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TRANSCRIPT: MAYOR DE BLASIO HOLDS MEDIA AVAILABILITY

Mayor Bill de Blasio: Good morning. Well, a lot going on, and we're all really concerned about this winter storm bearing down on us. Want to go over that first, then we're going to be talking about vaccines, but so it's really important for everyone to take this one seriously. I'm going to say it, I know my colleagues are going to say it – this is not a storm to underestimate. Take it seriously. This is a dangerous storm. I'm going to ask people to get in mind that tomorrow is going to be a really tough day. If you do not need to be out and about on Monday, stay home. If you don't need to be in a car, you can use mass transit, much better to stay out of your car. We have a real challenge on the roads on the sidewalks on Monday. So, putting everyone on alert, please make, to the maximum extent you humanly can, make alternative plans for Monday right now.

So, what we know – National Weather Services has issued a Winter Storm Advisory. We expect heavy snow and gusty wind. Now it will start tonight but gets much worse going into a Monday. So, we could see some beginning as early as 7:00 PM tonight. We expect Monday, a lot of tough weather throughout Monday, maybe into the early morning hours Tuesday. Now, again, we know with the weather things change, things evolve. We're going to be giving constant updates, but right now we're getting a projection as much of a total snowfall, as much as 14 to 16 inches. That's the projection right now. That could get a lot worse. And we remember a few years ago, it did in the biggest snowstorm we ever had. The numbers just kept growing and growing. So, 14 to 16 inches would be bad enough. It could be a lot more than that. So, immediately announcing that for Monday, we are not going to have in-person school. We will pivot to remote learning for all our students. So, no school in person on Monday, canceled now. We will have an update tomorrow about Tuesday. Right now, we do not have a decision for Tuesday yet. We have to see more about how this storm develops. But, absolutely, in-person schools will be canceled for Monday. Also canceled is the food distribution that takes place at schools on Monday. And the learning bridges childcare program will be canceled Monday.

Now, again, everyone stay off the roads. We're going to say it a hundred times. Please do it for your own safety and everyone around you, but also, so our Sanitation Department can do their crucial work and have the clear spaces to get out there and clean up the roads. Alternate Side Parking canceled Monday and Tuesday. Monday night, the Open Restaurants, Open Streets program canceled. Code Blue will be in effect on Monday protecting folks who are out on the street, and then an update – really important update – vaccine sites. And again, we want to get everyone vaccinated. We're going to be talking about that later. There's such urgency, but there's also going to be tremendous difficulty and danger getting around Monday. Last thing we want to do is urge our seniors to come out in the middle of a storm like this. It doesn't make sense. So, we're rescheduling Monday appointments for vaccine. They'll be postponed, the Monday vaccine appointments we postponed. We'll get them done as quickly as humanly possible. But it's just not

going to be safe out there on Monday. The Tuesday vaccine appointments right now, we're hoping to get those on time. We're going to have more information on that as we go along. So, really, if ever there was an example of an evolving emerging situation, this is it. And here to talk about exactly what we're hearing and how we're preparing, our Emergency Management Commissioner, Deanne Criswell.

Commissioner Deanne Criswell, Emergency Management: Thank you, Mr. Mayor. As the Mayor stated, this is going to be a significant winter event and it's going to stay with us for a while. You're going to start to see some steady light snow this evening, but it's really going to pick up in intensity shortly after midnight and then all through Monday and Tuesday. And we could actually have about four to five inches on the ground Monday morning for the commute. The snow is going to continue to pick up throughout the day and we could actually have blizzard-like conditions on Monday between 8:00 AM and 8:00 PM. During this time, we're going to have increased winds, we're going to have cold weather and travel conditions are going to be extremely dangerous if not impossible at all. So, again, as the Mayor stated, we are strongly encouraging everybody to please stay inside on Monday during this time. You're going to see light snow continue throughout the evening on Monday and into Tuesday before the system moves out of here completely later Tuesday evening. And when all is said and done, again, 14 to 16 inches with a slight possibility of even going up higher than that in certain parts of the city. In addition to that, we're also going to see some minor coastal flooding in those areas that normally see it, in Southern Queens as well as some parts of Manhattan, Brooklyn, Bronx, and northern Staten Island. And this is going to be during the high tide cycles on Monday.

But the City is prepared, and we've been taking a number of proactive measures to make sure that we are ready for this storm. I'll let Commissioner Grayson talk specifically about the actions from the Sanitation Department, but I'll go over a couple of the other things the City is doing. So, beginning tonight, our Emergency Operation Center is going to be activated virtually, and it will bring together all of our agencies, private partners, stakeholders so we can respond accordingly as the event continues to unfold. Our Downed Tree Task Force is going to be on alert so that way we can take care of any response to downed trees as they come in. And then our Tow Truck Task Force has also been activated so that it can respond quickly to clear any vehicles or debris blocking roads. And we're also going to have a number of tow trucks prepositioned at some of those critical sites around the city like bridges. Later this afternoon, you're going to see us issue a Hazardous Travel Advisory. This is going to be an effect for Monday and Tuesday. And again, I can't say enough travel conditions tomorrow are going to be dangerous. And your safety is our number one priority. I do strongly encourage all New Yorkers to stay off the road. And if you must travel, please use mass transit, but please check the schedules as some of those times might change.

And then as always during times like this, we really want to encourage everybody to please check on your neighbors, check on your loved ones, especially those that are most vulnerable to types of incidents like this. And as New Yorkers, you have continued to step up to the plate and helped our neighbors and our loved ones, and please continue to do so through the storm. And then finally remember to make sure that you have the latest information about this storm. You can sign up for Notify NYC. You can also follow us on Twitter or call 3-1-1 or visit nyc.gov/NotifyNYC. Thank you.

Mayor: Thank you so much, Deanne. And I want to tell you, I'm so glad Deanne Criswell is here as our Emergency Management Commissioner, helping us to handle this big storm. And she's done an amazing job over the last couple of years, protecting the people of this city. But she did such a good job she came to the attention of President Biden and she will soon be leaving us to become the national FEMA Administrator. Congratulations, Deanne. You have earned it and you're going to do an incredible job for this whole country. But I will tell you, I'm sorry we'll be losing Deanne, but it will be very nice to have a FEMA administrator who cares about, knows about, and will always be thinking about New York City. So, thank you, Deanne. Congratulations.

Let's talk about our Sanitation Department. These are our heroes in every snowstorm. These are the folks we depend on and they do amazing things. This is going to be a real test of the men and women in the Sanitation Department and our Commissioner who for years and years has served the city, and now is our new Commissioner for the Sanitation Department. He is preparing his troops for battle. Commissioner Ed Grayson, what can you tell us?

Commissioner Edward Grayson, Department of Sanitation: This is definitely shaping up to be a challenging and unpredictable storm, very dangerous conditions out there that we're prepping for. And we are pulling out all the stops. We will have all hands on deck. Our workforce has been split into two 12-hour shifts beginning this evening at 7:00 PM. And we will be out there in full force throughout the storm. The City has over 270,000 tons of salt and 320,000 gallons of calcium chloride on hand for this storm. All of our spreader fleet, over 700 pieces, are loaded and at the ready. And we have over 2,000 plow vehicles. We will be getting another 115 plows from our agency partners at DOT and Parks Department beginning tomorrow at the height of the plowing operation. And we are fixing chains to our heavy fleet.

So, you will see us out there. We will be loud, and we will be present. We have already began applying the liquid pre-treat yesterday evening to make sure that we've [inaudible] to pre apply liquid brine to over 400 miles of the city's toughest roadways that are susceptible to icing. And we are – we will be poised and ready to move at the first flake. But again, I would like to definitely stress what you have said, what Commissioner Criswell has said – please, we encourage all New Yorkers to stay off the roads to let us do our jobs. This snow response will clearly be a very slow and very methodical response as there will be a sustained period of active snowfall. The residents should know that they will not see blacktop immediately at all on Monday. We will require multiple passes on most streets, and we will do our best to keep roads passable for all of the essential travel.

We ask all the critical workers and central workers, if you have to travel, plan for extra time. We want to make sure that the ambulances and police and fire first responders, as well as the nurses and the doctors can get to where they need to go so, they can be on duty as well. But please use caution and take extra time as conditions will be bad. We will be out there. We are poised and at the ready, and the men and women in the department are looking forward to, you know, getting through this event safely for all New Yorkers, as well as themselves.

Mayor: Thank you. Thank you so much, Commissioner Grayson. And thank you to all the men and women of the Sanitation Department who are, right now, doing the work, getting ready to fight this storm. So, everyone help them, help the folks who are helping us, get off the roads

tomorrow. Let's give them the freedom of maneuver and get this city cleaned up so we can move forward on Tuesday, and we'll be giving you constant updates.

Okay, let's go now to the number one issue always facing us, vaccines and the need to beat back the coronavirus once and for all, we are going to be talking today about the information that we have on what's been happening with our vaccine effort. Who's been reached, who hasn't been reached, what it means for our recovery. Now, look, the thing I've talked about this week, and I'll be talking about for the rest of the year is the way New York City will recover from the coronavirus and has to be a recovery for all of us. We're going to be constantly putting out new information about how the recovery is going to go and how it's going to be equitable. And you can always get the most up-to-date information at recoveryforall.nyc.gov. This concept of an equitable recovery will dictate everything we do. But right now, that means making sure that vaccinations are done in an equitable fashion. And we know we have a problem, and we're going to talk about those facts and the kinds of solutions we're going to bring to bear and the help we need to achieve those solutions.

Let's just put this in perspective, first of all. Everything is affected by the supply problem. The central story of the vaccination effort nationwide has been lack of supply. There's a lot of things that could've been done differently in the months leading up to now, but here we are. What we need now is a supreme national focus on maximizing the supply of vaccine and getting it to where it can be used the most. We also need our national government to compel the companies of this country that could be producing supply of vaccine to do so. I'd love to see the companies come forward and volunteer to do it, all those pharmaceutical companies, all the biotech companies who could be part of producing vaccine. It shouldn't just be Moderna, it shouldn't just be Pfizer or Johnson & Johnson. Every company should be a part of this voluntarily or with government mandate. But we've got to be clear that if we're not getting all of this industry into this work, we're not producing the kind of level of vaccine we need. So, we're going to keep fighting for those fundamental changes. But in the meantime, our goal is to take the amount of vaccine we have and use it equitably.

Now the good news is our vaccination effort keeps growing and our capacity keeps growing. We can reach half-a-million New Yorkers per week if we have the supply. We don't have it now. What we do know is with the capacity we have and the supply we've had, we've now surpassed 800,000 doses given from the beginning of our vaccination effort. 800,000 vaccinations, and again, I like to give perspective that is more than the total population of Seattle, Washington. So, this effort is growing – by the way, absolutely clear had we had the supply we would have reached one million vaccinations in the month of January, as we projected. It could have been done if the supply was there. Here we are, last day of January, the supply didn't come the way we needed it to, but at least we know we could have hit that goal. We're going to be able to hit much bigger goals going forward, but we've got to make sure the effort is equitable.

So, what we have focused on throughout is making sure we're reaching folks who live in the five boroughs obviously, folks who live in the communities in greatest danger, that's the priority. And we're going to talk about those neighborhoods in a moment and the updated list of those neighborhoods. And, of course, focusing on the people who serve us, our health care heroes, our first responders, our educators. Whether they live in the five boroughs or they live outside, they serve us. That's been our focus. Now you're going to see in the data we're going to go over now, some real disparities and some real problems that we have to address. We're going to try and be

really open and honest about what we're facing, but these are always difficult conversations. The minute we start talking about all the people who make up New York City and all the different communities and all of the history, it's always a tough conversation. I want to be honest about it from the beginning that we've got to be really clear, there are so many people who want to get vaccinated, there are so many people who are afraid. I've met seniors of every background who share in common, a tremendous fear of the coronavirus. I've met family members who are just yearning to make sure their mother, their father, their aunt, their uncle, their grandmother, grandfather get the vaccine.

Anybody who is a senior citizen, who desperately wants that vaccine, we want to help. We want to support any family member who's so concerned, so deeply worried for the elders in their life. We agree with you. We're worried too. We want to help you. And that's across every community, and anyone who's trying to move heaven and earth to get a loved one an appointment, I understand that, I respect that, I feel that. At the same time, we have a bigger problem, all of us. We have a problem as a society, we have a problem as a country, we have a problem as a city that we have to come to grips with because the very folks who are in greatest danger are not getting vaccinated sufficiently. And there's more than one reason for that, but we got to come to grips with it and we got to deal with it. It's everyone's problem. This is one of the things we learned during the coronavirus crisis. The coronavirus, it is – unfortunately it does discriminate. It does discriminate. It goes even harder in effect at the places that have suffered the most historically and where there's the greatest problems like lack of health care. But the impact of the virus touches all of us. If the coronavirus is continuing to spread, if people are continuing to die, if families are being torn apart, that hurts all of us.

So, we all have a profound interest in making sure people get vaccinated in the communities in greatest danger. We're here to try and serve everyone, but we have to recognize there's a problem and, as a community, all of us, address that problem together. So, we're going to talk today about the information and the way we're trying to address the equity problem, because we must work in a spirit of equity. We want to see every neighborhood vaccinated – in a perfect world, every neighborhood's being vaccinated at the same exact rate. That's what we are striving for. And we have a huge effort, our Vaccine For All campaign, that's promoting vaccination, that's trying to make clear to people in every community how it works, how to access it, what the facts are, where to get answers. But we know where the most suffering has been. We know where the most deaths have been. We know where the greatest lack of health care has been historically. In a certain group of neighborhoods, immigrant communities, communities with people of color that bore the brunt of this crisis. So, when we determined where to put our vaccination sites, we focused from the beginning on a very grassroots approach with an understanding that the communities hardest hit, needed vaccination sites to encourage people to come forward and to give them trust in the vaccination process. And we're certainly going to be talking about that today, too. There's a huge trust gap in some communities. There's a huge hesitation in some communities.

But when we built our vaccination sites plan, we actually had 60 percent of those vaccination sites in the neighborhoods that have borne the brunt of the coronavirus. That's a very good thing. Lack of supply is hurting our effort, of course, but even beyond that, we need to figure out how to overcome the other barriers that are holding back people from wanting to get vaccinated or holding back our ability to reach as many people as we need to in those neighborhoods. So, some of the things we've done already, we've had vaccination sites in public housing developments.

You'll see a lot more of that. We've had clergy working with us, supporting vaccination efforts, helping people feel comfortable, and helping them believe in those efforts. We're providing free transportation for seniors so people know they can get the appointment and get to it and back. These are the kinds of things we need to do more and more, but we also have to be honest and transparent about the disparities. So, today we'll give you the first set of information about what we're seeing with disparities. We're going to be developing more information as we go along and sharing it.

What's clear is the status quo does not make sense. And we have to do some things differently. We've looked at the neighborhoods in greatest need, and we've actually expanded that set of neighborhoods. It was 27, now it's 33 based on the good work of our Task Force on Racial Inclusion and Equity. You'll hear about that in a moment. We've looked at the neighborhoods with the greatest danger. And I would like to say clearly that group of 33 neighborhoods are where the most vulnerable people are. Vulnerable because that's where the deaths were so much, unfortunately, tragically in the spring. Vulnerable because of a history of lack of health care and access to health care, and many other challenges. On top of which we have the history of understandable distrust and hesitancy towards vaccination. All of these pieces have to be overcome. So, we're going to continue to build out sites deeper into communities, more and more grassroots sites. We're going to have more sites for example [inaudible] developments. We will continue to help ensure that residents in the communities hardest hit will have more opportunity to make appointments. We'll create some novel ideas like quote-unquote family plans. So if someone is an essential worker that lives in one of the communities of greatest need, that they can get the opportunity to bring their whole family with them, everyone who was eligible, to get vaccinated. And of course, constant outreach, constant effort with community leaders, advertising campaigns in multiple languages. Everything it is going to take to bring people into this effort. Now to be fair, whatever we do is going to help, but what I think is going to help the most is when we have a really ample supply. Because more and more people being vaccinated means the word of mouth factor. People start to know someone in their life, at work or in their neighborhood or in their family who have been vaccinated. It gives them more faith in vaccination. That's a huge X-factor that only the supply – the supply is the only way we get that problem addressed, a greater supply. But we're going to do everything in our power in the meantime.

Another area we know we have to do better on is the scheduling process. The website is still too cumbersome. Coming up this coming week, we're going to be introducing some new approaches with the website that we think will make things easier. We're also going to expand the languages in which someone can apply, the actual application form. So far you've seen English and Spanish. We're going to be adding an additional set of languages – Urdu, Arabic, Bengali, Haitian Creole, and French, Korean, Polish, Russian, and simplified Chinese. So we're going to have the ability for people to excuse me, get that application done in their native language. That's going to help. But we're also going to simplify the application process. A lot that we are doing, a lot to be done. But first let's go over the neighborhoods that we're focusing on, how we've updated that list of neighborhoods and our focus on equity that's going to pervade this process. And I'll turn to the First Deputy Commissioner for the Department of Health and the Chief Equity Officer for the Department of Health, Dr. Torian Easterling.

First Deputy Commissioner Torian Easterling, Department of Health and Mental Hygiene:
Thank you, Mr. Mayor. I would like to start by reflecting on conversations I've been privileged

to join over the past few weeks. In my role, I have the opportunity to speak with everyday New Yorkers about COVID-19 and the vaccine. Just this last week, I spoke with a group of dedicated faith leaders serving Brooklyn, New York. They had real tough questions. Myself and my colleagues, we listened. Someone asked if more white New Yorkers were getting the vaccine because the Pfizer brand required ultra cold storage, which is more available in hospital settings rather than clinics because they serve Black and Brown communities? The group was also clear, however, that while there is hesitancy, there's also eagerness among many of their parishioners and community members to get vaccinated. I can say with confidence that freezer capacity does not dictate who gets the vaccine. But the question represented the real fear that communities with the most resources would benefit while those who experienced decades of intentional disinvestment driven by racism would not. New York City communities are vibrant and strong, but they have reason to be skeptical. And we need to get back trust. As the City of New York, we are committed to ensuring every New Yorker has the access to the vaccine. Saving the lives of New Yorkers requires us to put equity at the forefront. Look at the community as partners and harness the energy, the dynamism, and the strength of New York's neighborhoods. To date we have held informational educational events for residents, providers, partners and elected officials, distributed thousands of literature to the residents in priority neighborhoods, held training events so community partners can support navigation of vaccination services. We hold regular community conversations to address vaccine hesitancy and elevate community feedback on the vaccine rollout plan.

Going forward this will reach more New Yorkers now focusing on 33 neighborhoods, which have been hardest hit, and that will be front and center in our recovery. These communities were identified based on case and fatality rates, as well as other criteria that measure crowded living conditions, higher levels of employment and services in essential occupations, exclusion from formal support and benefit systems. Housing, occupation, underlying health conditions were significant factors in the worst outcomes of the virus. The new communities that we've expanded to include Williamsburg and Baychester, Flatbush and Midwood, Jackson Heights and East Elmhurst, Kew Gardens and Woodhaven, Richmond Hill and South Ozone Park and Queens Village. Building trust with these communities also means showing that we are trustworthy, that we know how important transparency is to trust. This pandemic is casting a light on the broad systemic and entrenched inequities furthered by racist practices and policies that shape our country and our city. The virus already devastated our communities overburdened with the impact of health inequities. We know the communities we are working with are as determined as we are to ensure that this does not happen in the campaign to vaccinate New Yorkers. Thank you.

Mayor: Thank you very much Commissioner. And look, everyone what we want to do is focus on these neighborhoods and again, this expanded list of neighborhoods. And really go all out to ensure that the vaccination rates in these neighborhoods is equivalent to other parts of the city. We also are going to keep providing data starting today with broad data, but more detailed as we go along in the days ahead. We're going to use that data in kind of a war room fashion with our vaccine command center to constantly make adjustments in approach. If we see communities continuing to intensify in terms of the amount of vaccination happening in a community in these 33 areas, that's great. But if we see other areas where it is not moving, we'll move additional efforts just like we did with a hyper-local testing effort through the Test and Trace Corps. Make adjustments, move energy and resources where the need is greatest. So that will be the central concept and you'll see that play out in real time. We have so much work to do on the ground

though, to address the issue of trust and to build faith in vaccination, to bring in the whole community. To talk about that, Executive Director of our Task Force on Racial Inclusion and Equity also serves as Executive Vice President for Community Engagements and Partnerships for the New York City Housing Authority, Sideya Sherman.

Executive Director Sideya Sherman, Task Force on Racial Inclusion and Equity: Thanks Mr. Mayor. Two Fridays ago, I was in Brownsville, Brooklyn at the Van Dyke Houses. I had the pleasure of joining the Tenant Association President Ms. Lisa Kenner to help get the word out about a vaccination clinic that was scheduled to open up at her development's community center the following day. Ms. Kenner is a longtime leader and someone who knows her neighbors and how to get them connected. She told me she started to receive calls as early as 8:00 am that day from seniors excited about the vaccination clinic and looking to learn more. Ms. Kenner brought along one of our elder neighbors, a resident of Van Dyke for over [inaudible] years, who told me she lost friends and loved ones to COVID-19. It's been a long year she said, but she told me because of this vaccine, she finally has hope for the first time in a long time, Saturday morning, when the vaccination clinic opened, Ms. Kenner escorted her neighbor downstairs, bright and early. She was the first to get her shot. This is why I do this work. And this is why many of the members of the Task Force for Racial Inclusion and Equity do too. Many of us come from, live in, and work in the communities that were most devastated by COVID-19. We saw firsthand the devastating impacts of the pandemic and how it laid bare longstanding racial disparities. We've been hard at work since April to make sure that the city has a fair and equitable recovery, and that these hard-hit communities get the help that they need. Now, it's time to make sure that those communities trust and have access to the vaccine.

First, as the Mayor shared this morning, we are expanding our task force communities from 27 to 33 neighborhoods. This expansion includes half of the city, and a diverse set of neighborhoods that represent many with the deepest equity burdens. With this expansion, we are also continuing to double down on the work of the Vaccine for All campaign. We are making sure that vaccination sites are located in priority communities – over 60 percent of vaccination sites are within task force communities. The Department of Health is leading community conversations with local leaders across the city, and we have strategies underway for key populations, as I shared previously, such as NYCHA seniors. With this announcement, we are increasing our efforts to build trust with local leaders, bring vaccinations closer to home and address hesitancy by making sure we're listening to communities, addressing their concerns, while providing credible and timely information. I want to thank our task force [inaudible] and Jessica [inaudible] and the task force members who provided invaluable guidance and continue to support the vaccination rollout through their respective agencies. This is an unprecedented effort, but through collective action and with our op – we have the opportunity to protect our most vulnerable, and to make sure we can hopefully begin to turn a corner for the city. Thank you.

Mayor: Thank you so much, Sideya, for all your efforts and efforts of everyone in the task force to make sure that we add from a place of equity. We're now putting up onto the Department of Health website – again, this is the broad data for the city and for vaccinations of non-city residents the demographic data is we have it. This information, again, I'm going to continue to emphasize, will evolve constantly. As new vaccinations occur, we'll be updating the website daily. We also have a fundamental problem of many people who have gotten vaccinated have not offered their demographic data during the vaccination process or providers haven't been consistent enough about asking for that data. So, one thing the Health Department's going to

make really clear is that all providers of vaccine really need to make a concerted effort to ask people about their demographic background and record that, so we get a clearer picture. You're going to see in this data, many, many vaccinations that are given to folks that we just don't have clear information on what their demographic background is, but the information we do have shows a clear disparity. Clearly, what we see is a particularly pronounced reality of many more people from white communities, getting vaccinations than folks from Black and Latino communities. We're going to go over that data, and we're going to keep building on it. This is the initial citywide data. What we intend to do over time in the coming days is put out ZIP code data. So, we can go down to that level, and then ultimately, we'll be looking site by site at what we're getting for each location, but this takes a lot of effort, and also it has to be accurate, and Department of Health continues to make the point, we need accurate information. In many cases, we're not being given the information we need to be able to assess the situation. But, clearly, we do see a profound disparity that needs to be addressed aggressively and creatively. So, we'll continue talking about both the data as it develops, and the steps will be taken to address the disparity as we go along.

We're going to have questions in a moment, obviously, on all the things we're talking about now, the disparities in the vaccine effort, the snowstorm on everyone's mind, we'll come to that moment. Let me just do the indicators for the day to make sure everyone has a current information. Number one, daily number of admitted to New York City hospitals for suspected COVID-19, today's report: 254 patients with a confirmed positivity level of 67.5 percent. Hospitalization rate: 5.18 per a 100,000.

Number two, new reported cases on a seven-day average, today's report: 4,533 cases. Number three, percentage of people tested city-wide positive for COVID-19, today's percentage on a seven-day rolling average: 8.34 percent. Again, all of these numbers still very high, real concerned about the variants. This is another reason why we want to speed the vaccination effort and make sure it reaches all communities. Our numbers are high, and there's the danger, of course, from the variants that we got to continue to deepen vaccination efforts in all communities. Let me say a few words in Spanish, and this will be specifically about the snowstorm.

[Mayor de Blasio speaks in Spanish:]

And that is true in Spanish and English. This will be another example of how we overcome this snowstorm, the same way we overcome all the challenges we faced in this last year, and we will do that to the way New Yorkers always do, with tremendous focus and effort and looking out for each other. With that we'll turn to our colleagues in the media and please let me know the name and outlet of each journalist.

Moderator: We'll now begin our Q and A. With us today is First Deputy Commissioner, Dr. Torian Easterling, Executive Director of the Task Force on Racial Equity and Inclusion Sideya Sherman, Health Commissioner Dr. Dave Chokshi, Sanitation Commissioner Edward Grayson, Health + Hospital CEO Dr. Mitchell Katz, and Senior Advisor Dr. Jay Varma. With that, we'll go to Emma from the New York Times.

Question: Hi, Mayor. Can you hear me?

Mayor: Yeah, Emma. How are you today?

Question: Hi, good morning. Maybe I missed it, all of us, we sort of lost the connection for a minute, but what is the breakdown of Black, White, Latino folks who are getting a vaccine? Can we see that?

Mayor: It's supposed to be up on the Department of Health website, and it's supposed to be up on my slide, I think we have a little problem here. So, I'm going to read it off as soon as I get handed the data, but what we can say, I'll give you the quick summary while we're getting this together, my apology. Clearly, a strong disparity in terms of many more White residents getting vaccine, disproportionately high, disproportionately low numbers of Black and Latino residents getting the vaccine. We broke it out by city versus non-city, and by age groups, folks who are seniors and folks who died were younger, therefore they would be folks who are public servants in one form or another, either city residents, people who serve us, whether they're educators, first responders, health care workers, et cetera. So, the disparity is very plain. It has to be addressed forcefully.

Again, this is the city-wide data. We're going to go down to the neighborhood level in upcoming data, and on top of that, we have a data problem, which we're being open about. A lot of folks who got vaccinated, we do not have demographic data for, and Department of Health is putting out an alert requiring providers to get that data so we can track what's going on. But again, forgive me, I'm expecting it to be up on the screen in a moment, and if you have detailed questions, we can come back to you, Emma.

Question: Okay. Let me ask – Mark Levine on the City Council has recommended giving residents of local ZIP codes scheduling priority in communities of color. Are you looking at – I know there's been some discussion what happened in Fort Washington Armory as well. Are you looking at a solution like that?

Mayor: Yeah, the bottom line is we're going to have to with the vaccination sites that clearly are reaching the folks who are most vulnerable, we're going to have to make sure they get both sufficient supply and specific efforts to encourage people from that community to get vaccinated. I mentioned that we're going to do things like particular scheduling hours focused on members of the community. Things like the “family plan,” if someone's an essential worker from the community, they can bring in, for example, older relatives who qualify. So, it's a special way of making sure we get to some of the folks who are in most danger. So those are some of the approaches. We're working out the specifics, but clearly part of the solution is a lot more outreach and communication in multiple languages. Part of the solution is some different approaches to scheduling in certain sites. Part of the solution is making the website easier. There's a lot of different pieces. I think the number one solution is the kind of big supply that would just cause momentum and cause more and more people to actually experience vaccination positively and spread that information to, you know, their family, their neighbors, etcetera. So, let's give Emma a chance to come back once this is up because –

Moderator: We'll get back to Emma.

Mayor: Okay.

Moderator: We'll go to Katie from the Wall Street Journal.

Question: Hey, good morning, Mayor de Blasio. Happy new week to you.

Mayor: The new week. Is that new – is that a new greeting, Katie?

Question: I'm very confused as to how a week could go Monday to Sunday, but you know, my nephew has a week calendar, I guess we've been teaching him wrong. Anyway, just having some fun. So, I'm looking at the vaccine data – I know it just sort of went live as Emma was asking her question. And I know particularly looking at the percentage of doses administered to people who don't live out of the city – who don't live in the city. And I know you said some of those people are employees. Do you know of that 25 percent of people who've gotten it, do you know, who's a cop, a firefighter, a teacher compared to who's just someone who came down from Mamaroneck to get it?

Mayor: It's a really essential question, Katie. We have been all trying to get the best facts on this. I'm going to tell you, we know for sure that the clear majority of those folks are people who serve New York City. This is what we do know – a clear majority are people who serve New York City. What we don't know is the exact percentage, and we need to get that more. We're hindered by the fact there are so many different types of vaccination providers and the flow of data back is not what we want it to be. We've got to get that to be better. We definitely know because there were intensive efforts to reach health care workers, you know, doctors, nurses, technicians, everyone who works in our hospitals who serve us, first responders, police, fire, EMT, paramedics, correction officers, teachers, educators, school staff, you know, those efforts were intensive and focused and went very far. That's why we know, you know, extensive majority of those folks are people who serve us are people we wanted vaccinated for sure. We don't know enough about what amount is just individuals from the suburbs who came into a New York City institution. And we need to know more and we're working on that right now. Go ahead.

Question: Okay. And I guess a follow-up to that, there was a story I saw reported that a Soul Cycle instructor received the vaccine at Port Richmond High School. And she said, well, I'm an educator. I guess technically that's true, but I guess I'm an educator too and so are you, if we put it like that. Do you think that there were concerns with the, sort of, lack of oversight that if you have enough people like that slipping through that maybe it speaks to where they not checking – I mean, how did this person get through if they're not an educator in a school, which is what that 1-B is? How do you think – do you think there needs to be, I guess, a better look at the oversight and the checking at these vaccine sites?

Mayor: Presuming that person really did get through and presuming they are not a senior, which I'm just going to assume for this moment, it doesn't sound like someone who should have gotten vaccinated to me. So, I'll turn to Dr. Easterling and Dr. Chokshi. I believe that site is – is that a Department of Health site? I don't think – Katie, it is a very good question. I don't think someone who shows up and says, “Hey, I'm a Soul Cycle instructor,” should have qualified unless there's some other factor there. That should have been caught in the application process. So, I don't know if you've heard of this case, you or Dr. Chokshi, but why don't you speak to it?

First Deputy Commissioner Easterling: Thank you, sir. We're not familiar with the case, but we'll certainly look into it. But I can just assure you that the eligibility criteria is clearly laid out in our process on the app and also in our call center. So, we are catching and making sure that those who are signing up are eligible.

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

Commissioner Dave Chokshi, Department of Health and Mental Hygiene: Yes, sir. Thank you. I'll just add in terms of the overall process for this, every person must attest to their eligibility on the application as Dr. Easterling mentioned. But in addition to that, once they're actually at the site they have to be able to prove their eligibility you know, with some sort of documentation when they arrive there. If they can't do so then unfortunately, they do get turned away because of, you know, because of this eligibility screening process. If any person was ineligible and they were vaccinated anyway, you know, we have to look into the specific circumstances of that case. Sometimes there are nuances or details that, you know, that matter for an individual person. I'll just add, I was at Port Richmond High School myself yesterday working at our vaccine hub there. And I can assure you that the eligibility screening process was being followed.

Mayor: Go ahead.

Moderator: All right. Up next, we have Erin from Politico.

Question: Hi, Mr. Mayor. Forgive me here. I'm still sort of struggling to actually find this data. So, I think it would be helpful to everyone if you could just read it off when you do get it. But I guess I'll just go first to a different question then, which is, you said in your State of the City on Thursday evening that you plan to hire a 10,000-person cleanup crew, if you get federal stimulus money. But you have not formally withdrawn the threats of the 22,000 layoffs. So, can you – will you guarantee that you would suspend the possibility of laying off 22,000 City workers before hiring these additional people?

Mayor: Really glad you asked the question because I want to make sure that people understand the vast difference between getting a stimulus and not getting a stimulus. And everyone knows, you know, this fight is going on right now in Washington and still one of the central questions is whether there's going to be aid to cities and states or not. If there is not aid to cities and states, not only are we going to have a profound fiscal problem, but the State of New York is going to have a profound fiscal problem, and then they will make substantial cuts to all localities. As we talked about in the preliminary budget, the projected cuts, this is in New York, could be as much as \$4 billion. In that scenario, we – horrible choices we'd have to make. On the other side of the spectrum is if there's a serious profound, you know, big stimulus with a lot of state and local aid in it, then we'll be able to do a lot of things to bring the city back and strengthen our economy, strengthen our recovery. And that New York City Cleanup Corps is a crucial example.

It's the kind of thing that'll really help the life of the city, obviously getting rid of graffiti and, you know, getting litter off of sidewalks, working with community groups, and beautifying communities. I mean, all these things would be tremendously valuable unto themselves, but also really, especially as part of recovery and energizing the city. That's the kind of thing we would do. It would be a short-term effort, not a permanent effort. But it's the kind of thing – I think it

would be a great contribution to the city and obviously get a lot of people unemployed an opportunity to work for a while. So, we really have an extraordinary and challenging range there, Erin, from a scenario that's horrifying, if there's no stimulus to a scenario that could be really great for our recovery, if there's a strong stimulus. But where we don't know where we're going to be on that spectrum until we see what happens in Washington. Go ahead, Erin.

Question: Okay, thanks. So, going back to the vaccines then if I am – if I have found the correct data, it looks like about half, just under half of the people who've gotten the vaccinations are white and about 15 or sorry, 11 percent Black or so, 15 Latino. I mean, I guess my basic question is just, what do you think is the fundamental reason behind why it has shaken out that way so far? Is it, you know, reluctance and fear about getting the vaccine, or is it more about access whether the difficulty of making appointments or the locations of sites, what do you think is actually driving this?

Mayor: We are – there's a lot of factors obviously, and I'll start, and I'll welcome into this Dr. Easterling and then our other health care colleagues. But, again, apologize, we had a technical problem there. Now the data's up, let me just frame it. And again, we owe Emma a chance to come back and ask her question. So, New York City, this is a composite number. We, on the website, breakout folks under 65. So again, that means folks who were first responders educators, health care workers, etcetera, 1-A category. And then folks in 1-B, primarily seniors here. And then we show you the composite. The composite for New York City residents, specifically 48 percent white, 15 percent Asian, 15 percent Latino, 11 percent Black. And then we have a category of 10 percent, which is other, which is a category people can choose when they sign up. That could mean a lot of different interpretations by each individual. But let's focus on the specific numbers we have for the four major demographic communities.

Let's compare this now to the last citywide data from 2019 of just general population in New York City. So, 48 percent of the vaccinations of city residents going to white residents versus the total population of the city, 32 percent white. Asian residents getting 15 percent of the vaccinations that's about right compared to the Asian population city, which is as of 2019, 14 percent. So that's almost exactly on track. But here you see now on the next category is profound disparities – Latinos, 15 percent of the vaccinations but so much more of the city, 29% of the city. Black community, 11 percent of the vaccinations, 24 percent of the population of the city. So, we're seeing the Black and Latino communities getting, you know, literally a percentage that's half of what it should be compared to their percentage of city population. Asian community, almost equivalent of their share of city population, white community about 50 percent higher than population share.

I mean, that's just profound disparity. The why, Erin, look I think we've got a lot of different factors, but I'd say very quickly, we've got a profound problem of distrust and hesitancy, particularly in communities of color. We've got a problem of privilege clearly where folks who have been privileged have been able to access the testing in some ways with greater ease. We've got to have a more systematic approach to ensuring that we focus on the places where the danger is greatest and that's those 33 communities. This is not easy stuff because we need to convince people to want to be comfortable with the vaccine. So, the honest truth is, you know, in the communities that are getting higher levels of vaccination, there's more comfort with the vaccine, but also that's the exact opposite of the danger reality because everyone's worried every senior citizen is afraid. I want every senior citizen vaccinated, but we know factually the seniors in

greatest danger are in those 33 neighborhoods that we're not seeing as high a vaccination rate in. So, it's a tricky combination, but we have to go – we have to keep talking about it openly and go at it, you know, headfirst, right at it, and get something done differently. Dr. Easterling, you want to add?

First Deputy Commissioner Easterling: Thank you, Mr. Mayor. You're absolutely right. You know, there are multiple factors. You spoke about access, and access truly has been playing out because we have limited supply. And the more supply that we have, and as I mentioned in my remarks – as I speak to communities, they're enthusiastic about getting the vaccine and which is why we have rolled out a grassroots effort to make sure that we have sites in the task force neighborhoods to make sure that we can increase access. But we're also looking at ways that we can also address hesitancy, sharing more information, and that's through our partnerships, working with community-based organizations, houses of worship, getting information out. We know that trust is an issue, particularly with government and also with the health care institutions. We know that there are members of our community who have been on the margins. And so how do we make sure that we can facilitate ease of access to the vaccine? And that's the approach.

Mayor: Dr. Katz, I know you had your own experience in your hospitals. I think it'd be helpful if you talk about it. And obviously if Dr. Chokshi wants to add as well. Dr. Katz –

President and CEO Mitchell Katz, NYC Health + Hospitals: Yes, sir. I think the experience in the hospital is really illustrative of the issues because in the hospital setting, there is no access issue. Appointments are available for all health care workers who see patients in the hospital. We walked through the hospital, we encouraged people to come for appointments. They can come on work time. There's no need to sign on, on the computer. And yet we still have profound disparities. And I think the source of the disparities beyond the access issue are people's prior experiences with the health system and with society in general, is that people who've had a very positive experience, society have received everything that they want and their family have, they have a lot of trust in government and in medicine. People who have not always had positive experiences, who have seen the health systems not treat Black and brown people well, who know of discrimination, they are much less likely to want to be vaccinated. So, I think that we have to understand that it is a much problem than simply computer access.

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

Commissioner Chokshi: Sir, I just wanted to briefly share one of the experiences that I had at our Staten Island vaccination site yesterday. I had a conversation with an older African-American woman who relayed that this was the first routine vaccination that she was getting. She wasn't someone who had gotten the flu vaccine most years nor any of the other vaccines. And she said that it was through the conversations, that Dr. Easterling mentioned, with her friends, with people who are in her church and in her community that changed her mind. And that really left an impression on me because I think it paints the picture of what we have to do, even as we look back and understand some of the historic injustice that is contributing to inequities. And particularly over the last year with COVID-19, we have a chance to change that through our vaccination campaign going forward and to address some of that inequity.

Mayor: Thank you.

Moderator: Next is Emma. We're going to go back to Emma from the New York Times.

Question: Hi, thank you for coming back to me. So, you know, I was looking at the data for New Jersey and Chicago and other communities, and it's actually pretty similar in many different areas to what you are revealing today, but I'm curious whether, you know, you have any regrets about how you could have approached this earlier on now that we are seeing these clear disparities.

Mayor: It's a very fair question, Emma. I think we've been trying throughout to get the supply increased, which has been the central focus. Getting the supply increase, getting the system up to be able to reach hundreds of thousands of people each week. I honestly believe that's the single best cure to this problem, is being able to have not only the really decentralized grassroots approach, which clearly, we put in place, but have it fully supplied so people just constantly have opportunity. And then that word of mouth spreads. The story you just heard from Dr. Chokshi. I think that's the real difference maker in the end. If we can just get this engine up to full gear, I think a lot of people start to gain trust organically. So, I think that was the right thing to prioritize. But now that we see the data in real life, and we were only going to know how it went when we actually did it, now we know we have to make serious adjustments because the very places where people are not getting vaccinated at a high enough rate are also the places where the danger is greatest to the residents of those communities.

Moderator: Next, we're going to go to Nolan from the Post.

Question: Hey, good morning, everybody.

Mayor: Hey, Nolan. How you doing?

Question: I'm all right. Getting ready to get snowed in again.

Mayor: Yes, you are –

[Laughter]

Question: On the matter of vaccines, we keep talking about the importance of getting people vaccinated as quickly as possible. There were a series of stories yesterday about how some of the major vaccine distribution spots in the city had just a few appointments scheduled between all of them, even though they had hundreds of vaccines in the freezer. We did a story on it. And New York Magazine did a story on it with volunteers, with staff at the site saying they have 600 or more doses and only a dozen appointments or fewer, and that they weren't instructed by the Health Department not to reach out to community groups, to try to recruit people to come in and get jabbed yesterday. So, what happened yesterday with the City placing such an importance on getting shots distributed as quickly as possible?

Mayor: Okay. Nolan, honestly, the way you're characterizing it is not something I've heard before. So, I want to check whether the stories you're hearing are the full truth. Dr. Chokshi, Dr. Easterling, do you want to speak to that?

Commissioner Chokshi: Yes, sir. Thank you. Well, look, the fundamental issue is that our capacity to administer vaccine outstrips the supply of the vaccine that we have. Some of the questions that were raised about what was happening yesterday, this was specifically at our vaccine hubs, was because we have only a few thousand first doses left across those 15 sites that have, you know, a significant capacity to be able to administer vaccination. For the doses that we had remaining, we initially had to make sure that people who had appointments that were rescheduled from the prior week had those appointments fulfilled. And then we are working with community-based organizations to ensure that additional doses are used in a way that targets it to the surrounding neighborhoods. But the bottom line is this, by the end of today that small number of doses will be used up. We have over 3,000 appointments scheduled across our hubs for today. And there is a plan to ensure that all of those doses are put into arms quickly, but also adhering to the equity principles that we have laid out.

Mayor: Yeah. I want to make one other point in response but Dr. Easterling, do you want to add anything?

First Deputy Commissioner Easterling: [Inaudible]

Mayor: Okay, let me just say, Nolan, this also – this gets back to the really important point about the second doses. Still need more flexibility when it comes to the second doses, because again, the CDC said ten days ago or so, that a second dose, it was ideal to give it on the exact date that's preferable. But even if it's up to six weeks after that date, of course, it's still going to be fully effective once it's given. I think we need to free up second doses that are being held in reserve in some cases for weeks ahead and get them into the arms of people who need them now. So, we've got both a fundamental supply problem and restrictions that are holding back our ability to be more agile and get more people doses who could be right now at a vaccine center, at least starting on the path to being fully protected. Go ahead, Nolan.

Question: The second piece of it is, and I think both of these sort of get back to preparation, you are talking about how the city is struggling to get vaccines into the arms of the city's minority neighborhoods, of the city's poor neighborhoods. Why do you think that a city with a public health apparatus that is sort of – that is much larger and much, much more sprawling sort of anywhere else in the country is having these, these problems? And secondly, can you commit to releasing data on the shots distributed to the Health + Hospitals workforce and to Health + Hospitals patients? I ask because you have 40,000 people who have, should be readily, you know, able to access the shots sort of when they want, and it would provide a very interesting comparison point that sort of the problems with shot acceptance in the city among some of these, these minority communities.

Mayor: Yeah, no, absolutely. We've talked about that data and we'll certainly release it formally but we in fact talked about several weeks ago. I'll turn to Dr. Katz in a second, but about half of his workforce – now this is a little dated, this was a couple of weeks ago. But at that point where it was essentially a 1-A world, just starting to be a 1-B world, Dr. Katz said, and I think I'm remembering correctly, out of a universe of about 36,000 eligible employees who had been constantly told you can have the shot for free at your work site, anytime, no problem, only about half wanted to take advantage of it. That was very telling. So, yes, of course, we'll give you that data and I'll have Dr. Katz speak to it. But to your other question, I think we have to be honest about the totality of what we're facing here. Dr. Chokshi's story rings in my ear again.

There are lots of people in this city who do not trust the medical establishment, who do not trust the government, who are very, very concerned to begin with about anything they're being told to do that they're not sure about. That's historic. There are a lot of people, bluntly, who saw the vaccine developed during the previous presidential administration and were worried about that and what the meaning of it. There were people worried about the speed with which it was developed. There are people, as Dr. Katz has said, who feel they're okay the way they are. And I'm sure he'll mention that about its workforce. Some folks are simply saying, I don't think I need it. There's a lot of reasons, but these are – we got to understand this is a pretty pervasive pattern here and around the country. And I think the coronavirus moment only deepened that distrust. So, it's something we overcome by patient steady work and the more people get vaccinated, the more people are going to be willing to be vaccinated because if someone in your life got vaccinated and had a good experience and didn't have bad side effects, that's going to be the thing you trust more than what you see on the news or what you hear from a public official. So, I just think it's about, you know, supply, supply, supply, and continuing to deepen our reach into communities. Dr. Katz, speak about your workforce please.

President Katz: Yes, sir. Thank you. The biggest discrepancy in the Health + Hospital workforce, which has been paralleled in the other hospitals, is that the doctors all got vaccinated. We've had almost no hesitancy on the part of the doctors. But other support staff, other nurses, other health care professionals, much less. And, as you say, Mr. Mayor, it's a variety of things. It's people feeling that they're okay, because they have been exposed and they either got sick or they didn't get sick. What we hear the most is, not yet. We have very few people who say never. They cite the issues that you mentioned, Mr. Mayor, the sense that this vaccine was produced by the prior administration, that it was rushed through, that they want to know about the long-term side effects, that they don't want to be the first, that they want to watch and see what happens. So, we continue to talk to them. We feel that it's small groups. As Dr. Chokshi said, it's one-to-one conversations. It's not town hall meetings. It's not handing people pre-printed materials. It's really engaging people with what are the reasons that they are hesitant to receive the vaccine. Thank you, sir.

Mayor: Thank you. And as we turn to the next question, just to give Nolan credit where credit is due – you raised a very good point, a question a few days back about the application process being in multiple languages. So, again, want to affirm, coming up in the next few days, some major improvements in simplification of the application for appointments. And, you know, 10 major languages will now be covered in terms of actually the applications being in those languages. So, thank you, Nolan, for raising that point and where we're going to act on that very quickly. Go ahead.

Moderator: Next is Roger from 1010 WINS.

Question: Yes. Hi. How are you? Can you hear me?

Mayor: Yeah, Roger. How are you doing?

Question: I'm doing well. How are you, Mayor?

Mayor: Doing okay.

Question: I'd like to – good. I'd like to get back to the snow issue. You know, there are always challenges, you have areas with tight roads – you know, never – things never go perfectly. You know, what lessons has the City learned from past experiences and how will that affect the removal as the snow starts falling again?

Mayor: I'll start and I'll turn to Commissioner Grayson, and then if Commissioner Criswell wants to add as well. I think the simple summation of what I've learned now over seven-plus years is, first of all, communicate as early as you can to the people. So, here we are, Roger. We're telling people tomorrow is going to be awful, stay off the roads. You do not want to be out there to begin with and you especially don't want to be out there, because, if you stay off the road, Sanitation can do its work and get us, you know, in strong shape hopefully for Tuesday. So, the early communication. Assuming the worst, which is now our governing principle. We used to actually take what the weather service said and tried to believe it on face value. No disrespect to them, we now assume it's going to be a lot worse than what they say earlier than what they say, and we act accordingly, which is why Commissioner Grayson has the men and women of the Sanitation Department outright now doing the work to prepare. So, I think it's just recognizing how much we have to stay ahead of it and ask people to participate, because every New Yorker can help make this go better. Really, it's amazing. The worst snowstorm we had in our history was early in my administration. We asked people to stay off the roads. New Yorkers actually really do listen and help each other. They stayed off the roads. Sanitation Department was able to do an amazing job bringing back the city, because it had the cooperation of the people in New York City. So, that's what I've learned. Ed, you want to add?

Commissioner Grayson: Yes. Thank you, sir. It's a good question. And we always learn. We always adapt. We have a much larger compliment of smaller pieces over the last few seasons, thanks to the administration's investments into getting us the right size of equipment to address those tougher, tighter streets, you know, that we're talking about. And we are out there – we are pre-treating roadways. We'll be pre-treating before the first flake. We've used our brine assets. So, we've definitely taken the steps to try to be as upfront. But, as the Mayor said, and as my colleague Commissioner Criswell said, this is going to be a tough, prolonged event. So, our approach is going to be to be out there safely, slowly. If everybody can stay off the roads, even particularly more in those tighter areas. Watch where you're parking, watch where you're leaving access through traffic and we'll do the best we can to stay out there throughout the entire snowfall.

Mayor: Commissioner Criswell, you're about to take all your wisdom to all the people in the United States of America. So, what would be your answer as to what we've learned?

Commissioner Criswell: You know, I think the, the biggest thing is that we did learn, and part of the things that we have done now is we pre-positioned some resources, like we are pre-positioning tow trucks and those areas where we know that there's going to be difficulty, and we put task forces together to bring together the right complement of resources to assist Sanitation with getting their job done safely. But, honestly, the biggest thing is, you know, we have a better understanding and we really just reach out to everybody here. It really takes all of us to make sure that we'd have lessened the impacts from the storm, and really encourage everybody to stay home, so Sanitation and everybody else can do their job to make sure the roads are clear and everybody stays safe.

Mayor: Thank you. Go ahead, Roger.

Question: No, that answered my question. Thank you, sir.

Mayor: Thank you. Go ahead.

Moderator: Next is Sydney from Gothamist.

Question: Hi. Good morning, Mr. Mayor. Thanks for taking my question. So, I just wanted to talk about the vaccine disparities that we're seeing that you laid out quite a lot at the beginning there. A lot of what I'm hearing about how to address that is things – certain things are already – we're already committed to being done, and now it just seems like they're being expanded. So, you know, you've spoken about expanding to NYCHA housing with vaccine sites already and community conversations to address hesitancy. So, I'm just wondering, like, what exactly is the new thing here that you're going to do to address these disparities? Rather than just building on what the City has already said it's going to do. And, you know, it – I think something that has come up a lot is just these one-on-one conversations and the value of them, but how do you even increase those one-on-one conversations to work with people to not only make sure that they know more about the vaccine, but also just can access it?

Mayor: Yeah. I'll turn this to Sideya in a moment about how we deepen the conversation in communities, because I think, Sydney, you're asking the very good question – what's the next thing to do? But also, that last part, a conversation doesn't always work the first time, right? I mean, it's an ongoing conversation. People have really deep concerns and fears. There are a lot of people in the city who fear the vaccine could cause them a problem, and we need to talk that through, and help dispel those fears. So, that is – that is not a one-time thing. That is about, you know, as many repetitions as possible. But the other thing is to, you know, the techniques I talked about earlier that are new things – we will have dedicated hours where we focus the appointments solely on members of particular communities. So, if you have a site in one of the 33 communities, we're going to have hours where we keep those appointments specifically for members of that community, that the only signups will be for folks from that community during those particular hours. We're going to have these family efforts, we'll encourage people to bring other members of their family who qualify and get them to schedule together, which we think will help bring folks in. We're clearly – you know, our biggest problem is supply, but within the supply we have, we're going to really be conscious of making sure that the sites in the most hard-hit areas have a consistent a supply as we can possibly give them. So, there's a lot of pieces here. I think the ultimate solution is to have a big enough supply, again, create momentum, create that kind of grassroots word-of-mouth effect. But in terms of how we'll deepen the conversation in the weeks ahead, Sideya?

Executive Director Sherman: Sure. So, you know, as Dr. Easterling shared earlier, across the city, the Department of Health is leading community conversations with community-based organizations, faith groups, and other local leaders. In these 33 neighborhoods, we really want to focus those conversations and activate local groups. So, we're looking to have local groups host those conversations, as well as train a number of the community-based organizations and local leaders in the 33 neighborhoods to be vaccine navigators. So, these are people who will be knowledgeable about the vaccine, who can answer questions, who can direct people to resources

and who can assist with scheduling appointments. I will also say that we're looking for our City agency partners to do this as well. At NYCHA, we've trained over 200 of our staff to be vaccine navigators, right? So, they're equipped to share that information with residents within interactions to provide that assistance and to make sure that we're all amplifying the message in our day-to-day work. I would also just reiterate the Mayor's point around supply. So, you know, as people see their neighbors and folks in their community get vaccinated, I think that also helps with the confidence and the trust and the process and in the vaccine. And so, as we are able to connect more people and increase appointments, I think neighbors will begin to see other community members get vaccinated, and that will also help increase confidence.

Mayor: You know, and one other thing on your question, Sydney – I mean, there is a philosophy of public health in certain parts of the world that I very much subscribe to, which is a grassroots-intensive outreach focus. And this is what we said in the State of the City, you know, we're going to take the Test and Trace Corps. and make it permanent as a public health corps., to do health care promotion in the grassroots and communities that need it. The approach that's Sideya is talking about is very consistent with that, those navigators being out there, you know, people from the community, answering the questions and concerns of their fellow community members. And there's just no way that voices of experts alone does the job or public officials do the job. People need to hear from members of their own community. And we believe in that approach and we're building it out rapidly, because I think that's going to be one of the things that helps overcome the hesitancy and really get a lot of people to come forward. And then as – again, as someone comes forward, now we're saying, you know you're going to be able to get an appointment, or you know you're going to be able to bring your grandma with you. That's going to create its own momentum. Go ahead, Sydney.

Question: Great. Thank you. You've said many times you want to use second doses for other people to get their first shot instead with the belief that there will be enough doses delivered in time to make sure everyone can get their second dose. So, what makes you confident that there would be enough supplies if we use second doses now for first doses? And wouldn't that risk some people not getting their second dose within the CDC recommended timeframe?

Mayor: Look, it's a great question. I want to emphasize how much our health leadership can adjust the tempo. And, unfortunately, they've had to adjust the tempo downward lately. You know, they had to postpone appointments and slow things down, which is the last thing they wanted to do. For weeks, people were saying, show us speed. We gave you lots of speed, and then suddenly we didn't have supply. That was extremely problematic, because we could have hit a million in the month of January. We set it and we actually were on track to do it if we had supply. So, we can also bring tempo up. We can bring tempo down. That's what – my point in saying that, Sydney, is – if you know X number of people need a second dose and the window you have, you want it to be as close to the ideal day as possible, but you have up to six weeks after, our health leadership can make those adjustments to make sure everyone who's got a first dose will get priority for their second dose in that timeframe. But why I'm confident that we have more runway here is because we do see real and meaningful efforts to increase supply at the federal level that are actually affecting positively our supply right now, because I believe the federal government can go much farther, and I'm going to be talking about this constantly to get the entire pharmaceutical industry and life sciences industry of this country to all provide their production lines for the manufacturer of vaccine. That's not happening. In this country, at this point, in terms of our manufacturing apparatus, we're like slow walking. There should be a, like

a wartime mobilization, and it should not be about corporate interests or profit or whose patent – it should be about getting vaccine in the arms of people and saving lives. So, if that kind of approach is taken, that's going to increase supply markedly and quickly. And then the Johnson & Johnson vaccine, which, you know, I'm very confident about its arrival soon. Our health care team feels good about its ability to make a big contribution with only one dose needed and less refrigeration's challenges. So, that combination of factors makes me believe we should be employing the second doses that are in reserve. We should be using them right now and we'll be able to catch up in the weeks after. Go ahead.

Moderator: Next we'll go to Reuvain from Hamodia.

Question: Good morning, Mr. Mayor. I see you updated the list of the neighborhoods. I'm just wondering if you'll release the exact formula that was used to decide which neighborhoods were included and which were not?

Mayor: Yeah, I'll turn to Dr. Easterling. And again, Reuvain, there is the first factor, of course, was the severity of the COVID impact, and the most crucial factor was, tragically, loss of life. Here are the communities where there was disproportionate loss of life in the course of this tragedy, but the other factors considered were the amount of health care people have historically received and the kinds of factors that affect whether people are going to be vulnerable to disease. We know and we've seen it not just during the coronavirus, but previously – very consistent indicators of vulnerability because of poverty and other factors. So, this list is where people are in greatest danger proportionately, where people are in greatest danger in this city that we need to focus on to save lives. Dr. Easterling, do you want to add anything to that?

First Deputy Commissioner Easterling: Yes. Mayor, you're absolutely correct. These indicators – these indicators are readily available. A lot of this information is available through the American Community Survey. When you look at social inequities, housing conditions, when you also look at demographic information. So, we were really just using information that we had available to us. But, really, over time, we've learned more about the disease and, you know, the, the task force had put out these neighborhoods in June of last year, and we wanted to expand because we had more information. Beyond just fatalities, we understand the risk that can be increased associated with COVID-19. And so, this is really allowing us to double down on our efforts to make sure that we're getting to those that are most vulnerable as we roll out a vaccine distribution plan.

Mayor: Thank you. Go ahead, Reuvain.

Question: Yeah. Some of this data, like, for example, death rate seems to be just hard objective data, while other seems to be a little bit more subjective. I'm just wondering if your administration is going to put out the exact formula used, you know, in writing, so we can determine, you know, which neighborhoods – maybe if they're on the neighbors that belong on the list that aren't on the list.

Mayor: Sure. I'll have the Health Department put out the exact approach they took to it, but I would just immediately challenge the use of the word subjective. I disagree with that characterization. The historic data about health care vulnerability, I remember the first day the Health Department showed me the COVID impact – this was, you know, weeks into the crisis.

And it was – really, the New York City Health Department was one of the first places in the country to identify the extent of disparity and talk about it openly and document it. And the first time I was shown a map of it, it almost exactly matched the map – the historic map of areas, experiencing poverty and health disparities in the city that we have all known about for decades. It was not – it was very sad to see how close a match it was to that historical data. So, this is data-driven and very objective, but I understand your point – want to make sure we get that definition out. Obviously, people should recognize in these 33 communities, it's folks who live in all of those ZIP codes – it's everyone who lives in those ZIP codes. And we want to emphasize, focusing on vaccination for anybody and everyone of all backgrounds in those ZIP codes, making those priority areas for this city. Go ahead.

Moderator: For our last question, we're going to go to Bob from Bronx Chronicle.

Question: Yes. Mayor de Blasio, how are you?

Mayor: Good. How are you doing today?

Question: Okay. Well, going back to NYCHA, you and I had a fight about it back in 2016, if you remember, about services not being provided to NYCHA, but I want to go on to a different subject. There is 170-unit adult men's shelter being fought in a Brooklyn community board. A Bronx community board, however, is getting two adult homeless shelters of 200 men each, which would account for over 50 percent of their homeless population the board is responsible for. DHS has a formula of no more than 25 percent of adults – but rather, homeless people be adult males. This looks political to many of us since the wife of one of your long time, high-level administration people is running against the incumbent Council Member. Is that why these adults, men shelters are being placed in that community board?

Mayor: I'm certain the answer is no. The specifics of how we are placing shelters, according to need, according to population, I'll have the folks at homeless services follow up with you. What we said back in April 2017, with the Turning the Tide plan is what we've been implementing ever since. We're going to align where shelter is to the population from – coming from the neighborhood that's in our overall shelter system, and we're going to make possible finally – and what we've been doing for now the last few years – that folks who, God forbid, they're homeless, can be in shelter as close to their home community as possible as part of getting back on their feet. We're building purpose-built shelters, getting out of hotels, getting out of scatter sites. I mean, it's been a very consistent plan. It's based on the population in shelter and the representative dynamic for that community. So, again, I can't speak to any of the specifics, except to say, I guarantee you, it is not the political consideration you're concerned about. But we'll get you the exact way that, that – those sites were determined and how it fits that formula. Go ahead, Bob.

Question: Now, my other question is about special election. We saw that after the November election, about two weeks later, COVID numbers started to rise, because people were inside poll sites next to each other and not social distancing. We had a special election of December that, all of a sudden, like about a week later, the numbers in Wakefield skyrocketed, which Errol Louis told you. We have special elections coming up. Are they being the used just to get ranked choice voting in? And why wouldn't these special elections be canceled like last year?

Mayor: Yeah, it's a fair question, Bob. I don't – from everything I've heard, I don't agree with the initial assumptions. I want Dr. Chokshi and Dr. Katz to speak to this. When I was in poll sites, you know, on Election Day, for example, I saw very good adherence to distancing, to mask wearing to a lot of precautions, hand sanitizing, everything. I have not heard evidence that people going to vote has caused a problem or even people being there to work at the polls, because of the precautions taken. So, I don't think – I certainly have not heard from our health team a concern that we need to treat elections differently at this point. We need all those precautions. We definitely want people to follow those precautions and early vote whenever you can early vote or vote by mail as alternatives, but I don't have evidence – and Dr. Katz can speak from a test and trace perspective – I have not heard any evidence linking an increase in cases to specific election sites or to the election process. Dr. Katz, Dr. Chokshi, you want to speak to that?

President Katz: I agree with you, sir. We haven't seen any evidence that voting has led to an increase in cases. Thank you.

Mayor: Dr. Chokshi, anything to add?

Commissioner Chokshi: Sir, that's exactly right – no evidence of it. And I will just add, we know that voting has so many positive outcomes for health. So, doing it safely, as was done in New York City, is critically important from the public health perspective.

Mayor: Thank you, doctor. All right, everyone, as we conclude – well, a lot going on, obviously. We've given you an update on the challenges that we're facing in our vaccine effort to try and serve everyone and serve everyone fairly, get every community being vaccinated at the same pace. But, again, the number-one thing we need is supply, that's the game-changer, that's what we're going to keep fighting for. We need all the companies that's going to be part of this manufacturing of our vaccine to be in the game. But the other big challenge, the immediate challenge we're facing – the snowstorm. And I want to, again, say to everyone, please be careful. Please stay off the streets, stay off the roads, and look out for each other. New Yorkers are – again, we have tough exteriors and hearts of gold, and we need to be compassionate, and focused on the people in our communities and our families who need help. It's going to be a bad storm. Let's really look out for our fellow New Yorkers at this moment where we're all challenged together. Thanks, everyone.

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