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**TRANSCRIPT: MAYOR DE BLASIO HOLDS MEDIA AVAILABILITY**

**Mayor Bill de Blasio:** Good morning, everybody. Think back weeks ago and remember this – it's so striking to think about this whole crisis we've been through together. Most of it has happened over the last 10 weeks or so and it feels like such a long period of time, but think back to March where every day brought new shocking developments, things we had never seen before. A lot of times we were just fighting to keep going as we dealt with more and more challenges, and now thank God in recent days we've had much better news. We're still not out of the woods, but much better news, much bigger progress. And now as I talked about a few days ago, the whole idea is to get on the offensive against this disease, fight it back, marshal our forces to make sure that we get to the day where we rid New York City of this challenge once and for all.

When I think about that sense of being on the offensive being on the march, I think about first of all, what all of you have done because that's the essence of why we've seen this amazing progress. I also think about the fact that as we fight back this disease, we're going to fight back the many, many challenges it has laid bare, most especially the disparities we see in communities around this city, the health care disparities in particular that have been so striking and painful in this crisis. We were all doing everything we could in the first weeks just to make sure that we could save as many lives as possible. Now we're going to not only save lives, we're going to fight these disparities in so many ways going forward. So, we talked about what it took to save lives, to protect people, particularly in the areas hardest hit – our public health care system, our public hospitals and clinics were really the core of that, particularly in the first weeks of this crisis. That's where so many people turned for help and they did an extraordinary job – to all the folks who work at H + H, all the folks who work in our public hospitals and clinics, they were absolutely outstanding during this crisis and that was many ways. The first place we had to focus. Now we are focusing more and more on all the other ways we can reach communities that have been hit the hardest and need the most help and one of the most important elements of that is supporting community-based health care providers.

Now, community clinics, think about what they mean to so many people. They're the place that people turn for health care who don't have other options. They're a place for a lot of folks who don't have a lot of resources, aren't sure where else to turn, don't have a long-term relationship with a private doctor. The community clinics are the place they can depend on. Literally the community clinics know the people in their neighborhoods. They speak the language of the people in the neighborhoods. They do amazing work and they've had to do a lot during this crisis, but with many, many challenges that have been a real hindrance to the good work they do in normal times. Remember these are smaller community-based practices, so their financial

situation has really been put through so much. There's been a lot of strain during this crisis. It's been hard to keep the personnel they needed as they've dealt with so many new challenges. They have always a need for more technology to deal with an ever-growing demand. Our job now is to fortify these community-based health care providers because as we go on the offensive, as we go right at these disparities with the goal of helping more and more New Yorkers through this crisis and beyond, they – these clinics become a crucial part of the solution.

So, I talked to you a few weeks ago about a four-point plan to address disparities right after we showed that the facts bore out how deeply the disparities played out in this crisis, we said there was a number of things we're going to do differently in this city. I laid out four different parts. I want to dwell on the third part of it today, which is the grassroots reach of these community-based health care providers. So we are going to be working with over 1000 community-based providers in 26 of the hardest hit neighborhoods in this city.

What are we going to do? Well, first of all, a lot of them need the personal protective equipment, so we're going to make sure it's there for them. Some of them literally couldn't do their work, even couldn't keep their clinics open for the lack of it. We're going to get them to the PPEs they need for the work in the clinics for the ability to go out into communities. This is crucial to protecting the good folks who work in these clinics, but also allowing them to do their work and reach more people. We will be distributing 120,000 surgical masks per week, 115,000 pairs of gloves per week to begin and we'll keep building from there to make sure these clinics have what they need.

Of course, like so many other parts of our health care system, these clinics were often short-handed during this crisis. They had to deal with those that they lost who are sick and that to deal with the fact that they had immense financial strain and couldn't afford to keep people on their payroll. We are now addressing that head on with members of our Medical Reserve Corps, doctors, nurses, other health care professionals. We're going to have hundreds of these professionals, these clinicians, to the clinics in the coming weeks and provide them with the personnel resources and cover the cost so that they can get back up and running as fully as possible.

Telemedicine, we've talked about this before. This is a crucial piece of the equation. When it comes to the clinics, telemedicine is also important, not just what we're trying to do with our public hospitals and clinics, Health + Hospitals, not just what we're trying to do with phone a clinician. We talked about that a few days ago, but the telemedicine that could be done with a community-based clinic. They know their patients, they know the people they have long-term relationships with, but they're not historically using telemedicine as a crucial tool. We're going to help them now do that more and more. And the wellness checks are a big part of it. Reaching out regularly to the patients from the clinic to just checking on them, see if they need anything, constantly proactively communicating. So last month and continuing this month, the Department of Health is running weekly telemedicine webinars to help these community-based clinics get used to how to maximize their use of telemedicine, and our goal is to train 150 of these clinics to be particularly proficient in telemedicine to help them make it a very common part of what they do, and then we'll expand from there.

We also want to see these clinics play a crucial role in our test and trace initiative. This – testing and tracing is the thing that you're going to see grow and grow in the coming weeks. It's absolutely crucial to how we move past this phase of this disease and move forward. These community-based clinics can play a crucial role. We're surveying all of them this week. By next week we're going to know what each one can contribute to the test and trace effort. I wanted to bring them into it deeply.

And then one more point on federal aid. A lot of these community-based clinics are crucial, not just to fighting this disease, but to the future of the neighborhoods they serve and keeping them healthy against so many other health care challenges as well, but they're going to need resources to keep going. There are literally billions of dollars available from the federal government through initiatives like the Paycheck Protection Program. These clinics qualify, but we have to make sure they get their fair share. Our Small Business Services Department's going to reach out to each of them and help them in the application process to maximize the federal aid going to them.

Now the focus will be on the places hardest hit by the coronavirus in this city, so we're going to be focused on neighborhoods all over the five boroughs. In Brooklyn, those neighborhoods will be Flatbush and East Flatbush, Brownsville, Brighton Beach, Flatlands and Canarsie, East New York and Starrett City, Sunset Park, Bushwick, and Bed-Stuy. In the Bronx, Crotona and Tremont, Highbridge, Mott Haven, and Morrisania, Bronx Park, Van Cortland Park, and Fordham, Northeast Bronx, Pelham and Throggs Neck, Kingsbridge and Riverdale, Soundview and Longwood and Hunts Point. In Manhattan, Morningside Heights, Inwood, Washington Heights and Hamilton Heights, East and Central Harlem, and the Lower East side and Chinatown. In Queens, Corona, East Elmhurst, and Elmhurst, Briarwood, Jamaica, Rockaway and Far Rockaway and Queensbridge. And in Staten Island Stapleton to St. George and Willowbrook. So, the goal will be to right now maximize the use of these community-based facilities, the providers, the clinics that have such a big impact on their communities. Help them right now to be in the forefront of our efforts to fight back the coronavirus, get them right now more deeply into things like telemedicine and the test and trace initiative and leave them in stronger shape for the future as well, serving the communities that have been hardest hit during this crisis, the low-income communities, the immigrant communities, the communities of color that have really taken it on the chin during this crisis. We want to strengthen these community-based providers now and for the future.

Now, when we think about our neighborhoods – when we think about what it's going to take for our neighborhoods to come back – and we are a city of neighborhoods, so thinking from the grassroots up is the right way to do things. When we think about our neighborhoods and what makes our neighborhoods strong, we think about small business. We think about small business in every way. Part of what makes our lives so good in this city is the small businesses that we depend on that are part of the character and identity and the culture of our neighborhoods. Of course, they're also huge employers. When you add up all the small businesses of New York City, the mom and pop stores, all the kinds of small businesses, it's where so many New Yorkers get their livelihood and small business has gone through so much during this crisis. Small business makes New York, New York. When you really think about so much of what we emotionally identify with, so much about what we care about, about our city, it comes back to

our small businesses. So, we're going to have to do a lot to help them back. Many are going to struggle coming back. We've got to save as many as possible help as many as possible on the road back. On Friday, I had a call with a group of small business owners, in this case, smaller bars and restaurants. There are a group called the New York Hospitality Coalition and they wanted to help me understand what they were going through and what they needed to come back. And what was so clear on this call was these are folks like, like every small business owner, they put their heart and soul into building up their business. It was something that was really a part of their identity. It was, they put themselves into it and they would do anything to keep their small business going. And they had a deep sense of being there for the people who are their customers, who are the people in their neighborhood that depend on that small business. They, each and every one of them, wanted to come back not just because it was their livelihood and what they had created, not just because they cared about the people worked at their small business, but because they knew their neighborhoods depended on them. So, hearing their voices – and I going to be talking to many, many other people in the small business community, going forward – reminds me of everything we're going to have to do. In the beginning of this crisis we did what the City could do with a \$50 million loan and grant program. Obviously, a huge, huge federal program, hundreds of billions of dollars has come into play since then, although there are many challenges with small businesses accessing it and we're still fighting to help them get that done. But we are going to need much more to help small business, going forward. And we're going to have to find new sources of support for small business. To say the least, this is not going to be business as usual. We are going to have to find ways to help small business that are different than anything we've ever done in the history of New York City. We've got to maximize, of course, the federal aid to small business and state aid to small business, but we're going to have to do some things differently to find a whole new type of support for small businesses to help them back on their feet and help them stay on their feet, going forward.

So, I have two personnel announcements today that are related to a new approach we're going to take to small business in this unprecedented time. First of all, I am creating a new position as senior advisor for small business related to the COVID-19 crisis, and I'm naming to this position Gregg Bishop. Gregg has served as our commissioner of Small Business Services since 2015. He's done a great job and he has been the voice of small business owners all throughout the City government. I've talked to so many small business owners who appreciate deeply what Gregg does. He understands the small businesses of this city. He's going to bring that expertise to bear to help us develop a whole new approach to bringing resources and support to those small businesses. He'll work closely with our public-private partnership czar, Peter Hatch, who's been doing a fantastic job bringing in philanthropic support and support from the business community locally, nationally, internationally for New York City. Now, we need a lot of that support to be focused on how to uplift small business and provide the resources for small businesses to get back on their feet and the ability for small businesses to have new customers, new revenue to keep them going in this new reality. I'll charge Gregg with finding whole new sources of capital for small business. I know from having spoken with people in the philanthropic world that they understand that in less New York city, small businesses come back, our neighborhoods can't come back the way we need them to. I think there's going to be a tremendous sense of generosity from the world of philanthropic organizations, many of whom have a deep focus on New York City already. Gregg is going to be charged with tapping into that desire to help and building a whole new initiative to bring in those resources, but also to deepen the connection between larger

businesses and small business. When I had a call last week as well as the heads of some of the largest businesses in New York City, and to their credit, they said they understood small business was hurting a lot more than larger business and small business would be crucial to any restart and recovery and they were already asking themselves what could larger businesses do to patronize smaller businesses, to work with them, to provide them capital to do things that larger businesses hadn't done so much before systematically with small business but needed to do now for the good of New York City. It was a very heartening conversation. Gregg Bishop is who I'm going to turn to, to take that idea and make it a reality and really catalyze that instinct we're seeing in the larger business community and bring it to bear to help small business.

Now, and given the important work that's happening, the every-day work of Small Business Services, we needed a new leader to come in to be the commissioner, following Gregg, to pick up the work that he's done and deepen it in the next 20 months ahead in this administration, because Small Business Services every day is solving problems for small businesses, figuring out new ways to help small businesses. Even in normal times, that reality is going to be more and more complex now, but our Department of Small Business Services has proven itself time and again, it's going to take on more and more responsibility going forward. To fill the role of commissioner, I've chosen Jonnel Doris. Jonnel has done an outstanding job as our Director for the Office of Minority- and Women-Owned Business enterprises. He's led a really systematic, energetic effort to expand M/WBE contracts coming from the city – \$14.6 billion awarded since 2015, \$1 billion ahead of pace for our 2020 goal. A lot of that has been because of Jonnel's energetic leadership. So, as the new commissioner for small business services, I'm going to ask him to look at every way that that agency can help small businesses in this recovery. All the ways that we have to simplify what small businesses go through in their dealings with City government. Here's a moment of crisis, but it's also a moment to rethink what we do with and for small business and how we can lighten the burden on small business. Jonnel, someone has proven himself to be an innovator, I'm going to ask him to look at the situation from scratch and figure out how SBS in its own work, but also as a leader for the small business community in the whole City government can get all City agencies engaged in the work of helping our small businesses back. Look, we know small businesses of every kind are hurting. I've heard particularly concern from immigrant communities and from communities of color about whether their small businesses will be able to come back in this environment, in many cases small businesses that had the most tenuous financial situation even before the coronavirus. We've got to help each and every small business come back. I know it'll be a huge challenge, but I want small businesses all over the city to know the City government is here for them and we're going to find new resources and new ways to help and that we can weather the storm together. So, with Gregg's leadership, with Jonnel's leadership, I'm confident we'll be able to do a host of new things to help small businesses to get through and then become strong again as we move back to normal.

Now, we've talked about some of the challenges that have been so profound in this crisis. We've talked about what some of the hardest-hit communities have gone through. We've talked about what our small businesses have gone through. Clearly, when you think about who's challenged every day in New York City, our hearts always go to homeless New Yorkers. And in this city, we feel a lot for the fact that some people ended up living on the streets, something happened in their life that led them to that point. Our job is to help them back and to create a better reality for

homeless people. So, I have two updates today, and the first relates to our shelters. We've been trying to make sure as we deal with the coronavirus that we're constantly evaluating our shelter system and moving people as needed to make sure everyone is safe and healthy. I told you we were going to have a goal of moving a thousand people per week out of shelters into hotel settings to keep opening up the shelters to keep making sure we could do a proper social distancing. We met that goal last week. We will be meeting it again this week. There's now over 8,000 single adults in hotel rooms and we'll keep doing that as-needed in the weeks ahead, and particularly as we build up our widespread test and trace initiative, which is going to help. Everyone in that initiative will also be focused on our homeless shelters.

Now, the second update I want to give, and this is something we've been talking about over the last few days, is what's happening with homeless folks who have been in the subways. And I keep telling you something historic is happening, and, day after day, the facts bear it out. The new initiative that we put together with the MTA and the State, six days now and six days that have been entirely consistent, something really groundbreaking is happening here, something very different and very powerful. Last night, when a subway shutdown for cleaning, our homeless outreach workers and specially trained members of the NYPD were out there to help homeless New Yorkers, to offer them a chance to come in and get support. 261 homeless individuals were engaged, 139 of them accepted help. 116 went to shelter. 23 went to hospitals. Again, numbers we've never seen ever in the history of the city – such an extraordinary number of people agreeing to take help, agreeing to take the first step towards a very different life. It's early to say the least, just six days, but they've been very, very consistent. And when I look at the sheer number of people whose lives now could be changed, it really gives me hope that we're going to be able to get a number of homeless people once and for all off the streets, into a better life. So, another good day for this new initiative.

Now, let me turn to something that's an every-day thing in this city, something we all think about – or, many at least think about and always want clear answers on – and it's alternate side parking, a part of every-day life for so many New Yorkers. So, alternate side parking, we've been suspending it quite a bit. Obviously, given everything people are going through, we wanted to make it easier for people to stay home. We've said throughout, we've got to keep an eye on how our neighborhoods are looking. Are they clean? We want to keep them sanitary. We want to make sure that while we're trying to give every consideration to people, we also have to keep an eye on cleanliness, very important to the overall health and wellbeing of the city. So, we've suspended alternate side many, many times in the last 10 weeks. But now we do see a number of areas in the city where some litter is starting to add up and we're concerned. So, we'll go to do something a little different this coming week and then that will help us reset for the future. So, alternate side will continue to be suspended this week through Sunday through May 17th. And, by the way, this suspension now that's happened over recent weeks is actually one of the longest in the history of New York City. So, this suspension has helped people, made the lives a little easier, help people stay inside. We'll keep it going through Sunday, May 17th. Starting on Monday, May 18th, we're going to do a clean sweep all over the city, a catch-up to make sure neighborhoods are clean. So, alternate side parking will resume on Monday, May 18th and go through the end of that week. So, again, one week, the week of Monday, May 18th, alternate side parking will resume just for that week. We will then suspend for the following two weeks, so it'll be suspended again through Sunday, June 7th. So, the goal here is if we do that one week clean

up, hopefully that will last us a substantial period of time. But, again, we have to see how it goes. We have to see what we can achieve to make sure neighborhoods are clean. So, again, everyone – this week, no alternate side; next week, back on for one week only and then suspended again for two weeks after that.

Okay. I want to talk about an incident that happened last night and this is something that we've seen in the context of this whole painful crisis. Remember, there were too many times, way too many times over the last 10 weeks when I've had to talk to you about incidents of bias directed at Asian Americans in the context of the coronavirus crisis. We don't accept bias in New York City. We don't accept hate in any form, any act of bias, any hate crime, we pursue it. We make sure there are consequences for the perpetrator. That's something that people have seen time and time again in this city, that we take it seriously. All of us take us seriously. We take us seriously here in the City government and the NYPD takes it seriously. So, we saw those horrible incidents directed at Asian communities. Now, last night, a different incident in South Williamsburg, two perpetrators, one male, one female ripped masks off, members of the Jewish community who were walking down the street. This is obviously absolutely unacceptable in every way. It's something that expresses hate, but also create danger, and that's unacceptable and we're not going to allow it here in this city. The two perpetrators have been arrested by the NYPD and we are treating this incident as a hate crime. So, there are serious consequences when someone commits one of these acts. So, look, whether it is this horrible anti-Semitic act that we saw or the horrible anti-Asian acts we saw in previous weeks, none of these acts of bias and discrimination are acceptable in New York City. And the fact that the perpetrators were arrested immediately is a reminder to everyone out there, we will not tolerate hate, we will act on it quickly. Anyone who engages in an act of hate will be suffering the consequences of their actions.

Okay. Every day we come back to our daily indicators and this is what we look at every single day to see how we're doing this city and where we're going today. I have good news. And this is really wonderful to report to you, because it gets back to what you've been doing every time I get to give you good news. It's just a reflection on all of you, because New Yorkers are taking shelter in place so seriously, social distancing, so seriously face covering so seriously and it's making a difference. So, the indicators today show it first. The daily number of people admitted to hospitals for suspected COVID-19, that is down from 69 to 55. And look, two things to see here, one down and down substantially – that's great to begin with – but down to just 55. We are not out of the woods, but when you see that number go down as low as 55, that sure is heartening compared to where we were and a credit to all of you. The daily number of people in ICU is across our public hospitals for suspected COVID-19 it's down, it's only a little from 540 to 537, but it's still down, and that is progress. And the percentage of people who tested positive for COVID-19 citywide, down from 17 percent to 13 percent. So, this is exactly the kind of day we want to see. Now, let's say we can stretch a number of these days together and that'll be the signal that it's time to start talking about relaxing some of these restrictions. But first, we have real work to do to get there.

A few words in Spanish –

[Mayor de Blasio speaks in Spanish]

With that, we will turn to our colleagues in the media and please remember to give me the name and the outlet of each journalist.

**Moderator:** Hi all. Just a reminder that we have Commissioner Barbot, Commissioner Banks, Senior Advisor Bishop, and Commissioner Doris on the phone. With that, I will start with Brigid from WNYC.

**Question:** Good morning. Mr. Mayor, I know yesterday you spoke about the Multi-System Inflammatory Syndrome and the number of cases in the city. Just to follow up on that – one, do you have an updated – are you still at 38 in terms of the number of cases? And is there more information in terms of the specific ages, demographics of the patients, where those cases are located and how the City is tracking this data? Are you actively seeking information from hospitals or as the Deputy Mayor said last week, are you waiting for hospitals to report that information?

**Mayor:** Thank you very much Brigid. We're all very, very concerned about this situation. I want to keep emphasizing to parents if you see these symptoms and I'm going to ask Dr. Barbot to go over the symptoms at the beginning of her answer. Again, because we want to keep reminding parents and family members to look out for these symptoms and act quickly because as concerned, deeply concerned as we are, it's also important to remind everyone this is the kind of a situation that if it's seen and acted on quickly, can be crucial in addressing the syndrome and protecting a child. So early detection, early action really matters here. Brigid we want to make sure we get clear information out. The number of cases, thank God is still small. So in terms of seeing demographic trends, we have a very small sample size, but we absolutely want to report what we know about the demographics of the cases. And Commissioner Barbot will speak to that. And we mentioned a few days ago, the Health Department sent out a HAN, a Health Alert to all providers, to report in what they were seeing about this syndrome. That is an obligation for them to report. So I think we're in a proactive stance, getting information constantly to understand what's happening and how we can address it. So Dr. Barbot, I'll turn to you to further answer Brigid's question, but again, if you start with the symptoms and a reminder to parents, I'd appreciate it.

**Commissioner Oxiris Barbot, Department of Health and Mental Hygiene:** Certainly Mr. Mayor. So this evolving syndrome has many of the similar features of what we call Kawasaki's Disease. And those tend to be a presentation that includes high fevers for a prolonged number of days, as well as a rash and very red injected eyes along with red swollen lips and what we characteristically refer to as a strawberry tongue because of the degree to which it's so red. And these children when they present – so the most important thing is, as the Mayor mentioned, are clinicians to identify this early and an order for them to do that we need parents to reach out to them if they have children with these symptoms, not to delay but to consult with their pediatricians. And for the pediatricians, if they have a high level of suspicion, obviously to then refer them for definitive treatment because the treatment that is required is given through intravenous routes.

And so during this process we have in collaboration with our health care delivery providers, confirmed 38 cases. And the case definition is something that is important to have consistency



about because we all need to be as a clinical community, clear about what are the symptoms, what are the signs that then confirm or not whether a child might have this new syndrome. And the guidance that we have sent out to the provider community is an individual less than 21 years of age, and thus far the majority of children have fallen within like the five to nine year range. So we have certainly kids younger than that as well as older. Laboratory signs of inflammation and then a single or multi-organ indication of failure, meaning that your kidneys are not working. They're going into shock. Their heart is giving out. So this is something, obviously that is incredibly concerning because the best way to ensure that we limit the number of children that are diagnosed with this inflammatory syndrome is to ensure the prevention. Right? So it goes back to having New Yorkers stay at home, continuing use of face coverings and that early access to care if children develop these symptoms. And then the appropriate referrals for definitive treatment.

**Mayor:** Thank you, Doctor.

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

**Question:** Hey, good morning everyone. And Mayor de Blasio, I've kind of asked a version of this question a few times throughout this. And it feels a little bit like Groundhog Day, not to trigger you, but I'm curious, this initiative to engage community-based health care organizations. Why wasn't it done sooner? Particularly in neighborhoods that have fewer health care? I'm thinking of, especially Queens, which is the epicenter of the epicenter, has fewer hospital beds. Why wasn't some of this work done earlier? I have colleagues who've spoken to these community-based doctors who said that they were really struggling in March when, and in April when it was really at its peak. So you know, why couldn't it have been done any sooner and maybe perhaps prevented some deaths? Thank you.

**Mayor:** Thank you, Katie. Look again, Katie, the strategy which we've – you've asked it before, I've answered it before. I'll answer it again. The strategy in March going into April was focusing on saving lives at hospitals. That's where we had to protect the most New Yorkers in the most profound way. We know that as the disease escalated, our hospital system was going through intense stress. In fact, the projections were going into beginning of April, it was going to go through much, much more. And everything was about protecting the lifesaving capacity of hospitals. There was a deep concern that hospitals would at some point be overwhelmed, and that meant in every sense, literally number of beds, personnel, PPEs, all of the above, ventilators, you name it. That's where the focus had to be to protect the ability of the hospitals to save lives. We only started to get relief as we got into the middle of April and that's when also the disparity information came out and we shifted a number of our efforts towards addressing the grassroots and addressing the disparities. So now we are going to continue to deepen those efforts. And of course the central strategic thrust now is going to be test and trace and we're going to bring these community-based providers into that as well.

**Moderator:** Next, we have Gloria from NY1.

**Question:** Hi. Good morning. Two questions. First on Kawasaki. I just want to get some clarity about the protections that parents should be taking for their children in terms of how this

syndrome is spread? And how much is this now being taken into consideration as part of a possible reopening of schools in the fall? I also have a question for -- on testing, if I may. I'm wondering if you could give us an update on where testing is at? And if the City's guidance has at all changed? I know in the beginning the guidance was, you know, not everyone should be going out and getting a test if your symptoms aren't terrible, stay home, ride it out. But has that changed at all as testing becomes more available?

**Mayor:** Thank you Gloria. I'm going to start on the testing and then speak to the syndrome and turn to Dr. Barbot. The answer is absolutely, the initial reality of testing and remember testing has been the central issue from day one going back to January when we first called for federal support for testing. Still don't have the federal support we need. That's obvious. We are -- we have much less testing than we want to, but we do have a growing amount of testing so we will be changing the criteria. Previously, it had to be focused on those who were in the greatest danger of losing their lives, as well as of course, keeping our hospitals going. So testing for our, our health care workers, keeping our first responders going. It was a very narrow construct. And as we started to do even the community-based, we focused first and foremost on those who are older and or had the preexisting conditions. We're going to be broadening that because by definition as you go into test and trace, you want to go as deep into communities as possible. So first concern will remain with those who are most vulnerable. But the goal is to go far beyond them and go deeper and deeper into communities. So right now we're still at that level, 13,000, 14,000 a day. We will get to 20,000 by May 25th, and then we want to get up to 50,000 a day. That's our goal in the course of the next few months. Maybe even get beyond that. If we could get federal help, we could go a lot farther. And that's just on the diagnostic testing. Obviously the antibody testing, which I always say you know, is helpful but has limitations, that will be a whole additional piece of the equation. So the criteria will loosen up. Then you know, for the foreseeable future, first preference always will be to older folks and or folks with preexisting conditions. But we will see an opening up more and more reach into communities as we go along.

On the issue of the schools. Look, we're going to watch this very closely. This is a syndrome that is historically rare. Dr. Barbot can speak to that, but we're taking it very seriously. We are watching it very carefully. And anything we do about schools is going to be led by health and safety first. That's absolutely the first question in any reopening. As of this moment, we believe we can reopen schools safely and well in September. But we have to keep a very close watch on this syndrome to make sure that we attack it in every way possible in the meantime. Dr. Barbot, you want to add.

**Commissioner Barbot:** Yes, sir. So this syndrome is Kawasaki-like, but it's really beyond that. So we're calling it Pediatric Multi-System Inflammatory Syndrome. It's a mouthful. But it really is a descriptive diagnosis. And the reality is that we're still learning about the way in which COVID-19 is affecting children. And so in terms of prevention, the most important thing is again, for families to remain indoors as much as possible. When they go outdoors for activities, they should use face coverings, children about the age of two should be using face coverings. When a parent, as I mentioned earlier, does have a child who has symptoms that may be consistent with this new syndrome, and they take their child to the pediatrician. One of the things we want pediatricians to be very much aware of is that oftentimes when they get the results back

for COVID-19, the results may actually be negative. And so this is a syndrome where it can't really be directed by whether the test is positive or not. Although certainly it should be done. We are encouraging pediatricians to also do the antibody testing for these children. More so to confirm the diagnosis, not as an indication of whether or not it's going to then impact the case moving forward. The most important thing is, as I mentioned earlier, early diagnosis, do the test, the test is positive or negative and you still have concerns about could this be COVID-19 related? Do the antibody testing in the meantime, make sure you refer the child to hospital so that they can be more definitively diagnosed and given the appropriate intravenous medication as needed. The important thing here is based on experience, I actually, when I was in clinical practice actually treated children with Kawasaki's, you find it early, treat it early. The long term consequences for children are pretty negligible. If you delay treatment, then the concern is that children may have long term consequences. Most often in Kawasaki's is related to the heart. And so we want to take this opportunity again, bring this information to parents, have them be on the lookout, bringing this information to primary care pediatricians so that they can act early. And then with regards to the safety, as the Mayor mentioned in terms of schools, absolutely paying very close attention on a basis. We are reaching out to pediatric providers and intensive care units. And as the science emerges and our guidance, if it needs to adapt, we will certainly adapt it. But for right now continue with face coverings, remaining indoors as much as possible and not delaying in seeking care.

**Moderator:** Next we have Sydney from the Staten Island Advance.

**Question:** Hey Mr. Mayor. So businesses along Front Street say that closing down Front Street between Canal and Edgewater streets as part of the City's open streets plan has been hurting their businesses even more during the pandemic. No one seems to be using the street that's been closed off and appear to be using the Stapleton Waterfront Park, which is adjacent to Front Street more than the Front Street area. Would you be willing to reopen Front Street and choose another street in the area to close down?

**Mayor:** Thank you for the question, Sydney. This is exactly again, I've said to many, you and many of your colleagues, it really helps when our colleagues in the media raise concerns that help us see if there's something that needs to be adjusted or addressed. So I'm going to have my team look at that immediately. Look, we put together these streets working with the City Council, working with NYPD, Department of Transportation where we thought they would be most helpful and where we could of course, keep them safe. Like everything else, if we try something and it proves that there's not that many people who use it, we need to reassess. Or if it has an unintended consequence we need to reassess. So I can't tell you the final result now, but I can tell you right away I'll have my team follow up, see what we're seeing in terms of the number of people using it, see if we think there's a different approach, or a better alternative. Definitely concerned about those small businesses. So we'll assess it over the next few days and have an answer for you.

**Moderator:** Next we have Andrew from NBC.

**Question:** Good morning Mr. Mayor and everyone on the call. Hope everyone is doing well.

**Mayor:** Good morning Andrew, how are you doing?

**Question:** Good. I have two questions. The first question is, Mayor, what is your understanding of the earliest date New York City nonessential businesses could reopen? Based on the Governor's new executive order, it would seem to be June 7th, but I wanted to know what your understanding is of the earliest that could happen? My second question is on behalf of my colleague Melissa Russo, who of course has been breaking news on the Kawasaki and related syndrome. Are there any changes being made to testing and must the testing now routinely involve children to gauge overall exposure? Do children start to be necessary for the testing samples?

**Mayor:** Okay. Let me do them in the order you asked them, Andrew. On the reopening look, so we have our daily indicators. The State has their indicators. We're all working together. They're all valuable measures. By both sets of measures, we're clearly not ready yet. It's May 11th today. What we can see in the case of both indicators is, you know, the likelihood right now, unless something miraculous happens and we're going into June. So I think it's fair to say that June is when we are potentially going to be able to make some real changes, if we can continue our progress. Now, Andrew, everyone who asks those kinds of projection questions, it's absolutely natural. Everyone, every New Yorker is asking themselves the question. I get the question all the time from people. We got to keep bringing it back to the science and the data. Because I've been critical, the Governor's been critical and a number of people have been critical around this country of places that decided to make their decisions without facts and the dangers that creates for their citizens. So we're going to always go by the data. It's been pretty good and pretty consistent. It's not quite been what we need it to be, but definitely trending the right direction. But we need to see it sustained in a deeper way. Right now that takes us into June. As we get close to the beginning of June, we'll be able to say, if it's looking like things are really coming together, and then what are the areas where we could be – begin to have some flexibility? But I remind you, I keep using the word boomerang. We got guard against the boomerang. And at any point, if the data started to change, that then delays the moment when you could do any kind of loosening of restrictions. We also know, and I gave the bad examples some days ago, of places that had to not only pulled back on loosening but then have to tighten up even further than where they started. So we have to earn it every day as the bottom line. And I think the right thing to think about is this conversation, end of May beginning of June is when we'll be able to start filling in the blanks.

On the question, passing on to Melissa's question – again with real appreciation to Melissa for the work she's done here. We're going to do, you know, throughout the whole health care system, we're going to be vigilant to see what's happening with this syndrome. And again, it begins with pediatricians and other health care providers, looking for those symptoms in kids. And it begins with parents and family members immediately reporting if they see their children with these symptoms. So that's, I want to really emphasize how we have the best chance of protecting kids and making sure they're safe, that early detection, early action. In terms of testing I'll turn to Dr. Barbot. Obviously the testing is happening now more and more as I talked about yesterday. For example, all Health + Hospitals facilities are now testing kids proactively with the antibody test as one of the measures to take in light of what we're seeing here. But that's in the case of kids who are already hospitalized, already have a problem. So the focus right now again is addressing

kids with the symptoms, but definitely testing when you do see the symptoms. Doctor, you want to add?

**Commissioner Barbot:** Yes, sir. What I would emphasize is if a pediatrician in his or her opinion has a child that has symptoms potentially consistent with COVID-19, they should by all means test that child. Do it in the outpatient setting, do it in the inpatient setting. There should be no limitations to a pediatrician's ability to test the child for COVID-19. Now, that being said, if they have a child who has symptoms they're concerned about, could be this new inflammatory syndrome, they should be -- take that test results with a grain of salt. Meaning that if the test does come back negative, then they should also consider doing antibody testing. And really the important part is not delay referral for more definitive treatment if the child has symptoms that they think are consistent with this new inflammatory syndrome.

**Mayor:** Thank you.

**Moderator:** Next we have Jeff from the New York Times.

**Question:** Hey, good morning, Mr. Mayor. I just have two questions for you. One from a colleague, based on the NYPD's daily coronavirus reports, the number of summonses issued for social distancing offenses between March 16th and May 5th, is at least a hundred more than what you and the NYPD reported last week. Last week's data did not include instances in which officers used charges such as disorderly conduct to enforce social distancing or when they found other violations such as marijuana possessions. That means the number of arrests and summonses stemming from social distancing seems even higher than you were saying. Why isn't the City releasing the full number and breakdown of these arrests and summonses? And how can you reach the conclusion that enforcement has been used sparingly without that data? And the second question is on alternate side street parking, it's been suspended for weeks and the City has remained relatively clean, you said. Has the City considered any permanent changes to alternate side parking? And are there other things that the City's learned from this pandemic that might change once the pandemic ends?

**Mayor:** So, Jeff, I mean your last part of your question is, is a vast one. I think there are many things we're learning from this horrible crisis that are going to change the way we do things in the future. That's why you know, everything we're putting together now, the Fair Recovery Task Force, the internal task force on Equity and Inclusion, the sector councils, everybody's going to be looking at restart and recovery, but also lessons learned. Painful lessons, things we're going to have to learn to address. But also innovations and changes that are coming. Telemedicine is a great example. The fact that we're seeing a lot of places now learning telemedicine that didn't before and that's going to actually expand the ability to reach so many more patients. So yeah, that's going to be a huge discussion going forward of all the things we're learning and we're going to act on.

Alternate side, you know, I would say what we're seeing in the short term is that because people's lives changed so profoundly, because there are so many fewer people on the street, there was so much less litter. There was so much less activity that we could be okay with a lot less alternate side. When you get back to something more normal, I think, you know, there's a strong argument

that you want to restore it fully, but that's not something we're going to deal with for quite a while. We'll certainly look to see if there's a bigger lesson that we can learn vis-à-vis alternate side that might change the approach for the future. I definitely think there's some places still in the city where we're doing, you know, before all of this, where we're doing more alternate side than is needed. So I think there's an opportunity here to reassess frequency for sure. But right now we're going to stick to, you know, having this one week, next week we have a cleanup week. And then go back to suspending it. And then as we come out of the crisis, assess what it means going forward.

On the NYPD. I want to again, always begin at the beginning. The NYPD is at this point for years and years has been reducing the amount of arrests. Obviously radically reducing the number of stops. In this crisis, even though we've made clear that we have to make sure that there is the opportunity to enforce when needed, the vast majority of time enforcement hasn't been needed. The vast majority of New Yorkers are following the rules related to shelter-in-place and social distancing and face coverings. Enforcement has really not been needed on anything like a large scale. In fact, when you look at the summons activity, it is averaged out to fewer than ten a day, ten summonses for the whole city per day. It's really, really small. So we got to keep putting this in perspective. Now, the original numbers put out last week actually did combine specific summonses related to social distancing with some other summonses at the same time for other offenses. So that needs to be disaggregated so people can see. But Jeff, it's just standard policing that if another offense becomes clear in the midst of one type of enforcement, of course there has to be enforcement on the new offense as well. We'll keep making sure this information is published and is clear. But the level of activity by the NYPD is minimal right now when it comes to how they're participating in enforcement. And we want to make sure it's there when it's needed because enforcement is part of life. But I think it's quite clear that NYPD has been very restrained in the approach.

**Moderator:** Next, we have Erin from Politico.

**Question:** Hi, Mr. Mayor. First a quick follow up on the Pediatric Inflammatory Syndrome. Yesterday you said 38 children. I'm just wondering if there's an update on that number? Particularly with regards to the homeless folks being taken off the subways, have you been tracking in terms of those numbers, whether they're unique individuals or whether some of those people are being removed from the subways multiple nights in a row and, you know, therefore ending up back there?

**Mayor:** Very good question. I appreciate it Erin. Let me first on the Pediatric Multi-System Inflammatory Syndrome, turn to the Commissioner, Commissioner Barbot. I don't have new numbers as of today, since what we talked about yesterday. Commissioner, do you have any new numbers yet? If not, if there's anything new, we'll get it out later in the day.

**Commissioner Barbot:** We're still at 38, though we have less than a dozen that are pending investigation. So, I anticipate those cases will be resolved sometime this week, early this week. If not today, then tomorrow. And we'll be able to update numbers to see whether any of those actually turn out to be PMIS.

**Mayor:** Okay. Thank you. Now, I want to turn to Commissioner Banks. I think Erin's question is a crucial one always – are we reaching the same people over and over or are we reaching different people? Commissioner, obviously this gets to the point of when you have folks come into shelter – it's very early, it's only six days, but how many people are staying in versus going back out and then we bring them in for another night. So, let me immediately note, six days is a limited sample size and I know it takes time to gather the information, but what can you tell us so far about whether you think folks are staying in or going back out and then you're bringing them back in again?

**Commissioner Banks:** Thank you, Mayor. I appreciate the framing of this. It's really only six days into a brand new initiative. Without this initiative we always had people who would come off for one night, return, and then we would bring them in, be able to persuade them to come in at another time. So, this is a phenomenon that we have been working with. What we have not ever seen, though, is this kind of success rate. As I said yesterday morning on a good night, five percent accepting assistance would have been a high night. And here we're getting half the people accepting assistance. We're looking at the trends. We certainly see some people that are staying in. We see some people that are not staying in and we're going to take a hard look at it over the course of this week to see if we can really focus on the people who might've come in for a night or two and then not come back in. Those are the people that we really want to focus on. In addition to the other half of people who are not accepting our services, if there's some additional help we can give to them to have them accept it. So, you know, Erin, it's a new initiative, it's too early to make global statements, but we're looking very carefully at this because we want people to stay in once we've been able to get them to accept services to begin with and we want to redouble our efforts for the people that are not accepting our services currently.

**Mayor:** Yeah. And just to finish it, Erin, the – look, the perfect world is, first engagement, someone comes in, you know, gets support, gets mental health services, gets substance misuse services, never leaves again. But we know in the real world there's going to be times where it's going to take multiple efforts to get someone in. So, even if you get someone in for a night, it's still one night less that they were out on the street and that's when you can begin to get them help, begin to show them the kind of help that would be available for them. Anytime someone comes in, even for a night, is something of a victory. But you're absolutely right. The goal here is to try and sustain it and make sure it's as deep as possible. And I think over the next few weeks we're going to have a much greater ability to say how lasting an impact this is happening. But just the fact that so many people, at least beginning to experience the help they could get is very, very encouraging to me.

**Moderator:** Next we have Julia from the Post.

**Question:** Hey, good morning, Mr. Mayor and everyone on the call. I actually just wanted to see if – ask a follow up to Erin's question to see if Commissioner Banks at this point has any numbers or percentages in terms of the people who may have left after one or two nights. And then Mr. Mayor, I'd like to ask you about what alternate side parking enforcement means when it's back in effect next week. Is that just summonses or tow trucks? And what areas have had the dirty streets? Because we've heard from a number of readers in some neighborhoods that streets are actually very clean.

**Mayor:** Thank you, Julia. On the – I'll do this part first and then turn to Commissioner Banks. So, we'll get you information today on what the Sanitation Department has seen. Remember that for all these weeks, the Sanitation Department's out there surveying regularly and the fact that we kept extending alternate side was – meaning not having it in effect – was because the Sanitation Department kept confirming that they were satisfied with the standards. Only in the last few days have they said they really do start to see more of a problem. And, of course, the one thing we know about alternative side is it's applied citywide simultaneously. So, if we see a problem in a number of areas, we have to turn it on everywhere to be able to be effective. But I think, you know, what I've said from the beginning, I do not want to see us, even as we're fighting this bigger problem, end up with a city that gets dirtier and dirtier. There was going to be a point where we had to make sure if we saw a problem, it got addressed. And to do it for one week is, I think, a smart, limited way to do it. But we'll get you the data that led to this decision. And it would be applied the way it normally is applied with the same kind of approach to enforcement as would happen in normal times. Commissioner Banks, do you want to answer the other part of the question?

**Commissioner Banks:** Yes. Just very briefly, Julia, you know, as I said in response to Erin's question, it's really too early to tell. It's particularly, you know – I had the curve ball in the middle of this, of a Code Blue on two nights in May, which is not something that typically happens. And during Code Blue we typically were able to bring people in for a night or two and under circumstances in which people would not accept services. And I think as you saw in the numbers of engagements on Saturday night into Sunday morning and Friday night into Saturday morning that we had higher numbers of engagements and higher people accepting services on those nights. But if you took a typical Code Blue night, in the winter time, we would see one or – people coming in for one or two nights. So, we had to sort out all of the back and forth over the course of these last several days and we'll be doing that in the coming days as the Mayor said.

Look, our goal is to have people come off the streets and remain off the streets. That's – the tools that we've used with HOME-STAT have gotten more than 2,500 people to come in off the streets and remain off the streets. These last six nights have been opportunities to reach people, to try to help them on a pathway off the streets. We've been offering new tools, including Safe Haven stabilization beds in a commercial hotel. We brought on new Safe Haven beds in the middle of the pandemic in order to offer new tools to our outreach workers. And when we have a body of work that's a little bit longer, we'll be able to reach some conclusions about how we're doing in terms of people remaining inside. You know, if we can get someone in for three nights, it's an opportunity to know them better and to be able to offer things for them in the future that'll keep them off. So, every night for each human being is a victory to have a roof over their heads rather than be on a subway train.

**Moderator:** Next we have Henry from Bloomberg.

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

**Mayor:** Good, Henry, how about you?



**Question:** Good. My question has to do with whether or not the City has given any thought to separating the comeback from the lockdown by the amount of risk involved in certain parts of the population, mainly age. Old people are particularly susceptible to serious complications of this disease. Is it possible that you will have a kind of bifurcated advisory in which older people, people over 65, are asked to continue to shelter in place while people who are at less risk may have a little bit more latitude in the amount of freedom, if you will, that they can go about a city?

**Mayor:** It's a very smart question, Henry. And it's the kind of thing we have to look at as we get toward the point of being able to relax restrictions. But again, I keep reminding people, one, we're not there yet, and two, we have to prove consistently that we get to that point and cannot count our chickens until they're hatched. So, we're constantly looking at these indicators to see if we get to that point we can do some opening up. But remember even if you do some opening up initially, it does not change the basic rules of engagement. You still want people to practice social distancing and wear face coverings, and you still want folks who are particularly vulnerable to take extra precautions. So, I would say your question is a good one because it helps us all start thinking about the fact that the first steps towards reducing restrictions and opening up, certainly those first steps in particular do not change the basic rules of engagement. And in fact, I would argue it will be well along the way, months ahead, we're still going to be practicing a number of these precautions until we really get to a point that this disease is so limited in this city that we can anticipate, you know, something very different. Definitely want folks who are older, particularly those who are much older and, or who have the preexisting conditions to keep being careful and smart for quite a while, and the people around them to exercise a lot of care and caution with those who are most vulnerable. We're at a point now, last 24 hours, over a thousand new cases, we're far from the point where people can let down their guard. So, we'll give guidance for sure. But I think a good general rule is to say that those precautions need to be in place for quite a while, even as we're taking the first steps to open up

**Moderator:** Last two for today, we have Steve from Westwood One News.

**Question:** Good morning, Mr. Mayor. Good morning everybody on the call. Just wanted to ask you something about small businesses since you're focused on that today. I've been talking to small business owners around Brooklyn and many of them are wondering what they'll be able to do and how soon they'll be able to do it. Specifically, they're wondering if they can be open soon for curbside pickup only, in the words of the same way that restaurants can, you know, fill orders for takeout. Would it be possible for small business owners to take orders over the phone or online and then fulfill those orders at the door front without having people inside their stores? Now, they say they're hurting so badly, they have to pay their rent, the City needs the tax revenue, and wondering if that's an accommodation that can be made soon. And then I'm just wondering, also my second question, I want to come back to the contact tracing decision to have Health + Hospitals do this and ask Dr. Barbot, what are your thoughts on this? And, you know, there's been so much criticism from predecessors on this, specifically Dr. Tom Frieden who says that this isn't a wise move. He thinks it doesn't make sense. Wondering what Dr. Barbot's thoughts are on the criticism that came out over the weekend. Thank you.

**Mayor:** Thank you, Steve. So, on the first point with the curbside pickup, it's definitely the kind of thing we need to look at because when we think about the many different permutations of how

you start to relax certain restrictions or start to open up. We're going to look at any and all options, and we're looking at things that have been used around the world and around the country to see what's been working well, what hasn't been working so well. That's the kind of idea that's on the table. But again, it's premature to say exactly what we're going to do because we're analyzing each option, the timing, how it would work in a place like New York City, which is obviously different from a lot of other places. And we have – you know, even something like curbside pickup plays out very differently here than it would in a lot of places around the country that have a lot more space. But it's an idea we definitely need to weigh. And to Gregg Bishop and Jonnel Doris, both of whom, you know, constantly are engaging small business owners and talking to them about their needs, when you – you know, again, you can think about curbside pickup or any of the other specific ideas you're hearing from small business owners, but just wanted to see if either one of you wants to add about the kinds of approaches we're going to take initially as we listen to small business owners and try and figure out the best way to support them. If either one of you would like to add at this point, you're welcome to. Gregg, if you'd like to jump in at all.

**Senior Advisor Gregg Bishop, Small Business COVID-19 Recovery:** Sure, Mr. Mayor, and thank you for this opportunity. I think it's important for us to get our reopening strategy correct. And so, certainly we will be listening to our small businesses with our task force to figure out what is the best way to get our businesses operating because we want to make sure, as the Mayor's talked about, that we do this smart so that we don't see that boomerang effect. So, whether it's curbside pickup or whether it's helping them with technology so they can actually deliver that material or whatever the product is, we will be looking for solutions.

**Mayor:** Thank you. Jonnel, you want to add?

**Commissioner Jonnel Doris, Small Business Services:** Yeah, Mr. Mayor, I believe that the best place for us to find the solutions, as you said earlier and also as Gregg mentioned, is really by engaging our small businesses, trying to figure out what will work for them. And I think part of our role as SBS going forward is really to strengthen and extend our reach and communication with those small businesses, and then figure out ways that we can advocate for them both on the City level, but also on the federal level. And I think some of the resources that is needed particularly from the City and from the federal level, we can help them get there. And so, we are going to be laser focused on this. We are going to increase our communication to those businesses and get greater input and what they think can actually work for them and their particular business because every business is different. One business may ask for curbside pickup, others may need some sort of a different approach. And so, we are open to everything and, as I said before, as we assess, we will definitely come back with recommendations concerning those requests.

**Mayor:** Thank you, Jonnel. And thank you, Gregg. And again, congratulations to both of you on your new roles. You know, Steve, the question you asked also reminds me of, you know, I mentioned the call I had Friday with the Hospitality Coalition and it was very interesting to say to them, you know, what percentage of capacity do you need to have to be able to come back effectively? What kind of distancing guidelines do you need? And this was one group of small businesses, but they said, you know, from their point of view, they would rather wait until a

point where things were substantially more normal, they could have bigger capacity, fewer precautions to be able to create, you know, the atmosphere and the service that they historically provided as close to what they had before as possible. So, it was interesting to hear that perspective that, you know, some businesses I think are going to understandably want to come back as quickly as they can and be able to come back as quickly as they can and provide something like the same service effectively, maybe with a methodology like curbside pickup. Others are going to be much more sensitive to needing to get qualitatively closer to where they were even if that means waiting longer. So, it's all about listening to them. This is why we've set up these sector councils and why we're going to be in such constant engagement with the small business community. Because we got to figure out what will actually work for them and be viable.

On the second question, I'll turn to Dr. Barbot, but I'll also say, Steve, look, I respect anyone who served in public service, I really do. But folks who are now doing other things and offer their criticisms and critiques, you know, we always understand it's different when you're in the middle of the fight versus folks reflecting back on previous service. We're in the middle of the greatest health care crisis in this country in a century. No one has gone through anything like this in our lifetimes except for the people serving on the front lines right now. So, when we determined how to do test-and-trace on an unprecedented level, we wanted to bring together the vast operational capacity of Health + Hospitals, which is in every part of this city with, of course, the expertise of the Health Department and we've combined those in this effort. But I would just caution, criticism and critics are a part of public life, but it's particularly important to remember when people are criticizing related to something that's unprecedented, to put that in perspective. No one's ever tried to mount a test-and-trace operation on this scale. And it's not just the testing and tracing, it's the hotels, it's the transportation, it's the food, it's everything that has to go into it, the isolation initiative. This is a vast undertaking. And that's why we had to put together the pieces to do something on a scale never seen before. Dr. Barbot.

**Commissioner Barbot:** Thank you, Mr. Mayor. So, you know, as I've said before, I am incredibly proud of the dedicated and experienced staff at the Health Department who have been working day and night on this response, and people who have experience in tracing contacts all the way from things like TB, HIV, Ebola, most recently, measles. And so, we're committed to bringing this world class expertise in tracing to bringing this public health emergency to an end as quickly as possible.

**Mayor:** Thank you.

**Moderator:** Last question for today. Shant from the Daily News.

**Question:** Morning, everyone – on pediatric multi-system inflammatory syndrome again. Just given how common symptoms like fever, rash, and vomiting are among children, I'm wondering if Dr. Barbot can give some more specific guidance on when parents should seek or get in contact with their medical provider. For instance, is there a time period they should wait before they should do so? Also, on the new rules in small business, Mr. Mayor, just wanted to ask what you would say to criticism that the City should use, you know, existing infrastructure to deal

with the coronavirus response as opposed to, you know, create lots of new task forces, roles, and potentially red tape. Thank you.

**Mayor:** Thank you. [Inaudible] go to Dr. Barbot with this preface and I say it as a parent, Shant, I think when we see something like this and we're seeing it come up in the last days intensely, again, we're trying to send a really clear message to parents – take this seriously, act quickly, report it to your doctor immediately. Yes, you're right, Shant, some of these specific symptoms are not particularly unusual in kids, but we're in an incredibly unusual moment in history. So, if a parent sees these symptoms in a child, get your health care provider on the phone immediately. We'd like people to be really energetic about that. Again, because this is a particular reality with this syndrome that if caught early, it can be addressed, and anyone who does not have a provider, does not know where to turn, can call 3-1-1, and get connected to a Health + Hospitals clinician. So, we want parents to do that. Dr. Barbot, you want to add to, you know, the way you would talk to parents about – and you obviously know plenty about pediatrics. How to discern that moment when it's important to pick up the phone to their doctor.

**Commissioner Barbot:** Yeah, that's a really important question. I'm glad you asked it, Shant, because, you know, as a pediatrician who is in clinical practice, you're absolutely right. I mean, those symptoms in and of themselves are really common symptoms. I think what we're looking for in terms of giving parents that greater guidance is that when these things come together or when their child has a fever that doesn't seem to be going away, the kid is off. I think that's – when I was in clinical practice and I would get a call from a parent, as soon as I said my kid is off, then that is a signal that a deeper conversation needed to be had. And so, I think that's what we're asking parents, that if your child has a fever, they're running around, they look great, their appetite is fine, then you're probably okay waiting it out and seeing. But if they have fever, their energy level is off, their appetite is off, they're developing a rash, their lips look extra red, their tongue is looking extra red – those, I think, are the early signs that we want parents not to discount them and say, Oh, they'll be better tomorrow, but to reach out to your pediatrician, have that conversation, and then, you know, do the testing if your pediatrician thinks it's indicated.

**Mayor:** Thank you, Doctor. Shant, on the other question about small business. So, look, we talk about the great unknown and this is the reality we are facing with this crisis in general, but for small business it's a profound set of challenges. I mean, when I've talked to folks in small business in the last weeks, you know, they're presenting this series of questions I've never had to deal with before. They don't know what's going to happen in their relationships with their landlords if they don't own the building that they're in. You know, they don't know when they're going to be able to get their customer base back, when they're going to be able to provide a service anywhere like what they did before. And again, for small businesses that don't have a lot of resources, they are profoundly worried about survival. So, we do not anticipate being able to do what we did before and considering enough, we have to do something very different.

So, in these – the two realities of what my colleagues are going to be doing – for Gregg, the idea is to find whole new sources of support because small businesses will need a different kind of helping hand going into these phases ahead than they've ever needed before. We're going to have to find some kind of sustainable sources of support to help them come back, and particularly the smallest businesses, particularly businesses in immigrant communities and communities of color

that have very, very little capital to work with. So, we're going to have to find capital to infuse into the situation. And it's exceedingly hard to do from a City government perspective, given that we're in the middle of a vast fiscal crisis. But our hope is to get capital into play from, again, the philanthropic world and from changing the relationship between larger businesses and smaller businesses, have more and more of our larger businesses patronize smaller businesses and support them in a variety of ways. So that's going to be Gregg's mission. Absolutely need to do something different there. So, we needed someone to take charge of that and build that new reality.

Meanwhile, at Small Business Services, they're going to have to do everything they were doing before, but they're going to have to create a whole set of new things too, to figure out what else we can do in the context of City government to support small businesses, to ease their burden. We've already reduced fines a lot and we've worked on some regulatory reform, but there's a lot more that I think we need to do now in light of this, and to streamline the way small businesses can get answers and support from the City government and innovate new approaches. So, that's going to be Jonnel's task as he runs Small Business Services going forward. And I think the fact is – you know, again, for small business it will not be business as usual. It will be an incredibly tough time. And we're not just talking in 2020, certainly into 2021, even 2022, we're going to have to support the maximum number of small businesses because they are so crucial to life in this city.

Let me close with just a reminder that, kind of a basic truth about New Yorkers. I learned this long ago when I started in public service in this town that New Yorkers like the hard truth, they would much rather hear what's really going on than any attempt to placate or sugar coat. And so, the day we brought out the truth about the disparities that we've seen with this disease and we documented it, it was a day where we devoted ourselves to being really, really clear about the fact that the disparities that this disease both took advantage of and intensified had to be addressed head on. And it started in our public hospitals but now has to broaden out much more deeply to the grassroots. And this is a first step to strengthen and empower our community-based clinics in combination with the other steps we've talked about, the telemedicine and then the advertising campaigns, all the things that are trying to get people more and more information, more and more access to care, more and more access to actual support from a clinician.

But really getting this effort down to the grassroots is crucial in the here and now, but it also is a precursor to rethinking how we provide health care going forward and how we're going to reach many more people. This is a city that is devoted to universal health care. We announced a year-and-a-half ago that this would be a city where there would be universal health care, guaranteed health care for all, including folks who don't have insurance or can't get insurance. We need to take that vision, deepen it, and make it ever more community-based to really go at these disparities. So, this is an example of something coming out of this crisis that's going to cause us to right now make changes to protect lives, but also go deeper into the structural changes we need to address these disparities for the long run. I have no doubt in my mind that's what New Yorkers want and that's what New Yorkers need and that's what New Yorkers will be devoted to with the same kind of devotion that we've seen people really, really do admirable work with shelter in place, with social distancing, with face coverings, all the things that are changing the

reality every day for the better. This is another common mission we will go on together. Thank you very much, everybody.

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