

THE CITY OF NEW YORK
OFFICE OF THE MAYOR
NEW YORK, NY 10007

FOR IMMEDIATE RELEASE: April 24, 2020, 9:30 AM
CONTACT: pressoffice@cityhall.nyc.gov, (212) 788-2958

TRANSCRIPT: MAYOR DE BLASIO HOLDS MEDIA AVAILABILITY

Mayor Bill de Blasio: Good morning, everybody. So, you know, when we started on this road together, none of us asked for it. None of us could have imagined it. But in the beginning, as we were dealing with the coronavirus, there were some phrases that we would hear and some efforts to characterize it and sort of tell us what we were dealing with. And at first, we thought it sounded right. And I remember one phrase we heard a number of times was that coronavirus was the great equalizer. And that's because very early on we saw celebrities getting infected, heads of state, athletes, royalty, literally royalty getting infected by this disease. I remember when all of us think about celebrities, the night people heard that Tom Hanks was infected. It was kind of a shock to people given what he means to so many folks in this country. So, in the beginning we heard about all these very prominent people testing positive and the story kept getting written as this was something affecting everyone the same and no one was immune and no one could hide from it. And it really did seem to be something that affected everyone equally.

But beyond the surface, something much more painful was going on and a larger truth was occurring that wasn't clear at first, but the more facts came in, the more that we got evidence, the more clear it was that this virus in fact discriminates. This virus in fact, seeks out in particular those who are most vulnerable. Now we know about that on a health level alone. We know that folks who are much older and particularly those with preexisting conditions are in the greatest danger. And that's true across every community all over the world. But at the same time, what we've seen here in New York City, and we've seen in many parts of the country, is this virus has a truly disproportionate impact on folks who haven't had as much access to health care. And folks who throughout their lives weren't able to address some of the conditions that afflicted them because they didn't have the money to do it. So, it came back once again to economic reality, to the reality of what so many working people have faced that their health care was determined by the size of their bank account, not by their humanity. It comes back to the painful reality of structural racism where some people in this country have always known they would have health care available to them and many have never had a day where they were secure in the health care they could get. So, this turns out in practice, in reality, this virus does discriminate because it's particularly good at afflicting those who for so long have been afflicted by so many of society's ills

In a sense – and I always hate to treat the virus like it has human characteristics, but I'm going to do it in this case. In a sense, this virus teamed up with the inequalities that already existed in our society and that we've been fighting here in New York City over these last six plus years. And it's very painful to see folks who have worked their whole lives so hard to barely get by, then have to bear the brunt of this in a way that's overwhelming. And that's what we found for a lot of

low-income folks. For a lot of immigrants, a lot of folks in communities of color. This disease has had an overwhelming impact. It's hurt everyone everywhere, but it's been an insurmountable enemy for so many, particularly among our seniors in communities of color.

So, we have a choice to make at this point. Every city, every state, our nation all have a choice to make. We can either ignore these disparities or we can throw up our hands and say, hey, that's just part of life. There's nothing you can do. Or we can attack these disparities. We can take them head on. We can fight back when we see something unacceptable and something that doesn't fit our values as New Yorkers. And I think you know where this is going. New Yorkers have a lot of fight in them. It's one of the great things about this city. People don't back down from a fight. People are not intimidated. New Yorkers will fight back against these disparities. We will fight back against these inequalities. We will not accept the status quo that's broken. We didn't accept it before and now it's been laid bare even more and it's time to fight with everything we've got

Now, two weeks ago when we laid out the facts about these disparities, we wanted to show what was really going on. And again, at first it wasn't entirely evident but it became more and more so. And then when we are able to show the whole picture, it was quite clear. So at that time I laid out the outline of a four point action plan and we've continued to build that plan each step along the way. Let me go through it with you now to let you know the things we're doing.

So first of all, again, the outline of the plan. Point one was to protect and preserve our public hospitals to make sure they could be that front line of protection for all people, and particularly those who had experienced the greatest disparities. Point two, a massive public awareness campaign. This disease is confusing to everyone. For a lot of folks who haven't had as much access to information including if they don't happen to speak English, it was very important to really double down with a huge public outreach campaign. Second grassroots – I mean third, excuse me, grassroots outreach. This is a different kind of thing. All the media, the digital, that's one thing, but going out into communities and deepening the connection with communities and helping community providers to reach the people they serve more deeply. And then last -- phone, a clinician, telemedicine, the ability for people to talk to even if it's not the right time to go to a doctor's office, to talk to a doctor or a nurse or trained professional to get advice and to get guidance whenever, however, people need it. This is all about protecting people. This is all about keeping people healthy, but it's about focusing as well on people who need help and oftentimes haven't gotten it in the past. We want to fix that in so many ways right now. And make that help, make that health care, make that guidance more available than ever.

So first, with the public hospitals, we've talked a lot about it, but I want to summarize because it's important to realize when I came into office, the public hospitals were in deep trouble, Health + Hospitals on the verge of bankruptcy, and there was talk all the time, would we have to close public hospitals? Would we literally shut down whole facilities? Would there be layoffs of our health care workers? Think about how strange those conversations look in comparison to what we're going through right now. Thank God we didn't do any of those things and I made clear we would not close public hospitals. We would not lay off doctors and nurses and health care workers, and we didn't. In fact, we invested billions to keep our public hospitals going. No one gave me or anyone else in City Hall a memo and said, Hey, there's going to be a pandemic in 2020, you should keep your public hospitals going for that reason. We kept them going because

it was the right thing to do to help people, anyone, everyone in New York City who needed health care. But thank God that those actions allowed us to fortify our public hospital system in advance of this horrible pandemic. Because right now they have been heroic and all the folks who work at Health + Hospitals, thank you. I want to say thank you and I'll say it a lot of other times. You've been heroic. You've been extraordinary. Some of the most famous instances of heroism in this story over the last two months have come from our public hospital system. All our public hospitals, of course, we all know what's happened at Elmhurst Hospital, but at Lincoln Hospital, at Bellevue, at so many, there has been a heroic fight. And this has been one of the reasons we've been able to hold the line and keep our hospitals going and keep saving lives.

So, in the midst of this fight, it was clear we had to throw everything we had into supporting all our hospitals, but that our public hospitals were really the front line of the front line. So we added thousands more personnel. We hired nurses and other medical personnel, not only from around New York City in this area, but from all over the country to come in and help out our public hospitals. We worked with the federal government to bring in hundreds of military medical personnel who have been outstanding and had done so much to help us through this crisis.

Those PPEs, we always talk about personal protective equipment. We've sent hundreds of thousands of masks, gloves, face shields, you name it. Constantly into our public hospitals and all our hospitals. We've been building our own, as we've talked about this week, literally for the first time in New York City -- face shields, surgical gowns, ventilators, all these things. The bridge ventilators we talked about earlier in the week. All of these things being made to protect our ability to provide health care.

That was what we had to do just to get to the point that we knew that our hospital system would hold and that we could fight back this disease. But now we're going on the offensive with the community testing sites, also run by our public hospital system, by Health + Hospitals, five sites already open around the five boroughs. And now adding additional Health + Hospitals testing sites today, adding – at the Health + Hospitals facilities. Adding three more next week at NYCHA buildings, public housing, buildings run by Health + Hospitals. We also have, it's important to note another part of the community-based testing, working with Local 1199SEIU the health care workers union and One Medical, a private provider. Those are open as well. These grassroots testing facilities all focused on the hardest hit neighborhoods, combined will be able to do about 10,000 tests per week to begin. That number will keep going up as we get more capacity.

So that is about what we've done to strengthen public health care. The first rung of this effort to fight back disparities. Now the second is the public awareness campaign. So I've been over some of this before, I want to add back in mid-March we ran the first big campaign, \$8 million focused on television, print, digital, 15 languages, but we then found that we needed to do even more to reach the communities that needed more information that weren't always getting it because of language barriers and economic realities. We had to get more and more information out there. And so, we have now initiated a \$10 million public awareness campaign, advertisements specifically aimed at the hardest hit communities. And we're hoping that more and more people

of course so many people at home, that this will really reach people and saturate and get them all the information that will give them a sense of what to do, but also where to turn for help. TV, radio, digital, again, 15 languages focus on 88 particularly critical zip codes where we've seen the greatest challenges.

An additional piece, direct mail. This is being done on a massive scale. We want to send to people -- another way to make sure the information is getting through and direct mail gives people another option, another way to receive information, for some people better than through TV or other advertising. We will be sending out mailers next week to 3.4 million homes here in our city. They will be in English, Spanish, and Chinese.

So, the third part of our initiative is the grassroots outreach, the things, the sort of human element that media campaigns cannot achieve. And what it means is to reach people in every conceivable way and particularly from voices that they trust and know. Now it begins with using everything we can to just start to get the word out. So, we've done bilingual robocalls to 1.1 million New Yorkers, again getting the basic information out and helping people know where to turn. And we've used all of the City's social media to reach people in 24 languages and that has a reach obviously, of hundreds of thousands of people to begin. We need to do more now. So, some of the things we're doing particularly to bring into play voices that communities know and trust. Four teletown halls with faith leaders and those will reach tens of thousands of folks. Another crucial voice that people want to hear from, need to hear from giving them the same kind of guidance.

We're creating webinars with health officials and commissioners of different agencies to help people directly hear what's going on. That's reaching thousands of New Yorkers more. And we're going to start soon specific efforts with community-based health clinics, not going to announce those details today, but they will be announced in the next few days. This is going to be a crucial piece of this equation as well.

The last piece – telemedicine, and this again gets to working more and more at the community level in another way. Because telemedicine allows you to have that direct connection with a trained provider and allows people to just ask whatever's on their mind, whatever questions, whatever concerns. I think a lot of times given just the sheer confusion that has been part of this experience for all of us. There's such a kind of every day set of questions that people have about the coronavirus and there's no fully satisfying answers because the scientific community still doesn't understand it enough. But I think people need to talk. They need to get their questions out. They need to ask, what do I do in this situation? What I do for example, if you know, I'm in a crowded home and someone appears to be getting sick, how do we isolate that person properly? Is it time for that person to be sent to a hotel or someplace else where they can be fully isolated? How do I know when it's time to reach a doctor or go into a health care facility? These kinds of questions, people need more human interaction. A lot of folks have their own doctor they can call and that's great. But for folks who don't have their own doctor or can't reach their doctor, we need to keep building the telemedicine capacity. And this is a lot through working with community health providers as well. A lot of smaller community-based health practices, again, have tremendous trust from the people they serve, but they don't necessarily have experience dealing with telemedicine. So, we're working with a thousand small community-

based health providers to help them determine what's the best way to reconnect more deeply with those they serve. Now for 250 of them, they've signed up immediately to get trained in telemedicine to make this much more of what they do. We're going to help them quickly get fully involved with telemedicine, particularly for their patients who have chronic conditions. Other small providers need other types of support. Whatever they need, we're going to give it to them because we know they're having that kind of frontline direct relationship with people who need help.

Now we have more, that will be coming out soon on telemedicine because this is going to be a much bigger effort. And again, in the next few days we'll have additional announcements. But one thing I will raise now and it is a good thing and it's something that is historic because it's the first time in the city's history that the City has done this. The City government helping these local clinics, local providers to do wellness calls. So again, this is not just someone calls when they have a question or a problem, but proactive wellness calls as an aggressive strategy to reach the most vulnerable patients, to just check in with them regularly and see if they need something. I want on a very big scale, the ability to anyone who needs to talk to a health care professional to be available so folks can get those questions answered. But we want to more and more pinpoint the individuals who need those proactive regular wellness calls. And that's something we're ramping up as well.

The bottom line on this reality – there are so many good people at the community level, at the neighborhood level who are providing health care or have been providing health care for years and years in their communities. A lot of them have seen their work disrupted, obviously by the coronavirus. We want to help them get back on their feet. We want to help them get stronger, provide them support, but also help them to use new tools to reach all the people they serve in this moment of crisis.

Now I want to switch gears here and talk about another reality of people being hit really hard by this crisis. And this goes now to some of the economic reality. It's hitting the same neighborhoods that are feeling those health care disparities. They're being hit very hard by this economic crisis. Obviously, everyone's being hit hard. This is something where we're seeing the pain very widespread. So many folks have lost their jobs of every description in every community -- working class people, middle class people, you name it. People have been thrown for a loop. And we've got to help people through this crisis. And for so many New Yorkers, that means if you don't have your livelihood, you cannot keep the basics going. How are you going to pay for food? How are you going to pay for medicine? And the question all New Yorkers ask themselves all the time, how am I going to pay the rent? We need to make sure that every New Yorker can stay in their home during this crisis. We got to keep a roof over everyone's head. And so this is a crucial part of what we're doing right now to make sure that that basic human need, knowing you will have shelter, knowing you will have a roof over your head, is something that New Yorkers know as secure as we fight through this crisis.

Now, that begins with knowing the most basic thing, that you will not never be evicted during this crisis. That no landlord will tell you, you have to leave even temporarily. We've heard reports of some landlords saying, Oh, you have to leave because you're sick. Come back when you're, well. That's not legal. If someone needs a place to be because they can't properly be in

their apartment while they're sick. Again, we have those hotel rooms available, but that's a decision for doctors to make, not for landlords to make. So, anyone who is experiencing a problem with a landlord can call 3-1-1, get our tenant hotline. You'll get free support. Everything we provide is free of course, support knowing what's available to help you, and the rules, the standards that you need to know about your rights and how you can protect yourself if you're dealing with an unreasonable landlord. Obviously, all the other ways you can get help, whether it's food or any other kind of assistance. But if you need legal help, we will provide it for free. If you're being threatened by eviction, which no one should be at this point, but if it's happening to you, we will get you legal help immediately to stop it. And that is regardless of who you are, it doesn't matter what neighborhood you are in, what your income is, what your immigration status is. Anyone threatened with eviction at this moment, the City of New York will step in and we will stop that eviction. And I want people to remember, when in doubt on something, anything COVID-19 related, I mean we use 3-1-1 for many other things traditionally. But right now, especially the focus of 3-1-1 is anything related to the coronavirus. If you might be threatened with eviction in the middle of this crisis, that is a fundamental problem. Pick up that phone to 3-1-1 so we can help you.

Now as we get to the first of each month, this question of how am I going to pay the rent is coming up for more and more New Yorkers. And people are struggling. Thank God there's been some help finally from the federal government but it hasn't reached everyone by any stretch and it's not going to last for long. So, the bottom line is tenants need more help. And the first thing we have to do is make sure that comes from the City of New York. I'll talk about what the State needs to do and there's a lot the State needs to do and they need to do it quickly. But the City has to do our part of the equation and that comes to our Rent Guidelines Board. The Rent Guidelines Board put out a report late yesterday. And I think it was very confusing to people. And I want to set the record straight now. It's a report they do every year. It is a report that explains in an objective manner what is going on with the economy and what it means for landlords, what their costs are. It's a report that's supposed to take stock of one piece of the equation. But as I said from the very beginning of this administration, the problem historically with the Rent Guidelines Board was, and I'll be blunt about this, it was over decades in the city, it's been around about 50 years. It was more focused on the interests of landlords than the interests of the vast majority who are tenants. And so, when I came into office, I said the Rent Guidelines Board needs to consider both sides of the equation, factually objectively and determine what to do. And the Rent Guidelines Board over the last six years in several instances decided that a rent freeze made sense, in the other instances that our rent increased made sense, but a modest one. It's been a much more fair equation since the needs of tenants were given the weight that they deserve.

The report yesterday I think was misleading because it suggested that the interest was in what landlords are going through and I said very clearly last night, the challenges that landlords are facing right now are real. I'm not belittling them, but they pale in comparison to the challenges that tenants are facing. It is abundantly clear, of course the Rent Guidelines Board will hold hearings. It will go through its processes very quickly and get to a decision. But to me it's abundantly clear we need a rent freeze. The facts couldn't be clearer. Greatest economic crisis since the Great Depression. I can't even believe, and I never thought as your mayor, I would be telling you that we were going through something that could possibly compare to the Great Depression. And when I think of the Great Depression, I think of the stories my older relatives

used to tell me about, that sounded like something that was so severe, so difficult that we couldn't possibly imagine it happening again. And yet a lot of what we saw in the Great Depression is happening right now, right here. So, my message to the Rent Guidelines Board is clear. Issue your reports, do your research. That's great. Hold your hearings as quickly as possible. Take your vote and give the tenants who are rent stabilized in this city, over 2 million New Yorkers give them a rent freeze. They need it. It's clear, the facts are clear. Let's get this done.

Now the State of New York has a lot more they need to do. And I've said this a number of times, and I know we've all been dealing with a crisis. The State's had a lot to deal with, but it's time to focus on the needs of renters. First of all, the most obvious solution, let renters use their security deposits to pay the rent now. This is something the State could do quickly and easily and it makes so much sense. Those security deposits are stuck in escrow accounts. The tenant can't use them. The landlord can't use them until someone leaves their apartment for good. It makes no sense given that we're dealing with an absolutely unprecedented crisis. The State needs to act, free up those security deposits, let the tenant use them for rent. That helps the tenant, that helps the landlord. There's no reason not to authorize this right now. It's an emergency action that would help a lot of people. Second, for folks who can't afford it, look, some people can still afford the rent. That's great. Or some people can afford their rent for a period of time and we hope the economy comes back quickly. But for folks who simply can't afford anything and still, you know, hopefully they can get that right to use their security deposits, but especially while they don't have that right, if people just run out of money, let them defer the rent. They can pay it back after a period of time. If people don't have any money, they don't have any money. I believe there should be a plan to allow people to defer their rent and then have a repayment plan that's set that everyone agrees to. So, the landlord knows they will get the money back eventually. But you can't ask people to come up with money they just don't have. And lastly, as I said right now, there is an eviction moratorium. This is something the City and State have worked on in common. The court system, everyone's on the same page, but it needs to be extended not only to the end of this crisis, but 60 days past the end of this crisis because what I do not want to see is landlords – and this is not the majority of landlords, it's only some – but landlords waiting for that moment when the moratorium comes off to then start evictions. And I don't want to see a whole lot of New Yorkers put in that horrible situation. Just as soon as things get a little better, bang, here come a bunch of evictions. No, let's give that 60 days to help people get back on their feet after the crisis ends and make sure we can avoid those evictions. So, people need these things. They need them now. So, I'll just make it clear to the State of New York, it's time to act, people need to know they're going to get through, and this is something that would give so many New Yorkers peace of mind and security at this moment where they need both.

Okay. As I start to wrap up here, what we do every day is track the indicators. We talked about this week, understanding our larger trajectory we're on, understanding the progress we made, but the challenges ahead of us too and how we have to keep working hard, and then link up to that next phase where we're going to do the testing and tracing in May. So, today I am happy to say we have just plain good news. Our indicators are now moving all in the correct direction, which is down. So, let me go over them. We've got – first of all, the daily number of people admitted to hospitals for suspected COVID-19, that is down. Again, these numbers on the two-day lag. That's down from 227 to 176 – so that's great, that's a serious decline. The daily number of

people in ICUs across our public hospitals for suspected COVID-19, also down – it's only a little, but it's still progress – 796 to 786. Now, this is an area again where we need to see much more progress, but I still like seeing a step in the right direction. The percentage of people tested positive for COVID-19 citywide down from 32 percent to 30 percent. The public health lab tests, down from 57 percent to 52 percent.

Okay, just plain good day. Congratulations because you did that. Everyone out there, you did this – social distancing, shelter in place – you made this happen. Now we got to keep doing it. The plan that we stated from the beginning – do this, all indicators down – we need to do that for ten days to two weeks and that's when we can actually start to talk about how to begin loosening up some of these restrictions and taking a step towards normalcy. And again, that handoff to the massive test-and-trace effort. Good day. Keep working hard. Let's get some more just like this day.

So, as I close, and I'll say a few words in Spanish, as always, look, I want to just note, I talked to you honestly about these disparities we're facing in this city. And again, it's something we've talked about for a long time, but it was seeing it in a new, even sharper light, and is even more unacceptable when you see the human toll, what's happened here. The important thing as we prepare for this next phase of life in our city, as we prepare the long road back, but it will be a clear and strong effort to come back to because that's what we do in New York City. We can never look away from these disparities. We're going to stare them in the face and beat them back. I think the important thing is that blunt honesty about what we have continued to learn and why it just does not fit with what we believe in, here in the city, and how we have to fight it every day and we can and we will. And we'll do that together. Fighting these disparities makes us all stronger. Fighting these disparities fits what we believe in as New Yorkers. And there's a reason New York is admired and respected all over the world, and it's because it's a city for everyone. We have more work to do to ensure that everyone gets the same health care, everyone gets the same treatment when they need it, and that's what we're going to focus on as a big piece of our recovery ahead.

A few words in Spanish –

[Mayor de Blasio speaks in Spanish]

With that, we will turn to our colleagues in the media and as I always like to say, please remind me or allow me to know both the name and the outlet of the person asking the question.

Moderator: Hi all. Just a reminder that we have Commissioner Barbot and Commissioner Mostofi from the Mayor's Office of Immigrant Affairs on the phone. With that, I will start with Lisa from NBC News Radio.

Question: Good morning, Mr. Mayor. I interviewed your son, Dante, a few months ago. He sounded great and I wanted to know how your family's doing through all this. It's been a tough time for everyone.

Mayor: Lisa, thank you. I appreciate that. Well, first of all, I want to say it's been a tough time for all New Yorkers. We're all experiencing the same really challenging reality of feeling cooped up and feeling like we can't live our normal lives and that frustration. But I also admire how people have just shown a lot of toughness and resiliency through it. I can say for my family, you know, we're used to being out in the world. We love this city. We love the people of the city. We love the neighbors of the city. It's really strange to not be able to be out there and connected to people. I particularly miss the restaurants of our city and I can't wait until they come back. But thank God my family, everyone's healthy. Everyone's well. We – you know, we try and stay really connected despite all this.

I will say Dante is going stir crazy. I don't think that's surprising for a 22-year-old. But he's connecting with his friends all over a lot and finding a way to, you know, make sense of it all. But I think in many ways, you know, I'm frustrated, we're all frustrated. I think it's particularly tough for younger folks. I think, you know, there's – I mean he's someone who just loves being out and around the city and has so many friends and loves to go out. And it's really strange that the only connection you can have to your friends is online. And you know, that's – I think there's been a little challenge for him, but he's finding his way through. But I appreciate the question and, Lisa, I hope you and your family are doing well and are, you know, finding a way to make sense of this. And most importantly are staying healthy.

Moderator: Next we have Erin from Politico.

Question: Mr. Mayor, I want to follow up on the lawsuit brought by the Corrections Union, which I think you addressed on Twitter last night, and you said that the 24-hour shifts were going to end. I'm hoping you can speak to if you've looked into at all how that happened and have they already ended or when are they going to end. And then also the other concern that was raised in the lawsuit was about going back to work without being confirmed to be a negative for coronavirus. Is the City going to do anything about that aspect of it?

Mayor: Okay. Thank you for the question, Erin. And I'll just preface by saying when there's a lawsuit, I always have to be a little careful with my words. We always want to try and resolve issues like this with our colleagues in labor. And my door is always open. I know our First Deputy Mayor, Dean Fuleihan, has been talking constantly to the President of the Corrections Officers Union throughout the crisis and before. So, our door is always open and we always prefer to try and resolve things without a lawsuit. And a lot of times I don't think it's necessary, but given that there is a lawsuit, I'll be a little careful. The first part though I can say very bluntly, there never should have been 24-hour shifts. It really was just a horrible mistake. People – you know, our officers, our supervisors are going through so much, they've got a tough job already. This was just a dumb, managerial mistake and one that I do not accept. And that's why I was quite clear in saying, no, it's not going to be allowed from this point on ever. The reality is that, look, in the first weeks of this crisis, I think everyone was trying to figure out how to manage. Workforces all over this city were depleted. I get that that was a real challenge. I don't belittle that for a moment, but there's always an option. Unless there's literally no one else available. You know, a 24-hour shift just doesn't make sense, and my strong impression was there were other options here, and that's what I want to see happen, that we not do that again.

On the testing, look, we've had a pretty clear standard across all of our first responder agencies and public safety agencies and public health care. There's a pretty clear standard of how people who are coming back off the disease, what those indicators are. Dr. Barbot has spoken to it many times. The test is not the only way to know if someone's well enough to come back. So, we're going to stick with the standard that we've been using. When we go forward into the test-and-trace phase, of course, there'll be so much more testing around in general, that will be a different reality. But this situation we're in now, the fact is the standard has been applied, you know, consistently as to the best of my understanding. So that's all I'll say about it right now.

Moderator: Next we have Melissa from News 4 New York.

Question: Hi. Good morning, Mr. Mayor. How are you?

Mayor: Good. Melissa, how've you been?

Question: Okay, thank you. As you may know, we've been reporting on the situation at the Vernon Houses in Brooklyn. These residents have been without gas for 30 days now. So, as you can imagine, their ability to afford food right now is even further impacted since they can't cook. Can you tell us anything about why have they been without gas for all these weeks and why are they getting snacks from the City instead of meals and what are you doing to help them?

Mayor: Yeah. Thank you, Melissa. It's an important question. It's horrible. I feel for everyone who lives in that development because this is one of the most frustrating realities in public housing when the gas goes out and it requires this massive repair effort. It's not like, you know, most of us think about, there's a gas problem, you know, it's a simple repair, not in public housing in many cases. These are buildings – a lot of them are 50, 60, 70 years old and they are in really tough shape. They should have been rehabbed decades ago. They weren't – the way that the system's work, to the best of my understanding, I've had a number of conversations with the General Manager of NYCHA, Vito Mustaciolo, about this. He's worked tirelessly trying to improve the situation all over public housing. But these buildings require going floor by floor and in some cases I even think apartment by apartment, you know, literally going into walls and resetting the apparatus. It's a very, very labor-intensive effort. There's no switch you can just flick. And it's all about just the age and the tough shape these buildings are in.

So, it's horrible it takes so long. But there is a reason it takes so long. And this is why, you know – and when we get back to all the other things we need to do in this city – this is why it's so important to go into this intensive effort that we've put forward to rehab a huge number of our buildings because they need it. The food that's been provided, I understand from our Food Czar, Kathryn Garcia, that it's been more than just snacks to say the least, but that we want to increase or improve the variety of the food that's being provided. So, we'll get you the details, Melissa, on what has been provided up to now. There is a certain amount of variety for sure that's been provided now, but we want to do more and better. Right now, additional food is being brought in, more variety of food is being brought in to help the residents get through the time until we're done here. But I want to make sure – I feel very badly for the residents in this development. I want to make sure they have all the food they need and quality food, and that these repairs are made as quickly as humanly possible.

Moderator: Next we have Mark Morales from CNN.

Question: Hey, everyone. How are you doing this morning?

Mayor: Hey, Mark.

Question: So, I wanted to ask about the antibody tests for first responders. What's the process for that and at what stage are you guys –

Mayor: Mark? Mark, you're coming in and out. This happened before, I think one time. I don't know what kind of – it sounds like you're in a car or something, but if you could get closer to the microphone, you're coming in and out.

Question: Right. Is this a little better?

Mayor: Yeah. Try.

Question: Can you hear me?

Mayor: Yeah. Go ahead.

Question: [Inaudible] for first responders. Where does that stand? But is there a process to be determined yet, or is there any test available for them yet?

Mayor: Okay. We're working on this issue now and I think that, Mark, the simple way to say, and our whole health care team has been working on this, is we are hopeful but there's still unanswered questions that we're trying to resolve quickly. At some point I want to see us use antibody testing. I think it could be very valuable. And again, a number of conversations are underway trying to lock that down. And as soon as we have an announcement, we'll make it. It's been a little hard to resolve making sure that what we get is the most reliable antibody tests. There's lots of different varieties as I understand it from our health care leadership. And we want to make sure that what we get is the most reliable, that tells you the most. You know, as we've said before the science still isn't a hundred percent clear and we want to always be really upfront with anyone who would get antibody testing that it is not a guarantee, it's not a rock solid guarantee, even if you test positive in that case, that yes, you've been exposed to this virus. It doesn't 100 percent guarantee you can't get it again. So, when we get to the point where we can do antibody testing, we're really going to put up front, particularly to all the folks who work at health care, first responders, etcetera, you still need to protect yourself. You still need to wear the PPEs, etcetera. But it hopefully will tell us something important. And it is related obviously as well to the growing efforts to do the plasma treatment and finding people who have previous exposure to the disease is important for that very meaningful effort. So, we'll have more to say soon, but I think the simple way to say it is we're trying to get right, we're trying to make sure we get the most reliable version, then we could do it, obviously, on a big scale and as soon as we have that we'll make an announcement.

Moderator: Next, we have Gersh from Streetsblog.

Question: Mr. Mayor, how are you?

Mayor: Gersh, have you finished baking yet? That's my question for you.

Question: Mr. Mayor. If you know anything about baking bread, you're never finished. I have dough in the fridge waiting for later. So –

Mayor: Gersh –

Question: It's an ongoing process.

Mayor: Gersh, I know nothing about baking bread. So, my question was asked out of pure ignorance, but I do want to say that we at City Hall have been waiting for our loaf. I think it's sourdough bread, I heard, and we have not received any sourdough bread yet and just wanted to make that note.

Question: I don't want to endanger anybody, obviously, by sending it. Nonetheless. I know you have limited time and I will get you some bread. But the City Council is taking up its bill today to require 75 miles of open streets. I'm wondering two things. Could you give us a preview of what you want your Transportation Commissioner to say in her testimony? And then given that we have Dr. Barbot here, perhaps I could get her to reflect on the health benefits. You know, because this is not just a transportation initiative, it's a health initiative. The health benefits of creating more open space so people don't have to congregate in New York's increasingly crowded parks.

Mayor: S, first of all, as I've said previously, Gersh, we want to work with the City Council. They're trying to figure out ways to address the problem. We are too and we want to work with them. And I'll be speaking to Speaker Johnson about it. I think there's lots of interesting ideas out there we can work on together. Second, I had a long talk yesterday with Commissioner Trottenberg and Commissioner Shea, and we continue to want to find every way to protect people. I think that's a fair point you make. For example, if parks are going to get more crowded in the warmer weather, which we keep hearing is coming but never seems to be here very long, but we anticipate obviously the parks will get more crowded and we want to think creatively with the Council about ways to address that. That's a very real issue.

But we also went into great detail yesterday about the different plans around the country and still feel that those plans do not connect with a lot of our reality. And so, we'd have to create something different for New York City, whatever it may be. And there still again is the problem – and Commissioner Shea, you know, obviously has given us some good news that the number of officers coming back has increased, but he's still far below the amount of personnel he normally has for regular, everyday patrolling of New York City and helping people in New York City, let alone for the new demands because of social distancing. So, we've got a lot of pieces we have to work through here. I want the Commissioner, as always, to say what she knows and what she's seeing. And I think she'll say that, you know, there are worthy issues to look at here, but

there are very real safety concerns on the other side of the equation if there's not enforcement and the real issue that I still care about – and again, Gersh, you'll appreciate my Vision Zero orientation – a lot of folks out there who we're struggling to get to follow the rules, which is why we have had to do speed cameras and so much enforcement, if we say streets are just for pedestrians, but there's no enforcement, I do worry about cars going on those streets. I do worry about the speeding we've seen lately, which we're doing a lot more to crack down on. But I worry about that in any place where pedestrians may think there's not going to be cars and suddenly there are.

That doesn't mean we can't find solutions, but that's something that Commissioner Trottenberg, Commissioner Shea, and I talked about. That's a real worry we have. So, when you talk about health – and I'll welcome any comment that Dr. Barbot has – I think because I believe so deeply in Vision Zero, I'd say Vision Zero is public health to the maximum. It's preserving people from their lives, their safety, from being hit by cars and trucks. And that Vision Zero sensibility has to still be applied in this instance even as we are going to try and find creative solutions because of the crowding that you're talking about. Dr. Barbot you want to jump in?

Commissioner Oxiris Barbot, Department of Health and Mental Hygiene: Sure. Mr. Mayor, I want to echo your sentiments that certainly there are tremendous mental health benefits to having people be outdoors, safely distance between their fellow New Yorkers. And I agree with you that there are creative solutions that we can identify, but that we need to be mindful of minimizing and avoiding unintended consequences that may put us in a situation that the solution is worse than the problem. And so, I look forward to contributing to the ongoing conversation about this, but I think that we are in a position where New Yorkers, having the opportunity to go outdoors, remain six feet of distance, there's plenty of space for them to do that.

Mayor: Thank you.

Moderator: Next we have Anna from the Daily News.

Question: Hi, Mr. Mayor. I was wondering if – I know that this is going to sound crazy, but I would really like it if I'm one of the doctors can explain why injecting yourself with disinfectant, like what can actually happen if people do that. Because I think, you know, people are kind of taking what the president said as a joke, but I want to know, is someone at risk of poisoning themselves if they do that?

Mayor: I don't think your question is crazy at all because if that's been suggested to people, they need to hear the truth from a doctor, not from someone who doesn't really seem to care about science at all. So, Dr. Barbot, you're a real doctor, what do you say?

Commissioner Barbot: Absolutely. You know, and I appreciate the question because oftentimes we take for granted directions are going to be followed the way in which they are stated. And you know, I think I've said before that as a pediatrician I often took for granted that when I prescribed antibiotics for an ear infection, that parents knew that the antibiotic was to be taken orally and not put directly into an ear. So, I think it's important for us to have clarity about how products are intended for use. And so very clearly, disinfectants are not intended for ingestion

either by mouth, by ears, by breathing them in any way, shape, or form. And doing so can put people at great risk. I think, you know, tragically we've heard of situations where individuals have misinterpreted the type of chloroquine that has been talked about as a potential treatment and ingested chloroquine that was intended for use in aquariums. So, I think it's important for us to be very clear with New Yorkers that disinfectants are not intended for ingestion and they can cause great harm.

Mayor: So, Dr. Barbot, I want to – I might not have heard clearly, but I think Anna said injection not ingestion. I want to – I don't know if I heard that right. But let's ask that one, too. I assume injection is at least as bad as ingestion in this case.

Commissioner Barbot: Exactly. Introducing one of these products in any way, shape, or form be it by injection, ingestion, or application on the skin is harming the body.

Mayor: Yeah. And I would ask all our colleagues in the media, you would be doing a great public service to spread that message far and wide that it's sad when we have to correct the President of the United States on a matter of science and health. But I think Dr. Barbot just did a good job replying to the president, so please let the people of the city know the guidance that she's giving.

Moderator: Next we have Jen from AP.

Question: Hi, Mr. Mayor. I hope you can hear me.

Mayor: Yes, Jen.

Question: This probably is a question for Dr. Barbot, but I wanted to return to the subject of the contact tracing program that was discussed a couple of days ago. And since this is to ramp up in the next few weeks or months, I just wondered if we could get a little bit at the nuts and bolts of how this works and will work. You know, if the person were to get on the list of some contacts, should they expect a phone call or a door knock, what kind of ways do the disease detectives or tracers used to start this conversation?

Mayor: Yeah, and I want to just jump in, Jen, as Dr. Barbot gets ready to reply, to say that remember that what we're going to be doing starting in May, it's going to be on a much bigger scale and will involve, of course, the disease detectives the way we saw at the beginning of March. But this is going to go far beyond that with lots of different trained personnel and also with the use of technology to trace the maximum number of people. And all those details we'll be laying out in specific plans. So, the disease detectives are the best of the best. We'll certainly be using them, but we're going to have a much bigger effort behind that. Go ahead Dr. Barbot.

Commissioner Barbot: So, with regards to the testing and tracing to help us accelerate out of this pandemic, you know, the basics are the same in terms of identifying individuals who are symptomatic with a condition consistent with COVID, testing them to confirm whether or not it's COVID-19, providing isolation so that there is no further transmission and then identifying who they may have come in contact with, reaching out to those individuals, assessing whether or not

they are symptomatic and – excuse me – requiring that they remain out of circulation, so to speak, for 14 days. So, those basics remain the same. The how, of how this will be carried out, as the Mayor alluded to, I think it will be a combination certainly of disease detectives, but others as well, and also employing a technology. This is going to be a tremendous effort. It's going to be tracking thousands of individuals. And I don't think there's going to be just one way of doing it. And then the other thing that I will add to this is that while this is going on, we will still need New Yorkers to remain indoors as much as possible to continue using face coverings and to continuing to limit their exposure to others and remaining with that six-foot distance.

Moderator: Next we have Henry from Bloomberg.

Question: Mr. Mayor, my question has to do with the antibody testing that was conducted by the State. I'd like to know what you think of that survey that was done that found that as many as 21 percent of New York City residents may have been – would have tested positive for the virus and what that finding might pretend for the city generally. What's the reaction from the Commissioner and from yourself?

Mayor: Thank you, Henry. It's a good question. And look, it's obviously – the Commissioner will speak more scientifically. What I'd say is, I welcome any and all information we can get. It's a relatively small sample, obviously, but it is interesting that it kind of directionally points where we've been thinking and seeing as well. You know, Commissioner Barbot said a day or two ago that she thought at least a million New Yorkers had been infected in the whole course of this, including the time when we didn't even know it was here yet. I think that number makes a lot of sense that it's been at least that. And so, you know, that's not profoundly different than that 21 percent number. I think we're somewhere in that kind of ballpark, 15 to 20 percent, something like that, of the population I think is what we're thinking too right now. But we don't know for sure. And that is just one measure, but, again, we welcome them all. I think the important thing is to recognize that, you know, we have been preparing on the assumption that over half of New Yorkers would be infected during the life of this disease in this immediate period of these next months. I'd love it if it turned out to be a lower number, but we've been preparing for that eventuality. That was why we did everything we did with the hospitals to prepare them for a very big onslaught. That's why we still have a lot of that capacity and reserve no matter what. I'm hoping and praying we never see a resurgence and I'm hoping and praying that we see a steady deceleration then that hand off to the test and trace initiative that drives it down even further. I would love nothing more than we found that many fewer New Yorkers were infected than were projected. But for planning and preparing and keeping people safe, we have prepared as if it will be a very high number and a longer playout. We'll be ready no matter – you know, no matter what is thrown at us, we will be ready.

Dr Barbot?

Commissioner Barbot: So, to add to what the Mayor said, I think from the beginning, you know, we've been clear that every day we learn more and more about this virus, not only from the public health perspective but also from the clinical perspective. And while we have focused quite a bit on the more severe components of COVID-19, I think it's worthwhile focusing on the less severe because this then speaks to a number of New Yorkers who may have been infected

with COVID-19 and didn't realize it because their symptoms were so mild. I think we're learning now from our clinical partners that, for example, individuals who may have thought that they had allergies at the beginning of flu season – excuse me, in the spring, may have actually had a very mild course of COVID-19. And early on, you know, we were talking about how because of lack of testing we were unable to, in the early periods, distinguish between the slew that the BioFire identified versus influenza symptoms that were not identified by BioFire. So, all that to say is that I think as we go on in this response, there will be much more that we learn about in terms of the number of New Yorkers that were exposed and infected. And this is one of those pieces of information that we will continue to look at.

Moderator: Next. We have Jeff Mays from the New York Times.

Question: Hey, good morning. Mr. Mayor, I had a quick question about the disparities you addressed at the start of the news conference. I know you've talked before about your efforts at keeping Health + Hospitals open. But I just wanted to ask you again, given that the city is – was very aware of how the virus might affect the existing, and longtime existing health disparities in the city, can you point to anything specifically that was done to prepare for that reality that, you know, the idea that any more people in low income, poor black and brown communities were going to be hit harder by this virus. Is there anything specifically the City did other than hospitals?

Mayor: Yeah. Jeff, I think you and I've had this conversation a couple of times, so I want to try one more time and if doesn't work out, I'll just declare a detente here. You either have to understand and believe the basic theory of the case or you cannot, that's fine, but the whole point is this was a very rapid evolution and it was all about protecting the hospitals and the health care workers, and that is in fact about addressing the disparities. We understood from the beginning that those public hospitals were going to bear the brunt and so it was not just about what we did years ago with billions of dollars then, it's everything we threw in from the beginning to fortify the public hospitals in the here and now. The PPEs, the additional staffing, everything – the appeals I made to Washington for the military medical personnel – were all for our public hospitals, therefore all to address the health care disparities. We did not know until the evidence came out the extent to which the disparities were playing out with this disease, but we knew from the beginning that people in lower income communities in particular and folks who had had less health care were going to be vulnerable. So, we overcompensated in the sense of putting a huge amount of effort into strengthening and backing up the public hospitals, and the health care workers who do this work, who also overwhelmingly, largely come from those same communities. That was the game plan because the projections we had suggested that we were going to have a massive upsurge in just a few weeks that was going to put into doubt whether all of our hospitals could hold the line and save everyone who could be saved, particularly the public hospitals. And Elmhurst obviously became the powerful – the painful example, but also powerful example, given the heroism of everyone at Elmhurst, of how that became very real very quickly. So, that was the strategy. The strategy was hospital-centric because of reality. The personnel needed, the PPEs needed, the equipment needed, if we didn't throw everything into the hospitals, we would not have been able to make it through, even with what we experienced, let alone the projections, as you remember, Sunday, April 5th, that we're supposed to go up much higher that following week. So, we threw everything into the breach. The other piece is the

public information – the original \$8 million ad campaign, again, multiple languages. There were many, many efforts like that to reach into immigrant communities to reach folks who didn't speak English, to try and make them aware of quickly what was going on and that there would be help available. The things we're doing now, like the community-based testing we could not do then because we did not have the available personnel or PPEs, or even for quite a while the test kits. So, it was about applying everything we had to the place where it would do the most good and, at the same time, we knew that would help the most vulnerable people. And then as soon as we started to come out of that phase, that phase of ever-increasing numbers and started to see some level off, we switched, especially on the strength of that data, we switched to more of a community-focused approach, sending out now more and more testing and the other elements that I've discussed today.

Moderator: Next we have Julia from the Post.

Question: Good morning, Mr. Mayor, I had two questions for you. One, we heard yesterday that kosher meals ran out very early. The first day, you know, that the program was rolled out we also heard that seniors are still having trouble getting meals. We just heard from Melissa about the issues with meals for NYCHA residents. So, clearly, the meals program has been plagued with problems. I'm wondering what you're going to do to address specifically the issue of kosher meals and that if you're thinking about any kind of overhaul of the program or leadership change?

Mayor: Well, Julia, I think you're – I'd like to know more when you say you've heard problems. We've had some of your colleagues have raised very specific problems, which I've expressed my appreciation for, and then one by one those problems have been fixed. We had the problem that Independence Plaza, that was fixed. We had the problem with 3-1-1, that got fixed. There's always more to do given the sheer volume that 3-1-1 is experiencing. But I just disagree with your thesis that there's a bigger problem. What I'm seeing is some individual things that need to be improved upon, for sure. But this is a program that's providing a 10 million meals in April and it's slated to provide 15 million in May, and from everything I can see it's working. When we find a problem, we address it. If there's something more widespread, I want to know about it. So, I'm not saying it negatively to you. I'm saying I don't – if you've got more evidence, give it to me. The NYCHA development in question, that's a very specific problem related to the gas outage. That is not a larger problem everywhere. That's that particular developments challenge and we want to – and we have been providing food and I want to provide more and better food to that development. I want to see that done better. The kosher food issue, that's what I've heard too, that they ran out in one or more sites that very – we don't want that to happen. We need that not to happen. What they're going to do from now on is stock up more on those sites, that's something we can act absolutely do and absolutely fix. But if there are more examples of seniors who can't get food, give them to me. I want to know them, I want to fix it. And if we find a more structural problem, of course I will address it very, very aggressively. But so far what I'm seeing is specific fixable problems, not bigger structural problems.

Question: Great. And can I ask my second question?

Mayor: Yeah, but please do it upfront. As with everyone else, it would help me just to get it all up front for the format we're using now. Go ahead.

Question: I tried to, but you cut me off.

Mayor: No, I didn't cut you off, actually. So, let's just get clear to our team here running – let's please make sure that everyone's gotten – I thought those were all the questions, Julia. So, please, everyone, try and coordinate to make sure we've gotten out the fair number of questions. Go ahead, Julia.

Question: Okay, no problem. So, on the second issue, I'm wondering if you've discussed what types of businesses could open in the city first, second, and third under of an eventual reopening plan per the White House guidelines. And, if so, can you give us a sense of what those businesses are that could open first versus what will likely have to wait?

Mayor: Right. We have started for sure that discussion and we're going to be laying out more and more plans related to restart. And what I'd say is, you know, I think a good guidepost to begin, this is not a formal plan I'm offering here, it's just initial – initial thinking that we have that does reflect a lot of what we've seen around the world that works. You obviously want to avoid a lot of people in the first instance coming to work. So, we still want to emphasize telework and telecommuting. We want to make sure that where people do come back to work, there's the ability to socially distance. So, you've seen in a lot of countries, for example, in Europe is they've allowed certain stores to open, but with strict social distancing rules and the kind of stores that could actually implement social distancing rules properly. So, I think it's going to be a – you know, sort of, a careful, steady approach. But that's something we're going to start to lay out in detail. We're clearly not there yet. I mean, today was a good day with our indicators, but as I've said, you've got to get to 10 days to 14 days consistent progress on the indicators to be able to even begin to talk about some of those loosening of the standards. So, we clearly have time. I want it to be as soon as possible, but we clearly have time to put out those specific standards and what will go first, what will go second, and that will be something we'll speak about in the coming days.

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

Question: Hi, Mr. Mayor. I hear you announcing – some of the, some of what you've said today has been announced over the last few days regarding community outreach and what the city is doing to address these hard-hit communities. When are we going to get the details about these community health centers? Why have only 250 practices signed up for telemedicine? How is the City handling that effort? And I mean these, these tele town halls, I understand that part of it, but people want to know what to do and where they can go be on a computer screen. When is the City going to provide that information?

Mayor: So, on the – three things. So, on the tele town halls, these are interactive obviously. I want to make sure that's clear, Gloria. At a tele town hall, you get a huge number of people actually get to ask questions of the people involved and get a lot of feedback and get to – get guidance that is very helpful and practical. The telemedicine, that is actually a big deal when you

think about the reach of 250 community health providers. It's a big deal that so many are immediately taken to the notion of learning how to do telemedicine that has not been part of their practice before. So, your question, sort of, respectfully, minimizes it. I want to put it in its true light. If you've got 250 community-based health providers in lower income communities that are understandably used to providing medicine the old fashioned way, and now we say we're going to show you how to make telemedicine part of what you do all the time and reach all your people much more effectively and consistently – that's a big deal. That has ramifications for tens of thousands of their patients. We have just begun with this. We want to expand that greatly. I think many more providers are going to be taking that up. And in terms of what I've said, we're going to have announcement very shortly on community-based health clinics, which is something we've really wanted to start to activate, just it's taken some work to get it ready to go. But we're going to have announcements on that in the next few days. On the community-based testing centers, we're going to start reporting regularly on the numbers there and the people that are testing. That's going to keep growing. Again, it's a brand-new initiative. I think everyone has to understand, in a crisis atmosphere, we're putting things in play that have not been there before. We expect them to get up and running quickly. We expect to have real numbers quickly. But what happens in the first week or the second week is very different from when you can do once you really get ramped up. So, all of that is going to be moving intensely and we will give you the metrics on that regularly.

Moderator: Last question for today, we have Debralee from the Manhattan Times Bronx Free Press.

Question: Hey, good morning, everyone. How are you?

Mayor: Hey, how are you doing, Debralee?

Question: I'm well, thanks. I wanted to follow up on the testing conversation. As the City and State both ramp up their capacity and their outreach, can you speak to what degree of cohesion, correlation and real information sharing there is that there is a stratified, reliable set of data rather than needless duplication. We've been out to some of the community sites, including Morrisania, and we understand that there's a limit to the test that can be administered on a daily basis and that that's being increased as well. But between the City and the State, now going into, again, hard-hit areas, what is the concern there and the dynamic that's being used to address, again, the possibility for to publication and information sharing. And then on the second note, there was an ongoing conversation about the accessibility of death certificates. People are still reporting that they're having a very hard time a month later. We have an example of a transit worker in the Bronx [inaudible] who's still – his family is still seeking out a real information and getting some – just not getting the things that they need to be able to have this done a month later. When they do – when they do reach out, they're not getting information they need. That said, what can we speak to that, that allows for people to know there's a reliable manner in which they can access these death certificates. And for that matter, when we spoke about the deaths that were not reported in hospitals, can you speak to the families that have family members who died at home or elsewhere and perhaps were not necessarily identified as COVID-19 victims to begin with and now are facing an uphill battle to getting them properly identified as victims.

Mayor: Thank you, Debralee. Very important questions. Let me speak to this second part, and we'll bring in Dr. Barbot as well, and then I'll double back to the testing question quickly. Look, it's very painful for a family that's already gone through so much, that's lost a loved one, to then be fighting for a death certificate. It's just unacceptable. I understand everybody was thrown back on their heels in the first weeks of this crisis. It's a pandemic. We've never seen anything like it in a century in this city. I'm not going to blame anybody or any agency that in March, as things were growing and growing and growing, even in the beginning of April, folks were trying their damndest to make sense of so much. And in so many cases, you know, the part of the equation that got toughest was the things that we're used to in terms of just information being accurate and being kept compared to all the efforts that were being made to save lives and struggle through to protect our health care workers in the work they were doing, etcetera. But even with that understanding in place, Debralee, it's not acceptable that any family has gone through that, that painful effort of just trying to get the truth and get the facts and get the certificates they need. I don't accept that. We need that fixed. I've certainly said both to, and given this direction to the Office of the Medical Examiner and Department of Health, whatever they need in the way of resources, we will give them to get all these death certificates up to date and get them to the families that need them. And if they can reach back and understand in a case that wasn't clearly COVID-19 originally, if there's any way to get the full truth, they should. Some cases they can, some cases they can't, but we've just got to give the families closure and support. So, I know real efforts are being made to fix that. Dr Barbot, you pick up from there and then I'll come back to finish.

Commissioner Barbot: Absolutely. I want to start off by stating that we are committed to ensuring that every person who dies from COVID-19 gets counted. And a few weeks ago, we started reporting on deaths that we labeled probable COVID-19. Now, it took a while for that to happen because of two things. One is, we were waiting for the federal government and the oversight body to finalize the definitions of what it meant to be COVID-19. Additionally, we, along with the OCME, were doing trainings of hospitals, funeral directors to make sure that anyone who was registering a death was prompted to think about could this be a COVID-19 death. And then lastly, we were then also ensuring that all of the death certificates were being registered electronically, and that took us a longer than we would have wanted to get the last remaining funeral homes to register those deaths electronically. Additionally, we put more staff to ensure that we processed that certificates in a more prompt way. And I couldn't agree more with the Mayor that it's unacceptable that we have family who's waited that long to get a death certificate. And I would love to receive that information. We'll follow up right away and we'll look at the systems issues that need to be re-tweaked to make sure that nobody has to wait that long, because, again, we're committed to transparency and accounting for all of the New Yorkers that have been taken by this vicious virus.

Mayor: Yeah. And let me just pick up on that. And, Oxiris, I'm going to ask you a question as I do this, but first to say, Debralee, and anybody in the media, if you know of a family that is so struggling to get a death certificate, please let your colleagues here at City Hall know so we can let Dr. Barbot and her team know and get that fixed. It's just not acceptable that families are struggling. If we know of individual cases of that, we got to fix it. Dr. Barbot, can you speak now, because, thank God, we are in a deceleration of this disease and we're able to finally make a

little more sense of things here, can you speak to how quickly families can expect to get these certificates, going forward, and finishing whatever painful backlog there is?

Commissioner Barbot: Generally, the turnaround time depends on the funeral directors. But from our end, generally within 24 to 48 hours, they should be able to get those death certificates.

Mayor: Okay. So, we will press – to the extent there is the issue with funeral homes, I commit certainly that we're going to press them, that they have to do their piece of the equation so we can make families have some closure and give them support. And if there's problems with funeral homes too, I want to hear about it so we can deal with it. To the other question to conclude, Debra, so, right now, I'd say everything that the City and State are doing is complimentary in terms of community-based testing, because we obviously are trying to work for the day when we can have, you know, close to ubiquitous testing. So, the State is doing certain things, we're doing certain things. Obviously, every single person, particularly in the targeted areas that have borne the brunt, every additional person who gets tested that's a good thing. Our focus has been on folks who have those preexisting conditions and older folks. But, you know, all testing that continues to build out in communities that need it the most is a good thing. So, there's no duplication that I know of. The question, going forward, you know, info sharing, as you said, are we going to all figure out together where we're going? Of course. This is something we work on all the time with the State. We have a responsibility to people in this city and we're going to do everything that we need to do to protect New Yorkers, but we're always working with the State. We share information all the time. We're convinced the way to get through this is with a very, very aggressive test and trace program and that's what we're building right now. And, again, there'll be bigger than anything we've ever seen previously, but that's how we think we push back this disease and really get to that phase of low-level transmission we all want to get to.

Let me conclude and just say, just finish here on this question of disparity. I think the important thing, going forward, is to be blunt about it, to be honest about it. New Yorkers, I've found, over many, many years – New Yorkers prefer real talk. They want us to lay the facts out and be honest about realities, even if they're not pleasant than anything we want to see in any society. This is what we know now. We know how badly these disparities played out with this disease. It's another clear signal that we have to do things very differently. Now, where we were before this disease with our guaranteed health care plan with NYC Care, these are the kinds of steps that actually I think are foundational to making the changes we need to address fundamental health care disparities and obviously continuing to support our public hospitals on a really profound level going forward. But to make all the changes we have to make on health care, we're going to have to have a real conversation about a lot of other things about income and affordable housing and a whole lot of other things – all the structural problems, the structural racism, the fundamental problems that have held people back for a long time. And what I pledge is that I'm going to be blunt about it. I think that's what New Yorkers want and need, and if we're going to do better when we come back, it will require us to be really clear about shining a light on what we've just lived through and how it cannot happen again.

With that, everyone, we're going to keep fighting. And, everyone, you're doing a great job fighting through this. Keep going. Today was a good day on our indicators. I'll talk to you again on Sunday and let's hope we've got more good news by then, but keep doing what you're doing.

Thank you very, very much.

###