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

**Mayor Bill de Blasio:** Good morning. Good morning, everybody. So, we start a new week – well, we had a holiday yesterday, so we started a new week now. And we also celebrate something really wonderful in this city, and that's Lunar New Year. So, happy Lunar New Year to everyone who's out there celebrating. And it is a really important moment to appreciate the people this city, to appreciate the cultures of this city, to celebrate with people who have been through so much. Our Asian-American communities have had a very, very tough time. In 2020, they not only experienced all the other challenges that everyone all over the city did with the coronavirus. Asian-American communities suffered tremendous amount of discrimination. And what's most painful is to think back that some of that hatred, some of that discrimination literally was emanating out of our federal government in Washington D.C., and going all over the country and making things worse. Thank God that's not happening anymore. But our Asian-American community suffered early on in the coronavirus crisis. In the very beginning, people stopped going to stores and restaurants in Asian communities, which was wrong, which was something that hobbled the community even more economically. So, all of the pain that people have been through – 2020 is a year to put behind us, but the discrimination must be battled in 2021. It is unacceptable and will not be tolerated in New York City. Any discrimination against Asian-American New Yorkers will not be tolerated.

So, we look forward to something better in 2021, the Year of the Ox. And a great symbol of strength, and intelligence, and perseverance – these are the qualities that will come out all over the city and in all the communities of the city, and we're going to see it strong in Asian-American communities in 2021, a time of renewal, a time of prosperity, a time of hope. So, happy Lunar New Year to all.

Okay. Now, here's something else we can celebrate, and it's really powerful that, notwithstanding all the challenges and all the things that aren't the way they should be, and the support we're still trying to get from the federal and State government, this city keeps moving forward on vaccination. Last week was actually our best week ever for vaccination since vaccinations began in December. We had a record number of doses given last week, 317,227. And we had our single best vaccination day ever since this whole effort began. Last Thursday, the 11th of February, 55,339 vaccinations given in one day – that's a really positive sign. It is proof we, right now, could be doing half-a-million vaccinations each week if only we were given the supply. We need more help from the federal government. We need the federal government to help us get us more supply, get supply directly to New York City. We need the State government to give us the flexibility we need. We need our fair share of vaccine. We are not getting our fair share of vaccine in this city right now. We've got about 45 percent of the State's vaccine sent to New York City, when, in fact, we're performing about 53 percent of the vaccinations. If we got our

fair share of the State allotment, that would be at least 25,000 more vaccinations per week we could be doing. So, we need that addressed quickly so we can keep speeding up this effort.

Now, here's where we are overall from day-one – we've administered 1,336,382 doses. That – I love to do my comparisons – is more than the entire population of San Jose, California, which is the 10th largest city in the country. And other important facts – very important facts, that 1,336,000 vaccinations so far means that more than 10 percent of the adults in New York City have had at least one dose. I want to say that again, more than 10 percent of adult New Yorkers have had at least one dose of the vaccine. I remind everyone that, literally, in a matter of weeks, we'll be able to start working with a single dose vaccine when Johnson & Johnson comes into play. That's going to speed up the effort a lot more. But still, a good measure of what we have been doing. And we could do so much more.

So, what does vaccine mean? It means a sense of hope. It means peace of mind. It means protection for every-day New Yorkers. And vaccinations on the widest possible scale are the foundation of a recovery – a recovery for all of us. This is what we need in this city. And we can only have that recovery for all of us, if we can continue to expand vaccination. We're ready in New York City. We need the help from the federal and State government. So, what we're doing though is continuing to dig down to the grassroots, focus our vaccination efforts on places that need the help. And so, one of the key new efforts is a focus on communities that still are not seeing the levels of vaccination we want to see, and particularly some of the most important and vulnerable members of communities, and this means our home health aides. We're going to be focusing a new center in Brooklyn on home health aides. We all – so many families depend on home health aides. Their health and wellbeing is paramount to all of us. They deserve the opportunity to be vaccinated, given the important work they do. So, opening on Wednesday in Brooklyn, at Teachers Prep High School, a vaccination center focused on the immediate surrounding communities, Brownsville and East New York, two of the communities that we want to do so much more to reach with vaccination, but also a special center for hardworking home health aides. I want to thank the folks at Capsule who are joining with us to create this center. We're going to be doing a lot of grassroots outreach to draw people from Brownsville and East New York to this center right in their community, and to get the help that they need and deserve. And grassroots outreach, grassroots leadership is going to be key to getting this done.

Also – that's Wednesday. Now, on Thursday, we're opening a major vaccination center in Staten Island at the Empire Outlets. We've been talking about this for a while. It's opening up Thursday. I want to thank Northwell Health for helping us get this up and running and for the work they'll do to operate it. And this site will serve Staten Island residents only. We want to make a major push in Staten Island. Obviously, Staten Island had a very, very difficult experience with the coronavirus in recent months. We want to get out there and get people vaccinated at much higher levels.

Okay. Now, on Friday, I talked about something else we're doing. I want to go into it more now, reaching not just seniors – we know how much we've got to reach our elders, but I'm particularly concerned about our homebound seniors. Seniors – our loved ones, our grandmothers, grandfathers, aunts, uncles – our loved ones who cannot leave their building or cannot even leave their apartment in some cases, they need a special focused vaccination effort. So, we're going to do a number of things to reach them. And think about what they've been through – think about what these seniors have been through this year. The isolation – not being able to see their

children or grandchildren, not being with their family when they felt the most fear and vulnerability, missing birthdays and anniversaries. It's been a horrible year for everyone this last year, but our seniors have in many ways felt the most isolated, and we've got to do more to reach them, give them freedom again, allow them to breathe a sigh of relief by getting vaccinated. So, we're going to go straight to them. We had an example on the focus – of us focused on seniors on Friday. I was at Sheepshead-Nostrand Houses in Brooklyn, and this was an effort to go right to public housing, to a NYCHA development, to reach seniors who live in public housing. Let me tell you, there was such energy in the room at that community center, seniors who wanted to get vaccinations – they were so happy it was right in their own community, right in their own development. And it gave them hope that they could have that kind of support right in their community from people they knew. And you'll see on your screen, I had a really powerful conversation with a woman named Eva, and her story was beautiful – classic New York City story. She came here at the age of 19 from North Carolina, part of the great migration to New York City. She built a life here. Her family came here. And then, the coronavirus hit and she was scared and she wasn't sure what to do. And she knew the vaccinations were out there, but she was hesitant. So, I said, Eva, you're here, you got vaccinated, why did you make the decision ultimately? She said, my sister went ahead and got vaccinated. She lives in Brooklyn, too. She got vaccinated. When I saw she got vaccinated and went, okay – I felt ready to get vaccinated. Her sister, by the way, is 95 years old. So, I love the notion of the 95-year-old sister blazing the trail to convince her younger sister it was okay to do. A beautiful family story, but now Eva's on her way to being protected. We want to do that for everyone.

So, let's talk about how we're going to reach home-bound seniors. First, as that, Johnson & Johnson vaccine comes into play, that's a single dose, it requires less refrigeration. It's easier to use, easier to transport. We're going to use that Johnson & Johnson vaccine to reach homebound, seniors, literally sending medical personnel, trained folks to individual apartments. That's going to take a lot of work and it will certainly take time, but there's tens of thousands of seniors who need that direct support in their own home. We're going to be doing that with the Johnson & Johnson vaccine. Second, we'll have vaccine clinics at retirement communities. We've mentioned on Friday – I mentioned two, Warbasse and Morningside Heights, two communities where there's a lot of seniors in big buildings. We're going to set up vaccination centers right there in the building. For folks who really can't get beyond their building, it's going to be super convenient, easy for them to use, and we'll be expanding that effort. And then, three – home health aides, crucial part of the equation. Their safety, their family's safety is paramount, but they also go into the homes of those who are homebound. Protecting home health aides means we're protecting homebound seniors as well. We have an immediate goal to do 25,000 vaccinations of home health aides over the next 30 days. And then, continue to build that out. So, this is the kind of effort we need to get down to the grassroots and get to folks who need help the most.

Now, in everything we're doing, there's a focus on the grassroots, the communities. We believe in having as many vaccination sites as possible, as deeply into communities as possible. That's how we fight disparity. That's how we address the horrible inequities we've seen throughout this crisis. We want to be guided by data. We want clear information that helps us always to target our efforts to the folks who need the help the most, to the places that have borne the brunt. The amazing work of our Taskforce on Racial Inclusion and Equity has led to a clear definition of where the danger is greatest and where the outreach efforts have to be deepest, where the mistrust has to be overcome. This is what's allowing us to mount an effort that will turn the tide on these disparities. But it's really important that we use the data to constantly tell us how to

refine our efforts. So, as we saw the disparities, one of the things we did was we overcompensated by putting most of our City vaccination sites in the very same communities that suffered the most from the coronavirus. So, 77 percent of our City vaccination sites are in those 33 neighborhoods we talked about that the Taskforce on Racial Inclusion and Equity determined. I want you to hear about that effort and specifically about the new information we're releasing today, ZIP code by ZIP code, showing what the vaccination rates are in this city, showing the disparities we still have to overcome, allowing us to target our efforts. Again, the taskforce has done an amazing job. And one of the leading members of the taskforce and also our First Deputy Commissioner for the Department of Health is here with us, I welcome Dr. Torian Easterling.

**First Deputy Commissioner Torian Easterling, Department of Health and Mental**

**Hygiene:** Thank you, Mr. Mayor. Last week, I was honored and humbled to join my fellow New Yorkers and received the COVID-19 vaccine at Canarsie High School in Brooklyn. The day before I received my vaccine, I volunteered at the Canarsie High School vaccine hub and met so many New Yorkers who are grateful for receiving their first dose. One family I've met was a couple who were both in their 80s, who both took Spanish and were accompanied by their granddaughter. The granddaughter mentioned how important this vaccine was for her grandparents to protect themselves, but also to help encourage her parents, her aunts, and uncles to feel confident about getting the vaccine when they become eligible.

There are many reasons why getting this vaccine is important. When I received my first – my first dose, I thought about my fellow healthcare workers and public health colleagues who have been serving on the front lines and protecting our communities against this virus during this year. I also reflect on the lives lost because of this pandemic, especially in communities of color, and the work we still have ahead to reverse health disparities that have persisted in neighborhoods like Canarsie for far too long.

You have heard us say many times that data is the lifeblood of the Health Department's COVID-19 emergency response. From the beginning of the outbreak, the Health Department has used a data-driven public health model to push against disparities. We monitor data on COVID-19 testing and positivity, but we also track data on poverty, health insurance, and housing conditions. Because all of these factors fueled the wide health disparities that we have seen before, during, and likely after COVID-19. Now, we have new data to present on vaccinations by ZIP code. The figures published today show the scale of the challenge in front of us. Just as we've seen, there's much smaller proportion of vaccines going to Black and Brown New Yorkers. We see these geographic disparities bearing out as well.

Staten Island and Manhattan had the highest vaccination rates, while the South Bronx, parts of Central Queens and Central Brooklyn lag behind. The ZIP code data provides not only a map of where New Yorkers are being vaccinated, but also a roadmap to our COVID response. In recent weeks, we've launched mass vaccination sites at Citi Field and Yankee Stadium, sites that are reserved for the residents of those boroughs. These join our 15 Health Department vaccination hubs at local schools and other clinics, like the Corona clinic, which operates 24-hours a day.

Beyond the neighborhood hubs, we are launching hyper-local efforts. Last week, as you heard, the Mayor and I visited an on-site vaccination clinic set up at Sheepshead-Nostrand Houses, that was reaching hundreds of seniors. And we are increasing outreach in communities to raise

awareness about the vaccine and ensure residents receive needed resources and services, some of which the Mayor has already mentioned. And recently, in recent weeks, we've had multiple town halls and consultations with community members, forging valuable partnerships that will bring us closer to a more equitable vaccine roll campaign. And we're seeing some of those gaps narrow as we reach more New Yorkers, while acknowledging that there is still much more to do. With more supply, we can even do more for New York City communities. We're hopeful that in the weeks ahead, New Yorkers living in areas with fewer health care resources will see even more of us as we fight to ensure that the vaccine is truly for all. Thank you.

**Mayor:** Thank you very much, Dr. Easterling. And thank you and everyone on the taskforce for your amazing efforts. Look, this is about addressing inequality, doing something very tangible about it. This effort will not stop. We are going to go deeper and deeper into communities to ensure there's equity. This is how we create a recovery for all of us. That recovery for all of us is based on 5 million New Yorkers being fully vaccinated by June, and reaching deep into every community, dispelling whatever mistrust or hesitancy is out there, overcoming it for the good of all, for the protection of all, but also so we can all come back together in this city and be strong by the end of this spring. That's what I intend to see us do. And I know we can – I know we can. I'm telling you, the numbers we saw from last week alone in terms of vaccinations prove that we can keep going higher and higher so long as we have that supply. And we'll keep fighting for our fair share of the vaccine supply.

Let me go over today's indicators now. Number one, daily number of people admitted to New York City hospitals for suspected COVID-19, that number is 213 patients. Confirmed positivity level – excuse me, 62.16 percent. Hospitalization rate, 4.73 per 100,000. Number two, new reported cases on a seven-day average – today's number, 3,668 cases. Number three, percentage of people testing positive citywide for COVID-19 – today's percentage on a seven-day rolling average, 7.07 percent. A few words in Spanish – and, again, this is on vaccines, particularly for our seniors and homebound folks.

[Mayor de Blasio speaks in Spanish]

With that, let's turn to our colleagues in the media. Please let me know the name and outlet of each journalist.

**Moderator:** We'll now begin our Q-and-A. As a reminder, we're joined today by First Deputy Commissioner and Chief Equity Officer Dr. Torian Easterling, by Dr. Katz, by Executive Director of the Taskforce on Racial Inclusion and Equity Sideya Sherman, and by Senior Advisor Dr. Jay Varma. First question today, it goes to Rich Lamb from WCBS 880.

**Question:** Good morning, Mr. Mayor.

**Mayor:** Good morning, Rich. How are you doing?

**Question:** Well, I'm doing okay.

**Mayor:** How many days – how many days until retirement, brother?

**Question:** It's a week from Friday.

**Mayor:** Well, definitely – definitely let me know when you're asking your last official mayoral question.

[Laughter]

**Question:** Okay, I'll do that. This isn't it though. So, just had a quick look at the data, because it came out just before you're going on the air here – or, going into your meeting. Doesn't the data indicate that your strategy or your tactics in regard to putting those – putting the centers in hard to hit neighborhoods doesn't appear to be working at least certainly as well as you want it to?

**Mayor:** We definitely want to go a lot deeper. I'll start and I'll turn to Dr. Easterling. I think we need to humanize what we're hearing out there, give you a real flavor of what it's going to take to address these inequities. Look, when it comes to vaccination, the challenge here is that the folks who already have been doing very well in our society also happened to be folks who had a high level of confidence in the vaccine and a tremendous ability to get out there and go wherever it took. We have been trying to address that with a lot of education, a lot of grassroots support and validation for the vaccine and continually pushing the vaccine down to the grassroots, out into communities, more and more centers where people are, like this new center we're talking about for Brownsville and East New York. These efforts continually make a difference. We see more and more people getting comfortable. We have a real distrust problem we have to overcome. So, the very communities that need help the most, Rich, are the where there's the highest distrust. And we've just got to be aggressive and consistent to overcome that. I have no doubt we will, but the other thing that's hindering us is lack of supply. We don't get to create the momentum, which – and that story I told you about Eva, is a really strong indicator to me. The vaccine was available for her sister. Once her sister took it – her 95-year-old sister took it, that's what convinced Eva it was okay. People need to see it – the very most important people in their lives, the people that trust the most getting the vaccine, but that only happens if you have sufficient supply to create that momentum and that buy-in. So, we definitely have a ways to go on that front. But, Dr. Easterling, if you could talk about overcoming hesitancy and what you're seeing works and what more we need to do.

**Deputy Commissioner Easterling:** Thank you, Mr. Mayor. I cannot agree with you more, having our sites in the neighborhoods that have been disproportionately impacted, neighborhoods that we know where Black and Brown communities have been dealing with long standing health inequities, has been really, really powerful. I mean, the stories that we both shared today really speak to the volumes of really being able to connect with residents and be able to show them that we're here for them. I think, but – really, the important part is not just earning the trust just around vaccines, but also making sure that our communities know that we're out here to really serve them. And that's the work that we've been doing, not only having the access points, but answering the questions, working with our community-based organizations. So, in partnering with CDOs and our faith-based organizations we're able to really ensure that we're able to get appointments to individuals in the neighborhoods, and those are the ways that we can really, you know, get over this hump by showing that our residents that we're out here to serve them.

**Mayor:** Thank you. Go ahead, Rich.

**Question:** All right, and let's go to the variants. What – did the variants have been detected in New York City? I mean there was some criticism that there hasn't been enough testing to figure that out, and has that been ramped up and what has been discovered if your doctors on the call have any idea?

**Mayor:** I want to get Dr. Varma in this because he's been looking at the whole global situation and obviously Dr. Easterling as well, because we depend on Department of Health to do that genomic sequencing and help us identify what we're seeing in New York City. I would tell you, and we talked about this I think a week or two ago, New York City, New York State actually are blessed with some of the best capacity locally to do this kind of investigation and determine what we're seeing. So, I would say we actually are in a very strong position and we're constantly watching for the presence of variants, but also what it means. So far it is not changing, Rich, our strategy because so far, we see the vaccine being effective based on the information we have now and the strategy is still get the maximum people vaccinated as quickly as humanly possible, particularly in the communities most vulnerable. So just to give you an update on what we're seeing with the variants and how we go about doing that assessment, Dr. Varma, and then Dr. Easterling.

**Senior Advisor Jay Varma:** Great, thank you very much for the question. This is something that we're watching very closely as the Mayor has said. So just in turn – we'll start with the global situation and then for the local situation. As we know there are – this is a virus that mutates, like all viruses do, and some of these mutations have been shown to change the characteristics of this virus. What we've seen, and what we've been most concerned about, is the B117 variant, which has been referred to as the variant that originally detected in the UK, and that has been increasing in frequency now around the world, as well as here in the United States. That variance is concerning, number one, because it appears to be much more infectious, that is if I'm infected, I'm more likely to infect other people. And there is increasing data from the UK also showing that it is potentially more lethal, that you may have a higher risk of dying, potentially, if you were infected. Again, we're still trying to verify and understand that, but it's best to always err on the side of caution. What we've done here in New York City is that we have increased capacity at every different level in addition to the already very large capacity that the New York State laboratory has, we've actively been increasing capacity here at our city laboratory, we've increased our partnership in collaboration with our pandemic response laboratory, and we're having regular meetings and conversations with our academic partners who have the capacity. As people know, this is a very specialized form of testing, so it's not the type of thing that you can get at your regular commercial laboratory, and so we are looking very actively in tracking the emergence of these variants. We have not seen yet any of the other variants that people are concerned about. The variant that was first detected in South Africa and the variants detected in Brazil. It doesn't mean they couldn't occur here as we saw from the news yesterday about a Connecticut resident and of course we're going to continue to be very vigilant in our pursuit of those infections and in our control of them.

**Mayor:** Thank you. Dr. Easterling?

**Deputy Commissioner Easterling:** Yes. Thank you again for the question. You know, as you've already heard, we know that viruses can mutate and change, but I think what's really important and while we are ramping up our vaccine distribution, is that we cannot change our precautions.

We really need to continue to follow the core four. Yes, we are seeing improvement in some of our data, but we are certainly concerned about the variants and you've already heard this from Dr. Varma. So, I think we just really want to underscore that all New Yorkers should continue to follow a core four, getting tested, and as you know, for core four, wearing a mask properly over your nose, covering your mouth, making sure that you're practicing good hand hygiene, keeping your distance and staying home if you're sick.

**Mayor:** Yeah. I want to emphasize that, Rich. The presence of the variant says do more, not less, you know, even again, as we see some improvements in our overall indicators it's still a race against time, get the most people vaccinated, but also as Dr. Easterling said, just no one let down your guard. Keep doing the smart things to protect. That's also the smart way to address any variants that we find in our communities. Go ahead.

**Moderator:** The next is David Evans from WABC.

**Question:** Hey Mayor, can you hear me?

**Mayor:** Hey, Dave, how you doing?

**Question:** I'm doing fine. Hey, I wanted to ask you and you know me well enough to know that I'm not a pessimistic person, but I'm looking at these figures that you talked about today, and I think it's great that we see 1.3 million people vaccinated so far. And I think the goal of 5 million by June is great. But if you just do the math, I mean, there's a lot more than 5 million people who are going to be eligible for this vaccine in New York and at this rate, if we don't pick up the rate, we're talking October, November, this fall, before we see enough people vaccinated. The rate has got to pick up, doesn't it?

**Mayor:** Yeah, the supply has to pick up. It's not a rate problem. So, let's put together two key facts. We, you know, you saw, we did 330,000 last week, we could be doing half a million per week, right now. Right now. Give us a supply. That's exactly what we'll do. We have the centers, we have the staffing, give us the supply - and that's my message to the federal and State government - give us a supply and we'll do half a million per week, 2 million per month. Now that's with a two-dose reality, even with that we could still hit the June goal, but we're about to get reinforcements with a single dose vaccine from Johnson and Johnson. That's going to greatly improve the situation. So, based on the capacity we have at this moment, this is not even theoretical one-day capacity, Dave, this is this hour, this moment, we have the capacity to do half a million a week, that would get us to five million people fully vaccinated by June so long as we have the supply. I am hopeful, supply has increased meaningfully in recent weeks. We needed to jump up in March and April to allow us to get to that goal. But again, a whole new vaccine coming into play is a very big deal. I think Johnson and Johnson is going to be a difference maker here. Go ahead, Dave.

**Question:** All right. Well, my other question has to do with - I mean, I became eligible yesterday, because I have a comorbidity, a heart condition, and when I spent much of the weekend trying to sign up for anywhere and I finally got through late on Sunday night and it scheduled to date in April, and to me, that just seemed crazy. Now by a total fluke, yesterday, I was visiting my doctor, he gave me the vaccine, so I got my first dose. I felt like I had won the



lotto, very happy, but I got lucky. And I just think that there are probably hundreds of thousands, if not millions of folks out there who are going to get lucky and who are going to be like I was when it first said, oh yeah, you qualify in April, six weeks away for someone with a heart condition. That just seems, it just – it seems nutty.

**Mayor:** It does. Dave, I feel horrible for anyone who confronts that reality. This is why we need the supply, and we need much more flexibility. The things I've been talking about, the federal government really pushing the pharmaceutical industry across the board to produce more, not just the two or three companies, freeing up second doses, we know more vaccines has been coming each week, higher levels each week, free up those second doses so we can reach more people right now, rather than holding them back. Giving us our fair share. Like I said, right now, what we're getting from the State of New York, about 45 percent of what the State has overall, but we're providing about 53 percent of the vaccinations. We need to get our fair share. That would be about 25,000 more vaccinations per week, for you and for so many other people, that would have meant a quicker appointment. We need all of these things to happen because we have the ability to reach so many people quickly. Can we do all five million people there? You're right, there's about five million people who qualify right now with the most recent changes. That's a rough estimate about five million New Yorkers qualify. We can't do them all overnight. No New Yorker expects that, but if we're moving along at a clip of a half million a week, and particularly a lot of those are single dose vaccinations, this situation changes very quickly and we absolutely can reach that goal of five million people by June. And one more point, Dave, every single person that gets vaccinated, even the first dose as you've received, that person is safer. You're safer today than you were before that dose and the whole community gets safer with each additional vaccination because it does reduce the impact of this disease. So, we just got to keep powering through, but we need help from the federal government, we need help from the State government.

**Moderator:** The next is Marcia from WCBS.

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

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

**Question:** Good. Thank you. I have a couple of questions that have to do with putting numbers of police on the subways. You know, that yesterday, the head of the MTA and the head of transit and the Governor himself asked for a 1,000 more cops to be put dedicated to transit. And here's my question in 1995, when the NYPD and transport combined, there was a promise made that would keep the number of cops at the same level. Now that level of 1995 was 4,000. That number fell under your administration to about 2,400, even with the 500, it only brings it up to 3,000. Do you feel that you should make the – keep the promise that was made in 1995 and add the 1,000 more cops to make people feel safe on the subways?

**Mayor:** The history is different from what you suggest and, you know, we have kept numbers strong in the subways, very similar to the number that I received when I took over City Hall from Mayor Bloomberg, but we're adding 500 more now. So about 2,500 cops in the subways, previously 500 more coming quickly. It's an immediate redeployment. I feel very confident. The NYPD believes this'll be the difference maker. We had a horrible, tragic crime and everyone's

paying attention to that, and we cannot let things like that happen, but we also have seen overall crime in the subway has gone down for years, thank God, and even the first six weeks of this year, compared to last year of 59 percent decline overall. We saw crime in the month of January citywide, all crime statistics go down markedly, and this is important for the month of January overall index crime in New York City down 21 percent compared to January 2020 before the pandemic. We're seeing tremendous efforts by the NYPD, including increased gun arrests. We're seeing literally a 61 percent increase in gun arrests this January 2021 compared to January a year ago. So, very aggressive efforts are being undertaken by the NYPD, 500 more officers, that's going to make a huge difference and we'll do whatever it takes that I think this is the right way to proceed.

**Question:** Mr. Mayor, my second question has to do with a pilot program that you announced with [inaudible]. I believe it was November that would send mental health teams in to deal with problems instead of the NYPD on certain calls, I think Thrive was part of that collaboration. But according to Commissioner Shea who did various TV and radio shows this morning, that program still is not up and running. I'm wondering what's happening with that program, why is it not up and running? Isn't it really necessary given the level of mental health problems that we've been seeing among people on the subways?

**Mayor:** Yeah, we absolutely believe that there are many calls that go to 9-1-1 where someone has a mental health issue, but is not exhibiting any signs of violence, that those calls can be better handled by EMS, by social workers, by medical professionals. That approach will be in place in a matter of weeks in a number of precincts. We intend to expand it greatly in the course of this year. There's a few things that have to be done to finalize it, it's a new approach. We got to make sure the training is very strong, a few last pieces to put in place, but you're going to see expand rapidly in the year 2021. This is definitely the shape of things to come, and that also will free up police officers to focus on other issues where there is a possibility of violence. We know that a vast majority of calls we get related to mental health have nothing to do with violence. We'll have the right professionals to handle those calls and free up officers to do other important work.

**Moderator:** The next is Allison Kaden from PIX 11.

**Question:** Good morning, Mr. Mayor. I'm not sure if you've had a chance to look at it yet, but the Governor announced this morning how he would allocate a hundred million dollars of cannabis to social equity funds. I'm wondering if you have any thoughts on that and how it would affect New York City? I mean, obviously some minority communities have been hit very hard by the war on drugs, people have had lots of thoughts on how to make it up to them.

**Mayor:** I want to make sure, Allison, I'm understanding your question. Are you saying this vis-a-vis the legalization of cannabis? Are you saying something different? I want to make sure I'm understanding.

**Question:** Yeah, he announced basically his is 30-day amendments. So, he detailed how these hundred million dollars would be allocated. So, I mean, it's basically a laundry list of things, job placement and skilled services, adult education, mental health treatment, housing, financial literacy, community banking, it's a laundry list of things and then also he talks about delivery.

And it's just, it's an itemization of what's being proposed obviously in the budget. And because this has to come from the State as opposed to the city, I wanted to know your reaction to this.

**Mayor:** Yeah. I haven't seen the specifics of the 30-day amendment, but I can tell you again, if this refers to what we need to do as part of the legalization of cannabis to ensure there is racial and economic justice, what I'd say is, and we did a plan on this over a year ago, we put together a plan I think it was December of 2019 of what the right kind of legalization would look like and what it means is not allowing for the corporatization of this industry, not allowing big multinational companies to take it over, take resources away from communities, but in fact, create community based businesses where the very communities have suffered because of the wrong drug laws would have a chance at some economic fairness and opportunity. Also, making sure that folks who suffered in the past are the first folks to be able to get jobs and to benefit from the revenue from this industry. So, that is something that has to be done. That is not typical. Usually when something is authorized, it's very friendly to the business community, not so friendly to the neighborhoods of our city and state. The legalization of cannabis has to be done very differently anything we've seen before, or we're just going to repeat the mistakes we saw with the tobacco industry and the opioid industry, pharmaceutical industry. I'm hoping our colleagues in Albany do something very different, kind of break the mold and how they do this legalization. Go ahead, Allison.

**Question:** So, do you have any power at the city-wide level then to put your input on this, to support small businesses?

**Mayor:** I've been real clear about the kinds of changes we need. I've talked to leaders of the legislature about those changes. We put out a whole report, which we will certainly circulate again because people should see it. It's a really comprehensive look at what happened around the country previously, what worked, what didn't work, and also the danger of all the money flowing into very few hands and no economic justice or fairness in the package. But, what's also important in this is local control and this is something I know is being felt all over. The State if you've talked to Mayors, if you talked to town supervisor, if you've talked to county executives, they'll say we ultimately are going to have to figure out where these businesses go, how to do it safely, how to be really respectful of communities, how to make sure just fairness, whatever legislation emerges has to provide local control and citing. And also, some of the revenue for the enforcement, there will have to be enforcement work done, we have to make sure localities get their fair share.

**Moderator:** The next is Emma Fitzsimmons from the New York Times.

**Question:** Hi, good morning, Mayor.

**Mayor:** Hey, how you doing?

**Question:** Good. I'm looking through the data now and in East New York, only three percent of residents got one shot, and you know, so this data is pretty damning. And again, you know, you sort of ran on the tale of two cities, when you look at this data, do you feel like there was a failure on your part?

**Mayor:** No, Emma, I think we got a lot of work to do, and I'll say it really openly. I mean, I understand people like to ask those kinds of questions, but I think it's really important to understand what we all are seeing and how we're addressing it. A lot of this is about underlying painful disparities to begin with and inequalities to begin with. Folks who have more privilege are best able to navigate this process, folks who have more confidence in the vaccine are going to go to more effort to get it. The hesitancy, the distrust is exactly where we need to reach people the most and it's a painful kind of double jeopardy. I want Dr. Easterling to talk about some of the experiences he's had in the conversations he's had, but I'll tell, no we've been hearing hesitancy and distrust related to the vaccine from the very beginning, we have to overcome it. It is going to be – have to be meticulous, persistent work. But if you look at what we could control, we were able to put the centers in the vaccine in the places where the need was greatest, do a huge outreach effort around it. We can't sustain the way we need to until we get a much better supply and I guarantee you, if we can get up to that half million a week level, it's going to increase our ability to address disparity because it will create more momentum in the places needed most. But no, we've designed this effort to address disparity, but we need supply, and we need time to win people's trust and comfort with the vaccine. Dr. Easterling?

**Deputy Commissioner Easterling:** Thank you, Mayor. Yeah, I think the important points here, what we've already done, and you've heard, a lot of what we've done, particularly in places like East New York and in Brownsville, the partnerships are critical, the outreach and engagement is really, really important. I joined a community conversation that was led by Council Member Inez Barron as well as community board five chair Mr. A.T. Mitchell, as well as the District Manager Ms. Melinda Perkins. They're really getting out there, but when you hear the questions and the concerns, you know that this is more than just an access issue. This is really about addressing the concerns and the questions, and we know that what we're hearing is there are questions around timeline and the science and how quickly the vaccine has been developed. We know that there are going to have to be multiple touch points with the community, and they have been clear about that. And so, we are committed. We've already done two town halls just in East New York alone, and we're committed to doing more, but also making sure that our community partners are there leading as the messengers and not always just government being a part of those conversations. And I do think we're going to begin to see more of individuals who are saying no, or maybe, moving towards the yes. And I think that's going to be really important. This is going to take time and patience, and that's what we're hearing very loudly and clearly.

**Mayor:** Torian, I think it would just help if you just literally say some of the questions you've heard and some of the doubts like in the way people are expressing them.

**First Deputy Commissioner Easterling:** Absolutely. So, the questions that we've heard really just, are there concerns around fertility. And so, we really have to address concerns. Does the vaccine cause fertility concerns for both women and men? And we have been very clear that there is no evidence, that the science does not support that there are any fertility concerns. Largely we're hearing about concerns around the development, the timeline of the vaccine. There've been no shortcuts. And the science is very clear that the vaccines are safe and effective, that we know that the science is really supporting the effectiveness of both the Pfizer and the Moderna vaccine and also for the Johnson & Johnson, as it is promising of what we're seeing already. And then I think what we're also being pushed to really understand about how are we bringing the vaccines into the communities and support it through our H + H colleagues there at Gotham Health, which is in East New York. And as you've already heard from the Mayor that

we are working with Capsule to stand up the Teachers Prep High School. These are ways that we are really showing the community that we're bringing the vaccines to them. And as well as you already know, the NYCHA developments there in Brownsville, really working with tenant association leaders to make sure that we're bringing the vaccines to the community. We're tracking all of these concerns and making sure that we're getting out front addressing misinformation, but also making sure that the communities have a lot of this information, which is on our website.

**Mayor:** Thank you very much. Go ahead, Emma.

**Question:** Hi. So, for my next question, so the subway stabbings actually happened at the subway station closest to my home. And I was thinking back, I used to work the night shift at the Times, and I would ride the subway by myself at 1:00 AM every night and felt totally safe. This is several years ago. I was curious Mayor, whether you would feel safe riding the subway at night.

**Mayor:** Yeah. I've been riding the subway my whole life. And I do. The overall reality because – and I have a particular perspective that a lot of New Yorkers who've been here a long time have of when the subways were a pervasive problem in every way in terms of safety and everything else. Over the years – and a lot of people contributed to this – the subways have gotten safer and safer. Before the pandemic, literally we had a reality, there was one index crime per every million riders each day. I mean, when I saw that developing in the course of our administration that it had gotten down that low, it was absolutely amazing. We've had a huge disruption, but we're overcoming that disruption. You see with the statistics I just went over, clearly things are moving in a better direction. Subway crime going down overall, even though we had a horrible, tragic very, very disturbing situation at the station near you. But, you know, we see some real changes occurring. I'm very convinced we'll be back to where we were pre-pandemic, not long from now. And I think New Yorkers believe in the subway, need the subway. It's who we are. We have to show them that it's safer and we have to give them the confidence, and these 500 additional officers, I think, will make a big impact.

**Moderator:** The next is Katie from the Wall Street Journal.

**Question:** Hey, good morning, everybody. My question for you, Mayor de Blasio and anyone else who can help, is do you have data that shows where the eligible people for the vaccine live, especially when we initially had the vaccinations, when there were such strict eligibility – teachers, firefighters, police officers – because, you know, obviously recognizing the long standing and widespread health disparity here within the city and access issues. When I see Breezy Point has a higher percentage of vaccinations, I think, okay, well, a lot of cops and firefighters lived there and teachers, you know, that makes sense. So, is that data available? And do you have it?

**Mayor:** I'll start, and Dr. Easterling can add in. We don't have the level of data that would be ideal, meaning we just don't have easily available how each ZIP code breaks out, according to where public employees live, for example. But we know enough to come to the conclusion you just came to that we certainly have a sense of what broader communities have a lot of public servants in them, for example, who are in the groups that qualify. We have a sense of what communities have more senior citizens proportionally. But really in the end, the simple,

straightforward way to think about this is we want to see much greater consistency among communities. It's early. You know, it's really only been a matter of weeks that there's been wide-scale vaccine distribution. But as we go forward, we want to see these communities really substantially even out. And that's going to take the kinds of approaches that Dr. Easterling has been talking about, just going to the grassroots where the need is greatest. Dr. Easterling, I don't know if you want to add anything about what we can say about the nature of each community.

**First Deputy Commissioner Easterling:** You know, the only thing I would add because the Mayor – you're absolutely correct, there are some limitations. But in addition, I think we are, now that the eligible – populations for individuals with underlying chronic conditions are now eligible, we can say where neighborhoods that we know have high rates of premature mortality that experienced long-standing health inequities due to health outcomes. And so, we can begin to direct our attention, making sure, as you've heard from the Mayor, that we are getting to our seniors, but also making sure that we're getting to individuals with high rates of underlying chronic conditions.

**Mayor:** Thank you. Go ahead, Katie.

**Question:** Thanks. And my second question is relating to questions about crime in the subway. I know that there is the plan to deploy more police officers, and you did address this a little bit last night on NY1. But will you also deploy more of these outreach and social workers looking at the, you know, other incidents, other crime incidents that have happened over the last few weeks, you know, thinking of the man who was naked in the subway, and then he fell on the tracks, you know, do you think that there is enough outreach to vulnerable populations who are going to the subway to live? And if not, how will you improve that?

**Mayor:** Would definitely want to do more outreach when you – you know, before the pandemic we issued the Journey Home plan and the crux of that plan was a hell of a lot more of what's working, which is the really intensive outreach by these extraordinary outreach workers who really have done just amazing work. Just work that's pretty sacred, I think, in terms of reaching a fellow human being in desperate need and getting them to come in, to someplace safe and get mental health services and substance misuse services. That's really been working, and then of course was dislocated in some ways by the pandemic. We want to re-glue that and put out there as many outreach workers as it takes. If we get stimulus funds, which, you know, we're going to be hopeful about, this would be a really smart use of some of those funds to deepen the outreach efforts. So, we've got several hundred out in the subways now. I'd like to see those numbers go up for sure.

**Moderator:** We have time for two more for today. The next is Kristin from the Staten Island Advance.

**Question:** Good morning, Mr. Mayor, how are you?

**Mayor:** Good, Kristin, how you doing?

**Question:** I'm good. I'm good. You announced the Empire Outlets today, because you knew I was going to ask you about it, right?

**Mayor:** We're one step ahead of you, Kristin.

**Question:** I appreciate that. So, I want to ask you, the South Shore of Staten Island lost – or is losing its only City-run testing site at Mt. Loretto and there's still no City-run vaccine hub on the South Shore. Does the City have any plans to replace that testing site with a permanent one and also add a permanent vaccine site to the South Shore?

**Mayor:** Yeah. Thank you for the question. I don't remember if it was you or someone asked me a few days ago – we definitely intend as part of the build out of more vaccine sites around the city, we intend to get one into the South Shore for sure. And we want to make sure that testing is always available. You know, even though so much of the focus is on vaccine now testing remains a crucial part of the strategy. So, yes and yes, we'll figure out if that's the same facility or different. And we'll have an announcement on that soon. Go ahead.

**Question:** And I just have a question about the vaccine ZIP code data that was released. Could you talk a little bit about how it was compiled? Is the data just City Health Department and Health + Hospitals data or other facilities like Advantage Care physicians and other private run sites that are vaccinating? Is that counted in the data as well? You know, and how can we be sure that the numbers are reflective of the residents of that ZIP code?

**Mayor:** In terms of methodology, I'll turn to Dr. Easterling and if any of his colleagues want to add. You start, Doctor.

**First Deputy Commissioner Easterling:** Thank you for the question. This builds on years of infrastructure that we have around our immunization registry. As you may know, we have a citywide immunization registry that requires not only our City sites, but all providers to input anyone that is being vaccinated in New York City. And that includes individuals who are employers, who do not live in New York City. And so, you are going to see the full universe of individuals who are being vaccinated at any location in New York City, and the denominators is the adult population for that ZIP code. And so, this does again, just to be sure, this includes all individuals, all adults who are being vaccinated in New York City, who are eligible.

**Mayor:** Excellent. Thank you.

**Moderator:** Last question for today. It goes to Henry from Bloomberg.

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

**Mayor:** I'm doing well, Henry.

**Question:** Long time no see.

**Mayor:** I hope you had – it's good talking to you. Hope you had a good weekend.

**Question:** I did indeed. How about you?

**Mayor:** I support Monday holidays.

[Laughter]

That's my strong position.

**Question:** Well, let me ask you a question on a different subject, which is the plight of hotels and restaurants who are really getting whacked in the pandemic. Last week I did a story about hotels that are in arrears on their property taxes. And as you probably know, when you're a hotel or a commercial property you pay 18 percent interest on that late payment. And so, hotels that are already getting slammed are now going deeper and deeper in debt. And this could have a lasting impact on the tourist industry should it ever come back to the levels that you expect and want it to. So, the question I have for you is, are you ready to impose or grant a moratorium on the – or actually eliminate this 18 percent interest and just charge these hotels for the property tax that that's due? That's what they want.

**Mayor:** Yeah. I got to examine that one, Henry. Look, everyone's gone through so much. We want to always be creative in how we address this situation. But we also have to make sure that we continue to get the revenue we need to serve the people of this city. And we talked about last week, we have reached 200 million free meals that we've given to New Yorkers in need since the crisis began. All the costs it's taken to keep people healthy, the vaccine efforts, everything bringing back schools, you know, we always have to be mindful of where are these resources coming from, especially where we still have a question mark on a stimulus. But I'm going to look at this issue. I do care a lot about the hospitality industry. I want them to come back strong. I do believe fundamentally, Henry, that you're going to see a beginning of a comeback this year, especially if we can hit this goal, which I believe we can with the right supply, getting five million people vaccinated by June. I think you're going to see this summer, in fact, a lot of people coming to visit New York City. But this will grow back. We're New York City, people from all over the world want to come here, they will be coming back, and it won't be that long from now. I fundamentally believe that, but we got to protect the hospitality industry. So, we'll look at all options and I'll have more to say on that soon.

**Question:** Okay. Well, they may not have too many places to stay if these places keep going out of business. The second question I have is the data disparity between the State of New York and the City of New York. This has been a constant theme throughout the pandemic. And all anyone has to do is look at the positivity rate as you calculate it in the city, which is still over seven percent, and the positivity rate as the State calculates it, which is over four percent. So, there's like a three percentage point difference. And in light of the controversy going on with nursing home data and everything else, how do we have credible – how do we give credibility to these numbers when they're so disparate and they actually have a risk of affecting public policy? So, is – whose numbers are funny, the State's or the City's?

**Mayor:** I appreciate your straightforward question. I'm going to say it differently. You obviously are not surprised by that. We have faith in our numbers. I'll turn to Dr. Easterling and then Dr. Varma, Dr. Katz, anything they want to add. We take a data and science driven approach to protecting the people in New York City. The Department of Health, to their great credit, have been scrupulous and careful about getting the data and science right. They've been very transparent. One of the first places in America to talk about the disparities in the original cases was in the New York City Department of Health. One of the first places to ever [inaudible] clearly what's really happening with vaccination and document that disparities that have to be



overcome, New York City Department of Health. We showed ZIP code data of where we were seeing case levels. As you remember at a certain point, the State asked us to stop doing that. We have resumed that.

We really believe that more and more transparent data is best. So, the City of New York, and particularly New York City Department of Health, have long since proven that we believe in being transparent, even when it presents really difficult information, even when it causes a lot of questions, we believe in being transparent. I can't speak to the intricacies of the State's process. We think that our numbers are the truest numbers related to what's happening in New York City. And they're just unadulterated. They're pure, real numbers, not based on lots of different formulas and recalculations. They're the real thing. So, if our numbers show tougher situations, it's because there is a tougher situation. We want to be honest with people about it and not sweep it under the rug. We want to have the conversation out in the open because it will help us to make right decisions. It'll help people to actually have faith in the process. Dr. Easterling, you want to speak to why we have faith in our numbers, and then if your colleagues want to jump in.

**First Deputy Commissioner Easterling:** Yeah, I think, you know, the only thing I'll add here, and we do have faith in our numbers, but we've also been very upfront that the methodology differs of how we're looking at the data in the state. But I think the more important part, and what I hope that you will report and what we've said to New Yorkers, is that the trends are still going in the same direction and the concern is there. And so, the precautions that we've clearly stated that we really need New Yorkers to continue to make sure that they're following the core four and getting tested while our vaccine rollout is happening. And that's what's important here to make sure that this is informing our operations. And the way that we see the data we are responding to the need and making sure that we're getting to the most vulnerable.

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

**Senior Advisor Varma:** Sure. Just to add on to what the Mayor and Dr. Easterling have said. You know, we spent a tremendous amount of time. We have incredibly highly trained epidemiologists who spend time pouring over this information and debating intensively both at the technical level and then kind of at the leadership level among us about what is the right way to present data based on the science, based on expert judgment. So, we – just to re-echo this comment that everything we do is driven by the data and really driven by an expert consensus of how best to present it. And just for – related to the test positivity, we've discussed this issue before. I would also advise people, you know, the CDC has just put out a guidance on schools that includes test positivity as one of the criteria to look at. And you can see that the guidance that they give on how to calculate it is exactly aligned with the methodology that we here in the City use.

**Mayor:** Thank you, Dr. Katz,

**President Katz:** I have full faith in the data that the City is providing. Thank you, sir.

**Mayor:** Well said, sir. Thank you. All right, everyone, as we conclude today, look, really, it comes from the point you just heard, people have to have faith in the information they're getting. I learned a long time ago when you're saying to folks, 'Hey, here's some inconvenient truth, but

we really believe it is the truth' that actually wins people's confidence. So, the data that we've put out throughout this crisis has shown things that are everything we hope to be and things that were not everything we hope they would be, but we're trying to be really straightforward about what's going on so we can solve problems. It's really about helping every New Yorker to understand so they feel comfortable. And this is this point again about gaining trust. It's understandable that a lot of folks are not yet sure about the vaccine. You heard Dr. Easterling talk about the conversations he had with folks in East New York.

If folks aren't sure, they're going to have questions. You don't ignore the questions. You answer the questions. If folks aren't ready now, you don't give up on them. You say, well, maybe as you get more experienced with it, you'll see what's happening. You're going to feel more comfortable. But we don't ever stop. When I was at Sheepshead Nostrand Houses in Brooklyn on Friday, I met a man named Gamal and he's in his fifties, and he had gotten his vaccination there in that community center right there in his neighborhood. And he said to me, 'I have to be honest with you, I've never been vaccinated before'. And I said, 'Oh, you mean you haven't gotten the coronavirus vaccine yet?' He's like, 'No, I've never been vaccinated my entire life before.' And I said to him, 'Why now, then? If you've never been vaccinated your whole life, why?' And he said, 'Because I'm really worried about this disease and I came to a place here that I could trust.' And it was clear that he was getting the kind of support and the kind of information that would make a difference for him. There's a lot more people like him in this city we have to reach, but we do it with compassion and understanding, openness, respect for their concerns. That's how we actually move forward and address these disparities. That honest dialogue is what's going to take us forward and what's going to allow us to vaccinate five million New Yorkers by June and have a recovery for all of us. Thank you, everyone.

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