

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

Mayor Bill de Blasio: Good morning, everyone. Of course, I want to talk about the really important announcement yesterday by President Biden, and it's a really hopeful announcement for this city and for this country. But first, last night in the Bronx, I just want to talk about this. One of our police officers, Officer Daniel Vargas, doing the most crucial work, the bravest work, defending us on the streets of the Bronx, part of the Gun Suppression Unit of the NYPD, the cops who go out and get guns off the streets, extraordinarily brave officers who do the most fundamental work of stopping violence – Officer Vargas, out there last night, protecting his fellow Bronxites. He's a proud son of the Bronx, protecting New Yorkers, and shot while doing his job. And, thank God, he's going to be okay. I spent time with him last night, and with his family. Thank God, it looks like he will make a very strong recovery, but a reminder of the absolutely crucial work that our officers do, the bravery they show, and further evidence – and we never want it to be this way, but it's a reminder to all New Yorkers that our officers are out there constantly getting guns off the streets more and more each day, each week. And this is a key part of how we turn the tide and get our city safer as we go through 2021.

So, speaking of getting our city safer, the reality, I'm so pleased to say, is that we're seeing real efforts in Washington D.C. to help us. And, boy, that's a refreshing thing to be able to say, because I couldn't say that for a long time in 2020. We got confusion, and we got backsliding, and we got a lack of owning responsibility, but now we're seeing the exact opposite – President Biden's owning the mission. He is giving us clear, clear indications of where he is going and that he wants to keep upping the bar, making this vaccination effort stronger and stronger all the time. Look, this new leadership is making a difference. We're getting a clear sense of where our country's going, what's going to happen to our supply, additional short-term supply, which we need, but, crucially, the President's decision to go ahead and order 200 million more doses of the vaccine and speed up this process – really good news for all of us. For New York City, what it means immediately, we'll be getting 30 percent more doses of the Moderna vaccine, starting next week. That means about 17,000 more doses each week for us. That means 17,000 more shots of hope, 17,000 more New Yorkers who are safer and are feeling that confidence and that sense of peace that comes with getting vaccinated, even just the first time, and knowing that things are going to be better. So, this is really, really important for us. And when you think about it – again, I'm the first to say, we're going to need a lot more than that, but I'm also really happy to get those 17,000 new doses. And I think about the senior citizens in my life, I think about the folks who work in my neighborhood, who protect all of us. I think of the folks in the grocery store. I think of the folks in the local hospital. I think of all the folks who need the vaccine. We're able to reach so many more because of what the President has done. That's tremendously helpful. And we're going to keep pushing for more beyond that.

Just to give you a sense of where we stand now, as New York City, from the beginning of our vaccination effort, here's today's number – we have vaccinated 673,405 doses. We have provided 673,405 doses of the vaccine, since the beginning. To give you a perspective, that is more people than in the entire city of Detroit, Michigan. And this effort will keep growing so long as we have the supply. Now, what can we do about it? The supply – I've talked about several things that would help us go faster – more supply from the federal government and the manufacturers, more flexibility from the federal government, the State, the ability to use those second doses now that aren't going to be used until – you know, can't be used for weeks. Let's put them into play now. But there's one more thing I want to talk about – the ability of the federal government to use the Defense Production Act to expand production. Remember, Defense Production Act allows the federal government to act as if in wartime and say to private businesses and manufacturers, you're now serving the people, you're going to do what we need you to do 24-seven, whatever it takes. Here's a headline from yesterday's Wall Street Journal that, I think, puts up real point on what I'm saying. One of the most important pharmaceutical companies in the country, Merck, was working on their own vaccine. It did not succeed. But, clearly, they're a huge pharmaceutical company. They have the ability to produce a vaccine. They were trying to create their own. I think the federal government needs to use the Defense Production Act to say to Merck, and other pharmaceutical companies, we need you now to produce the existing vaccines from Moderna, from Pfizer, and, hopefully, soon from Johnson & Johnson. I know that when you hear that, it's like, well, that's not the way the private sector works. And what about patents? And what about profits? You know, all that stuff to be thrown out the window in the middle of this crisis. All that matters is vaccinating the most Americans as quickly as possible, bringing life back, saving lives, getting our economy back, recovering. All those normal rules, all the concepts of corporate propriety and profit should be thrown out the window. The federal government should simply say to Merck, this is what we need you to do. We need you to produce the vaccines we already have so we can speed the supply. Here's an obvious example, and I hope that the federal government acts forcefully. And you know what, if they do, we can talk about a whole new reality, because we now have proven that we can vaccinate 500,000 – we can give 500,000 doses a week if we had the supply. Let's innovate the new ways all over the country and get that supply in the hands of New York City and cities and towns and counties all over the country, and turn the page.

Okay. Now, we all know when it comes to vaccination, there's the supply – the number-one problem, supply, supply, supply – but we also know there's also real hesitancy out there and people who need to hear from trusted voices. And, yesterday, we had a powerful gathering of faith leaders. This is something we do at the start of every year. We've historically done it in person. It was virtual this time. Cardinal Dolan started us off, and he's been such a great partner in the work we do, and so many other wonderful faith leaders were a part of this. And the number-one topic was making sure that congregants of all faiths had confidence in the test, addressing the hesitancy, overcoming the hesitancy, and really faith leaders are going to be some of the most powerful voices in this effort. And I said to all of them, we need you, because your congregants will listen and believe in you in a very special way. And I want to tell you, the faith leaders have always risen to the occasion. Throughout my experience as Mayor, I've called upon faith leaders to help the city and they've answered the call every single time in powerful ways. In this case, particularly, in communities of color, we all know there's a history of institutional

racism that has to be overcome. There's distrust of the government and the medical field. We need to overcome that with a lot of information and a lot of clear answers, but especially the voices of trusted leaders from the community, and our faith leaders are really stepping up, and they're reminding us and all those out there, including the hesitant folks, that we have witnessed something of a miracle. Rabbi Joseph Potasnik talked about this yesterday in the gathering, that the vaccine, the speed with which it arrived is amazing to begin with, but it's also creating the miracle of healing, that we're going to see people heal, families heal, neighborhoods heal, our city heal, our country heal before our very eyes. And what a moment of faith rewarded that will be. There are real issues to address, and one of the most obvious is our clergy are at the front lines all the time. They're helping families in distress. They're working with families to convince them of how important it is to take the vaccine. Unfortunately, sometimes they're comforting families who have lost loved ones. They're right there at the front line and they are vulnerable themselves and we need to support them. A suggestion in the gathering yesterday from Imam Tahir, of the Albanian Islamic Cultural Center in Staten Island, a great faith leader I've known for a long time – he said, hey, what about clergy? They need to be vaccinated too, so they can keep doing that frontline work. I agree. As the categories are expanded, and I think there are some areas where we need to expand right now and have the freedom to vaccinate clergy. I think that's a crucial example, because of the extraordinarily important work they do. Clergy members should be vaccinated. Folks in the criminal justice field, folks who are going to be jurors. We've talked about this before. We need jurors. We need jury trials. Again, jurors should be vaccinated. Prosecutors, folks preparing the cases, folks who work in the courthouses, so we can get the court system going – crucial to our safety. Folks who take us where we are going, our TLC licensed drivers; folks who keep the city clean, our Sanitation workers – there's other categories of folks who need to be vaccinated and we need to keep expanding those categories. And, of course, we need supply, supply, supply to go with it. So, again, really powerful yesterday to be with the faith leaders. And it gave me faith. It gave me hope that so many great people are out there protecting all of us by encouraging people to do the right thing and to support each other.

Okay. Quick point before we go to indicators. So, last night – and I want to thank Katie Honan, of the Journal who suggested on a cold winter night, that'd be a good night for going to outdoor dining. And I didn't have enough time to sit down and really have a full meal, but I did want to patronize one of our restaurants and also emphasize that Restaurant Week is going on, but it's Restaurant Week To Go. So, I went up to Felice 83 on the Upper East Side. This – again, this is the first ever Restaurant Week To Go. And what a great restaurant that is. And they were ready for me, I want to thank the owner, Jacopo Giustiniani, and the manager, Flavio Forgione, for their great work. They have a great, great establishment. Now, they said something interesting last night. I was over there somewhere in the neighborhood of 8 o'clock, 8:30 PM. They said they had already done 100 takeout meals and it was because of Restaurant Week To Go, that there's a really incredible response to this. And so, everyone, look, I know there's people constantly saying, hey, how can I help my fellow New Yorker? What can I do? Here's a simple thing – help our restaurant industry, help our amazing restaurants, help the people who work in them and take advantage of a Restaurant Week To Go. \$20 and 21 cents, you'll get an amazing deal. And if you want to see the list of restaurants, go to nycgo.com/restaurantweek.

All right, quickly, our indicators. Number one, daily number of people admitted to New York City hospitals for suspected COVID-19 – today's report, 279 patients. And hospitalization rate

per 100,000 – 5.15. Number two, current new cases – today's number, 4,621. That's on a seven-day average. Number three, percentage of New York City residents who tested positive, seven-day rolling average – today's report, 8.08%. And now, a few words in Spanish.

[Mayor de Blasio speaks in Spanish]

With that, let's 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. As a reminder, we're joined today by Dr. Ted Long, by Dr. Torian Easterling, and by Senior Advisor Dr. Jay Varma. The first question today, it goes to Narmeen from PIX 11.

Question: Good morning, Mayor. How are you?

Mayor: Good, Narmeen. How have you been?

Question: I'm doing well. Thank you. I wanted to ask you about the second dose issue that – you've been bringing this up for a couple of weeks now, wanting those second doses to be released. At this point, you've had a number of conversations with the White House. Any more guidance? My understanding is that you do need federal approval to get those vaccines released as first doses. Again, you've been talking about it for a couple of weeks. Any idea whether this is a real possibility?

Mayor: Yeah, it's definitely a real possibility, Narmeen, because the most important point was the healthcare guidance from the CDC, where they said, last week, knowing that we're dealing with a shortage, knowing we're dealing with scarcity all over the country, that, that second dose, we all want it given on the exact perfect day. Everyone would like everything to be perfect. But the CDC said, they're saying up to six weeks after that ideal day is still acceptable. They made that a formal advisory. And, as Dr. Varma has explained, once you get that second dose, it is fully effective. So, whether you get it on your perfect second dose day, or a day later, or a week later, or two weeks later, it does not change the effectiveness of the outcome. We, of course, want to be urgent. We're going to get everyone a second dose. We want it to be as close to the exact perfect day as possible. So, the CDC has acted. What I want to see is the next step from the federal government and State government to specifically direct localities to do that, to say we're in a scarcity dynamic, we're in a wartime reality – direct localities do that, make clear there is no penalty for using second-dose supplies that are slated for future times, getting them in play now. So, we need that clear sharp guidance, but there has been a major step in the right direction from the CDC. Go ahead, Narmeen.

Question: Mayor, I also want to ask you about the Bronx. I spoke to the Bronx Borough President yesterday, and their infection rates continue to be the highest among our five boroughs, and he said that they need help. He says it's like a game of whack-a-mole is how he described it, as infection rates go up in one particular part of the Bronx, they try to target it with increased PEE, awareness, education campaigns, and then it pops up somewhere else. While we, thankfully, have the supply boost coming, eventually, how do we get a handle of not only just the

Bronx, but like the New York Times report indicated more than 50 – about 54 ZIP codes that have these increasing rates. How do we get a handle of that?

Mayor: Look, I'd say it's vaccine, vaccine, vaccine, and supply, supply, supply – and that's the ballgame right now. We are going to keep doing all the things we normally do, Narmeen, the intensive outreach, reminding people of the smart healthcare rules, the testing we're doing, all this stuff. And Dr. Chokshi has been really clear, if you're older and you have pre-existing conditions – either, or both – don't go out, stay in, really keep your activities minimal, and that's going to help. But the game changer, the only game changer is the vaccine. So, it's all about getting the supply and getting it to people need it and overcoming some of the hesitancy that's the ballgame.

Moderator: The next is Michael Gartland from the Daily News.

Question: Good morning, Mr. Mayor.

Mayor: Good morning, Michael. How've you been?

Question: I'm good. How are you?

Mayor: I'm hanging in brother.

Question: So, my first question I want to ask you is you know, there've been a couple of reports today about these efforts to waive the petitioning requirement in upcoming elections, and I was just wondering what you thought of that. Do you think that's a good idea? Does this city have any role to play in potentially enacting that, or is that responsibility solely of this state?

Mayor: We're checking that right now, Michael. I mean, look, I think health and safety clearly have to come first here. So, I think it's a valid concern. We're going to think about what role we can play in making sure people are safe. I believe a lot of that is governed by the state, but we'll come back with a clearer picture on that. The bottom line is there's got to be a smart way to make sure people are properly qualified, but first and foremost, protect the safety of everyone involved. Go ahead, Michael.

Question: Thanks Mr. Mayor. we did a story a week, a week and a half ago about a shortage of rapid tests. I believe there's a national shortage in the chemical reagent used for these tests, which has affected the supply in the city. I want to say it's the Abbott Laboratories region, if I recall correctly. I was wondering if you, or, you know, one of your health advisors could talk to us about, you know, how many of these tests this city have on hand now, and has this situation changed at all for the better, for the worse? Could you, kind of, give us a little more detail on what's going on with the rapid test supply?

Mayor: So I'm going to turn to Dr. Long. but let me just say this: rapid tests are a good and important tool, but we've always known, originally there were concerns about accuracy. Then there would have been concerns about supply throughout. So, I look at it as we have a lot of tools, a lot of ways we're going to ultimately win this battle, but rapid tests – there's always been

a bit of a challenge on the supply front. So, I just want to frame it and say, unfortunately, one way, this is not a new problem, Dr. Long, you want to give the latest?

Executive Director Ted Long, NYC Test and Trace Corps: Yeah, absolutely. So, the test you're referring to is the Abbott ID Now, which is a rapid PCR test. Anytime, in that situation where we have a lower supply, we bring in another type of test. So, what we're doing is in a different Abbot test called the Abbott Binaxnow test, which we have plenty of. We actually replenished since you wrote that article, the supply of our ID Now reagent too. So, we do not have a shortage of reagent now. Even further than that, we have 35 mobile units that are around the city. So, in addition to how we're doing testing in our brick-and-mortar sites, the bulk of our mobile units, we've now armed with rapid testing as well with the antigen tests. So, we have plenty of rapid tests or we're moving around the city now and people vote with their feet. In New York City, now, we're regularly doing more than 100,000 tests a day, PCR and rapid tests. So, we have the supply we need, and it's one of the most heartwarming things about my job is seeing New Yorkers seeing the value in this and coming out to get tested, to keep our city safe.

Mayor: Thank you. Go ahead. The next is how Josefa from The City.

Question: How are you?

Mayor: Hey, Josefa. How are you?

Question: Great, thank you. So, I'm following up on a story we wrote last night about a vaccination center in Washington Heights that was built to help members of the community that were hardest hit from the pandemic. As it turns out, it seemed that a lot of people from out of town, even out of the state, or are getting vaccinated at this site. So, I'm wondering what more could the City do to ensure that the folks who live in these neighborhoods who have been harder to hit by the coronavirus pandemic are getting access to vaccine, or what did it need from the state to make sure that some of these communities are able to get appointments?

Mayor: Thank you, Josefa. That's a really crucial question, and I'm going to turn to Dr. Easterling, but first say: this issue was brought to my attention on Friday caller two WNYC and it's – I'm really troubled by what I'm hearing. I mean, here, you have a site in the middle of an incredibly hard hit neighborhood, a community largely of immigrants, a Latino community that was one of the places that bore the brunt of the COVID crisis. I want to see Columbia-Presbyterian do everything they can to reach the surrounding community. That should be the mandate. That should be the focus of that center period. There's plenty of people who want the vaccine in the community that's who the opportunity should be focused on. So, yes, it's a private institution and we'll certainly, you know, work with the state on this as well, but the whole idea of a successful vaccination effort must be community-based. It can't be that we're just having central sites that folks who might be more privileged are focusing on, it has to be deep into communities, neighborhood sites, trusted local providers and community people have to see those sites are really for them, and they're not being somehow left out of sites in their own community. So, this needs to be fixed right away. Dr. Easterling could you speak to either, if there has been any engagement with Columbia-Presbyterian about this site or, or what we could do to start to fix this situation?

First Deputy Commissioner Torian Easterling, Department of Health and Mental

Hygiene: Absolutely. Thank you, Mayor. So, this site in Washington Heights, that's a state site, but we do know that the Washington Heights site with Presbyterian, they are looking at how they can really make sure that they're prioritizing the appointments for residents who do live in that area. But we also know that there are non-residents who do work in New York City, who are eligible for vaccinations in the city, and so we know that that is acceptable. But I think, you know, to the Mayor's point, we're going to really continue to work with our community-based organizations, our faith-based organizations, and this was the point that we brought up in our interface virtual breakfast yesterday, we need our partners, we need them to help with the messaging, and they're also helping to make sure that individuals can get scheduled for appointments and inform seniors, make sure that they're getting access to transportation if they need it. So, that type of partnership is really going to make sure that we're focusing on those neighborhoods that have been disproportionately impacted.

Mayor: Thank you. Go ahead, Josefa.

Question: And do you have any update as to when we might be seeing the demographic data for the vaccine last night? Gothamist reported that the City had been posting some early data that shows stark racial disparities in excess. Why did the City stop or pull the data from their website?

Mayor: Yeah, Josefa, I really want to emphasize to everyone. I have said many times in the last few days, literally, this data is being pulled together, finalized, it will come out in the next few days. Just to all of you, and all your colleagues, couldn't be clear, we're getting this data to you literally in a matter of days, but it has to be accurate, and part of what we saw in that initial data, it did not give a very complete or consistent picture. The data, as I understand it, that Gothamist had was from the first few days of vaccination, when the only category that could be vaccinated was one, health care workers, and what we saw was some absolute disparity, but it was disparity based on people's decisions. Health care workers were given broadly the not only the right to get vaccinated, but it was right there in their own facilities. A lot of people chose not to. Dr. Katz spoke about the experience in health and hospitals, hospitals, for example, that's someone's right. If they're not ready yet. So, that early experience is not at all indicative of what we've seen, however, as more and more vaccinations have happened, the hesitancy levels are going down. Also that early data did not involve community-based vaccination. Now, we've started in earnest doing community-based vaccination with seniors. It's a very different picture. So, clearly there are disparities we're going to have to address, and, clearly, we're going to deepen outreach, but I don't want a few days of early data when it was just one kind of worker to be mistaken for the larger reality.

Moderator: The next is Nolan from the Post.

Question: How are you?

Mayor: Hey, Nolan. How've you been.

Question: I'm alright. To follow-up on Josefa's question, there's not only this instance of the site in Washington Heights, where apparently the website is only available – to get an appointment, it's only in English, and the staff apparently only speaks English. There've also been complaints about the lack of translated materials for the City-run vaccination sites too. Local community activists on the Lower East Side have told us the materials are only available, properly translated in Spanish. There's no proper translation yet for Chinese and some of the other major languages here in the city. So, one does the City have the authority to order private hospitals and other facilities to make the materials available in other languages, and two, why is the City behind the ball and getting these materials available in languages other than English?

Mayor: Alright, let me test the question with Dr. Easterling and Dr. Long. Obviously, between their two agencies, a lot of test sites that have a long – and by the way, Department of Health and Health + Hospitals have a long and really positive history of reaching out to all communities in all languages. So, I want to test, I want to ask them in a moment if what you're hearing, Nolan, is accurate and if it needs to be addressed and obviously if it does need to be addressed, we should do it forcefully, and we should ensure that every institution does the same.

The Washington Heights site, if it's true that the appointments are not available in Spanish, that's mind boggling to me, and Dr. Easterling will follow up again with Columbia-Presbyterian and the state to get that resolved. But we want to make information available in every language. Our vaccine command center has among its many responsibilities and missions to make sure that vaccine distribution is equitable and effective on the ground and decentralized and grassroots, and that means using multiple languages. So, Dr. Easterling, Dr. Long, what can you tell us?

Deputy Commissioner Easterling: Yeah, you're absolutely correct, Mr. Mayor. So, we are making sure that we have staff on site to receive individuals will be able to respond to them in their languages, certainly English and Spanish. Our materials also being printed in English and Spanish, and so we can certainly follow up. If there are ways that we need to address the need to fill those gaps, we can certainly do that. Also, on our website, our frequently asked questions can be translated as well, in the top 13 languages. So, this is something that we certainly strive to do to make sure that we are being responsive to our diverse community.

Mayor: Thank you, Dr. Long.

Executive Director Long: Yeah, what I would add to that, and I completely agree with everything. Dr. Easterling said is that we have our language line that we use every single day in New York City Health + Hospitals, that we'll use for the phone line that you call in Vax for NYC, to be interpreted to any language, and also staff on each of our sites have access to that same language line. That's the same language line that we use by the way, in my personal primary care practice in Morrisania in the Bronx. I have one patient, who I always think about when I think about the language line, she speaks a rare African dialect, and in her life, not many people can really communicate with her, because it's not a commonly spoken dialect, but every time she sees me, she smiles because she knows that the language line in my clinic will enable me to effectively communicate with her. Every person that comes to one of our sites or the calls, the phone line has that same access. Elmhurst Hospital is the most diverse hospital in the entire world. That's exactly what they use there to. So, New Yorkers coming in for vaccines calling us,

or they're in person get the same quality care that we are world experts in in New York City Health + Hospitals.

Mayor: Thank you very much. Go ahead. Nolan.

Question: All right. So, just to clarify, because there are two separate health systems in the city – you have the public health system, and you have the private health system. Does the City have the authority to order private health systems to provide materials in multiple common languages in the city? Secondly, in terms of the public health system, we're told that completing the applications to get appointments, all the information you have to provide about your health care history, your insurance, whether or not you actually tick the boxes and you are eligible, and those applications are only available in English and Spanish and the best at the city's doing right now for other common languages in the city like French, French Creole, Chinese, Hebrew, Russian, et cetera, is a Google translate function that doesn't carry over to many of the application pieces. So, when will those applicants – so when will all the information you have to submit, when will those forms be available for the public health system in languages, other than English and Spanish.

Mayor: Very good question though, and I really do appreciate it because we got to get this right, and it's a huge sprawling effort, but we got to make sure it is inclusive as possible. So, I'm going to open this up to whichever doctor and we have Dr. Varma as well. Whoever wants to start on the authority to require private health providers to provide information in other languages. I don't know, and we might have to check counsel on that one, but does any of the three doctors know if that can be a direct order or is that something we have to do through collaboration? It sounds like none of them are sure. We're going to come back—

Deputy Commissioner Easterling: We don't have to do it through collaboration. Well, we've already been in touch with Presbyterian, and so we will follow up.

Mayor: Okay. Thank you, Nolan, because that's one, if we don't have the ability to order it, we have to really very aggressively make sure and Torian, if you'll take the lead on this, that we're checking in with every hospital to make sure they're doing it. If they need some of our help doing it, we can do it. On the question of the forums, the sign-ups, the applications for appointments. They really do need to be in multiple languages as this grows out. So, again, any of the doctors have an update on that. How are we going to move beyond English and Spanish? And if not, we'll get back to Nolan with a more specific timeline. Does any one of you have an update?

Deputy Commissioner Easterling: No, sir. No specific update at this time. We will follow up with Nolan to make sure that he also has an update.

Executive Director Long: I would just – if I may, I would just add, Nolan, that this is one of the reasons why we set up the language line within our phone systems, so that if you have trouble completing the forums, you have a place you can go, you can call where somebody can help you to register for your appointments. And again, when you call that line, you have access to many, many different languages, and dialects. It's the same thing I use to treat my patients in the Bronx.

Mayor: No, I appreciate that. And that, that is not a minor matter, Ted, that's a great service. I know it's been incredibly helpful. Your example of the woman who is your patient is a great one, but Nolan's raising an important point, and then I'll say, you know, you got to give credit where credit is due when the New York Post is right, there right. And this one he's right. This – the actual forms to sign up for the appointments need to be in languages other than just English and Spanish, if will really going to maximize access. So, we will get to work on fixing that. Go ahead.

Moderator: The next is Rich Lamb from WCBS 880.

Question: Morning, Mr. Mayor. Good to talk to you and everybody on the line –

Mayor: Rich, I'm going to interrupt you if you'll be so kind. I heard your news and I have to just take a moment before you're asked your questions, just to tell you, it is really been a privilege serving in public life with you and I mean it. You are just as good as it gets in journalism and you're someone with an incredibly good heart. I know you give a lot of time of yourself volunteering and helping outside your work, but you've really shown everyone, you know, a great example of a compassionate and decent approach to getting people the news they need and I really want to thank you, and I can tell you, you know, the people in New York City are going to miss you.

Question: Well, I'm blushing, obviously, and thank you very much. I'm very humbled to have to, to have had this privileged status of being able to ask you questions and previous mayor's questions and to do the stories that came out of it. So, thanks for that. But I do have a question here, and it's about the vaccines. So, we know the – you know, the supply of the vaccine is the big issue, but why, you know, I haven't heard it explained why, you know, we heard everything beforehand, was it, oh, they're making millions of doses of this vaccine in advance, and once they pull the trigger, boom, here we go. What is it? The manufacturers? Is it the distribution network? And I know you know, the previous administration gets some blame, but what's happening right now? Why is it we can't get this thing rolling?

Mayor: I'm going to give you my perspective and then, you know, Dr. Varma may have something to add because he's really watched this process carefully all over the world. Rich, my simple answer would be this, I'm going to say, and I have said before, give the Trump administration their share a credit for having sped the vaccine development process so that the vaccine that actually showed up in December, that's a pretty big deal. But what didn't happen throughout the whole crisis, including on testing and including on PPE was truly creating a national mobilization. I spoke to President Trump many times about this. I spoke publicly many times. I think the military should have been front and center. I think the Defense Production Act should have been used in the fullest. I think private companies should have been put on a public basis for the purpose of solving the greatest crisis arguably in American history. That didn't happen. And that example I gave earlier of Merck, how is it that a massive pharmaceutical company that was trying to make their own vaccine, they couldn't, they're just sitting there going on with their business doing other things when instead of being ordered to produce the vaccines we do have. I think there was a lack of assertiveness and ownership in the White House in the

previous administration. There's a chance now to fix that. Joe Biden's moving in the right direction. Jay, you want to add anything?

Senior Advisor Varma: Yeah, I mean, I'll just try to clarify a little bit on this. To be perfectly honest we don't have insight into which steps of the vaccine process are, you know, are resulting in certain delays, but to give you just some insight into this, these are just incredibly complex processes. First you have what's called the vaccine ingredients, which are all of the components that are needed to assemble and create the RNA that's used as well as the packaging around it, which is a fat package it's called lipid nanoparticles –

Mayor: Okay, don't get – don't get in too deep here – Jay, I'm interrupting you. We don't need the whole history of vaccine. The bottom-line question is what could have been done to speed it up as best, you know?

Senior Advisor Varma: Yeah, at this point, I'm not sure that there's anything that we know about what would have sped it up. My understanding is all of these US-based companies have really dedicated all of their resources to producing this and getting it into hands as quickly as possible. It's really about this last mile allocation from manufacturing point to where we need to distribute it.

Mayor: Right. I think, and I do think, Rich, that's crucial. The supply chain issues obviously are very real, and again, I think the military is not being used sufficiently in that, but I keep coming back to if business, as usual, isn't working, then don't do business as usual. Get the other companies on a footing where they're serving the national interest at the direction of the federal government. That's what happens in war time and that's what should happen here. Go ahead, Rich.

Question: Okay. And you know, I really neglected to thank you for your kind words, and I do appreciate them. One of my other question, is now it's my understanding and I didn't hear him say this, that Governor Cuomo has apparently ruled out the use of the second doses as first shots, and you're still appealing, I guess, to the federal authorities about this. And if they were to give you the green light, would you be able to go ahead with it the over the Governor's objections or you think that would be a problem?

Mayor: I have not heard of a particularly specific statement from anyone at the State of this. They may have said it. I haven't heard it, but let me be clear, I'm saying this is not just for New York City. This should be for the whole country. I think the federal government should direct state governments and local governments to use second doses that are waiting, again, as of two days ago – I know the number changes every day – but as of two days ago, we had almost a hundred thousand doses waiting for at least two weeks to be administered, just sitting there in reserve. That's what I object to Rich. It doesn't make sense when we have tens of thousands of people who want to get vaccinated now, who want a first shot to give them some kind of protection. Think about the seniors in your life. Think about the people you love. The difference between getting a first shot versus getting zero, getting nothing. So, I think it should be a federal directive that second doses get put into play, particularly as we're seeing evidence that more and

more production is coming, including soon Johnson and Johnson. Just makes sense to use everything you have now with backup coming soon. Go ahead.

Moderator: The next is Matt Chaye's from Newsday.

Question: Hey, good morning, Mr. Mayor, and congratulations to Rich on his retirement. My question, my first one is, there instructions on the city's a frequently asked question webpage that that appear to conflict with your rules for who's eligible to be vaccinated at city sites. I'm quoting here, "if you are eligible for a vaccine based on your age, you must show proof of age and New York residency", and other instructions on city web pages and your instructions at these briefings explicitly say that someone needs to be the city resident. So, what happens to some – well, first what's up with that? And then the second is what happens to someone who got a first dose from the city probably you shouldn't have, and are they, you know, out of luck for getting a second shot in the city? Like, what do you do with these people?

Mayor: Yeah, I don't want to govern by exception, Matt, it's a fair question, but I want to say, you know, the city provided sites, Health + Hospital sites, Department of Health sites, we are adamant, we are here to serve people live in the five boroughs and folks who happen to live outside the five boroughs, but serve us in hospitals, fire department, police department, education, you name it. That's our focus. These are public agencies here to serve the public. That's what we're going to do. The private hospitals obviously governed by state regulation. That's a more challenging situation. We have more work to do on this, but I would say the obvious, a private hospital in New York City should focus its efforts on people who live in the five boroughs and folks who serve us in the five boroughs because all the surrounding counties are getting their own allotments of the vaccine. Folks who live in other counties should go to the distribution sites in their counties and get their vaccine. That is the fairest outcome. But with the private hospitals, we have some more work to do for sure. Look, Matt, anyone who gets a first dose should not be deprived of a second dose, obviously, but I think the important thing, and that example from Columbia-Presbyterian in Washington Heights is crucial. We have got to be rigorous about making sure vaccine in New York City goes to the people of New York City. Go ahead.

Question: On a related matter, we've spoken with youths who were volunteering their time to help older folks who are basically incapable of navigating this like opaque thicket of five websites and phone numbers and all that. To what extent are you looking to have helpers, whether young people or other volunteers, help all the older folks deal with navigating this bureaucracy?

Mayor: I think it's a great question how we can continue to simplify the application process and we need to, and that work is going on now. I think it's also a great question whether we could get some kind of facilitator system going like you're suggesting whether it's younger people or city employees or whoever it is helping out. So, I'm going to take that as a very helpful suggestion, I thank you for it, Matt, and we'll come back quickly with an answer on that.

Moderator: We have time for two more for today. The next is Chris Robbins from Gothamist.

Question: Mayor, my first question is about high schools and middle school principals. They are awaiting guidance on when they can reopen for in-person learning. Some expected that to happen in February. When will you communicate a plan to them and how likely is it that they'll actually reopened for in person learning this semester?

Mayor: So, I want to see schools continue to open up in this school year now through June, and then I am adamant that based on everything we're seeing now, we'll be able to come back full strength in September. The trajectory, Chris, is simple, we would start with middle school next, work our way up to high school. It will certainly take time. We need to make more progress with vaccine. We need to make more progress beating back the just the sheer number of cases and the question of the new variants, obviously need to expand testing capacity, but I want to see middle schools come back as soon as possible, and we will provide guidance during February for what that process will look like. Go ahead.

Question: Okay, thank you. My second question is, I wanted to ask you about the NYPD disciplinary matrix that you announced earlier this month, is the department going to apply the matrix to existing instances of misconduct. So, for instance, if an officer currently on patrol has a substantiated CCRB complaint for using an illegal choke hold in 2019, will the NYPD then use this matrix to look at that officer and administer the corresponding discipline?

Mayor: Yeah. Any case from this point on, whether, God forbid it's a new situation or something continuing from previous charges. This is now the law of the land. The matrix is abundantly clear that for example in the case of a chokehold, there's a charge against the officer, they use the chokehold, there is due process, again, we all believe in due process. If the due process yielded, yes, you use that chokehold, the punishment is termination. It's clear as a bell, and that will be applied immediately. Go ahead.

Moderator: Last question for today, it goes to David Brand from the Queens Daily Eagle.

Question: Hi, Mr. Mayor –

Mayor: Hey, David, how you been?

Question: Good, thanks. At this point, when do you expect that everyone in New York City jails would be vaccinated or at least have access to the vaccines, and how will the city follow up with people if they're released or transferred before their second dose?

Mayor: I don't think that – I don't think whoever's there liked your question, David. The guidance right now, as I understand it, and because correctional health is part of health and hospitals, Dr. Long may want to add. My understanding is we had about 500 folks in our jails, inmates, who were authorized to be vaccinated because they were high risk and that has been moving along steadily. There are certainly some of those folks choosing not to be vaccinated, just like we're seeing in our larger population. A second with correction officers and staff, that vaccination effort is ongoing. We're building that out quickly. Again, we're certainly seeing some people who are choosing not to be vaccinated. So, we're fully authorized to do officers and certain inmates, but not all inmates is the last guidance I heard. Ted, anything you want to add?

Executive Director Long: No, thank you, sir.

Mayor: Thank you. Go ahead, David.

Question: Okay. Cell phone video from a January 3rd arrest appears to show an NYPD officer in Queens kneeling on the neck of a man during a misdemeanor arrest. On January 7th, you tweeted this quote, “After George Floyd was murdered, we passed a law to ban chokeholds and kneeling directly on people's neck. I've seen the video from a recent arrest and I'm deeply disturbed. A full investigation is underway, and I demand immediate answers from the NYPD.” It's been nearly three weeks since you said that, what immediate answers have you received?

Mayor: My understanding, David, is the officer was modified, that certainly constitutes an immediate answer, and the investigation has to be completed, and then if there are charges, there has to be, obviously, the due process. So, I'm waiting to hear the results of the investigation. What I saw was one clip of video, but investigation is going to look at everything and talk to witnesses and get the full picture. What I saw I didn't like one bit, but I want to hear the results of the full investigation.

All right, everybody, just to say how important it is, how extraordinary it is, how wonderful it is to see what we saw yesterday. The President of the United States totally owning the situation, focused, leading, saying bluntly, clearly, we're going to keep expanding supply. We're going to make sure it gets down to the grassroots. That was a shot in the arm for all of us. This is how we move forward and our job here in New York City is to meet that moment. Every supply we get is going to be used right away, the more vaccine we get, the more people we can help. We can do half a million vaccinations a week. We are ready, willing, and able, and it is so nice, so powerful, so good to finally have a partner in Washington leading the way and helping us get the job done. So, something to celebrate today in our city. Thank you, everyone.

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