science and that's dangerous. It's dangerous for their people; it's dangerous for all of us because if the disease reasserts in some part of the country inevitably it will spread around again. So, I share his deep concern. I think everything should be based on the science and remember you can throttle-up and throttle-down, so if you set some really clear indicators and they start to go in the wrong direction, you can resume some restrictions. It doesn't have to be as bad as what I talked about with some of the cities in Asia that really opened up in some cases way too quick and then they needed to put restrictions back and then even go farther and clamp down much more. There are more moderate visions of that point that if you stick to your indicators, open-up carefully, decide it's time to try relaxing some restrictions and then you see numbers you don't like you can bring those restrictions back carefully without having to go to a much deeper kind of turnaround. So, we're going to constantly be led by the numbers.

Now to the question of June, what I was saying is that by our indicators, you know, clearly these indicators are not getting us the kind of answers we need to change our restrictions in May. We've said very clearly, you got to have 10 days to two weeks of consistent downward motion. We haven't had that in a sustained way at all. I can just do the basic math, you know, we're going to remain in the state we're in during the month of May. In the beginning of June, that will be the first chance we get to start to do something differently, but only if the indicators show us that; only if they show that we've reached the kind of consistent progress we need. At that point Dave, again, we can make very fine-tuned moves. I've been real clear that again, what, what's different between us and some of the places I think may have done it the wrong way is if we make a move, it's going to be piece-by-piece. We're not talking about bringing everything back and kind of, you know, off-switch goes to on-switch. We're talking about very measured moves, that kind of toehold concept; try something, if it works for a sustained period of time, then try the next thing, if it doesn't work, you're not going to obviously take the next step. So, I don't think it's ambitious to say if the indicators validate that it's time to start some loosening-up - I don't think that's too ambitious. But the indicators have to keep telling us that each move we make is working or we can't take the next move. I think that's the bottom line to, that unites it with the point Fauci is making, it has to be based on numbers and science.

Moderator: Next is Shant from the Daily News.

Question: Morning, everyone. On the Test and Trace Corps. leadership, I believe consultant Amy Dickson told Politico that the interviewing process set back the launch of the program by at least a week. So, I just wanted to ask if that makes you feel any regret over taking responsibility for tracing away from the health department. On a separate issue, a colleague of mine wrote that the MTA is using markings on subway platforms to encourage social distancing. Just wanted to get your opinion on that measure and what you can say at this stage about how the city will help prevent the spread of the virus on subways whenever businesses reopened. Thank you.

Mayor: Thank you. Look on the markings; I think it's a sensible concept. We've certainly seen some good results outside of grocery stores and supermarkets for example. When people sort of know how to form a line that's socially distance, I think it's helpful to people. I think it's a smart idea for the subway as well. Obviously, we're talking about really modest subway ridership now. As ridership increases over time, we've got to think about what will work for that moment, but for this moment I think there's some sense in that. Bringing back the subways, it's obviously the state runs the subways and the MTA, but we're all going to work together to figure out what will work and that's something that has to be done very mindfully. People will come back if they have faith, it's safe and if they're worried it may not be safe, they won't. So, you know, it really puts a premium on listening to everyday New Yorkers - what they need to feel more confident. I think the example of a decision we all worked on together to do the overnight cleaning, which has really, I think given more confidence to essential workers right now that their health is being

protected and also a way of addressing in a new way the homelessness issue. I think that's a good example of everyone working together to build confidence in those riding the subways. I think we have to think about what those realities look like going forward and all of us work together to achieve the same thing as more and more ridership comes into play.

On the test and trace initiative, it is being put together rapidly. I don't know what this individual is talking about. All I know is that we have put together a very, very strong leadership team. The interviewing process, the training process as you're hearing is moving very rapidly. This was the right way to make it happen as quickly as possible with the right operational capacity. So I'm satisfied that this is how we can do it most quickly.

Moderator: Next is Andrea from CBS.

Question: Good morning, everyone. I've got a question about the homeless outreach. How can you tout success when they're not concrete measurements about who actually stays at a shelter and truly accept services? Also, Mr. Mayor, you were talking about how there are a plethora of hotel rooms that you can easily access more. Clearly those that are wanting to be in a subway don't want to go to a shelter. Is there a route where they don't have to go through the shelter system to get one of those hotel rooms?

Mayor: Andrea, I'll turn to Commissioner Steve Banks, but I want to caution again, I think there's a real misunderstanding. I respect anyone who thinks a hotel room, thinks how that might be more appealing, but you got to think about everything that that homeless individual needs. This is not just someone who like a certain number of people in our shelter system, were living in an apartment, working and then they just couldn't make ends meet and they end up in a shelter. That's more and more of the people in shelter for really economic reasons. Folks who are street homeless, permanently homeless overwhelmingly are folks with serious mental health issues and/ or serious substance misuse issues. And you can't just say, here's a hotel room, you know that's going to work for you on your own. No, you really have to provide a lot of support, a lot of oversight, a lot of services. And again, Commissioner Banks can speak to it better than I can. The, the fact is that well over 2000 individuals have come off the street and accepted shelter and not returned to the street in the last three years. I'm going to keep talking about it. I hope you guys will look into it because it's a very, very important story for this city. They came-in because the support was there for them. They came in because safe havens have been created that they did feel good about and more locations were created that they felt good about and that is the way to get people in and keep them in with all that support. It needs that intensive heavy support to get someone on a better path and keep them there and keep them from going back to the streets. So, no hotels are generally in that case, not the answer. The success as we've tried, you know,

many times to go over – and Steve, again, will do it more eloquently than me – engaging people is success to begin with. You're trying to win the trust of folks who their lives have really come apart to the point that they're living on the street. That is not an overnight exercise, that takes a lot of effort, a lot of repetition. Even someone who in a single instance agrees to come in for a night, that's a step in the right direction. And, as Steve said yesterday, that means we're getting a better understanding of who they are, what they need, and we keep coming back and coming back. So, I would tell you that when you've had this many people accept engagement and come in for anything, that's a victory unto itself. Over time, we're going to be able to see how many of those people stick, in the sense of stay in, and that's going to tell us a lot more. But even the level of this level of engagement is really surprising and positive as a beginning. Steve, why don't you pick it up and then talk about, in addition to anything else you want to say, how we're going to be tracking the longer-term outcomes with these folks so we can keep reporting them.

Commissioner Steven Banks, Department of Human Services: Thank you. Look, I just want to remind everyone, you know, when I was standing on the platform in the early hours of last Wednesday morning and this initiative was first begun, we didn't know what to expect. As I've said a couple of times over the last couple of days, you know, on a good night if five percent of the people want to be engaged and accept services, that was the norm. And the fact that, you know, half the people at this point on any given night are willing to be engaged and want to want to work with us in terms of a pathway off the subway is a significant step forward. I do agree that as time goes on, we will be digging into each individual and what is working to keep them off. As the Mayor said, the tools that we've had to bring 2,500 people off the streets in the last three years who have stayed off are really important tools. But we've added to that arsenal of tools for average workers over the last a week or so, we brought on more Safe Haven beds – and those are the low barrier beds that we've had great success of last three years – once people are in those beds, that people actually over time remaining permanently off the streets – but brought on those beds. We've even used a commercial hotel to create Safe Haven beds. But it's not simply a question of a bed, it's a question of the services and the supportive services that are needed. It's also important to remember that we're talking about human beings. Each individual has a different pathway that got them onto the streets, each individual has a pathway that's going to take them off. It's going to be very individually tailored. So, for some clients that have been in shelter, they have an assigned shelter and something went wrong. We're working with them to either get them back to that shelter or a different shelter. For some individuals that have never been in shelter and they need a higher level of support, we're getting them to Safe Haven beds. So, for each individual, that's the way we've been proceeding. And as we look at this over the next number of days, we'll have more to say beyond simply the victory of getting people to engage and getting people to accept services at higher rates than we've ever seen before. Ultimately though, as I've said a number of times, our gold standard is providing services, providing a roof over your head so someone remains permanently off the streets. And we're, you know, using every tool we can to do that every day.

Moderator: Next is Julia from the Post.

Question: Hey, good morning, everyone. I'll just start with a follow up to Andrea's question and then ask a second question about the City's COVID deaths. So, the follow-up is that several

leading advocates from organizations like HumanNYC and Coalition for the Homeless share serious doubts about this so-called historic successes of getting homeless off the subways and into shelter. They say people are being miscounted cause they don't actually spend a night inside. They cycle through the subways and shelters or they're being driven further into the shadows because of the treatment. What's your response to that and how do you know if these figures are accurate if we don't know whether or not the daily account includes unique or duplicate individuals? And then, secondly, last night for the first time since the Health Department started posting coronavirus deaths, they weren't made available until after 9:00 PM. It was the same day that the city's COVID deaths passed the 20,000 mark. Why were they posted so late if it wasn't to try to bury the news?

Mayor: I think we've been – I'm really surprised by that question because we've been constantly putting out more and more information, including really unfortunate and painful information, but we've been telling people what the truth is throughout and New Yorkers have wanted to hear what's going on and have really worked together to fight this back. So, I just don't even understand your question, respectfully. But, Dr. Barbot, why don't you respond to that? And then Steve Banks can respond to the advocate concerns on the homeless.

Commissioner Oxiris Barbot, Department of Health and Mental Hygiene: Certainly, Mr. Mayor. I think that there were delays last night in uploading our refresh of data, but, clearly, as the Mayor has said, we've been committed to transparency since the very beginning of this. And, you know, it was unfortunately a matter of a delay in going up on our website, but there's no interest – it doesn't serve anybody for us to try and hide any data. It's all out there. We are committed to ensuring that count every single New Yorker in this public health emergency.

Mayor: Thank you. Commissioner Banks?

Commissioner Banks: Yes. Let me just sort of address this in the same way that we talked about it yesterday. I think we've been very transparent, Julia, in saying, you know, it's a brand-new initiative and in the early days there were some challenges with getting people directly into the shelters when they had agreed to get on a bus. We made a change by redirecting the buses directly to special shelters and not the Bellevue intake center. That change was made on Friday night, I thought it was an important evaluation of challenges that we had and that where we're making changes as we go along. As I said the last couple of days, and just a couple of minutes ago, when we get a few days for further we think we'll be able to have a broader look at the individuals who have accepted services and actually remained in shelter and the individuals that are need more services in order to remain in shelter. But I can tell you, when I was on the subway platform at Stillwell on another night, last week, we encountered an individual who we tried to engage 50 times – more than 50 times actually – and he had never accepted any services, and he accepted services to come into a Safe Haven that night, and that was a tremendous step forward in terms of his life. And each night we're making those kinds of steps forward for human beings, and we're having a much greater rate of engagement, a much greater rate of people accepting services. Yes, you're right, on any given night, someone's going to make a decision, you know what? I don't want to stay inside. I'll go outside. And we're going to be right back there

trying to persuade that person that there are tools, there is hope, there is a roof we can give you and services we can provide to you to have you come in and stay inside.

Mayor: Thank you very much, Commissioner. And again, really, really appreciate what you and all your colleagues, and especially all those outreach workers and the police officers are doing, because I've seen it with my own eyes. I know that each time someone comes in the chance really increases that they will stay in and get the help and support they need and turn a life around. So, I really, really appreciate what you and all your colleagues are doing.

Moderator: Next is Andrew Siff from WNBC.

Question: Good morning, Mr. Mayor. Hope everyone is doing well.

Mayor: Good morning, Andrew. How you doing?

Question: Good. I have two questions. My first question is, yesterday I spoke with Mike Mulgrew of the teachers union and he indicated that a leading likelihood for kids returning to school this fall would be hybrid scenario where the kids go to school one day and then have online the next. Wondering what you thought of that and whether you're embracing that? My second question is, on behalf of my colleague Melissa Russo, who's been reporting on the illness affecting young people, again, will kids be included in the testing samples, going forward? And are you encouraging families to get their kids tested?

Mayor: So, let me go to the first and then turn to Dr. Barbot and Dr. Perea-Henze, if either wants to comment on the second. The first point is, we're looking at any and all options, and we're certainly going to work, Andrew, closely with educators, with the unions. We're going to think carefully about all the ways we might go about bringing our schools back. The first focus will be the health and safety of everyone involved – kids, parents, educators, everyone that works in a school building. And we've got a fair amount of time – I mean, remember, we were talking about most of four months before school opens. So, there's lots of time to see how things develop with the disease and what we learn about how to address it and how all our other efforts hopefully have taken us to a very, very different place by early September. But health and safety first, unquestionably. So, when we think of it that way, we're going to look at any and all options – of course, something like staggered hours or something like a hybrid approach will be considered. My goal is to return us to the normal school day with the full functioning of schools as quickly as possible. So, what I've said to the Chancellor and his team is, plan-A is everyone goes to school in early September as usual, we're up and running, we're at full strength. We understand a lot has to happen to make that possible. If plan-A can't happen, there's lots of other permutations that still could allow us to give kids a great education and take a major step back to normal. But it's way too early to know which it will be. We'll have scenarios and planning for multiple eventualities on the testing and kids. Again, we're going to do whatever it takes to keep a kid safe. Right now, the most important question is what families can do seeing these symptoms and acting on them. So, remember, testing is important in this equation, but the most important thing is following the symptoms and getting the medical attention immediately. So, I want to just keep that front and center. But Dr. Barbot, Dr. Perea-Henze, do you want to add?

Commissioner Barbot: Yes, Mr. Mayor. What I would also add to what you said, is that the most important way to prevent PMIS – the pediatric multisystem inflammatory syndrome – is to adhere to the prevention guidelines, which are New Yorkers should be staying at home as much as possible, using face coverings when they go out and practicing diligent and frequent hand washing and use of alcohol-based hand sanitizer. The reality is that the degree to which we minimize potential exposure to COVID-19 for children is the best way that we can protect them. Second is, as the Mayor mentioned, being alert to the symptoms and having early recognition by pediatricians testing as indicated. And this is something that I want to just spend a little bit of time on, because there are – as we have said before, we're still learning every day about how this syndrome presents, evolves, all of those sorts of things. But one of the things that we have noted is that not every child has a positive PCR test. There are children who are positive for the antibodies but not positive for the test, which means the [inaudible] infection a while ago. And so, it's critical for parents to be vigilant about the symptoms that could potentially indicate developing this inflammatory syndrome, which are prolonged fever, a rash, having really red, bright lips, swollen hands and feet, they can have abdominal pains – all of these symptoms, especially if they come together, are concerning indications that these children need to be evaluated for in-patient treatments. And so, again, just to reiterate what the Mayor said, I think we're still learning, we're taking this very seriously and, of course, children who need testing we'll certainly – we'll do everything to make it available for them.

Mayor: Dr. Perea-Henze, do you want to add? Is he there? Dr. Perea-Henze?

Deputy Mayor Raul Perea-Henze, Health and Human Services: Am I on?

Mayor: Yeah, you go.

Deputy Mayor Perea-Henze: I think Dr. Barbot said it all, sir.

Mayor: Okay, great. Thank you. Go ahead.

Moderator: Next is Katie Honan from the Wall Street Journal.

Question: Hey, good morning. I have two questions, Mr. Mayor. The first is I know you had said a couple of questions ago about how the City is committed to transparency and releasing the data. That was in response to Julia's question. I'm curious when the City will release more information and data, specifically deaths by ZIP code so we can get a better sense. I know Health + Hospitals had refused to release the number of deaths per hospital. They won't even say of their own personnel and staffers, where they work. When can we expect that data to be released? And my second question is, I know it's about 52 degrees today, but I know summer is creeping towards us. So, I wanted to know if you had an update on the summer plan, particularly once the weather warms up – unguarded beaches, that kind of thing. So, what's the status on that? Thank you.

Mayor: Thank you. On the summer, there've been a variety of meetings, calls, etcetera, recently to hone that plan. We're going to start to talk about pieces of it in a matter of days. So, very much on our mind and very much cognizant of the need to protect people, whatever ultimately is done

with the beaches. Any permutation requires protecting people. So, that's the core of this discussion and the Parks Department, of course, central to discussion, Police Department, etcetera. So, we'll have much more on that in the next few days.

On the Health + Hospitals, we'll get the information out. There has been a concern about people who work in multiple locations and it being hard to identify exactly what has happened with each person in a way that's accurate and not misleading. But we do need to get that information out. So, we'll have a follow-up with Health + Hospitals and get that out shortly.

On the deaths by ZIP code, absolutely need to get that out, want to get that out. Again, a very sad topic, but we are going to always provide transparency. Dr. Barbot, do you want to speak to how and when that information is going to be put out.

Commissioner Barbot: Mr. Mayor, I think it should be shortly, certainly by the end of this week, if not sooner.

Mayor: Thank you very much.

Moderator: Next is Jeff Mays from the New York Times.

Question: Hey, good morning, Mr. Mayor. I have a couple of questions for you. The first one is the police have given 482 summonses specifically for social distancing infractions, according to daily reports, but that's 108 more than the number of you issued for the same period. Why aren't those additional summonses part of your number? And secondly, I wanted to ask about the legislation that the City Council is going to consider tomorrow to vote on, to cap what Grub Hub and other food delivery apps can charge restaurants. That legislation is tied to the state of emergency that you issued. Wondering if you support that legislation. Do you plan to sign that legislation?

Mayor: Yeah, Jeff, I do support that legislation. I want to thank the City Council. They're – been really, I think, focused in a good, smart way on the different challenges that New Yorkers are facing. And this is one where we want to make sure people are treated fairly. And they saw something that wasn't fair to everyday people going through so much, and I think it's smart legislation, so I will support it.

On the summonses, again, we'll have our team get back to you later on today. As I said, I think yesterday there was an initial set of data put out that aggregated summonses that were specifically for social distancing versus other offenses that might've been given at the same time. And I think there was some confusion about which was which. We'll figure out the specific delta that you're talking about here, the difference of the numbers, and speak to it. But, Jeff, very clearly under either scenario, it's a very small number of summonses in the course of the core of this crisis. The data I last saw was basically mid-March to the beginning of May, the time when the city has gone through so much, and on average the NYPD was giving fewer than 10 summonses per day across the entire city. So, I care about it. I want to make sure it's fair. I want to make sure that they're not disparities. I want to make sure summonses are only given when necessary. But I, again, see that that is such a low level of giving summonses that it gets back to

one, New Yorkers overwhelmingly are complying with these standards. And two, when the NYPD has engaged, it's been overwhelmingly with a light touch. That does not negate that we have to address disparity. It's unacceptable. That does not negate that there've been some individual instances that were not acceptable and we will deal with those for sure. But the numbers are the numbers, and summonses have been used sparingly, and we'd love them to be used very sparingly, so long as people follow the rules. But we'll get you those details.

Moderator: Next is Erin from Politico.

Question: Hi there. Two questions regarding test-and-trace. You said that there was no delay in the contract tracer hiring and you didn't know what this individual was talking about who said that it was pushed back by a week. And you mentioned 500-plus people who are being trained, but if we understand correctly, no one has actually been hired. So, can you explain what's going on with that? And secondly, I believe you said there were going to be 1,200 hotel rooms available by June for self-isolation. Just compared to the number of people being diagnosed, it sounds like a small number. I'm wondering, have you figured out the criteria for who can get one and is there a way to expand that, if more people want one than the 1,200?

Mayor: Yeah, Erin. So, let me speak broadly and then I'll turn to Dr. Ted Long who is running the entire test-and-trace initiative. Clearly, that projection is based on the hotel rooms on what we expect to need immediately, but I want to be very clear that number can be ramped up rapidly at any point. The apparatus that we're putting together is going to be flexible enough to move quickly. Health + Hospitals has a huge deep bench of medical personnel. So, in terms of providing the medical support, it's available. Clearly there are lots and lots of hotel rooms available and we've engaged a number of owners of hotels because originally, remember, we thought we were going to need them for field hospitals. We are ready to expand to the tune of tens of thousands of rooms. So, that whole infrastructure is in place. We can put together what it takes to take care of folks rapidly if we need more. But that was a projection for just the very beginning. I think there's a big open question as to how many people will need isolation, how many will prefer to stay in their own homes and make the right accommodations to isolate at home. But I think there are going to be other people who don't want to take any chances around their family and would far prefer a hotel. So, that ability to expand will be there.

And again, the training, hiring, etcetera, has been moving rapidly. Working with Johns Hopkins, and Ted can explain, but it's a process of evaluating people and going through a training process that then leads to the decision on the permanent hiring. But all that has been moving rapidly so we can have people in place in just the next few weeks. Ted, do you want to respond to all that?

Dr. Ted Long, NYC Health + Hospitals: Yes. Thank you, Mr. Mayor. So, the Mayor hit all of the main points there. I'll reiterate a couple. The process we've set out is to move as fast as humanly possible to hire New Yorkers to be contact tracers. In order to do that, we first had them complete the training course, which is the world class curriculum developed by Johns Hopkins. Then we moved them towards hiring. Since the Mayor created this program a matter of days ago, we've already signed up more than 500 people to complete the training, which is a very fast progress, next step to hiring for them. In terms of the hotel rooms, the reason we use the number of 1,200 is that's a proportional increase with the number of new tests that we plan to do.

Assuming that many more people would benefit from being able to be in an isolation hotel room. As the Mayor said, the most important point there though is if we need to have more hotel rooms, we can do that overnight. We can move very, very quickly. But we want to give everybody an accurate estimate of what we think our best estimation of the number of rooms true [inaudible] would be.

Mayor: Thank you.

Moderator: We have time for two more today. Next is Brigid, from WNYC.

Question: Morning, Mr. Mayor. Two questions, the first is another follow up on the syndrome infecting children. In your guidance for parents if they're observing symptoms to contact their pediatrician. I'm wondering if you or Dr. Barbot can clarify what the next steps would be there, since so many pediatricians are not actually seeing sick patients in their office. Is the goal just to get some diagnosis that might then send the child to an emergency room? And then my second question is from my colleague Gwynne Hogan, following up on the Governor's announcement yesterday that some businesses will be opening statewide on May 15th including landscaping and gardening and some low-risk outdoor activities like tennis and golf – does that apply to New York City as well?

Mayor: So, Brigid, every time when there's an announcement by the State, we obviously look to see it codified in the following executive order and that's when we're able to see the specifics and how it plays out for the city. I think the State has been very clear and very consistent with us that the city's situation is different than so much of the rest of the state. And we're going to be conservative and cautious here. So, I'll be able to give you a better answer when we see the codification in the executive order. Anything that the State puts out, we're then, of course, going to look at in terms of our local context and with health and safety as the first consideration in terms of figuring out how to implement. So, we'll get a lot more information in the next day or two and be able to speak about it practically. But the central point will be whatever is being authorized by the State, we're still of course going to look at the practical ramifications and ensure that health and safety are the first considerations in any implementation.

On PMIS, as I turn to Dr. Barbot, want to be clear, Brigid, very important question and I thank you for it. Again, I want parents to feel with great intensity that, you know, to look out for these symptoms and talk to a health care professional immediately. That is the thing that must happen for a child to be protected. And I keep emphasizing if someone doesn't have a doctor of their own, they can be connected through 3-1-1 to a Health + Hospitals clinician. So, literally 24/7, anyone who needs to have a trained medical professional talk to them about their child, that's available. But the fact is, depending on the situation, of course, if a child needs to be seen by a doctor, that's a given that that would be available starting with our public hospitals. If any child were in danger, we would make it a priority obviously to have them seen in person. But Dr. Barbot, you can give a more specific answer than I, so go ahead.

Commissioner Barbot: So, the reason to reach out to their pediatrician is first and foremost so the pediatrician can take a history, which means get more information about the symptoms, the severity of the symptoms, that duration of the symptoms, assess whether the child has any

underlying illnesses that might be accounting for the symptoms or might be made worse by the symptoms. And then also to make arrangements for either diagnostic testing or the PCR test and/or the antibody test. And then depending on the severity of the symptoms to know whether the referral for inpatient assessment needs to be done sooner or later.

So there are a number of reasons why it would be really critical for a pediatrician to be contacted by a parent when they have concerns about these symptoms. And you know, as you say, we are in a different world where practices are doing medicine differently. There are practices who have available telephonic services. There are others that are doing telemedicine by video. So there are a number of different ways in which parents can have access to their pediatricians. And then you know, as the Mayor mentioned, any parent who doesn't have a pediatrician certainly we encourage them to call 3-1-1 and to see which is their nearest H + H facility. I know that they certainly are open and available to seeing any and all children irrespective of their immigration status, irrespective of their insurance status. There really should be no barriers to parents that have their children assessed, especially if they have concerns about possible Pediatric Multi-System Inflammatory Syndrome.

Mayor: Thank you, Doctor.

Moderator: Last question for today goes to Gloria from NY1.

Question: Thank you. Mr. Mayor, I want to follow up on what Julia asked earlier after we crossed this terrible mark last night of over 20,000 New Yorkers having been lost to COVID-19. The CDC, as I know you're aware, and I know you spoke about this briefly on our show last night, has put out data showing that there's a massive undercount happening. So my question is, what, if anything, is the City looking into to try and do or rectify about the way people are being counted? So that by the time this is over, we have an accurate picture of not just how many people were lost to this crisis, but to be able to use that information for the future so that the City can be prepared and can dictate policy to deal with a crisis like this?

Mayor: Well, I thank you, Gloria for the question. It's very important. And I'll start and I'll turn to Dr. Barbot. So, I do want to say as we've reached this very painful milestone we all have to remember these are human beings and families. So we've all gotten used to looking at numbers we can barely imagine, but we got to keep coming back to the human reality. And as I say it, I'm thinking about the people that I know who we've lost and the families who are suffering right now. And so, to me, in the end, is very human and it's every neighborhood in this city, you know, people from every walk of life. In this city we made a decision to acknowledge the probable deaths weeks ago. And I think you know Gloria, in much of the country that has not been done. And I think it is so important to the point you make about really understanding what happened here and what it means for the future. That to begin with any death where a medical professional thought that COVID-19 was a likely factor that that be acknowledged. And that's what those probable deaths are. And we were very forthright about that.

The question outstanding is about those who have passed away that we are not going to have enough information about by and large. But I'm very clear that I think, you know, a very substantial number of those deaths had some connection to COVID-19 as well. So we do need to

know, you know, does it tell us something different, is really the question. Does it tell us something different about how the disease manifested or where, which communities, you know the disparities we've seen? Dr. Barbot can speak to it better than me. I suspect based on what we've seen already with both the deaths that were clearly documented to be COVID-19 related and then those that were probable, the reality has been pretty consistent and very, very sad but clearly consistent of what communities have been hit the hardest. What kind of people by age, gender, everything. So, Dr. Barbot can tell you whether she thinks that the new information might change our basic assumptions or our approach to the future. I don't see a lot of evidence of that so far, but she can speak about it much more expertly.

The only other thing I want to say before turning to Dr. Barbot is that we are focused right now on saving lives now. And so the endeavor to understand what happened before and use it for the future is always important. Absolutely want to encourage that and validate that. But I want to say nothing is more important than saving lives right now. So, my focus is always going to be on the things we have to do today and tomorrow. There's a lot we have to do to keep people safe right now, to keep the progress that we've built and hold it and not jump too soon and not let our foot off the gas and then prepare. You know, we don't know if there's a second wave out there, but we sure as hell know what we have to do to save lives right now and to prepare ourselves best in case there is any potential of a second wave. So my focus is futuristic in the sense of what we can do practically to protect New Yorkers now and ahead. If the research helps us do that, that's very valuable. But I don't want us to get so lost in the past that we forget there are right now things we have to do. Dr. Barbot?

Commissioner Barbot: Thank you Mr. Mayor and thank you Gloria for the question. Let me start off by echoing something that the Mayor said that the number of New Yorkers that have died because of COVID-19 really is staggering. And we are committed to ensuring that we count every single New Yorker that has died because of this vicious virus during this public health emergency. And the reason for that is because every New Yorker deserves that dignity. Their families deserve that closure. But as a city it's also going to help our healing process as we move forward.

Second thing is that in the here and now having that information certainly does inform our response. And during this public health emergency, we have made really unprecedented moves with regards to the way in which we report on data. One is again, reporting on probables and not just those that have been confirmed with the test. Beyond that, releasing the race and ethnicity data before it was fully complete. And that's really breaking public health rules, if you will, right? We went against the grain because it was important for us as a Health Department to know, to be able to inform our response. It was important for the City to know to make sure that our messages were tailored and continue to be tailored to the communities most affected. And so you know, as the Mayor and I have said in the past, there are deaths that are directly related to COVID because they were tested. There were deaths that are likely related to COVID because the health care provider, the individuals who are certifying the death certificates have indicated that COVID was related to the death. And then there are those that are not necessarily immediately or approximately related to COVID, but that in the long run will likely be attributable to COVID through a number of different mechanisms. I think we can all agree that this has been an incredibly prolonged and stressful situation for all of us. And we know that

stress kills. And certainly, if you've got a chronic underlying illness and you've got prolonged stress, that can contribute to act to premature mortality.

And so there may be also be these situations where, for example, you know, we've been using the example of people dying from heart attacks. We're learning every day about how this virus affects the body. And it may be in the long run that we determined that during this period people who died from heart attacks could have very likely died because of COVID related illness. There would have been no way to confirm that either with the test or with a provider indicating it on its – on the death certificate. And so, we will continue to put out the data on the confirmed, the probables, and what we technically call excess mortality. Which is the number of deaths that are occurring above and beyond what we would have anticipated given the trend of the last previous years and what would have been expected during a particular season. Because again, it's important for us all as New Yorkers to know, to honor, and to grieve those that have passed during this time.

Mayor: Thank you very, very much, Doctor. I really appreciate that sentiment. So let me conclude today and say, when you think about what you just heard from Dr. Barbot, when you think about what we've all been through together, it wouldn't be shocking if a city that has been the epicenter of this crisis somehow allowed itself to be lessened or become fearful or become weakened. And that's not what has happened here. What all of you have done, what New Yorkers have done across the board has had the spirit we have known for so long in this city, of taking the challenge head-on. It's really striking. And I think the history will show this, that when New Yorkers were called upon to step up across the board, you did. And when it was time to do something to fight back, to create things that had never existed before, that's what New Yorkers did.

We have seen it throughout this process. We've seen it in the heroism of our first responders and our health care heroes. We've seen it in the efforts in our hospitals to hold the line against all odds. We've seen it in all of the people who came together to produce face shields and surgical gowns and even ventilators here in New York City to protect their fellow New Yorkers. We've seen amazing contributions. And now building a Test and Trace Corp, something that has never existed on this scale in New York City. It's being put together every hour of every day, building up quicker and quicker to serve people in just a few days ahead. So, the fact is that the talent that exists in this city and particularly in public service in this city, has really become evident in this moment of crisis. I don't know anyone who's had anything but a fighting spirit. There's been no sense of being defeated, no sense of being overwhelmed, just a resolute attitude.

And so, when I've said to this team, we're going to have to build something unprecedented and we have to build it with extreme speed and precision, people stepped forward and said, we're ready. You're going to see this test and trace effort come alive in the next few days. And then you're going to see the impact that it has in terms of protecting lives. And I'll conclude with the point that protecting lives is what it's about. And every single time someone is tested and then their close contacts are identified and we find out if others need to be tested and find out who needs to be isolated, who needs special support, and they get that support. Every time you do that, you're saving lives because you're cutting off the spread of this disease. And you do it more and more and more each day. And this disease has less and less oxygen. And that's what we want

to do. Cut off its ability to grow, continue to constrain it, continue to squeeze it, continue to reduce it in the city so people can be safe. And so, we can start on that pathway back to a better life. And every day I see New Yorkers devoted to that mission and I thank you for that.

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