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TRANSCRIPT: MAYOR DE BLASIO HOLDS MEDIA AVAILABILITY

Mayor Bill de Blasio: Well, good morning, everybody. You know, sometimes I have talked about this virus like it has human characteristics, and I do that to get a point across, to help us understand our adversary. And even though we're fighting every day, it's important to never underestimate your enemy. So, if this virus had human characteristics, it would be a pretty clever virus. Clearly more than once has thrown the medical community a curve ball, and a lot to deal with all the time, especially because of what we don't yet know. But this virus is no match for a group of people who are much more clever in that is New Yorkers. This virus has met its match in fact, in this city more and more. What we've seen from New Yorkers is an extraordinary commitment to a winning strategy of social distancing, and shelter in place, and face coverings, all the things that are clearly working, but they would not work if people were not so devoted to them. And overwhelmingly that's what we've seen around this city. It is not easy to do these things. This may be the single-hardest place in the United States of America to implement those kinds of strategies, for us to live in that way, and yet you have been doing it, all of you in such an amazing, impressive, extraordinary fashion.

Now, I'm going to go over the numbers and take a look at them in the perspective of a whole week, and what we will see is real progress and what we will see is a winning strategy, and you are winning, but it is so important to never rest on your laurels. When you're winning in anything in life, in sports, and anything else, when you start winning, that's not the time to relax. That's not the time to take it easy or take your eye off the ball. When you start winning, it's time to double down, and make sure you keep winning. So, we're not resting on our laurels here in the city. It's not the way we are anyway. We're always striving to be better and better. And so, we're always looking for new tools, new ways of fighting back against this disease. And when we find them, we move really, really quickly, because again, what's more New York than that? Finding a great idea and acting on it would record speed. That's what we're going to do, and I'm going to talk to you about the new ways we're going to fight back. The fact that we're going to go on the offensive against this disease here in this city, and everyone's going to be a part of it, and it's been working already to have everyone be at the same table. 8.6 million people in common cause, and in this next phase we're going to take that even farther.

So, let's start with going over the indicators. And again, it's Friday. On Fridays now, we're taking a look at a longer timeframe. So, when we look at the daily number, indicator one, the daily number of people admitted to hospitals for suspected COVID-19. Alright, this is just extraordinary. Look at that progress in such a short period of time. Again, we are probably the place on earth, or certainly in this country with the most challenges dealing with this disease. The biggest population packed into the smallest space, big buildings, an international travel hub as

we saw, that's the origins of this disease here in this city. So, many things working against us, and you could see early on in this crisis what it meant in terms of the number of people each day going into the hospital. And now look how far we've come. So, most days lately we've been under a hundred new hospital admissions a day for COVID-19. That's amazing, but we are not out of the woods. And today's indicator – so you see the big picture – but now let's just talk about today's indicator – unfortunately, is up. Another day where we see the big picture is unquestionably good, but still day to day we're not where we need to be, we've got more work to do. So, unfortunately today's indicator is up from 79 to 102. Still overall much, much lower numbers, good sign in the bigger scheme of things. Not yet what we need to take the next step towards loosening restrictions. So, more work to do on that one. Now, number of people in our public hospital ICU's for suspected COVID 19. Again, the glass half full here is the improvement you can see clearly there. In the last few weeks, we've literally had over 300 fewer people in the ICU's fighting for their lives. That number is really a crucial number, because it talks about the, the most extreme impact this disease has having. The folks in the ICU's, are the ones facing the greatest threat. When that numbers going down, it really speaks to the heart and soul of this issue, the one we care about, saving lives. That number goes down, that means a lot more lives are being saved. A lot fewer people are in danger. But again, not yet where we need to be. Now, there's an uptick today by just one. I don't want to make more of that than I should. It went from 567 to 568. So, basically it breakeven, but we need that number to go down, and we need it to go down steadily, and we need to see fewer and fewer people fighting for their lives. So, progress overall today, we didn't get the progress we wanted.

Now, the one that might be sort of the biggest, obviously the biggest indicator in terms of the number of people it reaches and looking at the whole city. Percentage of people testing citywide positive for COVID-19. Now, this is going to be a number that is informed more and more by the fact that testing is coming on more and more each day. So, we're going to get a better and better picture the more testing we do. But you can see massive improvement. I mean, look where we were early on in that chart. Look at the stunning percentage of people are testing positive. Look where we are now, real progress. Today's number, progress as well from 16 percent down to 14 percent, that's great. More work to do, but that's a really good sign.

Okay, so when you put together these indicators and you look at them from the beginning of the crisis, what does it tell us? Well, there's a quote I often refer to from Bob Dylan. You don't need a weatherman to know which way the wind blows. Anybody can look at this chart and say, we're obviously making progress, and that is what we are here to do, and something everyone should be proud of. That kind of progress, that intense speedy progress, and the way we got there is something every single person out there should be proud of, because you all contributed to it. So, the trends are clear, the hard work is paying off. It does not mean we're all the way there, but it means we keep seeing broadly the right direction. Now, as I said, time to go on the offensive. When you're ahead, don't let up when you're ahead, fight harder, go on the offensive.

So, we are now going to take the next big step with this test and trace vision that is going to allow us to squeeze this disease, constrain it further. Remember, the disease flourishes when people who get it are not identified and spread it to other people. But this disease is put in a very bad place if more and more people are identified and isolated properly, their contacts are traced. Those people need isolation, or quarantine, or reach. The more knowledge, the more reach, the

more ability to treat each person appropriately, the better off we are in fighting back this disease. Now, we've, the whole way through, not had the testing we needed or deserved, and it's still an issue. Every day, I am trying to get the federal government to recognize they have to do more on testing, and thank God one of the things that folks in the Congress, notably speaker Pelosi is focused on, is making sure that there's a lot more resources for testing, and the federal government will take the lead it still hasn't taken and needs to take so we can turn the corner even more. But in the meantime, we're going to use every tool we have here to maximize testing, to maximize tracing, to change the trajectory even further in a favorable direction. And we put together a great team to do it, and this effort will be housed and will be led by the organization that's been throughout this fight nothing less than heroic, and that is our Health and Hospitals. The folks who have led the way in our public hospitals and clinics. The folks who have been at the frontline fighting this enemy in a way that literally came to the attention of the whole country, of the whole world. I'll use the obvious example of Elmhurst Hospital. When I say Elmhurst Hospital, you're going to conjure up I think a vision of an extraordinary onslaught that that hospital took from this disease, but you should also conjure up the vision of heroes. People who fought back, people who had the wherewithal to hold the line. And our hospitals across the board, all 56 of them in this city, but particular respect for the 11 public hospitals and all the clinics, they held, no matter what was thrown at them, they held in this fight, and I have gained even more respect for the people in Health and Hospitals for the heroic role they have played.

So, considering that in this fight, New York City was the epicenter in this whole nation, and places like Elmhurst Hospital were the epicenter within the epicenter. It is such a statement on the strength and quality of the people at Health + Hospitals that they bore the brunt of the single biggest attack in the whole country by this disease, and they held and they fought back. They also, and I want to give a lot of credit to the folks at Health + Hospitals. They've been leading the way in so many other ways. They had to put together a huge new staffing plan, finding doctors, nurses, clinical staff, overnight, literally to fight back against this disease. They created the community testing program in the clinics literally in a matter of days. Everything at health and hospitals has been based on speed, and intensity, and precision, and they've done an amazing job. So, that is why it makes sense as we build this next effort to use that great leadership and that great organizational capacity of a huge, huge organization would reach into every part of the city, and have them lead the way on our new tool that we're bringing to bear in this fight. And I am so happy to announce today the New York City test and trace corps. The New York City test and trace corps is going to be a dedicated group of trained individuals who will lead the way in creating testing and tracing on a level we've never seen before in this city or this country. And they are going to bring together a huge amount of expertise. The expertise of folks who have spent a lifetime in public service and in health care, but also the expertise gained from these last months fighting this disease at the frontline.

Now, this is how we move forward, creating this test and trace corps confronting this disease, if you will, reaching deep into our communities, expanding, testing, expanding, tracing, really getting our arms around the problem as never before and let me talk to you about the leaders of this new effort. So, first of all, the executive director of the Test and Trace Corps will be Dr. Ted Long. Dr. Long is Vice President of Ambulatory Care at Health and Hospitals. He oversees care at the 11 hospitals and 70 primary care clinics, this is the largest public hospital and clinic organization in the nation. This is the ultimate and Ted is the guy who oversees the day to day

care to make sure that millions of New Yorkers get the help they need. He also led the way in putting together the community-based testing program over the last few weeks, literally in a matter of days creating grassroots testing all over the City. Ted has the experience and the knowledge and the spirit to lead this effort and I'm so thankful he's agreed to take on this assignment. Jackie Bray, Jackie Bray has done amazing work during this crisis and long before she will be the Deputy Executive Director of the Corps. She has been one of the unsung heroes with a great team of other unsung heroes and we're going to get a chance over the weeks and months ahead to really talk about the people who put together that amazing effort to get tens of millions of pieces of PPEs to our hospitals, our nursing homes, clinics, amazing efforts. Our first responders, you name it, Jackie was one of the ultimate leaders of that amazing effort that found PPEs all over the world, worked to get the federal government to get us more work to create more here in this City. She's done extraordinary work during this crisis and she has a special understanding of the challenges that vulnerable New Yorkers face from her previous work in City government, most recently as Director of the Mayor's Office to Protect Tenants, so, she'll bring that sensibility to this work as well. The Chief Medical Officer will be Dr. Andrew Wallack. For more than two decades, Dr. Wallach has served at Bellevue and he knows our public health system in and out, and he understands the lives of New Yorkers and how to make sure they get what they need and how to create in real world circumstances. Bellevue is synonymous and revered all over the country, synonymous with practical frontline medicine folks who deal with any challenge and somehow find a way. I first got to see that so vividly during the Ebola crisis and I got to tell you then, and now during the coronavirus crisis, folks at Bellevue are just tough as nails and they do not bend, and they do not break. So, this is something that Dr. Wallach has been a leader of and a part of this experience and he will bring that attitude, that spirit, this work over sees a staff of over a thousand as the physician in charge of Ambulatory Care at Bellevue. So, again, someone used to working on a very big scale and he'll help to create this extraordinary test and trace effort. Someone you've heard of before, if you've been watching these press conferences, Dr. Jay Varma, my Senior Advisor for public health. Jay brings a wealth of experience literally from all over the world. When you're talking to Jay and you ask him about certain realities we're facing with this disease, he'll tell you instantly about different ways he's understood this disease and other infectious diseases. And he'll reference the places he's been including Hubei Province in China, which is where this disease got its start. He's worked all over the world to understand how to fight back infectious diseases and he's renowned for his work nationally and internationally, but he also has a tremendous sense of New York City having served for seven years in the last administration as Deputy Commissioner for Disease Control, so, someone will bring so much to the table. And then, Dr. Demetre Daskalakis, you've all seen and heard his good work during this crisis. He'll be advising this effort through his current role, of course, as Department of Health Deputy Commissioner for Disease Control – before fighting the coronavirus did extraordinary work in terms of reconceptualizing and helping to lead the fight against HIV and AIDS here in New York City. And he has been helping to lead the fight against the coronavirus from day one. So, someone who brings so much experience, but also so much creativity and good new thinking to the process, he'll be a key voice helping us build this unprecedented effort. So, we're all trying to do something that's never been done before and this is the team of people who knows how to think that way, knows how to build something, knows how to make it real and practical and fast and precise and something that can reach all across the five boroughs of New York City.

Okay. Now let's talk about the two magic words, test and trace and what this means. What it means is creating more and more testing all the time. Now we still have one hand tied behind our back because we're not getting the help we need from the federal government and we're still fighting for all the lab capacity we want, but unquestionably, we're going to be able to expand testing greatly. It means eventually being able to trace more and more, in our perfect world, every person who tests positive, we want to find everyone who is positive and then trace all of their close contacts. And then everyone needs help, you got to provide the help and that's what we'll do. So, someone who tests positive can they continue to see this disease through at home or they're in a place where they can isolate from the other members of their home or not? Do they need to be in a hotel? Do they need something more in the way of support to make sure they don't infect others? When you trace their contacts, the second question, someone was in close contact with three people. You interview those three people, those folks need to be tested, those folks need to be asked, can they isolate if they test positive, do they need a hotel room? If they need a hotel room, they're going to need a lot of support, medical support, food, laundry, you name it, this takes a big coordinated team to put all those pieces together.

Now, we decided to call this the Test and Trace Corps because we wanted to make clear the word was chosen on purpose. This is a call to arms; this is a call of duty to come forward and put something together and the emergency basis to help people in a crisis. This is not business as usual, so this team has been charged by me by doing things very quickly, very intensely. They're up against a ferocious enemy that you have to be even more intense in the way they fight back by early June and this is an example of how fast we're going to move. By early June, we'll have 2,500 public health foot soldiers in this corps. So, it would take an entity that didn't even exist and the course of just weeks, it will be ramped up to 2,500 people to begin big number, but a necessary number to be able to build what we need to build that number will grow thereafter and keep growing as large as we need it to be. Now the same goes for testing, today our maximum daily capacity is hovered around 14,000, we need to go a lot farther. This team has guaranteed me that they will get the number up to a capacity of 20,000 tests per day by May 25th so basically in the next two weeks, and by that point we'll be using 33 community-based testing sites. Now, that's May 25th right around the corner, 20,000 tests per day, 33 testing sites, but that's just the beginning. This team is preparing to get us to the level of 50,000 tests per day and the goal is to have that in place in the next few months, 50,000 per day, 300 plus community sites and that will be both public health sites and working with private providers as well. When you get to the level of 50,000 tests a day, a hundred thousand every two days, a million every 20 days, you can see now we're starting to get into the kind of extraordinary levels we need, and we want to keep building all the time. So, the testing crucial at the beginning of it all, but now the tracing, think about what it means. A tracer needs to engage someone who tests positive, they have to say, who have you had close contact with in the last few days? Talk about all the places you've been, let's reconstruct it, then we have to find the people you had close contact with. We're going to use every tool we have, and I'm convinced we'll have a very high success rate identifying those contacts, tracking them down quickly. And then the whole process begins again with those contacts, if they test positive, everyone they've been in contact with in close contact in recent days, etcetera. In the next few weeks, as I said, we're going to build up rapidly, by later this month we'll be at a thousand contact tracers and folks working on the phone bank operation related to it. As I said, by early June 2,500 eventually we're preparing to get to a number of tracers and folks in the phone bank operation, so a corps that will reach between 5,000 and

10,000 individuals. So, this corps is going to be extraordinarily important and we're going to keep adding as many people as we need to get the job done.

Now, I told you we were hiring that first thousand, we want people with a health care background, we put out the call for people to apply. Well, boy, talk about if you build it, they will come – 7,000 applications already and the hiring has begun. We are working closely with the Johns Hopkins university contact tracing and training initiative and that's sponsored by Bloomberg Philanthropies. Again, a big thanks to Mike Bloomberg and everyone at Bloomberg Philanthropies for the great work they're doing and for the great partnership, they're helping us quickly perfect this hiring and training apparatus so we can bring people on board rapidly. Now, just like we have this big vision of test and trace and we're using the huge extraordinary capacity of our own agencies and bringing outside help in like Bloomberg Philanthropies. This is just the beginning of something much bigger because what we will do as the city government is going to be the lead, but we're going to start to have more and more partners in the private sector as well. And last night I had an absolutely inspiring conversation with leaders in some of the largest in New York City, I told you, we've created these advisory councils. So we pulled together leaders of some of the largest businesses in the City to both talk about what their businesses are going through and how they were planning to restart and what they needed, what support, what ideas they had, but also talk about this city and the future of the city.

I have to tell you, these are some of the, literally the greatest minds in the business community, not just in this city, but in this country and the whole world. And uniformly people were confident that New York City was going to come back strong and these are folks who are going to have a big impact on that comeback and they believe in New York City. They believe in the spirit of this place; they believe in the talent that's here and they're all going to contribute. And what was so striking on the call was people are not asking what could the City government do for them? They consistently said, we want to help the City government; we want to help the people in New York City; we want to help the smaller businesses get back on their feet; we want to help the people of neighborhoods that have been hard hit; we want to help lead the way; we want to help create testing and tracing in our own organizations that will compliment what the city is doing. So, I just to say, it was very encouraging to see the commitment of our business leaders to getting this right and all of us doing this together and the willingness to contribute to everything the city needs to do.

And I also had another conversation last night, which was also inspirational to me. One of the, I think the most impressive business leaders in America, Marc Benioff, of Salesforce. He's someone I've had the opportunity to get to know over the last few years and I think one of the business leaders in this country who has one of the strongest voices in terms of social conscience and what the business community needs to do to help the larger community. We talked about the work ahead with test and trace and Salesforce; his company is already doing this work with a number of States around the country. And we've agreed that we're going to work together and bring Salesforce into this effort - testing and tracing here in this city. Extraordinarily able company with the kind of technological vision and capacity to help make the test and trace approach as efficient and as far reaching as possible. Then they've been working closely with our information technology department DoITT and Commissioner Jesse Tisch, who's doing an extraordinary job on many different, addressing many different pieces of this crisis, but I want to

thank Commissioner Tish and everyone at DoITT. We have called upon them many times in many ways and they've answered the call brilliantly, but the ability of our IT team to now bring in the talent of Salesforce, which will allow us to track every case, analyze the data constantly, keep the right information on each and every case, and manage the whole process efficiently. This is going to be a huge effort. Just think how it grows and grows over the weeks, but it's something that if we do right, continually will constrain this disease. So, Salesforce is coming on board in the next few weeks. Their effort will be up and running by the end of this month and a great thanks to Marc Benioff and everyone there. As we spoke, there was no question in my mind he believed this was a personal responsibility to support New York City. Also mentioned to you before Salesforce has done a whole lot in terms of getting donations of PPEs here to New York City to help our heroes and that's deeply appreciated as well.

Now, when we get to the reality of tracing people that will inevitably lead to folks who need to isolate and folks who sometimes won't be able to properly isolate in their own home. So, look if you live alone, you can isolate. If you live in the kind of home or apartment where there's enough space and you can be separated from other people in the home the right way - people are doing it all the time - that's fine, but there are many, many New Yorkers who live in such crowded circumstances that they simply couldn't isolate properly or they don't feel they could and they need support and that's why we're going to be leaning heavily into this isolation effort through the hotels. So, by June 1st, we'll have 1,200 rooms available specifically for this isolation effort, but we can build that number out very quickly anytime we need. Remember, it is not just here's a hotel room, have a nice day. It is we're going to get you to a hotel room, we're going to transport you, we're going to make sure that you have food, we're going to make sure you have medical care, we're going to make sure you have laundry, whatever it takes and constant checking-in. Someone who is experiencing the disease we want make sure they're okay and if they need further care, we're going to get it to them. So, that hotel operation comes with a lot of support and all that has to be coordinated and individualized to the person. That's a key part of what the corps will do as well.

So, pulling the pieces together here, we're going to have to do things we never have done before to fight an enemy we've never seen before. We're dealing with an invisible enemy; we're dealing with a disease we've never experienced. No one six months ago on this earth had experienced and a disease that the medical community still doesn't fully understand, but the things we do understand, we're throwing everything we got into. We know testing and tracing works; we know isolation works. When you combine these strategies with the progress we're making already because of social distancing, because of shelter in place, because of face coverings, it's that one-two punch to really push back this disease. We keep doing that right, we get to then start taking those steps towards normalcy and opening up, but this piece is going to supercharge our efforts to beat back this disease.

Okay, couple other things. I want to talk to you about the way we're approaching social distancing because it has been unquestionably successful. That doesn't mean we can't get better at it. We have to keep getting better at it. I do note by the way, more and more people for example, wearing the face coverings, that's a good sign and we'll keep giving out more and more for free. We're not standing still. We need more and more people to wear face coverings more and more of the time; we need social distancing to work better, more and more of the time, not

let it go lax. We need to get better; we need to get stronger. That's part of why we have enforcement to keep people on their toes, to make sure people are doing it the right way. We know we have a new challenge, the warmer weather; we've talked about this before. The way to address social distancing is tons of education and of course the right kind of enforcement. But we see in some places the enforcement is made harder by the sheer physical circumstances. So we're going to try a new approach and this is a beginning - this weekend - and we're going to try in a few places where we've had particular problems. It's something we can apply to more and more places if it works. We're going to do a certain amount of experimentation here. Again, we're in the great unknown; we're going to experiment sometimes to try and get it right. And clearly, we've talked about this before. Our police officers are being asked to do something they never were originally trained for it. We're going to keep improving the training and the protocols because no one's had to do this before on this scale. But we know we had some parks last weekend that were more crowded than they should have been. And we know it wasn't just some [inaudible] individuals; it was really the physical reality of the park, so we want to do something different. So, for example, at the Hudson River Park, there are some places in Hudson River Park was one of the places where we saw too many people too close together. Hudson River Park, Piers 45, 46 we're going to proactively limit the number of people who can be in any given area right there. We're going to have the NYPD working with other agencies from the very beginning of the day, limiting the number of people who go in. Obviously offering people face coverings as well and keeping an eye to make sure the number of people never reaches too high a point and when it does, obviously asking people to move out and make more space - make sure there's turnover. We're going to try that approach, see if that gets us where closer to where we need to be. Domino Park, Williamsburg, another place where we've had problems; we're going to intensify the enforcement and monitoring there to make sure the numbers are kept smaller as well. This is what we'll do to get started and try this out. We think that limiting access at the beginning make sense, helps us to stop problems before they begin. Helps us to educate people from the beginning there has to be limited time and turnover. Why? Why are we doing this? Because it saves lives and that's what we're going to tell people from the beginning. If you're going in, you're going in for a limited period of time. We're not going to let it get too crowded. If people don't want to wait and they come and there's a lot of people there and you have to wait - a lot of people are going to move on. If people do want to wait, we're going to make sure they're socially distanced, but we're going to start using this kind of approach in these parks. If it works and we need to use it in other places, we'll do that, but the idea is proactive, early NYPD and other agencies are there before people show up in numbers. We set the tone from the beginning. We think this is going to help a lot.

Now, another really important topic we've talked about last few days, and this is also about saving lives, fighting back this disease, protecting our essential workers, but also protecting some of those vulnerable among us - homeless New Yorkers. We've talked about the subway initiative, what we've been doing with the state of New York, the MTA the last few days. Something we'd never seen before in the history of city, the cleaning out of the subways each night, making sure they're safe and clean. So, we continue to see unbelievable hard data, hard evidence of the positive impact this is having on our ability to reach homeless folks, get them support, get them services, get them to come into a safe, supportive environment. I told you about the last couple of nights. Last night, 163 homeless individuals accepted help. So again, the 163 out of 269 people are engaged. Now, we've had three nights in a row where more than 50 percent of the people

engaged, accepted help. This is a very, very striking reality – 163 accepted help, 148 went to shelter, 15 went to hospitals. We have never seen anything like this. I have been working on issues of homelessness now for literally 20 years since I was Chairman of the Jail General Welfare Committee in the City Council going back all the way to 2002. We have never seen results like this in our history; that this many people accepted services and came-in in a single night and it's happened three nights in a row. This is amazing; this is beyond anyone's expectation. This is good news and it's pointing us in a really powerful direction. So again, totaling the last three nights, 520 homeless New Yorkers have accepted help, have agreed to come in to safe havens and shelters or go to medical facilities; 520 people in three days – it's breathtaking. So again, a thanks to everyone involved. A special thanks to Commissioner Steve Banks, everyone at Social Services and Homeless Services, all the amazing outreach workers, all the wonderful nonprofit organizations they work for. They are doing the Lord's work. They are unsung heroes. But these results are literally historic and I commend you all.

Okay. And let's say a few words in Spanish –

[Mayor de Blasio speaks in Spanish]

Okay. With that, we will take questions from our colleagues in the media. Please let me know the name and outlet of each journalist.

Moderator: Hi all. Just a reminder, we have Deputy Mayor Perea-Henze, Police Commissioner Shea, President and CEO of Health + Hospitals Dr. Katz, Executive Director of the Test and Trace Corps. Dr. Long, and Senior Advisor, Dr. Varma on the phone. With that, I will start with Steve from Westwood One News.

Question: Thank you and good morning. Thanks for taking my question first. I feel honored, thank you. So, a question about the contact tracing – first of all, what went into the thought process behind moving this over from the Department of Health to hospitals? And considering the history of the Department of Health doing this and having the expertise and the experience in doing this, why make the shift? I'm just curious what went into the thought process and what were the conversations between the two agencies. Also, both the antibodies testing and the contact tracing armies, are these efforts unique to the City or are they part of the larger State efforts that are also taking place at the regional level? And if they are separate from the regional efforts, why would the City be doing their own separate contact tracing and antibodies testing? Why not be part of the larger process?

Mayor: So, on that question I think it's important to remember the basic structure of things in government has not changed, meaning the federal government provides a certain amount of guidance or a certain amount of decisions that affect us, provides funding and obviously should provide a lot more in the stimulus, should be providing much more in terms of testing, but then turns to states do a lot of the decisions on how to handle their state. The State government makes a whole host of decisions, implements certain things, but it is, in many cases, providing the framework, the rules, the guidance and devolves to localities to do a lot of the day-to-day work, just as is true in any normal governance situation, anytime, even outside of crisis. So, we as the locality, it's our job, of course, to provide the health care directly, for example, through our

public hospitals and clinics; to provide the PPEs, which we've been doing vigorously for public hospitals, private hospitals, clinics, nursing homes; to do the enforcement efforts, NYPD and other agencies. This fits in that same broader pattern. The test and trace apparatus that the City is setting up is to serve our people on a huge scale with our operational capacity. The State is putting together a big effort working with localities, working with Bloomberg Philanthropies. We're going to connect into that effort in a variety of ways. But what matters is that the numbers add up and that the numbers are shared and coordinated. And that's absolutely what we intend to do. But in terms of boots on the ground, that's what localities do, by definition. You know, the State government – think about all the things the State government does, all the things local governments do. We run police forces, you know, fire departments, sanitation, public health care, schools. I mean, go down the list. Local government runs the day-to-day operations and the things that reach people's lives very directly. So, we're putting together this vast apparatus, but it will be well coordinated with what the State is doing and information will be shared so anything that's being done will be done in a manner that's – where we avoid duplication and it all adds up towards a common goal, and there's been a lot of communication with the State on the approach. We feel good about that.

On the work of putting this together – so, look, throughout this whole crisis, there's been a group of health care leaders that we have turned to, to think through the strategies and then to bring into play all the other folks who can think about the strategic issues, the organizational issues, the logistics. And it's been an extraordinary effort, a whole lot agencies – Health + Hospitals, Department of Health, Emergency Management, but then all sorts of other agencies – I mentioned DoITT – you know, all sorts of agencies have contributed. In building something as big as this, the first question was just the sheer operational and logistical size and complexity and where does that fit? It fits an operational agency. Health + Hospitals – 11 hospitals, 70 clinics, the ability to do things on a vast scale, the ability to manage huge numbers of operational frontline personnel. They provide health care directly to people and so they understand what it means to put together a process that's going to be not just testing a lot of people and tracing a lot of people, but then ensuring a lot of people get to the hotels, get the health care they need, all the pieces. It fits the sheer operational scope and capacity of Health + Hospitals. Department of Health is going to be deeply integrated into this effort, bringing their expertise. They have tremendous expertise and obviously understand so much about the tracing piece in particular. That's why a number of personnel from Department of Health will be involved in this effort directly and be coordinated into this effort under the rubric of Health + Hospitals. And this is how we're going to build something very rapidly. Health + Hospitals also, because of its nature as an independent agency, is able to move very quickly – major contracts, make things happen in terms of personnel and operations faster than traditional mayoral agencies. This is going to take an immense and fast effort. And Health + Hospitals fits for all the reasons I've said, but also just the sheer heroism of what they've done in the last two months. They had an incredible challenge thrown at them and they found a way to fight back and hold, and I think that speaks volumes about their capacity and why they will be perfectly situated to lead this next phase.

Moderator: Next we have James from PIX 11.

Question: Good morning, Mr. Mayor. Good to see you. Happy Friday.

Mayor: Happy Friday to you James. How you doing?

Question: Great, thank you. I appreciate your asking. I tuned in just a little late, so maybe you covered this at the very top, but, as I recall, you said yesterday we'd get information today breaking down social distancing arrests citywide. We have the Brooklyn where the majority were black and Latino. Could you please respond to that and give guidance about the other boroughs?

Mayor: Yeah, I'm going to respond while turning to Freddi Goldstein to say, please, if we have – if you could bring me that chart on the summonses and if there is arrest data on the other boroughs, just put it here in front of me and I'll speak to it. I've seen some of it, I want to make sure I have the latest.

Question: And this is my first time –

Mayor: Welcome. Welcome.

Question: So, I was told that I get a second question in.

Mayor: Yes, you do.

Question: And it's just this – just a little more on the test and trace corps. You've change it – changed testing and tracing from a Department of Health function to the larger corps, and are including the DOHMH as part of it certainly. But can you talk about the optics of not having anyone from the Department of Health involved in this briefing?

Mayor: Again, this has been something that was built with everyone – team effort, figuring out what makes sense to mount a vast operational effort. The deputy mayor, Deputy Mayor Raul Perea-Henze has under his purview Health + Hospitals and Department of Health. Again, he working with the whole team that's been managing this larger effort has been bringing all the pieces together to make sure that the expertise of those two agencies, but other agencies as well is maximized. This is what you're doing in an emergency. You don't rest on tradition or traditional lines between agencies, you create what's needed to achieve extraordinarily challenging goals in a very, very fast timelines. So, to me, this process really just looked at how we were going to get the job done and what was the right mix, bringing the right talent together in the right setting. And, again, if there's specific questions, the Deputy Mayor can speak to it, but I am convinced this is the way we'll get it done. And, look, ultimately, I'm the one accountable here to make sure that people are served. And I'm the one who believes that the best way to get a vast operational mission done is to turn to an operational agency that has proven its capacity.

Now, on the police data. So, again, I'll speak to what I've seen so far, and, I'll say from the very beginning, we do not accept disparity, period. I've had this conversation with Commissioner Shea, he shares these values. Commissioner Shea has spent a lifetime helping to improve the NYPD, make it more effective make it better able to fight crime, make it more modern and data-driven, but also make it an agency that reflects the values of fairness and equality more and more. And he has been in the lead of creating neighborhood policing and the retraining of the

police force and the de-escalation training and body camera usage and all the other fundamental reforms. So, we don't accept disparity. When we see disparity, we're going to address it. On the arrests and summonses, the thing to focus on first, just the sheer fact is we're looking at numbers across a city of 8.6 million people and across a time span, I believe, was six weeks. And the numbers of arrests and summonses are extraordinarily low. So, I don't for a moment misunderstand folks who raise alarms and concerns or project forward concerns. But I say, hey, start with these sheer facts that we're talking about very few people have been arrested and very few people have been summonsed. And there's been a huge amount of restraint by the NYPD, that's just factually obvious from the numbers, and we intend to keep it that way only using summons and arrest when needed, but we will use them when need. It's also important to note that in some cases – I think some of the data that went out originally included arrests that were not actually related to social distancing but are related to – or, summonses that were related to other types of offenses. So, that just needs to be clarified. But the bottom line is, when I saw those numbers, I found them to be an indicator that something's wrong we need to fix. And we will fix it. Six years we've been seeing things that were wrong, we needed to fix. This is another thing we will fix. We'll give more training to our officers, clearer protocols. I want to make sure every community is treated equally. But that being said, we are going to use the NYPD where – we absolutely must use the NYPD to keep people safe in every sense, but specifically when fighting this pandemic. Job-one is to save lives and enforcement is necessary to saving lives and we're not going to have proper enforcement without the largest, best police force in the country being in the game here. So, we're going to do that, but we're going to keep working to make it better literally every day.

Moderator: Next we have Anna from the Daily News.

Mayor: Yeah, Mr. Mayor, I was wondering if you could explain a little further the need to, kind of, put public hospitals in charge of this? I mean, I know that the public hospital system has turned around in recent years, but, of course, there's been a lot of managerial issues there over the last 10 years or so. And I'm just curious if people in the Health Department, you know, thought that this was also the way to go, because it feels like they're not happy that this control is being taken from them.

Mayor: Yeah. Anna, thank you for the question. So, first of all, my job is not to ensure people's happiness who work for 8.6 million New Yorkers. This is not about happiness. This is about effectiveness. It's about serving people. This is about fighting a pandemic. I'm not going to get overly focused on anyone's personal opinions in the midst of that. I think the question is what's going to get the job done. And getting the job done means taking the best of each agency and applying it in a way that makes sense. Again, the entire effort to date, has been asking different agencies to do different things. We have asked agencies to collaborate, to defer to each other, to join together in all sorts of ways and people have done it and they've done it with a tremendous sense of teamwork. Here, bottom line is simple, massive operational task. I'm giving it to a massive operationally focused agency. That's what makes sense. That's what we're doing. Now you make a good point, H + H of the past, H + H of today – H + H of today is a very different reality. We have provided the immense resources to strengthen Health + Hospitals. Health + Hospitals has gone through a series of reforms. They are becoming a stronger, better organization all the time. Dr. Mitch Katz has worked miracles. Anyone paying attention in the

last few years has seen a stunning transformation. And he's renowned all over the country. One of the great health leaders in this country. But remember this is a guy who ran Los Angeles public health system, the second largest in the country and then came here in the last years, has been running the largest in the country. And in both places, created tremendous progress and reform. So, when you have an inspired operational leader, you know, pass the ball to them is my attitude. And the last important thing to say is two months of sheer hard evidence – H + H was put through hell and fought back, held the line, created, came up with solutions, came up with innovations. It was breathtaking. So, whatever happened in the past is in the past, but what H + H has done today, what H + H has done before our very eyes, the people at Health + Hospitals, the talent at Health + Hospitals that's been on display these last two months. That's all I need to see is what's before my very eyes.

Moderator: Next we have Andrew Siff. [Inaudible] apologies. Next we have Andrew Siff from NBC.

Mayor: Hey Andrew, can you hear me?

Question: Yes. Hello, Mayor and everyone, hope you're all doing well. I have two questions. The first question has to do with your crowd control initiative at parks. I'm wondering why that's the policy as opposed to a more strict message that New Yorkers simply not go out for long? Given that hospitalizations tick back up today. It seems that both you and the Governor are talking about people going outside as though it's a reality instead of trying to continue to enforce that people go out for quick exercise and stay home? My second question is on behalf of my colleague Melissa Russo, you know, she broke the story about the impact on COVID and Kawasaki Syndrome and kids. Your Health Department put out an alert on Monday that there were 15 cases of Multi-Inflammatory Syndrome in children in the city. Yet we were told by the Chief Doctorate at Morgan Stanley Children's Hospital that they have 15 cases at their hospital alone. So should we assume that the number you put out at the start of the week was incomplete? Do you have an updated number now that more hospitals may be reporting?

Mayor: Okay. Let me come to that one second and I'll turn to Deputy Mayor Perea-Henze and Dr. Varma for anything they want to add on that. But let me in the meantime on the crowd issue, Andrew, I think you're raising a very important question. I'm glad you asked it because I think this is the kind of dialogue we need to have. So we made a decision from the beginning that we had to figure out how to get this whole strategy to work. Asking 8.6 million people to, for the vast majority of day stay inside, when they're outside to practice social distancing. And then we added wear a face covering on top of that. And asking that many people to follow an instruction which was so difficult, so unusual, so unnatural for them in very little time, you always have to ask the question, what kind of balance do you have to strike? What's going to help people do it? How are we going to recognize their honest needs and frustrations and you know, create some bounds? And so to me the notion of saying, okay, you're going out for a period of time each day. Keep it as limited as you can get back in. That makes sense. And that's really what we've seen the vast majority of people do. We've had a couple of really nice days and actually very few really nice days since this crisis began. And it's understandable after days and days and days where people on top of shelter-in-place, we're dealing with bad weather, that on the very nice days people came out disproportionately. But we're going to keep making the point, you go out,

get some air, get some exercise, get back in. But the way to do that in my view is a combination of approaches and I think to say to people we're going to start putting these limits on the space in some parks that need it, that are particularly challenged by their layout is another way to say to people just get what you need and go back. This is a way to strike the balance. So no, the numbers we've seen overall have been very good and consistent, but still not everything we need. But the fact is if we're going to get people to adhere to everything else, Andrew, we've got to have some balance in the equation. Because this is not going to be done overnight. We're going to be at this for a while. So we're trying to figure out and something we talk about all the time, what's that appropriate balance that keeps people inspired to do all the tough and discipline stuff but gives them a little bit of a break because we have to sustain this strategy for the long haul? That's what's undergirding this approach.

On the Kawasaki Syndrome. Again, any information we find we're going to put out, we're going to acknowledge. Days and days ago when Melissa first asked and I'm really glad she raised it, we just weren't seeing it in any appreciable number. Then the minute we did, we came forward, said it, put out the health alert. If there's more out there, we want to know it, we want to acknowledge it and act accordingly. So it's not surprising that new information is coming in. That was the whole intention of the health alert to try and encourage new information. But if there's more than we originally saw, we want to know that and we want to see it. Talk about it, act on it. Deputy Mayor or Dr. Varma, anything you want to add?

Deputy Mayor Raul Perea-Henze, Health and Human Services: I think you just said it all, Mr. Mayor. We only know what is reported to the Health Department. So, the moment we put out a health alert, it is highly likely the awareness heightens and then we get more visibility to the cases. So, we'll continue to report them as much.

Mayor: Thank you.

Moderator: Next we have Erin from Politico.

Question: Hi Mr. Mayor. My first question, and I think it was raised before, but I didn't hear it addressed. Is there a reason Dr. Barbot is not on the call today to discuss this new effort? And secondly, I believe you said 50,000 tests a day in the next few months? You've previously said we need hundreds of thousands a day in order to reopen the economy. So, does that mean reopening is even further than a few months away?

Mayor: Great question. On the first question, Erin every day we put together a different lineup. You all have seen that. And the lineup for today was to speak about the things that we're talking about today and obviously bring a range of expertise to talk about today's announcements. On the tests. The, you're exactly right that what I want is hundreds of thousands a day. I'm going to keep fighting for hundreds of thousands a day. The only way we are getting to a hundreds of thousands a day is if we have a sea change in the federal approach because we would need an immense amount more lab capacity. And the federal government would have to address that and the problem with the supply of reagents. That is beyond our reach to fundamentally change that reality. Either the federal government's going to step up and do that or we are going to be limited

to something like 50,000 – we might be able to get beyond 50,000 but certainly there's not an immediate vision of how to get the hundreds of thousands.

Now, that's the PCR test, the diagnostic test. With all the appropriate disclaimers about the antibody tests and the imperfections of the antibody tests the – hold on technical thing. There we go. With all of those qualifications of what's not so perfect about antibody test, the antibody test still will help in the larger equation. It's something we can use as another piece of information. And as I announced yesterday, just the two efforts that we're working on immediately, that's going to be over a quarter of a million people. So you know, and there's going to be other antibody testing out there too. So that's actually important to think about in the equation. If we're ramping up first to 20,000 then to 50,000 PCR tests per day, as I said, that's going to get you to like a million, 1.5 million in a month. And you have a heavy antibody testing element and it's all being coordinated. That's still giving us a hell of a lot to work with. Not perfect, but a lot to work with. Also remember the good old-fashioned concept of if someone has symptoms, you can act on that too, in terms of isolating someone, that still is a very valuable tool. So I think the best way to summarize it is we have enough to put together a serious and effective test and trace program. We'd like more, but we're going to get plenty done with this approach.

Moderator: Next we have Reuven from Hamodia.

Question: Good morning Mr. Mayor. Considering that patients in hospitals are generally not allowed to have relatives stay with them, with all the stories of neglect in hospitals, there's a lack of communication with the patients and families. Patients in some instances were not receiving basic care -- going very long times without food or water. There's an effort underway to allow volunteers in hospitals or even the patient's relatives who have tested positive for antibodies, who can help and advocate for the patient's needs. 35 council members sent a letter to the President of H + H and the President of Greater New York Hospital Association requesting they put in place a compassionate helper volunteer program. This follows letters from Assembly members and State Senators. And recently letters from many members of New York's Congressional Delegation to have Governor Cuomo pass this as an executive order. There's also an effort underway to have it passed as a bill although in this state an executive order would be faster. I'm wondering, Mr. Mayor, do you plan to push for this program?

Mayor: Thank you, Reuven. Thank you for a very, very good and important question. So I'll preface and I'll turn to Mitch Katz. Preface would be this, first point pandemic, tremendous challenges. Got to keep people safe. So normal rules don't apply and things that are painful, you know, we've had to grapple with families not being with loved ones, not just in terms of advocacy but even just in terms of love and support, in ways that are very painful. No one would ever want to see that. But it has been about protecting lives. The last thing a patient would want is for their loved ones to be compromised and get sick as well. So that's been the governing philosophy and I think it's a pretty common sense, sane philosophy. With that said your underlying point is very fair. If you think about health care in normal times, family being there, loved ones, friends, being there to advocate for a patient is really important and necessary. I mean it's not just nice, it's necessary. But that's in normal times. So balancing the two is tough. I would like us to move more and more in that direction where there could be more of a family voice, more family advocacy, more information for families. And I think the point about folks

who have been antibody tested is interesting. Although again, remember antibody testing is not a guarantee. But it is certainly is a meaningful point to say it tells us something more about someone's ability to get through this disease and fight it back. So I appreciate the spirit of what's being said and I'm sympathetic to it, but only if we can do it in a way that we think does not increase the spread of the disease. So that's kind of the balance I'm trying to think about here. Dr Katz, you have to actually run the place. Tell me what you think?

President and CEO Mitchell Katz, Health + Hospitals: So, Mr. Mayor, I think you've covered the important issues. People really should have their families with them at a time when they're ill. And as you say, we have to balance that with the realities of this infectious disease. We have distributed throughout H + H, a large number of iPads. We're able to connect people to their families and relatives using the iPads so that people can see their families. We do calls as well while the doctors are in the room. So that the doctors can talk to the families, give updates. We have at all of our Health + Hospitals, a patient hotline so that family members can call and inquire about their relatives. But so far, in part because we are under a State order about visitors, we haven't been able to go further. I'm hoping as you say that in the coming days, perhaps using antibody results as a tool, perhaps just because there will be fewer patients and more PPE, that there will come a time when we can go back to normal, but I don't think we're there yet. Thank you.

Mayor: Okay.

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

Question: Morning. Mr. Mayor, I was hoping you could clarify the difference between this trace corps and the disease detectives that we heard so much about, I guess in the early stages of this. What's the main difference other than that they were through the Health Department? And I wanted to ask a question – two of my colleagues at the Journal wrote a story earlier this week about the City's lack of vetting of certain contractors, including one man who was convicted of a felony back in February and he received a \$14 million contract. They saw this by Googling. That's how they found it out. So, I just wanted to get your take on –

Mayor: Katie, what was – when you say the contract, are you saying something related to COVID or something else?

Question: Yeah, through the emergency procurement. So, obviously it's not going to the same vetting process, but I'm curious if you think that there is still more that needs to be done when giving out contracts related to COVID.

Mayor: Right. Yeah, Katie, that is a really good question. This is a – look, I think in the way, the situation we experienced in March and April, of course, we're always trying to make sure people are on the level and, of course, especially in the middle of a crisis you want to make sure if you're giving people money that you're going to get the product back you need and require to keep people safe. And it has to happen in the timeline they're saying. So, when you're in the middle of an emergency, the vetting and the care you take is about making sure that they will perform the function needed to keep people safe and save lives. Of course, we want to guard

against any unsavory background and of course there's always checks and balances, but it's all about saving lives right now. And that was the March, April reality. There was very little margin for error. When you start to get to a somewhat better case, like we are now where things are starting to improve, you want to start to apply the more traditional standards, more and more still understanding, for example, on PPEs, you know, we're still not out of the woods on that and that we that we have to move very quickly on test-and-trace. So, there's a balance to strike. But you know, with every passing day it gets a little bit more possible to apply some of our previous standards. So, you know, I'll get folks to give you a more complete answer, but no, I'd say, vigilant but emergency is still emergency. It's first about saving lives and we have to strike that balance always.

On the disease detectives – they are highly experienced, highly trained people. They continue to do immensely important work. They're a small elite corps. This tracing apparatus, as I said, we're going up to a thousand then to 2,500 then with the likelihood of going to end up between five and ten thousand, it's a totally different situation. The disease detectives are sort of the ultimate expression of this work, but there's only a few hundred of them. Where we're going is to thousands. Ultimately, you know, as many as five to ten thousand. So, it's a different approach to be able to do something on a much wider scale.

Moderator: Last two for today. Next, we have Gloria from NY1.

Question: Mr. Mayor, I want to ask about the tracing effort. You talked about capacity being one of the big reasons for making this change. But I wonder how this is going to work with the rest of the hospital system, obviously accounting for the public hospital part of this, but how do the other private hospitals come into this equation when obviously contact tracing, being about tracing as many people as possible, including those who may have gone into a private hospital. And my second question is about just, you spoke about the heroism and the capacity of Health + Hospitals, but in the past, the Department of Health has led the charge on other contact tracing efforts, including the most recent one I think is when the city was having the measles outbreak. So, what about capacity changed and why is [inaudible] as you describe it, what does it have to do with their ability [inaudible] Department of Health's ability to do contact tracing?

Mayor: Yeah. Gloria, I was deeply involved in the measles effort – night and day reality, very important effort for sure, and took time to develop, but ultimately a very successful effort. Department of Health did a great job. A lot of other pieces of the equation came into play too. A lot of work was done here at City Hall, but also other agencies to support that effort and build it. Very good and valiant effort, but this is an entirely different scale now we're talking about with test-and-trace, it's just night and day. So, again I respect all the questions, but I think you all are interested in facts. We're talking about a vast, vast undertaking. Bears no resemblance to the good and important work that occurred during measles. This is a huge operational undertaking to literally test – we're talking about initially, as I said, 20,000 people a day and then ultimately move up to 50,000 people a day, to bring together all the information from the other testing, to trace people, to make sure that people are isolated, get isolated, to make sure they get the medical care they need, the hotel room, the food, everything.

This is an entirely different kind of operation. Different agencies do different things and there are – and anyone who spends time in government knows that some organizations are primarily operational agencies, others do really crucial tasks, policy setting, regulatory work, oversight, public information, all sorts of things. But in terms of a vast operation, I can tell a mile away, an agency that runs a huge amount of on the ground work, 11 hospitals, 70 clinics, has thousands and thousands of employees who engage the public every day and provide direct service – it's an entirely different thing and it's a better fit for the scale of what we have to do here. The question about the private hospitals, we're going to work with everyone. The testing, we're going to have information on test results. We're going to follow up with anybody and everybody. So, the testing that we'll provide as a city is going to happen primarily through public buildings. But we're, as I said, ultimately going to start working with private entities as well. But the follow-up on people, we don't care what we get the positive result from. We're going to follow up with people no matter what, and do the tracing work and then do the isolation work as needed. So, ultimately, this will involve a much bigger swath of the private health care world as well.

Moderator: Last question for today. We have Yoav from The City.

Question: Hi, Mr. Mayor, I wanted to ask you about the social distancing data from the police. When did you first see that data? It sounded like it might've been yesterday or today. And if so, I'm just wondering why you waited so long to look at six weeks of data. You said that you don't accept the disparity, but if you're not aware of it, obviously you can't do anything about it. And secondly, what are you going to do about it? What are your instructions going to be to the Police Department?

Mayor: Yoav, you are a diligent reporter. So, I would ask you to check my Twitter feed because if I replied to it last night, obviously, I did not see it this morning for the first time. I saw it last night, but last night was the first time I saw it and I immediately responded. You know, again, I wanted to give the context for sure, which I believe fundamentally that this is about health and safety first. That when you say safety, you say NYPD we're dealing with a pandemic, we're dealing with something absolutely unprecedented, and there is no way in hell we are going to be able to keep people safe if we don't use the strongest, best public safety organization in this country. So that's my – you didn't say this exactly, but some folks have been saying, 'Oh, we should deemphasize the NYPD'. I couldn't disagree more. We have to keep people safe. And this is the organization in the city that knows the most about keeping people safe. The honest truth when you look at those numbers is it's very, very few instances. That disparity, I don't like, I don't accept. We can do a lot about it and I'll certainly talk to you about that. But why did – was that not a priority compared to everything else? Because for weeks and weeks we were focused on saving lives. Trying to keep our hospitals going, trying to make sure people had PPE. This was not where the focus was. The focus was on the most essential life saving activity. Now as things are getting a little bit better, we're looking at a lot of outstanding questions. Last night was the first time I saw the data. First thing that struck me was how few arrests there have been and how few summons there have been.

The number that I responded to last night was an overall number. It turned out was higher than the real number, that the summonses directly related to social distancing are 374 from a period that stretches from March 16th when this thing really started to heat up to May 5th. Let's call that

six weeks, 374 summonses in six weeks, 42 days. That's fewer than 10 summonses a day and the arrests. The arrest data I saw was from Brooklyn was 40 arrests. It's so small, not belittling the experience that people go through at all, but it's such a small number. Let's put it in perspective, in a city of 8.6 million people in the middle of a pandemic. So the most important thing to me here is that very little use of summons and arrests has been necessary. But what we'll do about it is what we always do when we see a problem.

We're going to go back, clarify the protocols, more training for officers, more work with supervisors to make sure that they're attentive to these issues. I want to see every community treated fairly, but I want a resolute approach where it's really clear we got to follow these rules. I've said, especially when it comes to gatherings, we're going to be very, very aggressive. It's just they're too life threatening. We're not going to allow it, but we're going to work to make sure that the law is applied, the rules are applied evenly in every community. And we know what it takes to help approach that in a more effective manner. Commissioner Shea and I've had this conversation and we're totally united on this point and that's what we're going to do. But you will see our officers out there doing enforcement because that's how we save lives.

Okay, everybody, I'll conclude with this. Sometimes, you know, some people when you hear bad news and good news, some people like to hear the bad news first. Some people like to hear the good news first. I'm the kind of person that likes to hear the bad news first. So, indulge me for a moment. When we talk about test-and-trace in the nation's largest city, big, complicated environment, epicenter of the crisis in this nation, the bad news is we don't have the full partnership with the federal government we want and we need. I'm very appreciative to the Department of Health and Human Services and CDC that they are going to be lending a very important helping hand with the antibody tests for our first responders and our health care heroes. That's good. That's a start. But what we really need is a pure, intense federal commitment to maximizing the amount of diagnostic testing to ensure that it's widely, widely available so that we really could get to that level of hundreds of thousands of tests a day, that the lab capacity is there – only the federal government could do that. They still haven't done it. They need to do it. This is something the president should focus on. I'd love to see fewer words from the president and more action. Just get us testing, get us lab capacity. It will work wonders if we can actually provide the testing we've never had. So, that's the bad news that that's never happened that we don't know when that's going to happen.

The good news is in New York City, we make things happen. We do it our own way. If we are not given the help we need, we don't give up, we don't throw up our hands. We go and make things happen. So, now you're going to see the biggest testing and tracing initiative you've ever seen in this city, in this country before. It's going to be fast. It's going to be intense. It's going to reach deeply into the city. It's going to be lifesaving, unquestionably. Everyone who's coming together to do this are the – are going to be the next wave of heroes in this crisis. So, I want to thank everyone who's worked so hard to set up test-and-trace, everyone who's coming on board to join us, everyone who will be joining us. The work you're going to do is going to be crucial to fighting back this disease and once and for all pushing it away and bringing us a step towards normal again. This is going to be lifesaving work, but it's also going to be how we break the back of this virus once and for all. So, I thank everyone involved and again, I conclude with a thanks

to all New Yorkers. You're doing the amazing work that's taken us forward. Keep doing what you're doing and we'll get to a better place.

Thank you.

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