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TRANSCRIPT: MAYOR DE BLASIO HOLDS MEDIA AVAILABILITY

Mayor Bill de Blasio: Good morning, everybody. Let's take a moment today to think about people in our lives who mean so much to us because they are our elders. The folks we look up to, the folks who brought us up, the folks who got us this far. Let's take a moment to think about the senior citizens in our lives, our moms and dads, our grandparents, our aunts and uncles – the people who have done so much for us – and to think about what they mean to us. And I had an experience this week – I have an aunt, my Aunt Jean, she lives up in Maine, she's 93 years old. And she reached out to me because she saw one of these morning press conferences, and she was very taken with the use of the word boomerang to describe the fact that we have to fight this disease and make sure it doesn't have a resurgence. So, she reached out to me to tell me she thought that I was saying something important and she liked the way I said it. And we went back and forth about what was going on, what was going on here, what was going on up there. And in the conversation with her, I felt a tremendous sense of reassurance, because over the years she's told me stories from her own life. She's 93 years old, so she went through the Depression. She has always told me stories of what her family went through, our family went through in the Depression, how they overcame it, how they survived that. She's told me stories about my dad when he was in the US Army in World War II – the letters she would get when he was fighting in battles all over the Pacific. The letters that would come that would tell her that he was still alive, and what that felt like. And it gives you a sense of what we have gone through as New Yorkers, as Americans when you talk to the older people in your life, it reminds you just how much we've had to overcome previously. It gives you, for me at least, but I think for a lot of us, a sense of sort of a grounding, a kind of a ballast. An ability to remember that no matter how tough this feels, no matter how unprecedented those who came before us went through so much and they overcame. But it also gives me a sense of gratitude.

When I talked to my aunt, I feel just such gratitude for her. I feel such a sense of inspiration that, you know, she's still here, and that she still has this wonderful spirit and love of life. And I think every one of us has people like that in our life. And it's a reminder that we literally wouldn't be here without all of them, but also what they've taught us, what they mean to us. It's a society that in many ways, prizes, youth so much. That's certainly true in media, and entertainment, and advertising. But I think it's a time when maybe we're reassessing a bit, and we're coming to remember what we owe our seniors and to appreciate them more, and to look out for them more, and to defend them more. So, to me, this comes down to the seniors in our lives, what they have given us, what they mean to us, and what we owe to them. What we owe to them in terms of making sure they are healthy, making sure they are safe, always being there for them.

Now, this crisis has clearly been so tough on the oldest New Yorkers, and it has shown us, once again, we have to redouble our efforts to help those who are most vulnerable. And some of the folks who have had the toughest time, our seniors who live in nursing homes. There are 169 nursing homes in New York City, and this whole crisis has made us think about what happens to folks who live in a nursing home any time, but particularly during a crisis. And it's making us think about just the way nursing homes are organized in our society. They're largely for-profit enterprises. And I think a lot of tough questions being asked and it should be asked about where we are now, and where we want to go in the future. But I think about what has been like in these last few months in the nursing homes of our city, what it has felt for seniors. The fear that we all feel I'm sure has been magnified for so many of them. The sense of isolation that all of us are feeling has been magnified for so many seniors. We all have more to do, and I know the State of New York has been working hard to address this issue, and the City has as well, but we want to keep doing more and more.

So, today I want to talk about a four-part plan to address the needs of our seniors, particularly our seniors in nursing homes. First, if you had to guess right now what I would tell you is the most important thing in terms of fighting the coronavirus in this case in nursing homes, I imagine if I gave you one guess, you would say testing. Once again, all roads lead to testing. We in the first weeks of this crisis, there was no testing to be had basically, and what we had had to go to save lives in the hospitals, had to go to protect the healthcare workers and first responders who are the people saving our lives. We're now spreading out testing throughout communities. Thank God we're getting more and more of it. Finally, no thanks to the federal government, I wish they were doing more. They still need to do more, but we are making real progress in the amount of testing.

So, starting next week we will offer PCR test, the diagnostic tests to every nursing home in New York City. This will be for onsite testing in the nursing homes. As many test kits as the nursing home needs, we will provide, we're working with a lab to do the processing, so this'll be a dedicated effort focused on the nursing homes, all 169 of them, and whatever amount of tests they need, whatever amount of lab capacity they need, we will find it for them. If every nursing home does this consistently, we believe it will take us up to a need of about 3,000 tests a day, and we want them, we want all the nursing homes. Again, we don't control them. There's a few that are in the domain of our public health system, but the vast majority are private nonprofit that we don't control, we don't regulate, but we're offering this to all for free. And the tests deliveries begin next week. We'll ramp it up immediately, and then continue as long as it takes. If this needs to go on for months and months, we will continue for months and months, whatever it takes. As long as we're fighting this crisis, we will make sure that all nursing homes have the testing capacity they need in New York City.

Second part, we're going to provide more staff. So, here's what happens. When you start doing more and more testing, you will find more people who test positive, it's understandable. And that will include some of the good people, the valiant people who work in our nursing homes. And let me take a moment to thank all of them. Again, there's so many unsung heroes in this fight. People who work in nursing homes do incredibly important work under often really tough circumstances. They do it because they love our seniors. They do it because they want to help. And for a lot of them, this has been a very, very tough time. You can imagine. So again, I always say I want to offer my thanks, but please, if you know anyone who works with our seniors, if you

know anyone who works in a nursing home, thank them, because they deserve that support and encouragement. Well when the testing grows and grows, of course you'll find some of those good people will test positive, because more and more people around New York City will be identified as positive, including people you know, didn't even know they had the disease. Anyone who tests positive who works in a nursing home has to stay away for 14 days. You're going to have staffing shortages. We are committed, the city of New York is committed to filling those gaps, to making sure there's enough personnel for every nursing home. So, we've been sending additional personnel already to nursing homes. We asked the nursing homes of this city to tell us what they needed. We put in place almost 250 additional staff in nursing homes citywide, nurses, nurses aides, other staff. We will continue to fulfill the requests from every nursing home. By the end of next week, every outstanding staffing requests from every nursing home in New York City will be fulfilled by the city of New York.

Part three, outbreak response team. So, the goal here of course, is to keep containing the coronavirus, keep pushing it back. But wherever we see an outbreak, even if it's as localized as happening in a single nursing home, we want to go right at it. We want to act immediately. So, we have 10 outbreak response teams ready, teams of minimum three people led by our Health Department. Each team has an epidemiologist as the lead individual in the team, but they'll bring in additional experts in infection control, mental health, whatever it takes to assist that nursing home to address what they're facing and fix it and move forward. By the way, this is for nursing homes, and it's also for other congregate settings that serve our seniors, like assisted living facilities. So, the second there's any sign of a problem, this team can go and can oversee the response, can help control infections, make sure the PPEs are where they need to be and the supply is right, and people are using the right way. Make sure that retesting is done in the facility. That everything is handled so that the outbreak is contained, and people can move forward safely.

And then part four, part four is looking ahead to the future. Look, the future might look very different, and I think we need to start thinking about a different future. I think we need to think about a time where more and more of the care given to our seniors is given to them at home. I know from the seniors in my life, I mentioned my aunt Jean, who is living still at home in her home in Maine. And I know this was true of my mom, and my aunts, her sisters, everyone had the same wish, they wanted to stay at home no matter what. We got to make that the norm more and more. Now, we got to think about why it even got the way it got that so many people ended up in a nursing home, including a lot of seniors who didn't want to be there. There are a lot of reasons for that, but we also have to think about the fact that we've learned in this crisis and even before that there may be a better way, not only in terms of what the senior wants and what's right for them emotionally and what their aspirations are, but literally for health care for that senior and for everyone. Having folks at home is in many ways not only a better quality of life, but it's a better place to care for someone done right. It's a better place to make sure that people have the support they need, and by the way, if people are living at home, there's much less chance of being in a situation where they're exposed to a disease that's spreading. There's a lot to think about in terms of how to build— a really comprehensive plan to maximize home care, because that's what would take to reprogram our city towards much more focused on helping our seniors to stay home and have all the support they need. That's a big effort, it's not something I can tell you we can do today, but it will be part of our recovery planning. We have said, we're not just

going to bring this city back, we're going to bring it back stronger, better, and fairer. We're going to address a lot of things that didn't go address before, this is one of them. So, as part of our recovery process, we're going to look at how to maximize home base care rather than nursing home care so we can support our seniors better.

Okay. Now I talked about protecting our seniors. Let's talk about something that's been a crucial mission from day one, protecting our healthcare heroes, protecting our first responders. Want to emphasize from the beginning of this process, we said we had to protect the people who were protecting us. The first responders across all agencies, the healthcare workers across all of the different types of hospitals, everyone who was at the front line needed protection that meant the personal protective equipment, the PPEs. And we know it was a fight from day one and again when we look back on the history of this, the scarcity that attended to this crisis from the first minute that we're still fighting against now was shocking in this land of plenty, but I want to thank all the people in all of the agencies and the hospitals, all the great people at emergency management, everyone who bonded together to create a system to get the PPEs we needed and I got to tell you, I was deeply, deeply involved in that process and it was not only a matter of life and death and people knew it. It was a constant race against time because everything we thought we could depend on wasn't there. The federal government system wasn't working anywhere near the level we needed, the international market collapsed. Every day and I am talking down to, I would talk to the team and they would be pursuing individual leads with individual companies in countries all over the world, constantly trying to see could we get a shipment one day earlier and then as we've talked about before, realizing we have to protect ourselves by maximizing production here in New York City and that's a wonderful value and story and all the people who are doing that work producing PPEs here in New York City, they are heroes and I want us to remember that and really appreciate them in the months and years ahead. But the fact is we were up against the wall constantly and the reason we got through was the resolve of everyone in the city government, all our partners, all those people in business who came to help us and the ingenuity that was constantly applied to the situation. We got very close to running out many a time and this is on the crisis standard, this is not the ideal standard, this is the CDC crisis standard, which is sort of the fallback that you use that still protects everyone, but is the real world reality of scarcity that we had to deal with. But now I can say something I rarely got to say in the last few months, we are confident about the supply we have for the remainder of the month of May. That means the N95s, the face shields, the goggles, the gloves, the surgical gowns, the face masks, meaning the surgical masks. All of those items are now in sufficient supply to get us through the month of May to protect our first responders and our healthcare heroes. That's progress, that means all hospitals can be provided with what they need, nursing homes, as we just discussed. Another group of folks who have worked heroically, and we don't talk about it because it's such a sensitive topic, but the folks in the funeral homes, they've done important work we can provide for them as well. The folks at the medical examiner’s office who do such important work, again, often unsung heroes and we thank them for all they do, it's not easy. It's painful often, but they do such good work. And of course, FDNY, NYPD, correction, all of the agencies that need the PPEs we're providing for them and any of the other key agencies that have PPE needs. So, that's something that I can say with some relief that we'll get through this month. We still have work to do to increase that supply for the weeks and months ahead. And then to build up that New York City strategic reserve, and this is crucial. I announced this weeks ago, we'll never going to be caught in a situation where we have to depend on others again. So, by the

end of this year, we will have in place a 90-day supply, three months' supply of critical PPEs. We will have in place 4,000 full-service ventilators that will not be the ones that are in use in hospitals, four in reserves in reserve with a maintenance program to keep them in good shape. We'll be ready no matter what is thrown at us in the future. And we'll have the ability to build right here in New York City what we need if we ever find that the supplies, we depended on are failing us, we'll be able to go into high gear in this City and cover a lot of that gap right here.

Okay. Now I want to bring up a new topic today. In every crisis, new issues emerge, we don't even understand yet the full magnitude of the crisis we're living through right now. As I said, greatest health care crisis in a century, greatest economic crisis in 80 years could end up being the greatest economic crisis in the history of the United States. So, we're dealing with something, there's no roadmap for this and things keep happening that we learned from and the whole new realities emerge that we have to deal with. So, here's one that our healthcare leadership is now seeing and are very worried about and we need to act on it together. And this is something you can act on, particularly parents, grandparents, you can act on this. Right now, the issue is vaccinations, not the vaccine we hope for with the coronavirus, just the everyday vaccinations that kids get to keep them safe. The— vaccination rate in this City, this is striking, the vaccination rate in this city has been falling during this crisis and the sheer magnitude of it has become clear to us in the last few days. The reasons are obvious, doctor's offices have been closed in so many cases, families are staying home. We've had to focus on the most urgent needs in healthcare throughout, it makes sense that even parents, grandparents, other guardians, family members who wanted to get a child vaccinated might not have known where to turn or might have been hesitant to go out and get it done, given everything else going on. So our Health Department looked at the citywide vaccination rates for our children, looked at the number of vaccine doses administered and compared the period from March 23rd when this crisis had really gone into high gear to May 9th so about six weeks compared that period of time this year to the same period last year and what we found was quite shocking and troubling. The number of vaccine doses administered over that period this year versus last year for kids in the category two years old or younger, there's been a 42 percent drop in the number of vaccinations. For kids older than two years old, this is shocking and a 91 percent drop in vaccinations. Well, I'll give you a comparison, the same six-week period of time last year, 2019 almost 400,000 doses were administered in this City in the six-week period this year, fewer than 150,000. So, something has to be done immediately to address this and we intend to work with parents and families to do that right now. And let me explain why, the vaccines that for example, prevent respiratory illnesses in our kids— prevent a disease like pneumonia. That is important any time, we never want to see our child or any one of our children in danger, we never want to see a child threatened by respiratory disease any year. We never want to see a child get pneumonia any year. But if that were to happen this year, it comes with greater dangerous. A child who gets one of these diseases is likely to need to be hospitalized and they're likely to be more susceptible to contracting COVID. We know that anybody with a preexisting condition can be more vulnerable to COVID, so having pneumonia or respiratory disease makes that child both more susceptible, to contracting COVID and more vulnerable to the effect the COVID. And we're all watching this very troubling new syndrome MIS-C we don't want to see any child contract COVID, so the pieces unfortunately start to fit together in a way that should cause parents real concern and unvaccinated child at greater threat contracting a disease that could then put them at greater threat of contract and COVID, on top of that, that combination is dangerous in and of itself. Also

brings up the link between COVID and MIS-C. We don't want to see any of that happen to any child.

So, the bottom line to all parents, all family members out there, get your child vaccinated. We're in a much better situation than we were. Go back to the, when we started looking at this data or the slice of the data, we took goes back to March 23rd. The reality March 23rd versus today, thank God, night and day in terms of what's going on with our healthcare system and our City. So now is the time to get your child vaccinated, this is essential work. Getting your child vaccinated is essential work. Getting your child vaccinated is a reason to leave your home and whatever it takes to get your child to that vaccination, it's worth it. So, we also have to remember this is for your child and it's for everyone because once one child gets sick, it can spread to the next child. So, we have to make sure we get ahead of this. You do not need to go to a hospital facility to get a vaccination for your child. So, for anyone who's worried about going to that kind of setting, there's other alternatives, for sure. Free vaccinations are available at over a thousand New York City facilities in the Vaccines for Children Program. Health + Hospitals is offering vaccinations at all of its clinics – 70 clinics around the city. So, to make an appointment, you go to 844-NYC-4NYC. So that's the number for NYC, again 844-NYC-4NYC – call, make an appointment right away. If you're – or, if you have your own doctor you can get done with, that's great too, but let's protect our kids and protect each other by making sure all our children are vaccinated.

Okay, now I want to bring up a topic that isn't about the coronavirus crisis per se. It didn't come from the coronavirus crisis, but is being deeply affected by the coronavirus crisis and it will have a lot to say about our future. We haven't talked about this in a while and I think it's time to check in on it – the Census. So, we're right now fighting a fight in Washington to make sure that the needs of New York City are seen and heard and felt by those representing us in Washington. Our own delegation has been amazing, our senators, our Congress members have fought for us, but we want all the members of the House and Senate to pay attention to the nation's largest city, the epicenter of the crisis, and help us with a stimulus that will put us back on our feet. Part of why our voices are heard is the representation we send to Congress – that's based on the Census. The Census says how many members of Congress you get. The Census says how much federal funding you get; the census, if it's truly accurate, will give you the level of funding and representation you deserve. If it's not accurate, you literally can lose a member of the Congress; you can lose billions, many billions of dollars. So, the 2020 Census will have so much to say about the future of this city and it's being attempted against the backdrop of the biggest crisis we've dealt with in generations and we're the epicenter. So, we are really up against the wall here yet again, and we've got to find a way forward and quickly. What does this money go for? So, the pool of money that is affected by the census, one estimate puts that about $650 billion. That's the pool that we want our fair share of. That means funding for hospitals; that means money for food assistance. We all are talking about food lately. That money is federal money in so many cases, food stamps and snap benefits, money that goes to infrastructure, to schools, to transportation, mass transit. So many things revolve around that federal funding that we depend on in this city. So, let's talk about where we stand on the census right now. Today, in New York City, 49 percent of New York City households have submitted their Census response and we thank them for that. The national average right now is 59 percent, so we're well behind the country. We all understand everyone's dealing with a lot right now, and so although there is so

much going on and there has been so much good effort to get to that 49 percent, we've all got to double down, we have to intensify our efforts. The great folks working on our Census effort, they've done amazing, amazing work and we have so many wonderful community partners, elected officials, so many people have weighed in and become a part of this effort, but we all have to do a lot more and times a wasting. So, if you want to make sure that we recover from this crisis and we are well-represented in Washington and we have the resources we need, not just this year or next year, but for the whole decade ahead – let's make sure you fill out the Census. It takes only a few minutes. There are no questions about immigration and citizenship. This is really important because that was a big controversy earlier on – court struck that down – no citizenship question, no question about immigration status. All responses are totally confidential. So, if you need more information and you're ready to fill out that form and we need you to, go to my2020census.gov, my2020census.gov. We want to get you in. We want to get everyone you know in. We need your help telling everyone that you know in your family and your neighborhood to get this done and let's get the help we deserve from Washington.

Okay, now we're going to do our daily indicators. So, day that's not perfect, but is a good day. Two out of three moving in the right direction and the one that has gone in the wrong direction is just by a little. So, it's a good day; we want to have great days though. What do we have? Well indicator one, daily number of people admitted to hospitals for suspected COVID-19 - it went up but just by a little from 57 to 63 and that is a much, much lower number to begin with than what we use to deal with. So, not too bad, but we want to do better. The daily number of people in ICUs across our public hospitals for suspected COVID-19 is down – 492 to 483. That is wonderful. And this is the one that's most universal, the percentage of people tested positive for COVID-19 citywide – down from 9 percent to 8 percent. Isn't it great to see the single digits? We've been through so much together. That is really encouraging to see, especially against the backdrop where we're doing more and more testing and getting a better and better look at what's happening to so many New Yorkers. We're now at 20,000 tests a day and growing rapidly, but the percentages are coming back better, so that's wonderful.

Okay, few words in Spanish –

[Mayor de Blasio speaks in Spanish]

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

Moderator: Hi all. Just a reminder that we have Health Commissioner Dr. Barbot, President and CEO of Health + Hospitals Dr. Katz, Senior Advisor Dr. Varma, and NYC 2020 Census Field Director Daniel on the phone. With that, I will start with Mark Morales from CNN.

Question: Hey everybody. How you doing today?

Mayor: Good, Mark. How are you doing?

Question: I'm doing okay. I had a couple of questions I wanted to ask. First was, I know you mentioned a few weeks back, about a 4th of July and any kind of, I forget how you'd characterize

it, but I don't think any of the details were solidified. Do you have any of those details yet? And have you considered anything about the New York City Marathon?

Mayor: What was the last part Mark?

Question: Oh, about the New York City Marathon. Have you thought about it? If there has been discussions about it, anything like that?

Mayor: So, okay, let me, let me do the marathon and I'll go back to 4th of July. On the marathon, so we worked very closely with the Road Runners Club. They've been amazing throughout this crisis and the folks from Road Runners have put on these extraordinary, you know, virtual, I think they did a virtual half marathon the other day - amazing things they've come up with. The marathon itself is obviously a ways off, so we're talking to them, but it's too early to come to any conclusions, but they are right at the table with us as we consider what to do. The, and I think we all know, and the state feels this, I feel this, you know, the, the really big events are the last piece of the puzzle. So, you know, we, we really have to think carefully about any large gathering. And I think it's fair to say it's going to be a while before we're comfortable with any large gathering, but we also, you know, we're, we're watching this disease daily and always going to hold out the hope that things move faster rather than slower. But the thing we're going to be most conservative about is large gatherings of people because that's where you could have the most negative impact with a resurgence of this disease. So we'll have more to say on the marathon later.

On the 4th of July, what I've said from the beginning, we're going ahead with a celebration of 4th of July. It will involve fireworks, it will involve Macy's, and that's all we know so far. It's May, we've got time. It's all going to be about safety or, you know, we're not going to let the nation's birthday, our nation's birthday go unrecognized, but whatever we do is going to be about safety first. It may be bigger, it may be smaller, but we'll have a lot more to say when we get closer. Do not assume it will look like what we've done in the past. I've said that from the beginning, it might look very, very different, but there's plenty of time to work that out and announce it over the weeks ahead.

Moderator: Next we have Katie from the Wall Street Journal.

Question: Hey, good morning, Mr. Mayor. I wanted to ask specifically about the program that you just, I guess announced earlier shifting to home based care for seniors in nursing homes. I'm thinking of the population in adult care facilities who maybe aren't technically senior citizens, but need that, that care and are in a facility like that perhaps because of mobility issues. They can't you know, they can't turn their apartment into something that's handicap accessible so that's why they're in a place like that. Do you have any thoughts on adult care facilities, plans on, on shifting that away because they're actually, you know, as you know, there've been a lot of deaths in those facilities as well? So just beyond the senior citizens and age, but those who need 24-hour care.

Mayor: Thank you, Katie – a very good question. So, I'll, I'll start and then if Dr. Katz or Dr. Varma want to jump in. So, what I'd say is, I think the whole idea of decentralizing is the ideal,

but as you point out, some people need a whole lot of care. And so what I think we understand from this whole crisis is, if people need to be in a congregate setting there's everything we have to do to make sure there's PPEs for the folks who work there and people who need it, testing, all the basics that as we finally are getting the kind of supply we need, we should apply regularly. But I think the question in every individual case is, can someone live independently? Is there a kind of support we can put in place that would make that work? You know, if there is, I think increasingly that should be the preference in our society more than it has been in the past. I mean, look, we've gone through waves over generations now of people being put into institutional settings who in the past would have stayed at home with their families. Now, that's all about changes in our society. Once upon a time, you know, the extended family all stayed in one place and there weren't these kinds of facilities. And the tendency to have more and more people go into an institutional setting. Some of that has been, you know, very, very merited obviously because of people's needs and there was no other way to properly serve them. But I think more and more we're asking the question, at least with seniors, and, again, maybe some folks in the adult care facilities, but I'm going to leave it to the doctors to speak to that. You know, at least with many seniors, staying at home with proper home care could be a much better alternative – not for everyone, because some just need the support and couldn't, you know, make it work and couldn't be healthy without a lot more staffing around them, a lot more support around them. But I think it's time to re-examine the entire reality and see what it would be like to do a more home-based model with a lot of seniors. And we should ask the question about whether that's true for some people in adult care or whether it's a different reality. Dr. Katz or Dr. Varma, do you want to add?

President and CEO Mitchell Katz, Health + Hospitals: Mr. Mayor, I think you've done a great job explaining the issues, and, as you know, I live in the same apartment building as my 97-year-old father and my 92-year-old mother, and feel very strongly that we should always look for ways to enable both elderly people and younger disabled people to live independently. I've seen too often as a physician in the hospital or in the clinic where people are sent to skilled nursing facilities or adult care facilities, because no one puts in the time and the creativity. It is hard as you say, it's not easy, and, as Katie is alluding to, sometimes it requires modification of the home, sometimes it requires equipment, sometimes requires some creative staffing. But I think the way you've set it out is that it should be our goal to enable everybody who can live at home to do so. There will always be people whose needs are so complicated, who needs so much equipment where the circumstances are such where we want to take care of them in a nursing home, and thank God then that we have those nursing homes. But I think for everybody else, we should be looking for home care.

Mayor: Thank you very much, Mitch. I want to say about Mitch – and this is something I really honor, that he mentioned living in the same home as his parents were in their 90s – that's not by accident. He chose to make sure that his – and Mitch, forgive me for taking this point and adding to it a little bit, but I honor it in you so much – he chose to set it up so that his parents could live in the same building he lives in. And most nights, goes out of his way to make sure that he has dinner with his parents. And I think that's a very beautiful thing. And a guy who's got so many other things that he has to balance, but always takes time for the people who brought him here. So, I think that's indicative of what I feel about my aunt, who is the last member of her generation in my family still alive, and what Mitch feels about his parents. You know, I hope we

can do that more and more for our seniors, all of us. And in some can, some can't – there's real reasons why some people they'd love to, but they just can't do it. But if families aren't in a position to have that closeness and that connection, you know, how can we set up a more compassionate structure that allows seniors to stay in their home and give them more support? I think that's what the future should be about. And, again, as part of our recovery, we're really going to look for what it would take to build that reality to help our seniors, what it would take to do something different in this city.

Moderator: Next we have Debralee from Manhattan Times and Bronx Free Press.

Question: Hey, good morning, everyone. I wanted to follow up specifically on the issue of testing and given the fact that it's become so much more widespread. You know, emerging concerns indicate that not as many people as you might imagine are taking up the opportunities to be tested diagnostically or serologically. And I wondered if Dr. Barbot specifically could speak to what the current guidance on testing is. Should everyone, including those who might be asymptomatic, be seeking tests? For example, the Governor over the weekend made a public show of his own test. Are the administration officials on this panel – are you seeking to be tested so it should be able to show the data that you'd say the city – city and state and the national agencies need as well. So, what's the guidance there? Particularly for those who are asymptomatic. And then we've talked about this some weeks past, but I want to give you a good revisit what interest, if any, the city has and the kind of certificates or identity cards that would indicate what people's test levels showed. What is exactly that, that became of that? And then finally, when we talk about easing into the summer and –

Mayor: Hold on – Debralee, going to have to bring out the yellow there. That is two – so, we're going to do those two. On the first question, the point – I think it's a very fair question. You know, is the goal at this level of testing at 20,000 a day to have everybody show up? Or is there still some prioritization? Very fair question, but I think the fact is there's obviously still prioritization in terms of the communities have been hit hardest, which is where we've concentrated the vast majority of our community-based testing. And what we've said about folks who are most vulnerable, or folks who have been exposed to the disease, or folks who are symptomatic. So, there's still a priority structure in place. Let me turn first to Dr. Barbot on the question of just clarifying that guidance. And I'm going to offer my editorial comment and Dr. Barbot can speak to it as well and then I'll come back to the certificate issue. But my editorial comment is, I don't feel – I'll use my own example, I'm not symptomatic, I'm not in one of the vulnerable categories, I'm not living in one of the communities hardest hit, I don't feel a need to get tested now when there's still a limited supply of testing. If we get to the point where we're really, really abundant, you know, that's a different discussion. But I think we still have a sense of prioritization that matters here. Dr. Barbot, please jump in.

Commissioner Oxiris Barbot, Department of Health and Mental Hygiene: Thank you, Mr. Mayor. You know, the prioritizations that we have – the testing and prioritizing, obviously, those that are symptomatic, prioritizing those that have chronic underlying illnesses. We've also added prioritizing health care workers, first responders. And so, what we currently have is a process in place where we're expanding based on what the testing capacity is. The other thing I will add is that, beyond those groups that I've just outlined, you know, now we're also including children

who may have been presenting with mild symptoms of COVID as a way to ensure that we don't miss any children who may potentially be at risk for developing MIS-C. And so, as the capacity grows, we will certainly be testing more people. And, certainly, as we get heavily into the testing of tracing, there will be an opportunity and an indication for testing people that may not necessarily be overtly symptomatic. So, I think the main message remains the same, meaning that if you are in these priority groups, you're symptomatic you've been exposed to someone who's symptomatic that we want you to get tested. And especially adding currently children who may be symptomatic.

Mayor: Thank you. And on the second question, which I think is an important one, and I'll start by saying on the question of a certificate and identity card is something to clarify your status, we aren't there yet for sure. I'm going to turn to Dr. Varma in a second because he has been looking at this question all over the world and would like his comment, but my comment would be there is a ring of truth to the notion that not only do people want to know their own situation but that it's going to be important for the connection between people and the organizations they work for to know what's going on. Certain times we talk to folks in the private sector, they are interested in setting up an appropriate structure for knowing what's going on with each of their employees. There are privacy concerns, there are individual rights concerns, there's a lot we've got a balance in this. But from a societal point of view, we understand that, you know, people want to know if they're going – you know, for example, if everyone's going back to school or if people are coming back to a workplace – what are the smart precautions that are being taken? And it's, of course, the social distancing and good hygiene and, you know, face coverings, but it's also things like temperature checks. And if someone, you know, for example, has gotten tested and they've done the antibody test, even though it's imperfect, shows that they tested positive, they'd been exposed, they overcame it. That's important. If someone's had a recent coronavirus diagnostic test and it's a negative, that's important. So, I like the idea of something that allows people to be able to validate and verify their status, but we've got real issues that we got to work through before we get to that. And that's something – it's a very important decision we have to come to and we're going to obviously work with the State on it as well to strike that balance. Dr Varma, you want to add?

Senior Advisor Jay Varma: Great. Thank you very much. This is a very complex topic that has, you know, scientific questions legal questions and ethical questions. I would just separate it into, into two main areas. One is the concept of an immunity passport, that because you were infected at one point in the past and you now have a demonstrated presence of antibodies that you would somehow be more eligible for certain activities than somebody else. We have real challenges right now – one, sort of, scientifically making that conclusion, although it's likely that at some point, you know, in the very near future be able to get the science behind it. But then we have the legal challenge, you would essentially be telling people who have normal immune systems but simply haven't been infected that they're ineligible to work. And I think there are some major questions in the United States regarding disability protections and other employer protections about whether that is as legal. And then, of course, there's the ethics of it, which is that, again, do we – are we incentivizing people to get infected in some way to develop antibodies? So, that's the question of immunity, does prior infection make you [inaudible] or more eligible for certain activities. The other area which, as the Mayor just described, is entirely ethical and appropriate and practical is how do you screen for people to make sure that they are not actively infectious to

others? Some of that comes through symptom screening or temperature monitoring are other methods, but it may include, once testing capacity becomes better, the frequent testing of people who are asymptomatic. In an ideal world where we had an abundance of testing, that would be the strategy we would be using. And large workplaces could use some equivalent of like a boarding pass or, you know, like a security check to allow that. But we're not really there yet, unfortunately, technology wise. So, we would really need to depend on, on proxy measures like symptom screening and temperature tests.

Mayor: Thank you, doctor. Okay.

Moderator: Next we have Julia from the Post.

Question: Hey, good morning, Mr. Mayor. Two questions maybe for you and-or the doctors. First, is there any indication that kids with multi-system inflammatory syndrome – I forget exactly what we're calling it these days – that they had not been vaccinated and that might be one of reasons why they got this disease. And then, secondly, I hope you got a chance to look at our cover because there's a great image of you wearing a vintage one-piece bathing suit. And I was looking for your reaction to Long Beach and Nassau County making their beaches residents only.

Mayor: Julia, I regret to tell you I have not looked at the cover, but now I must say I have to and I'll give you art criticism on it. But, look the – on the question of the beaches, every place has to figure out what's right for themselves, and the fact is that's what the state determined – that it was a local decision based on local conditions, and we are unlike any place else. Let me just start with this – we are the epicenter of this crisis nationally, the most populous city in the United States of America, one of the most densely populated places in the country. To get to our beaches a vast majority of people are going to take subways and buses, that creates crowding there and then crowding on the beaches. There's such an obvious set of reasons why we couldn't open our beaches.

But if you're in surrounding counties where people are mainly going by car, where beaches don't get crowded the way ours do, you know, if that's what works for them, I respect that everyone has to make their own choice and everyone has to set their own ground rules. So, you know, to me, I think this is more straightforward and I don't see anything but sort of the obvious reality, and I had a couple of good conversations with the Nassau County Executive, Laura Curran, who I think very highly of and very respected colleague, and you know, we just talk as two public servants talking about the needs of our different places, and it's about safety first, and we only will do what is safe for our people. In New York City, it's not safe to open our beaches yet, I hope to later in the season, but not now. In other places that are in a better situation, that's great.

On the question of the vaccination. Very good question. I appreciate it. You know, how do these pieces interplay, the vaccinations and the obvious lack of vaccinations we've seen and then this development at MIS-C. So let me start with Dr. Barbot and then if Dr. Varma, Dr. Katz want to jump in? Please do.

Commissioner Barbot: Thank you Mr. Mayor. Let me start off by saying that as we have said before, we're learning more and more about how COVID-19 manifest in children. That being said, there is no indication that there is any correlation with vaccination status for children, and I want to just emphasize that vaccines are the most safe and effective way of preventing illnesses that have been demonstrated to cause significant illness in our children, and we want to encourage, strongly encourage parents to have their children vaccinated, and so I think that's really the most important message here.

Mayor: Yeah, Dr. Barbot, I'm going to – just to add to the question, because I don't want to speak for Julia, but I think the inference of the question was the other way, that is the absence of vaccination, is the fact that so many kids are not vaccinated who would have been otherwise, is that potentially contributing to the emergence of MIS-C? So I'll go back to you and then again, welcome in. Dr. Varma, Dr. Katz said they want to add.

Commissioner Barbot: Yeah, there's no indication that there's any even remote connections. So you know, I want to make sure that the message comes across loud and clear that having or not having vaccinations hasn't been in any way, shape or form correlated to this illness, this illness from what we know right now develops from a previous exposure to COVID-19, and then most of the children that we have seen develop symptoms anywhere from three to four weeks afterwards.

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

President Katz: I think Dr. Barbot did a good job.

Mayor: All right, go ahead.

Moderator: Next, we have Rich from WCBS 880.

Question: Mr. Mayor, just a quick question about schools. People I know in the education business all are very skeptical about reopening schools in September, just talking about transportation and talking about the spacing that you need between children in a school. Do you think it's unrealistic to think that you can reopen the schools or is that really the only thing you can hope for at this point?

Mayor: Oh, it's a very fair question, Rich and I'm very, I'm eyes wide open on this. I was a school board member for God's sakes when we had school boards, the old approach in District 15 in Brooklyn, and you know, I worked very intimately with many different types of schools and obviously my kids went to New York City public schools. This is a big, big part of my life and my history. So when I think about what it takes to reopen schools, I am not thinking abstractly. I'm thinking very humanly, very grassroots. Yeah, it takes a lot to bring it together, and it's going to be a decision based on safety first and health first, unquestionably. But we've got to – you know, I've just got to get people to pay attention to the calendar a little bit more. It's May 20th, you know we're talking about opening up schools in the second week of September. We don't know what the world's going to look like then. We have to have a Plan A – Plan A is reopen the schools. We've obviously been honest – I've been honest, the Chancellor's

been honest that our kids have not gotten the kind of education we would like them to because remote learning is not as good as in-person learning. Right? Ask any educator. But we're going to do the best we can under remote learning and we're going to use the summer to the fullest advantage.

But to educate our kids, the best thing to do is bring them back. But if it's not safe, we're not going to do it, so – and that's about the safety of our kids, our parents, our educators, our school staff, everyone. So the things we talked about earlier, the way we would do testing on a much bigger scale, the way we would document testing, the appropriate way, you know, temperature checks, there's all sorts of methodologies that will allow us to bring anything back, and so we are planning on the goal of bringing back school fully. But you know, I will just say to you and all your colleagues, if you want to ask me the question in May, if you want to ask me the question in June, you can keep asking, but I'm going to keep saying to you, it's too early to tell because we don't know what's happening with this disease and our ability to test and trace, that's all growing rapidly. So, if we can, we will, if we can't, Rich, we can do all sorts of things. We can stagger our schedules, we can do one day in person the next day online. We could do all online if we have to for a more prolonged period of time. But I sure have not met an educator who's telling me that online is achieving the same thing as kids in classrooms. So, we'll balance it, but it'll always be about safety first.

Moderator: Next we have Marcia from CBS.

Question: Mr. Mayor, how are you doing?

Mayor: Good Marcia, how are you?

Question: Okay. I have two questions relating to the nursing home thing. First of all, the idea of having people taking care of at home is intriguing. I'm wondering who would pay for it? Would it involve city, state, federal funds? Would you have to rethink the way Medicaid and Medicare fund things? And my second question has to do with the whole nursing home issue, and do you think that there should be a separate investigation of how the state handled nursing homes and the deaths in nursing homes?

Mayor: Now, Marcia, I think we're all in this together. I think the fact is we're not absolutely unprecedented reality and this pandemic went from zero to 60 and hit so hard and everyone was united city and state, we were totally united that we had to save lives and that we had to keep our hospitals from being overwhelmed. The singular focus we all had on was on what was going to save the most lives, and that's what we did for weeks, and weeks and weeks, and as finally things have gotten better, you know, we've all been focused on increasing testing, we've all been focused on increasing the supply of PPEs all the things that would protect people. So the focus needs to be on protecting lives now, saving lives now and fighting back this disease. That's what the focus should be on, and on the question of where do we go in the future on home care, on nursing homes. You're raising the crucial question, but I think the moment in history, Marcia, calls for us to rethink the whole equation.

I've watched for years and wondered why is it this way? Does it have to be this way? And I have to be honest with you that I, a lot of me wondered, you know, our society has changed so much and again, people used to be closer together. Our families used to stay closer together, extended families all under one roof, all sorts of things that honestly, I think there's a lot to be said for, and now families live all over the metro area, all over the country, and then nursing homes became a bigger and bigger thing, and I don't think it's a great model. I just don't, I think it is necessary for some people. I get it. But if we could create a more compassionate model in a transformative moment in our history, Lord knows Marcia, if ever there was a transformative moment, we are living it. We are living the great depression that our parents and grandparents lived through. You know, we're living the world war two that our Greatest Generation went through. This is as transformative a moment in history as we will ever see. So, we better do things differently, and the model for providing care to our seniors is just not good enough. So, who pays? Look, I would put this into the same rubric as universal health care, Marcia. We need to come out of this and have a country that devotes itself to universal health care and have a country that devotes itself to our seniors living at home as long as they possibly can, and that should be federal support first, and of course the state has a role to play, but I certainly don't rule out the city playing a role if that's what's going to get the job done. But imagine what a better society it would be if seniors had the ability to stay at home longer. Imagine how much better their lives would be, and that's what I want to see us strive for.

Moderator: Next. We have Jillian from WBAI radio.

Question: Hi Mr. Mayor. Good morning.

Mayor: How you doing Jillian?

Question: Hello? I'm well, thank you. Hope you're well. The first question is that we recently did a segment in depth on nursing homes and the takeaways from it were that the pandemic really exposed widespread problems that already existed in nursing homes, and the other was that there's a giant lack of enforcement and oversight, which is state DOH. So what can the city do? And my second question is, last week it was reported that the Rent Guidelines Board was going to be possibly reviving the vacancy bonus and not just for vacant units, but also on occupied units. So, I wanted to know what your—

Mayor: Jillian, I lost, I lost a few of your words. You said the Rent Guidelines Board and then? Say it again.

Question: Yeah, they revived the vacancy bonus and it's not just on vacant units, it's also for occupied units. So, I wanted to know since you appointed all the members of the RGB, what's your thought on that?

Mayor: Okay, Jillian. First of all, on that one, I need to get an update on that. I had not heard that, and I want to always be honest if I haven't heard something, especially in the midst of this crisis, that's not shocking, but I will get you an answer and we'll get you an answer today. But I do not believe they've taken any final action on anything yet because they're still, as I understand

it, in their hearing process, et cetera. But let's get you that answer today. I certainly am concerned about that and want to figure that out.

On the nursing homes, look Jillian, I appreciate the question and since it's WBAI, which is a station I have a lot of respect for and appreciate the role you've played in history, I think you will especially appreciate that the answer gets to the root of things. I think one of the big problems here is this is an example of something being done by the private sector that maybe you shouldn't be done by the private sector. I'm not saying there aren't good nursing homes but I am saying we've seen really uneven realities in this industry and the economics are really tough, and if the economics are so tough, then you know, people in private sector, I understand, you know, they, they're built on a system to make a profit. But when it comes to taking care of, you know, people who are so precious to us and they're so vulnerable, is that something that's realistically going to work in a for-profit setting? Again, sometimes yes, but clearly sometimes no. So, I am much more interested in a home-based system. I think it's much more humane. I think it's much more considerate of what most seniors want, maybe not all, and I know you know how home care workers, many of whom I've gotten to know because they're represented by Local 1199 SEIU, a union I've worked very, very closely with, you know, these home care workers do amazing work and there are people who care deeply about the people they serve and it's much more personal and you know, it's built around humanity, not around profit. So I like the notion of saying, let's see how far we can go, maximizing a home-based model, and then let's ask the bigger question about whether the private sector belongs in the nursing home business, and if it does, with what kind of additional regulation and restrictions given everything we've learned here.

Moderator: Next have Gersh from Streetsblog.

Question: Hello Mr. Mayor, how are you?

Mayor: I'm good, Gersh. How you doing? Gersh, I have to say you'll appreciate this. I'm missing softball, Gersh, I know you are too.

Question: Oh, with Prospect Park. Those Saturday mornings are part of my memory. I miss you in that respect as well, Mr. Mayor, thank you for mentioning it. I do want to say actually on the topic of open space, you know, you've got 20 miles of the proposed hundred miles of open space and they're already being called a success by residents, you know, who like the idea of being able to get clean air and having their kids play in the street without having to worry about being run over by drivers, which as a parent you can appreciate it as a constant source of anxiety for us. So right now will you commit to making those hundred miles of open streets permanently off limits to cars when this is over and if not, have you been in touch with your friend in Paris, counterpart, Anne Hidalgo, who recently said it is out of the question that we will allow ourselves to be invaded by cars because pollution and coronavirus is a dangerous cocktail?

Mayor: That's a wonderful quote. So, first of all, you have done your research accurately. I think the world of Anne Hidalgo, I think she's a fantastic leader. Of all the mayors in the world, she's one of the ones I admire the most and I've spent a lot of time with her over the years. So, I will certainly – I don't know what she has implemented in Paris, but I will look at it for sure and I'll talk to her about it. Now, Gersh, you remember your history here as well, I'm the person who got

cars out of Prospect Park and Central Park, so I am very sympathetic to the idea that I don't want parents and families looking over their shoulder as you said, and feeling nervous and anxious about the danger of vehicles and what we're doing now, it is working now for a crisis situation and we will keep expanding during this crisis.

I'm not ready - of course, I think you know the answer in advance – I'm not ready to make a commitment about the future, but I want to see what we learn here, for sure. I want to see what Paris is doing. You raised a great question, others did as well about what this recovery needs to look like, and even though you and I joust sometimes we have very strong common ground on a central issue, I want the recovery to involve people using their cars less in New York City. I'd like to see less car ownership in New York City. I'd like to see a lot more use of mass transit and I think we have to do bold things to get there. That's different from what we're going to deal with, you know, in the next year or two where I think we're going to be in flux for obvious reasons coming out of a pandemic, and I'm going to really be lovingly rigorous with you when you ask questions that I think missed the fact that we're dealing with exigent circumstances that are different from where we're going to go in the future. I'll draw that line. But your question gets to the bigger future, the post pandemic future, and I don't have any final conclusions, but I sure know directionally I want to see a lot fewer cars in New York City. I want to see, you know, more and more reasons for people to not own a car in New York City. So we will look at any and all good models here and everywhere else as part of that planning, I want to see a fair recovery. And a fair recovery to me means more and more mass transit, fewer and fewer cars.

Moderator: Last two for today. Next we have Juliet from 1010 WINS.

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

Mayor: I'm doing well. Juliet, are you about to uncover another thing that we have to go correct?

Question: Maybe I do. So, let me pose my questions to you. I've been told of another yeshiva operating in Brooklyn, this one in Crown Heights. So, I'm wondering how do you get the message across to members of that community to stop the behavior unless there is effective enforcement or consequences. And my second question is, I'm hearing from listeners, our listeners, about food packages that are being sent out in the food program. A resident from Astoria tells me the kosher deliveries were fine at first, now he's getting packages with potato chips, a [inaudible] with peanut butter and chocolate chip cookies and it's the same package over and over. And another resident from Manhattan who gets non-kosher meals received the same stick and meal in nine packages all in one delivery. So, while they're very appreciative, they're wondering if there's any way to fix that?

Mayor: Yeah, no, there absolutely is. Juliet, I again, I'm going to keep thanking you. I'm going to keep thanking all of your colleagues who bring things forward that we need to know about. We need to fix. It's a big city, 8.6 million people and being able to see all the time where the challenges and problems are, obviously, we can't do it alone. So, when you help us to make things better, I'm always going to say thank you. On the food packages, the food program, the great success here has been, again, an example of going zero to 60, putting something together did not exist, finding, you know, thousands and thousands of our yellow cab drivers and green

cab drivers and Uber drivers and everyone else who didn't have a lot of work and they signed up to do food deliveries directly to the homes of vulnerable people. You know, millions upon millions of meals being provided direct to home or through the school sites, 500 school sites operating now providing three meals a day to anybody, everybody who needs them. I mean, there's a lot of success here and a lot of good people who deserve our thanks who put this together. But we still see problems and I'll ask our Food Czar Kathryn Garcia and her team to follow up immediately.

No, of course people should not be getting, you know, food delivered for days and days ahead. You know there's a certain number of days ahead, that is normal. They do that with Meals on Wheels for example, but there's a limit to that. So, we're going to have to figure out that and correct that. Folks who need kosher meals, folks need to halal meals, we have to get that right every time, obviously. But there is concern, which some of your colleagues where raised recently, I'll talk to Commissioner Garcia about this. I don't know what's going on with the potato chips and the cookies and all that. I'm not saying that you shouldn't have some fun in life and some of that, but I'm hearing about too much of that, and so I want to make sure that our meals are nutritious and are balanced and you know that people are getting quality food. So, I will get you a further answer, but I'm glad you're raising it and I'm glad everyone else did. That's certainly not the goal here to give people a food that's not going to make them healthy.

And then on the yeshiva. So, look, I think the community leaders have been outstanding in making clear that this is a pandemic and everyone has to act differently. And this is true in all faith communities. We've seen this amazing thing – look, the faith leaders, I had a meeting with faith leaders a week or two ago and they had to make the horrible decision to shut down services in their houses of worship and they did, and that's the strongest signal you could possibly send to a community that things need to be handled differently. And it's been true of all the religious schools, they've shut down. So, if a very, very few are doing something wrong, we'll go deal with them. If you have a name and a location, please give it to our team, Juliet, and we will deal with it right away. But from what I'm seeing, this is a rarity, but the best way for the very few are not getting the message despite the fact that all their community leaders have said it time and time again, the best way to solve the problem is to shut them down. And if we need to use summonses, we'll use summonses. If we need to do a cease and desist order from the Department of Health, we'll do that. If we need to close the building, we'll do that. Whatever the heck it takes, we will do it.

Moderator: Last question for today, we have Henry from Bloomberg.

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

Mayor: Good, Henry, how are you?

Question: I'm good. I wanted to ask you about the stubborn statistic on hospital admissions. Who are – where are these cases coming from, where the cases keep increasing day to day. I know they're lower than a month ago, but this is the second consecutive day that we've seen an increase in the number of COVID related hospital admissions. And – it, does this signify a hotspot in some area of the city? Is there a COVID Barry somewhere or a COVID Billy

somewhere who's spreading this disease? Why is there some increase over these past few days? Why has it been so stubborn?

Mayor: Yeah, I'll turn to the doctors to see if anyone wants to weigh in, but I'll – I'm going to be the layman here and say I don't – I'm not sure I would put this in the category of stubborn at all, Henry, and it's a very fair question but I want to honestly say the decrease has been unbelievable. The fact that we're talking about numbers in the fifties and sixties now compared to where we were just weeks ago is extraordinary to me. The variations have been pretty minor. I mean, we're talking about this last dataset, we're going up by six people. So I would not agree to the way you're thinking about it. I think you're right to say, you know, what's one, do we see a problem or a concern, do we see a trend? No, I think we see the overall trends moving consistently, when you look at state indicators and city indicators, clearly everything is lining up for being able to do something very different in June and that's fantastic. But this one, I don't see that kind of number is indicating a bigger problem. If it sustained, I would definitely feel differently. But let's turn to all the doctors to see if anyone is seeing any particular problem causing this increase.

President Katz: This is Mitch. I'll start this, Mr. Mayor, since the public hospitals are contributing to this particular measure. So, this particular measure looks at influenza like illnesses. And so, there'll always be a baseline, a number of people who present to hospitals who have respiratory illnesses, some of them will need to be admitted. Some of them may well be able to go home. As you've said, so well Mr. Mayor, the major gain was when this number dropped and it dropped hugely so, and I think it's important that we keep watching it, but what we're watching is to make sure it doesn't go back up, that we don't have a large number of unexplained influenza like illnesses. That would be very worrisome and that would suggest that we were having another wave of COVID. But as long as it keeps bouncing around at this low level, this is what we would expect to see in any community and there's even a possibility as people feel more comfortable going to hospitals with minor illnesses, it could even bump up a little bit. But we're mostly watching it to make sure that we have no major increase as we saw when the pandemic exploded in New York City.

Mayor: Excellent. Thank you. Either other doctor wants to jump in?

Commissioner Barbot: Mr. Mayor, I'll just add that as part of our ongoing surveillance as to how the virus is continuing to be transmitted, I think we have to take these indicators as a constellation and to the degree that we're still having people test positive for COVID-19, it's to be expected that we will have a certain number of people who mainly because of chronic underlying illnesses who will require a hospitalization. And so I think, you know, as I've also said in the past, it's not uncommon for us to see a saw tooth pattern to these indicators, meaning that they'll will be natural fluctuations over time, but that the important thing is looking at overall trends and certainly for the last several weeks, for the last couple of weeks, the trend has been very positive with regards to the small – the decreasing number of individuals that have required hospitalization.

Mayor: Excellent. Thank you. All right, everyone, as we conclude today, want to take it back where I started and talk one more moment about our seniors and this is a simplest message, which is remember the seniors in your life. Remember to connect with them. Remember to check

in on them. Remember to ask them what help they need and do all you can for them. You know, New Yorkers have done so much in this crisis and so many of you, it's just who you are. Not only to watch out for your own family, but maybe it's a senior who lives on your block, maybe it's a senior in your building, someone you know that from a house of worship, wherever it may be, so many New Yorkers just make it their business to look out for each other and go shopping for a senior in your life or make sure they're okay, or just see how they're doing. I can't tell you how important that is. I can't state it enough. That is so good that people do that but it's needed more than ever now because many seniors are feeling a lot of isolation right now, a lot of worry, and they need our help. The city stepping up with things like the direct food delivery, literally any senior who needs food delivered direct to their home, all they have to do is call 3-1-1 and they're going to get it for free. But I want that human touch to where people remember, you know, even just a quick phone call, even a wave on the street, even just asking someone if they need you to run an errand, it really goes a long way. So we're going to do the big things that we need to do to help our seniors, particularly our seniors in nursing homes, but I want to ask everyone, just be there in any way you can for the seniors in your life, in your neighborhood and it really, really makes a difference. Thank you, everybody.

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