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TRANSCRIPT: MAYOR DE BLASIO, FIRST LADY MCCRAY ANNOUNCE \$22 MILLION EXPANSION OF CITY'S PLAN TO COMBAT OPIOID EPIDEMIC

First Lady Chirlane McCray: Good morning, everyone. And thank you – thank you, Fredi for sharing your story. I cannot imagine having to sit here and relive, retell that story again. It breaks my heart and – my heart breaks for your family.

At the same time I am deeply inspired by your courage. By talking openly about Miles' struggles with addiction, as difficult as it is, you remind everyone that this crisis is not about numbers or statistics, it's about the people we love. It's our sons and our daughter, our partners, and our friends. It's our neighborhoods and coworkers.

I doesn't matter if you're rich or you're poor, black, white, or brown the opioid crisis touches us all in some way and sadly there are thousands and thousands of New Yorkers across the five boroughs who have lost loved ones to this terrible epidemic.

By sharing her grief and pain, Fredi helps them feel less alone and encourages us to create a resolve. If we want to end this epidemic, we must all be part of the solution, every single one of us.

Treatment for opioid addiction is available right now in New York City for anyone who needs it. It can mean going to your trusted and familiar family physician who has been trained to prescribe buprenorphine. The pills prescribed to help manage cravings are often paired with counseling. Or treatment can mean going to a clinic in your neighborhood to receive a daily dose of methadone, usually through a small cup of liquid.

Treatment is patients working together with physicians and nurses to manage the symptoms. And just as some diabetics take daily insulin shots and others don't, some patients require more intense treatment for addiction than others.

The bottom line is people suffering from addiction need our help and support not our judgement, not punishment.

[First Lady McCray speaks in Spanish]

Through ThriveNYC, the de Blasio Administration is working hard to change the way people think about addiction and mental illness, establish prevention protocols, and create a culture of healing and wellness. And everywhere we can we are opening doors to support.

I want anyone looking for support to manage their addiction or help a loved one to know that you can call 1-888-NYC-WELL – that’s 1-888-NYC-WELL – at any time of day or night. For free, you can speak to a trained counselor and that counselor can connect you to treatment or help you find a place to pick up naloxone which can reverse an overdose.

[First Lady McCray speaks in Spanish]

For too long talking about addiction has been taboo. For too long we have refused to help people cope with the mental illness and emotional pain that often go hand in hand with substance misuse.

Not anymore.

Not in New York City.

We are taking action and the man by my side is always pushing to help more people to save more lives. My partner is all things – our Mayor, Bill de Blasio.

[Applause]

Mayor Bill de Blasio: Thank you. Thank you very much, Chirlane, and thank you for not accepting the stigma. And if we get one point across today it’s that that stigma pervades our society and has to be defeated if we’re going to save lives. And Fredi, thank you, because what you said was so powerful and thank you for your honesty.

To everyone, this is not easy for Fredi to come here and tell this story. It’s painful for her. You can see it in her face, you can hear it in her voice. But Fredi, this is how we save other people’s lives. So, some other children are going to be saved because of what you said today and I want to thank you.

Let’s all thank Fredi.

[Applause]

So, this city is devoted to destroying the stigma. It has to be stopped once and for all. People have to be able to talk about it. Chirlane always makes the point that if there’s something wrong physically, that if you broke your leg, you have asthma, whatever it is – people aren’t ashamed to talk about that but we have found even after four years people come up to us wanting to talk about their experience, wanting help, and they start whispering.

They pull us aside and they start whispering. It's 2018 and people still feel a stigma when it has something to do with addiction or has something to do with mental illness. But these are parts of the human condition, they're no one's fault, they're part of who we are as human beings.

The only fault is in not acknowledging it and acting on it. So, this is, to me, the first step in all things – it's acknowledging that people have to talk openly about the problem they have. They have to be willing to ask for help. People have to talk to each other and say the help is there because it is.

I want to thank everyone who's here. You're going to hear in a moment from the Deputy Mayor, you're going to hear from the Borough President, and the DA. I want to thank all of them for their leadership. They've all been deeply focused on addressing the opioid crisis and coming up with new tools that really work.

I also want to thank other key leaders in this effort who are here with us. I want to acknowledge them and tell them how much I appreciate their hard work. Of course our Health Commissioner, Dr. Mary Bassett. I want to thank the Chief Medical Officer at Health + Hospitals, Dr. Machel Allen. I want to thank our Fire Commissioner, Dan Nigro, and thank everyone at FDNY and EMS who are on the front line of making sure that families have naloxone after a crisis. I want to thank the new Chief for Staten Island for the NYPD, Ken Corey, and congratulate him on his appointment. And of course, I want to thank our host here at RUMC, the President and CEO, Dr. Daniel Messina. Thank you so much for having us with you today and thanks for the great work your team does in addressing this crisis.

We all know this is a problem all over New York City. We know Staten Island has suffered intensely. We know the Bronx has suffered intensely. But it's a citywide problem. We know it's a nationwide problem and what's so shocking is it knows no boundaries.

The opioid crisis is in cities and it's in rural areas. It's in big states and small states. It's on the East Coast, it's on the West Coast, and everything in between. This is a national crisis. It deserves deep consistent solutions. That's what we're trying to build here in this city. We're all shocked by the intensity of this crisis particularly how it's grown in the last year or two, and it has so much to do with fentanyl.

But we know that the tools we have started to use are working and so today we announce a deeper investment and going farther with strategies that are starting to bear fruit.

I want to remind people in the beginning this is a man-made crisis if ever there was one, fueled by corporate greed, fueled by the actions of big pharmaceutical companies that hooked millions of Americans on opioids to begin with. And some of them still are addicted to prescription drugs and others have migrated to heroin but we know where it began for so many people. And bluntly it was so a very few people could profit. And obviously the horrible actions of criminals who sell drugs and profit in death as well, that combination has led to where we are today.

We need to remember that those origins at the root of this problem means it's a problem that can be defeated. We can fight back against the big pharmaceutical companies. We can fight back

against the criminals who pedal drugs. We can change in so many ways including changing the entire culture around this issue so we can help people.

We know that the last few years were entirely sobering. We saw an uptick and a terrifying spike in overdose deaths in just the last few years and we know what this means in human terms. We heard it from Fredi. We heard it from Chirlane. We know this is the most human of crisis.

And it leads to so many people at the end of this horrible, horrible path standing by a graveside and asking why. What could have happened differently? How could this life have been saved?

A year ago, to respond to the crisis, we rolled out HealingNYC and we used every tool we had in terms of health, in terms of policing, in terms of prevention, in terms of treatment – every tool we had to start to fight back.

Well, as painful as this crisis is, we are beginning to see some real progress and Staten Island has led the way. And I want to commend all the leaders of Staten Island for their extraordinary efforts and all of the City agencies that have been working so hard to address the crisis here on Staten Island.

The preliminary data for 2017, thank God, shows that the number of lives lost to opioids on Staten Island went down in 2017 compared to 2016. We're beginning to see progress. And emphasize the word beginning. It's going to be a long fight.

But we do believe the strategies that are part of HealingNYC are working and so it's time to go farther. With the HealingNYC initiative we have begun to stop this deadly surge. We've begun to stop this horrible epidemic. Now it is time to go on the offensive. It's time to fight it back and so we're going to pour in resources. We're going to pour in personnel. We're going to focus everyday on how to bring down this horrible, horrible crisis – how to save more lives.

The plan we're announcing today over the next four years we believe will save at least 400 lives. And I want to emphasize at least. We believe that some of these tools are really working and as we continue to see evidence that it's working, we're going to keep investing.

But we know that getting people the help at the time they need it right at the moment they need most, getting naloxone there, getting peer counseling there, getting the help at that moment of vulnerability and then keeping it in people's lives, making sure they get connected to treatment and stay in treatment – that is the winning formula.

I will end by saying we have to remember – and this is one thing Chirlane said to me a few years ago and it blew me away. She said, look every mental health challenge is treatable. You know there's still some physical diseases that science had not found a treatment for but when it comes to mental health, every challenge is treatable.

The challenge of addiction is treatable. It can be addressed. Overdoses can be stopped. It's up to us, everyone of us not just the government, everyone in every community to be part of that solution because it is a crisis we can stop.

Just a few words in Spanish –

[Mayor de Blasio speaks in Spanish]

So, as I turn to the Deputy Mayor, I just want to say the goal is simple – save as many lives as humanly possible. We believe we can save a lot more lives with this strategy. Now, our Deputy Mayor for Health and Human Services, Dr. Herminia Palacio.

[Applause]

Deputy Mayor Herminia Palacio: Thank you so much, Mayor de Blasio, for your leadership in confronting this issue directly. Thank you, First Lady, for your leadership in ThriveNYC which has set a foundation for this work. And thank you Ms. Weinstein for that incredible testimony.

The loss of a child, a father's grief, a mother's deep sorrow always changed by guilt because that's how parents feel about their children. There's many questions about what if? What could I have done? Every parent knows that little voice inside one's head. But imagine compounding that grief, that sorrow, and that internal voice of a parent with the external voices of shame and guilt that society throws upon them. How long? We say no longer.

We saw a 50 percent increase in the number of overdose deaths from 2015 to 2016, and fentanyl was involved in almost half of these cases. We knew that we had to act and that's why we launched HealingNYC to disrupt this epidemic. And as the Mayor said, our work has started to make a difference.

Now, we're beginning to see some encouraging signs in the data regarding overdose deaths. From 2016 to 2017, the number of deaths is starting to flatten rather than continue to shoot upwards at an amazing pace.

But we have so much work to do and that's why we're here. The Mayor has charged us with using every tool at our disposal – data, policy, our collaborative partnerships – to address this crisis.

So let me begin briefly by reviewing some of the milestones and accomplishments that we've hit since launching HealingNYC last March.

First, we distributed 100,000 naloxone kits citywide through the Health Department and community-based organizations, in homeless shelters, at Rikers' visitor center, and to every NYPD patrol officer. And since launching HealingNYC, City workers and community partners have used naloxone to reverse overdose more than 3,000 times.

Second, we've positioned our public hospital system as a leader to treat even more New Yorkers in need. 17 Health + Hospital sites can now give out naloxone without a prescription. And at Health + Hospitals, we've also put peer educators with lived experience at three emergency departments and trained 200 providers to prescribe buprenorphine.

Third, we've worked in partnership with voluntary hospitals to launch the Relay program, putting peers in emergency departments to engage people in the hours immediately after they survive an overdose. Relay is up and running in five sites including right here at RUMC.

Fourth, we've connected people to a effective proven medication-assisted treatment for opioid addiction. And since launching HealingNYC, we've trained over 700 new clinicians to prescribe buprenorphine.

I want to be clear, buprenorphine and methadone treatment is available for New Yorkers who need it right now across all five boroughs in doctor's office, health centers, methadone maintenance treatment clinics, and emergency rooms with treatment options that are suited to different individual needs.

And finally, we've run media campaigns to reduce the stigma associated with treatment not just the stigma associated with opioid addiction but the stigma associated with treatment because our society has not only made it hard for people to raise their hand and say, "I have this medical condition," we've made it hard for people to raise their hand and say, "And I'm getting treated for it."

Again, that has to stop now. We've launched media campaigns to warn people about the danger of fentanyl and to make sure everybody knows how to easily get naloxone.

These are important accomplishments and we need to take them to the next level and that's why we're here today. We will increase the ways that we can serve people when they're at the hospital. We'll be expanding our peer workforce in all 11 Health + Hospitals emergency departments, and adding Relay teams in five more voluntary hospitals including Staten Island University Hospital. These emergency departments together see 74 percent of overdose visits in New York City.

We'll expand in-patient addiction treatment services from four to six Health + Hospital sites and we will continue flooding the zone with naloxone. We will, for example, be launching a new cutting edge leave-behind program where every time a fire department EMT responds to an overdose call – and that happens about 5,000 times year – they will leave behind a naloxone kit with a family member.

The Health Department will launch an End the Overdose training institute to train and provide naloxone kits to 25,000 more city staff, community-based organization staff, and community members every year.

Among the City staff that will be trained will be front line staff, probation intake officers, Parks enforcement patrol, and Thrive mental health service corp.

We're also working with 800 more independent pharmacies including more than 40 here on Staten Island to encourage them to offer naloxone without a prescription. And as the First Lady

mentioned, you can call either 3-1-1 or 1-888-NYC-WELL for information on where you or your loved ones can get naloxone.

We're partnering with Bronx DA Clark to replicate DA McMahon's successful HOPE programs in the Bronx. This will allow more people to be placed into treatment rather than the court system.

And finally, we'll expand our crisis tools giving NYPD neighborhood officers resources to act immediately when they encounter somebody with risk of overdose. They'll call a 24/7 triage desk, a new model that's co-staffed directly by Health staff and police officers. And they can deploy teams to people where they are to help them in crisis.

This might sound like a lot of complicated activities but that's because this is a massive and complicated problem. This work relies on the hard work of so many dedicated public servants, so many community-based organizations, so many families out there fighting the fight every day to help their loved ones.

And I want to thank people for their courage, their bravery, their commitment because every time somebody like you lifts your voice – your voice will reach the ears of somebody in need, it may change the heart of somebody who hasn't been able to find their way forward.

So thank you because these investments in HealingNYC – we want to continue to take the urgent steps needed to prevent every opioid death in our city.

Now a few words in Spanish –

[Deputy Mayor Palacio speaks in Spanish]

[...]

Mayor: Okay we are going to take questions on this announcement and on the opioid crisis in general and then we will take questions on other topics. First on this announcement, Mara –

Question: Questions – is HealingNYC designed to, is the goal here to solve this crisis or is to curtail it by deploying naloxone and treating it. In other words are we treating the root cause and is there enough, are there enough resources going to the root cause of it?

Mayor: I'll start and then I imagine more than one person up here would like to say something to that question.

I am not a doctor so I am going to speak very humanly from what I've learned over four years. We have an addiction problem in our society and you know, I think what the DA said is really important. Maybe if it was a world in which there had never been a concerted effort by the pharmaceutical industry to push opioids and to hook, you know doctors into prescribing them and then over prescribing them over and over again, maybe if that hadn't happened we would be

having a different discussion. Maybe if fentanyl hadn't been created and pushed into the American life of this country, maybe we would have different reality.

But here we are today with a crisis that's very deeply established. And I think when you say, how do you get to the root cause? Well I would argue it is trying to make sure that people who are having any challenge can get help immediately, early on. I mean I think that's a core concept on the Thrive initiative. If someone at any point in their life is tending toward addiction – unfortunately we know that is a human reality but we can stop it at the earliest point and get the most help to people.

A lot of people are going to spend their lives in treatment, let's be very clear. And if you looked at the recovery movement, for example Alcoholics Anonymous and other efforts – it is a recognition that people will deal with this challenge their whole life.

But I would argue that all the efforts that are being talked about here do try to get at the root cause. First of all cut off the supply of course, second stop doctors from overprescribing to the maximum extent possible, third go at the root cause which is the pharmaceutical companies' practices and trying to undermine them and change them. You know, something Jimmy Oddos talked about a lot – reaching young people early, educating them about the dangers of drugs.

All of those pieces are necessary. I think that is a combination going at the root cause but also dealing with aftermath. Anyone want to add?

First Lady McCray: I would just add that there is no one root cause of addiction. That is part of the challenge that we have and then of course when it comes to this epidemic there is no silver bullet to solve it. So that's why we have taken the approach that we have and we have so many different tools to address what's going on.

Addiction is part of the human condition we have, you know, we have more than just addiction to opioids. Alcohol is a huge problem in our city. We have more than 70,000 alcohol related visits to our emergency rooms every year. But of course those aren't taking the same number of lives that this opioid epidemic has in such a short period.

We're trying to save lives here. But as the Mayor said we have to employ more than one tool and prevention is really the way to go and that is what we are doing with Thrive – educating people about addiction, educating people about the tools they now have access to and we will be doing more of that going forward.

Question: Sorry, just to follow up – President Trump has said that he wants the death penalty and increase penalties for drug dealers as part of his push to fight opioids. Maybe for both of you if you both want to respond to that.

Mayor: Well but I also wanted to just see if folks want to respond to the initial question because I know a lot of people have given a lot of thought to this question of the root cause question. So anyone want to jump in on that?

Bronx District Attorney Darcel Clark: I think that my approach is multi-faceted. We have to use all of the tools in our tool kit. So prevention is one, education being the key to that. Treatment, a big part of it – to make sure people get the resources and the treatment they need regardless of their status, you know, in life, whether they have money, insurance or not – just making sure that they get to the treatment that they need.

And the law enforcement side, I mean I'm a prosecutor. I was a drug prosecutor for ten years before I became a judge and then the DA. I know how important it is to try to stop the supply and you better believe we are working each and every day towards identify the illegal suppliers and to make sure that we cut that off. We have seizures day in and day out and we are working those cases to make sure that we keep it out of my county. So with all of those things we are trying to solve – we are trying to solve this problem. But again no one thing is going to solve it – we need all of those things together.

Mayor: Doctors, you just want to add or have we – you'll tell us if we –

Deputy Mayor Palacio: I think you guys have –

Mayor: I was trained by the two doctors and then I translate into English, you know.

Mara to your question – a couple of things. I haven't seen the President's plan that he is putting out today. I hear it will include some resources for prevention and treatment, obviously I applaud that. I want to see the details but I applaud any additional resources for prevention treatment because we need that endlessly.

In terms of how we address it through criminal justice. You know one of the things that our Police Commissioner Jimmy O'Neill has said, you can't arrest your way out of the opioid crisis. This is something that goes beyond simply criminal justice approaches. So I would caution that we have to be really clear about we need all these tools to address this crisis. But I would also say I disagree with the President on the death penalty because I disagree with the death penalty. I don't think the death penalty is morally right and I don't think it is a deterrent.

[Inaudible]

Okay, Marcia?

Question: First Lady, I wonder how you would connect homeless drug users to treatment given the fact that it is really difficult for them to come off, to even get them to come off the street. Is that a big problem? And how would do it?

First Lady McCray: Well, we actually have an outreach team and perhaps Dr. Palacio or someone can speak more to that. We know they are not going to come to us so we have to go to where they are and I think that's the approach that we take with much of what we are doing now. We know that we have to get to them to make that they are getting the treatment they need. Do you want to add to that?

Question: [Inaudible] problems that you think you have in terms of reaching people who could potentially OD?

First Lady McCray: The most intractable problem? I –

Mayor: I don't think it's intractable?

First Lady McCray: Yes I don't think it's intractable, exactly.

Mayor: Remember, I'll pass to the Deputy Mayor but HOME-STAT Marcia, you know this is important how all these pieces come together. We are engaging homeless people on the street all the time through the HOME-STAT initiative – 1,500 of them in the last year and a half or so have come in off the street. Now they are in places where we can make sure if they have other challenges like substance misuse, that they can get treatment. So HOME-STAT literally means knowing where each homeless person is connecting with them as often as possible, try and move them. But that can also be to get them treatment and help. Go ahead doctor.

Deputy Mayor Palacio: Yes absolutely this is – again I think you have heard us say that there is not one single strategy or one single bullet. And most of these strategies come together. So we are distributing lots of naloxone in, we have got all of the shelter staff trained in naloxone, how to administer. Our outreach teams are reaching people where they are and connecting them.

People who end up sometimes cycling in the criminal justice system for other reasons – we are making sure that family members have access to naloxone and treatment there because we know if somebody leaves jail that can a particularly high risk for overdose. We've got linkages to treatment in our needle exchange program.

So this is a fabric we are trying to weave closer and closer and closer so that people have an opportunity to engage at multiple points of contact because we understand that people come in contact with city services, with community based services at multiple points and you never know which one of those contacts is going to be the critical one in allowing them to get help.

Question: I just have another question.

Mayor: Sure.

Question: What is your position on supervised injection sites? Have you got – is there a report done and are you moving towards that?

First Lady McCray: We are studying the information right now and we have asked for more information because this is a very complicated concept. And you'll be hearing from us in April, next month.

Mayor: Yes, April – we've communicated this to the City Council as well – April will be when the report is published and also when we respond to its findings. Who else? Way back, way, way back, that's you, yes.

Question: [inaudible] you talk about prevention and treatment but drug abuse and –

Mayor: I just want to make sure because I don't recognize you, we are doing media questions, are you media?

Question: No, no –

Mayor: oh I'm sorry. Media questions –

Question: I'm [inaudible] I'm the CEO of [inaudible] –

Mayor: And thank you for your good work. Forgive me that we have to focus on media questions in this session so that's alright. David?

Question: You tried to avoid me Mayor but –

Mayor: No I go back to front a lot David, sorry.

Question: I wanted to ask of you a couple of quick questions. One – what portion of the \$22 million that you are adding will go to the NYPD for this sort of supply side that you described?

And then you talk about by 2020 wanting to reduce the number of deaths by 400, so that's about 100 a year – that goal seems akin to the kind of goal that you set up for the homeless shelters, or excuse me, the homeless population where the reduction more or less get us back to where we were at the start of your administration, maybe not even.

I wonder by if setting a goal like that you're admitting that this is a problem that is going to be with us for a long time and that the city is powerless to really reverse?

Mayor: I disagree with your interpretation fully so let me restart but I will pass after that to the Deputy Mayor to go over the specific numbers in the plan. And I find your question a tad editorial my friend.

We all just said here we believe this is a battle that can be prosecuted effectively. We have just come off a couple of years of intensive increase for the reasons I outlined – the introduction of fentanyl on a broad scale and unfortunately the very dastardly actions of the pharmaceutical industry.

The full brunt of that increase was felt and we tried to figure out a variety of tools to fight back. We believe, certainly we know for a fact on Staten Island we've seen some actual, tangible progress from 2016 to 2017. The numbers city-wide are beginning to encourage us.

The reason we have put forward that number is to be conservative and careful and not over claim. We are literally tracking a whole series of investments to see if they are working. Based on what we know so far we believe that's the impact we are going to have. But I said the word at

least very pointedly. The goal is to go a lot farther but we are in uncharted territory, let's be very clear.

These new factors I mentioned have created a crisis that we haven't seen before. When you look back at other crisis like this over the generations you look for the tools that work and once find them then you lock on and you invest a whole lot more. So we are still in the phase of trying to confirm that these are the right tools, the right mix. If we find they are working we are going to investment a lot more. If we find they are not working we are going to go in other directions.

But know the goal is to go as far humanly possible. This goal in terms of number of live we save is greater than the previous because we believe that's honestly what's happening. These things are starting to work ergo we can say we are going to save more lives.

But no there's no sense that we can't ultimately win here. It will take a while. If the one part of your question I agree with I want to amplify. No one is saying this going to be – no one is saying mission accomplished. No one is saying it's going to be an overnight victory. It's going to be a long battle because we are up against a very complex problem. Would you speak to the specific numbers?

Deputy Mayor Palacio: Yes so in HealingNYC, in this phase of HealingNYC the budgetary numbers are really for the hospital systems for the leave behind, for the naloxone. There's not a specific enhancement to the NYPD activities. These are really on the health activities and I just want to reiterate what the Mayor said. What we are facing here, what we were seeing was a complete change in the landscape by the introductions of fentanyl and a narrowing of the time in which we can reverse people and this goes a little bit to Maura's question as well. So we really are beginning at that very critical interface, because fentanyl has really changed the way – the window to impact survival and we're starting there with so many of our efforts because you can't get people into treatment, you can't change their lives if they are not alive to begin with. So it's really preventing overdose deaths from there, it's recognizing that some people aren't quite ready to enter treatment and it's really making sure that we continue to build on the leadership that New York City has had in things like needle exchange.

From there it's moving a little bit further for those people who are really ready to take that step into treatment and then there's supporting people in prevention and keeping communities healthy from a public health perspective.

Mayor: Just one more point on the police department, I really want to emphasize this and we've talked about before, to my friends in the media, but I want to emphasize it again. NYPD is the most strategically agile organization I have ever seen in my life, they are constantly changing their approaches according to where the need is, and that's the whole ComStat ideal obviously.

So you've seen now four straight years of violent crime going down, but at the same time with the City Council we increased the patrol force by 2,000 officers. That obviously allowed for things like neighborhood policing that allowed for greater focus and greater personnel for anti-terrorism, but it also means that there is a lot of capacity to address a challenge like opioids. So what NYPD does is moves resources around to where the problem is greatest and thank God we are

seeing less violent crime, that means more officers strength, more patrol strength, can be put into addressing something like the opioid crisis.

Question: I just want to follow up, so that means no new money is going to NYPD? The \$22 million doesn't include any money for the NYPD, is that - ?

Mayor: Not in the new tranche, right. Yes, Bridget?

Question: Mr. Mayor, the last press conference we had on the opioid crisis was when you were talking about the lawsuit against Big Pharma, I was wondering if there was any update on where that's at, the status of that?

Mayor: I'll have the Corporation Council speak to you about it, he's not here today, obviously, but we know that's going to play out over many months and years likely, but as he told you at the time we are gathering in a coalition with other jurisdictions around the country and we think it's going to make very big impact. But it's going to be a long process.

Question: And second question, just as we were talking about here, you're taking a broader citywide approach to dealing with this epidemic, I'm just wondering are you having – what kinds of conversations are you having with your peers regionally? Are you talking to Governor Murphy and other folks in law enforcement to sort of look at how you can tackle this from a regional perspective not just here in the City?

Mayor: I think the central challenge that we are addressing today are thing that we have to do in New York City, making treatment as clearly available as possible. I want to emphasize this one of the most fundamental points, there is a lot treatment available right this minute that is not being utilized and I want everyone to understand that. And that is a credit to a lot of organizations in this City, that the treatment is there, we got to do a better job at connecting people to it, we got to do a better job with breaking the stigma, all of these things are things we have to do right here.

On the law enforcement front, I think the coordination is very high between the law enforcement agencies. Honestly, Bridget, that's not been a concern that's been raised to me by the NYPD or any other – or the DA's, I think they feel that coordination is happening very well. Jillian?

Question: Mayor, the District Attorney sort of alluded to this point, that sometimes while it's a citywide issue, at this point the opioid epidemic can look different in different communities, you know, she alluded to a long standing problem with heroin in the Bronx, in Staten Island there was a very well documented problem with prescription pills that sort of morphed into where we are now. I'm just curious, are you taking different targeted approaches to different areas of the City or different aspects of this problem, or have you found that perhaps wherever it started everybody is kind of in the same situation now in terms of what they –

Mayor: I'll start and then if Chirlane or either Doctor wants to add, I mean from my point of view, you're right. The origins were very different, but I think the reality now is very much the

same around the – around the city and around the country, I think we're all in a common struggle now.

Remember a lot of those folks who started tragically through prescription drugs, you know, slowly but surely ended up on heroin. So, no, I think the fundamental thing, breaking the stigma, getting people connected to treatment, I think these things are universal needs at this point. Anyone want to add?

Deputy Mayor Palacio: So, yeah, I think that we have seen a convergence of what it looks like, but in general, sort of not just so much for HealingNYC, I want to give Dr. Bassett and the entire Health Department credit for really taking a very community oriented, community informed approach to whatever topic they are doing. So to the degree that there are nuances, and certainly the First Lady is always very much making sure that any services that we're delivering – we're delivering in a culturally appropriate, linguistically appropriate manner.

Because in order to reach people you need to be able really communicate effectively and meet people where they are, and this includes, you know as we we're talking about meeting people where they are. If they were homeless, it's across the broad spectrum of where people are in their lives may require a nuanced approach.

Mayor: I just also on the – to the core of that question, you know, two facts that are absolutely citywide realities, 23,000 patrol officers who now have naloxone on them at all times, that's everywhere, and 3,000 reversals since HealingNYC began. That's, you know, when you look at the extent of this crisis, to think about the fact 3,000 overdoses were stopped dead in their tracks, because naloxone was now so widely available with NYPD, with FDNY, with so many of other partners, again that's based on a universal strategy that works everywhere. Yeah?

Question: Mr. Mayor, I wanted to ask about the 29 additional staff that the money is going to go toward in part to the Rapid Assessment Response Team and this is – I guess I'm curious a little bit of what they do and also the triage desk, why are so many new staffers needed for that? And is the current staffing shortage impacting the City's ability to respond to overdose calls currently?

Mayor: Let me start and I'll give the very much layman's interpretation and then let the experts weigh in, and Dan, Mary, Armenia all have different perspectives on this. First of all, the frontline of addressing this issue, the Health Department, the police department, FDNY EMS, they are doing that intensely every single day. They don't lack for anything to be able to address the crisis, and I think that's why you've seen 3,000 overdoses reversed.

I think what we're learning by doing is that we've got to continue to perfect the process of getting support to people who are addicts, and their families and friends, as quickly as possible to establish a pathway to treatment that sticks. I think it's one thing to stop – I think the Deputy Mayor said powerfully, you can stop an overdose. That's only step one. You have to connect that individual to treatment, and it may be peer counseling, there's all sorts of elements that might work, but it's very individualized. What works for one person may not work for another.

So I think what we're finding is, that these very hands on, labor intensive approaches are working, that's why we're investing more in them.

Deputy Mayor Palacio: So I'm just going to begin with one brief anecdote from my own experience as a clinician because I think the – you never know when that one conversation will change somebody. A patient who went on to be very long term patient of mine, came in one day just because his job made him come in for a TB skin test, but he had gotten a new patient appointment, so I kind of had him captive a little bit, we had a long discussion, it turns out that he was using heroin quite actively.

We had a long discussion at that time I worked at a clinic where although organizationally was different, I couldn't have walked him down the hall to the methadone maintenance, he wasn't ready at that time, but because I sat and had a long conversation with him about it, and about what resources are, by the time I called him to give him the results of the skin test, I remember, he said, doc I've been thinking about what you've said. And that was the one conversation.

And if I had just written him off as the guy who needed a TB skin test, right, it was just that one moment, it wasn't something magical about me, it was magical about that one moment he was ready to hear what I said and as we think about these resources that we're building, it's - we're layering, we're building upon success, the triage desk and the rapid error response do very different things.

One, the triage desk we're building on an infrastructure that we had built to handle calls from emotionally disturbed persons, and we want to expand to be able to handle calls from substance use, the Department has deployed rapid area response and other real – sort of – by using real time data to interact – to interface in communities, including K2 and I'll let Dr. Bassett sort of describe a little bit about how we're building from what we've learned from the past to try to address this crisis.

Commissioner Mary Bassett, Department of Health and Mental Hygiene: Thank you Deputy Mayor, these are two separate strategies, part of this whole holistic approach that the administration has supported. The rapid response is really taking an almost infectious disease kind of model, seeing that we have seen overdose clusters, or even single overdoses, reported from areas where we hadn't seen them before. And then there is the concern that community is not familiar with opioid overdoses, and this team can be rapidly deployed to ensure every pharmacy in the area is reminded about naloxone, every physician in the area is reminded about identifying overdoses that the community is alerted to all the resources that we have – because they haven't seen overdose deaths before.

The other strategy as the Deputy Mayor has said, built on an effort that we began now two years ago with the police department that we call co-response, recognizing that response to emotionally disturbed people, or even to overdose events when there's an emotionally disturbed person, don't only need police response, but also need a health response. And jointly, because this really has been a joint program, we agreed that there are cases where a medical only, a health only, response is appropriate and that can be extended from responding to people who need mental health needs also to include people who – to the overdose situation. So they can be

deployed from a jointly staffed triage desk, the PD can call and ask for what we call HEAT Teams, these Health Engagement and Assessment Teams, that's what the 29 people will be for, two shifts per 24/7, actually 16 hours a day, I misspoke, all year long it takes that many people.

Mayor: Just wanted to see if Chief Corey or Commissioner Nigro want to add in general about our efforts.

Fire Commissioner Dan Nigro: Sure, this is – this is a long table, and everyone here has a different role, some people have more than one role, but the Fire Department responds over 4,000 times a day to people in need of medical care and many of those calls have been for people who've overdosed. So at one time only our paramedics were able to deliver naloxone to folks through intravenous or intramuscular now, of course, every EMT, every firefighter, you heard every police officer has the ability to do this and to do it immediately.

Last year alone, we administered naloxone more than 7,000 times, and if you do the math, it seems almost once an hour of 365 days a year, we are providing this to people of New York. And we heard before, over 3,000 of these overdoses were reversed. Now the difference – the change here, part, our part of the change, is that we will be able to later this year leave behind a kit so that medication can be delivered, it shortens the time it can be delivered on scene before we arrive, and that's a big change for us and we believe that will be part of also what saves lives. So more and more people will be able to get the treatment you've heard about and recover and improve their lives, but the first part of it is what we do is try to get them to the hospital alive.

Mayor: Chief, you want to add anything?

Assistant Chief Ken Corey, NYPD: Sure, as many people have said, you know, we recognize the complexity of this issue and that it needs to be addressed in many different ways and through many different facets, and certainly all the ones spoken about here regarding treatment options, naloxone, or reversal agent deployment, and also through education.

So here in Staten Island we have the "Too Good for Drugs" Program, where our police officers go into the schools and teach our children about the dangers of drugs, and all of these officers are volunteers, they do this willingly, they ask to do it. It started as small program, we are now in every school in Staten Island, we educate fifth, seventh, and ninth graders. We're going to educate 14,000 students this year and it fits in so nicely with neighborhood policing, because the police officers are now in the school and forming a bond with these children, and these additional resources now give those officers so many more options to refer people who are in need, who these officers have bonded with, to resources. We don't have to arrest someone to get them into treatment, that there are other options available to them.

Mayor: So who else, anyone else on this topic? In the back?

Question: Is there already a CATCH program at any Staten Island hospitals, and if so, what kind of results has it produced, and if not, why wasn't the CATCH program included in the six hospitals the City's – ?

Mayor: As I turn to the two doctors, I just want to say again, Rumsey's been fantastic in the forefront of addressing this crisis, and we've been honored to partner with Rumsey on it and that's why we are sitting here today because they've been leaders in this City in the effort to address the opioid crisis. Why don't you talk about our work with the Staten Island hospitals?

Deputy Mayor Palacio: Sure, as I think I mentioned in my remarks, we've got relay teams, which are teams that are dispatched from emergency rooms, both Rumsey and Staten Island University Hospital now in the next phase have agreed to allow these teams, staffed with Health Department staff and community based organizations and peer reviewers, come in and work with clinicians to try to address somebody when they are at overdose.

CATCH is really a program that has been initiated at Health and Hospitals, again as – with a City that operates the largest public healthcare delivery system in the nation, we felt it was both an opportunity and a responsibility to position Health and Hospitals as a leader in this space and CATCH is really – their effort to supplement substance abuse treatment services in the inpatient setting, this is not in an emergency room, this is really in the inpatient setting, and we are expanding those, based on again, letting the data guide where we – the institutions that see the most hospitalizations for overdose data – for overdoses.

Question: Mayor, there's been a couple of proposals to have more access or access to naloxone in City schools, whether through having School Safety Agents carry them or by having a program where each school would have some kind of access to naloxone, what do you think of those proposals?

Mayor: Well I want the experts to assess them. I mean obviously we've been expanding access to naloxone constantly over the last few years and it is contributing to some real progress, but we also have to make sure we are getting where it's most needed. So I'd – sure it's something that we're assessing, but if either one want to speak to it?

Commissioner Bassett: Sure, the – we've seen zero overdose deaths in the age group of children in schools, so that's a really good thing. I do want point out that anyone who is in a family where there is somebody they are concerned about using drugs, using opioids, can call 3-1-1 and get information about how to get naloxone and be trained in its use, there is no age limit, if you are a kid and you're worried about, as long as the pharmacist is convinced that you can be trained, and it's a very simple product to use, we can make naloxone available. So I want everyone to know, if they use or if they know someone who uses in their family or circle of friends, we want you to carry naloxone so you can save a life.

Mayor: And to the doctors I think this is also important too. I was very surprised as I got educated on this issue, that it actually age wise, effects an older demographic than I would have expected. Can you both speak to that?

Deputy Mayor Palacio: No, I think you have that exactly right. This is a crisis that is largely effecting mostly people over 30 and you know, the Mayor was correct that we are both trying to get things widely distributed but our emphasis is on those areas where people are at most risk and where we know that the risk of overdose is high.

Mayor: Let me see is there anything else on this issue, go ahead.

Question: You said you can't arrest your way out of this crisis but isn't the rock bottom issue keeping, getting fentanyl out of the system totally? I mean don't you really need to stop fentanyl from coming into New York City and the country?

Mayor: Well no question that every possible effort needs to be made to stop fentanyl. There's no question about it. And certainly Commissioner O'Neill and everyone in the NYPD is doing everything they know how to do that.

As you just heard it can be concealed in very small shipments which makes it difficult to just use policing to stop the problem. But I want to emphasize also before fentanyl there was still a huge problem with heroine and a lot of people got to heroine through prescription drugs. So it's not just one thing. Fentanyl is the single most deadly piece of the equation. But we are losing plenty of lives to heroine that is not laced with fentanyl. We are losing plenty of lives to people who are hooked on prescription drugs. We need to attack all of the problems.

And I think the idea of saying wherever the problem is, getting people to talk about it, come out in the open, get treatment, get help, or god forbid there is an overdose, make sure there is naloxone there. That's the true frontline. If we could stop drugs from entering our country, then we would have done that a long time ago on all fronts so we have to be realistic about the fact that some drugs are going to get through. But treatment is available for everyone – naloxone should be available wherever it is needed. That's what we know we can guarantee. Go ahead Gloria.

Question: You sort of spoke to this already but there had been some criticism from the advocate community that the initial pot of money was going mostly to the NYPD and now today's announcement you're saying none of it is going to the department. So I'm wondering if you are at all responding to that?

Mayor: No, we are just continuing building on what works and look, the fact that our first responders have naloxone – that was one of the central expenses we paid in the previous plan, that's been crucial to saving a lot of lives. That's one of the reasons why we finally see these numbers starting to move in the right direction. So I am absolutely comfortable with the investments we made initially through HealingNYC and these are the next level. We found more and more that this is the piece we needed so we are going to keep investing. And I want to emphasize, anything that continues to prove effective we will put more resources in because our goal is to save more lives.

Last call on the opioid issue.

Question: You mentioned about trying to reduce the stigma – I feel like that is really what you are trying to break through, that's like really a step [inaudible.] Yes trying to get the drugs off the streets but to try to let people say hey, I have problem. What is the tactic if any that you are using

on the ground right now to let people know, like yes you can say it, for them to feel even comfortable?

Mayor: I will turn to the chief stigma buster of our administration – new title.

First Lady McCray: As with addiction there is no one way that we can address stigma. We have to use many different tactics and one of them is our Weekend of Faith where we have clergy members talking about addiction, clergy members all around the city – addressing their congregations, giving messages, messages coming from clergy members are very trusted because they are trusted, people tend to listen to what they are saying. So that is one way that we are addressing stigma.

We have an ad campaign where we have testimonials by people who have overcome addiction, telling their personal stories in multiple languages – in bus stations, subway stations all around the city, the people, and online, where people can see, people who look like them, talking about addiction and what to do so that they can overcome it.

Stigma is tough. It really, it's going to take time and it's going to take many different avenues for us to address it. But every story told, just as Fredi told her story this morning, helps other people feel more comfortable telling their own story and perhaps reaching out for help. So I think we are making progress and we just need to do more.

Mayor: Yes, and every time, I'll just state the obvious – every time you guys portray a family's story and listen to someone like Fredi and show the rest of the community that, it helps break down the stigma. So we know we have to do a lot. I think the news media can play a crucial role as well.

First Lady McCray: Yes.

Mayor: Okay, last call on opioid questions from the media. Going once, twice, okay for anyone who needs before the off record this is your chance to disembark.

[...]

Mayor: Okay, we are almost ready. Everyone, get cozy. Amoy, take a seat, you're blocking the cameras – this is your conscience speaking.

[Laughter]

Alright, everyone get settled, close that door in the back. Good there? Okay, other questions –

Question: Mr. Mayor, on Friday, on WNYC you said that you didn't believe that drivers who park in bike lanes for less than 30 seconds should be ticketed, and I'm wondering if that's actually something that you'd like to see the NYPD implement and whether you have any plans to have them formalize that in any way?

Mayor: We've talked about this for years. I'm a little surprised if anyone thinks it's news – this came up a couple of years ago. And look, one of the things that Commissioner O'Neill has emphasized in the new way that we train officers in the NYPD is officer discretion. We want our officers to have the freedom to use their own good judgement and their training. So, my point is, if, for example, a parent stops outside of their house to let their kids off, or outside of school to let their kids off, or their getting groceries into their house and then moving along promptly, I think discretion says we're not going to ticket for that. But we are going to ticket if someone leaves their car there for any appreciable amount of time and doesn't, of course, respond to the instruction to move along quickly. That's a common-sense approach. That's what we've been doing for years and, to the best of my knowledge, that's how precincts orient their officers.

Question: Is that something you've communicated to the Commissioner, that you'd like –

Mayor: Communicated publicly – again, go back and check. And Mr. Phillips will help you, this is something we talked about a few years ago. I've been very clear about it. Look, I was a City Councilman, I think about life from the neighborhood perspective. We're not going to ticket people who are stopping very briefly, for example, to let off their kids – that's just not right. But we are going to ticket people who, in any way, shape, or form block bike lanes for any appreciable amount of time. By the way, so many of the things we've talked about with enforcement – the goal is to fix the problem, not to slap someone with a ticket if we don't have to. So, if an officer sees someone in the bike lane, they're going to go up to them, they're going to say you need to move along. If someone says, oh, I've got to get this last bag of groceries in, I don't think you'd ticket them. I think you just make sure they get their groceries in and move out immediately.

What else? Yes?

Question: I have two questions both about Rikers Island. What do you plan to do to protect the Correction officers? I spoke with the union president and he is claiming that you don't care about the safety of the Correction officers.

Mayor: That's ridiculous, and that's unfair, and he shouldn't play politics with something so important. We have invested hundreds of millions of dollars to make Rikers Island safer. There are now cameras all over the facility – that wasn't there before. There's a much more intensive process for trying to keep out contraband and weapons. I'd like to go a lot farther – I need scanners, but that requires approval from the legislature, which we're fighting for right now. We are recruiting and training officers much more intensely than we did in the past. A lot of the incidents have gone down, in fact, and we can provide you with the facts about that. But the real difference with the union is over what's called punitive segregation, or solitary confinement. We believe for anyone 21 years or younger, it is counter-productive. We believe it actually leads to more violence and more dysfunction and doesn't not help to turn around people that we're hoping to get on a better path and hoping to reintegrate into society. Where I think we can do better is finding other kinds of punishments – and this is one area where the union I think has raised some very valid concerns, and it's something we're going to push to get done through the Board of Corrections. Other punishments that are abundantly clear to inmates – that make clear any infraction, any violence against anyone – an officer or a fellow inmate – is not acceptable

and there will be real consequences. That's already happening in terms of re-arrest and new charges, and District Attorney Clark has been a fantastic partner in this. Much more than in the past – bluntly, go look at the history, too many times in the past, if an inmate assaulted an officer or assaulted another inmate on Rikers, they didn't necessarily get additional charges and follow through on that. Now, with this administration and this DA, we're adamant that there are going to be additional charges and the very great likelihood of serving a lot more time if you assault an officer. So, that's a new part of the equation I think the union would also acknowledge that's been a step in the right direction, but we've got more to do – we've got more to do.

Question: And the section question is – according to a recent Manhattan Institute study in City Journal magazine –

Mayor: An entirely non-partial study. Go ahead –

Question: Okay, well, the question was posed that why is jail violence seeming to be up when the jail population is at such a low number?

Mayor: So, two points are important here. One – seeming, is a crucial point. I don't think we've done a good job as an administration is showing the fullness of what's happening, because, again, these investments have led to declines in a variety of areas of problems. Certain types of violence have gone down. Certain types of assaults have gone down. There are some things that are actually working very well. To the point about there being fewer inmates – the inmates who are there now tend to be proportionately those for more serious crimes, those who have, in some cases, have done more violent crimes, because, as you know, we're working very hard, and so are the DA's, to divert those who have done very low-level and non-violent offenses. So, it has changed some of the nature of Rikers and the whole Corrections system. But I think what we know works is to make sure people are separated if there's any propensity to violence, to make sure there's clear penalties that they can see will happen to them, there's consequence they know will happen – that's something we're adamant about. As I said, we could do a lot more if we had some more support from Albany, particularly in terms of scanners. And we want to – some of these questions are throughout the Corrections system, but some of them are particularly challenges on Rikers. Obviously, we want to get off Rikers once and for all. Now, you asked something else, I might have missed one piece of it –

Question: It was just that the jail violence is up when the jail population is such a low number. [Inaudible] you're saying that this small number is such a violent number.

Mayor: And I want to be clear, not everyone there – first of all, everyone knows some people in Rikers are there awaiting trial and they are innocent until proven guilty in our country. Some are sentenced, but they're only sentenced for up to a year, which means, by definition, they haven't done some of the most violent offenses or they'd be upstate in the State prison system. But proportionally speaking, the population on Rikers, as it's decreased, it has concentrated folks who are in the more-serious crime category, compared to in the past where a lot of folks who had done very low-level offenses were still on Rikers. That's something we've obviously moved away from. So, again, I think what we need to do better for all of you, is show you the trend lines

of each type of challenge. In some areas, they have clearly gone done, meaning improvement. In other areas, we've got to do better, and I think adding consequences is one big piece of that.

David?

Question: Question for you, Mr. Mayor, and then for the First Lady. For you, in the Fiscal Year 2019, you anticipate breaking ground on the BQX, and, if so, are you putting money into the budget to facilitate that breaking ground? And as a side note, do you think that \$2.5 billion is still the amount that it will cost to do that project.

Mayor: We – I'm going to nobly punt because we have the executive budget coming up, and I don't want to speak ahead of that. We're looking at that very issue right now – when, how much, what's it going to take? I'll state the obvious – between now and April 1st, well before the executive budget, the single most important thing could happen for – you're saying the BQE, right? BQX – I'm sorry. I thought you said BQE – let me finish that point for everyone's consumption – they sound so similar. The single most important thing that could happen for the BQE is design build authority from Albany that would save us at least \$100 million and at least probably a year on that crucial project. BQX – also stay tuned, we're going to have updates in the coming weeks, and going into the budget process, there's a lot to do to make it work, but we feel it's going to be a very big contribution to this city. But again, I don't want to get ahead of that announcement.

Question: And for the First Lady, you just came back from Puerto Rico – part of that was paid for – at least, the initiative that you were going down there to promote was paid for by the Mayor's Fund. How much time do you spend in your schedule – percentage of it – is spent fundraising for the Mayor's Fund?

First Lady McCray: I can't give you an exact – David, I don't have an exact percentage that I can share with you right now, but we can get back to you later.

Question: [Inaudible]

Mayor: We don't do rough.

[Laughter]

We like to be precise.

First Lady McCray: It's a tough measure because there's phone calls, there's visits, there's reviewing reports – we have to –

Question: Ballpark – the Mayor likes ballpark [inaudible]

Mayor: Very clever, very clever –

First Lady McCray: I really can't tell, but happy to get back to you later.

Mayor: Marcia?

Question: Mr. Mayor, I noticed that today, yet again, the press release for the event that you have said the Mayor and the First Lady announce – and this has been a pattern over the last several weeks. I wonder if this is – even though she’s not elected and you are – this is an attempt on your part to give her credit for the work that she’s been doing for so long.

Mayor: It’s absolutely an acknowledgement of the work she’s been doing. When the First Lady is present, it’s because she has worked on the effort. So, let’s go over the kinds of things you’ve seen on opioids, on mental health, on the selection of key leaders of the administration – those are all areas where the First Lady is deeply involved. And in the case of choosing key leaders – new Deputy Mayors, the new Schools Chancellor – she’s one of the only people, ultimately, involved in the final decision. So, that’s where she participates with me and speaks about the work she’s been doing as part of it.

Go ahead, Jillian –

Question: Mayor, there was news over the weekend that Jared Kushner and the Kushner company had lied on paperwork to the Department of Buildings, saying they didn’t have rent regulated units in buildings where they had very many rent regulated units. I just want to get your reaction to that, but also wanted to ask why it took an outside group to find this when the City had the information that they were rent regulated at HPD but not at DOB. Why was there no ability to cross reference there?

Mayor: Well, a couple of things – I have not seen the details, so I’ll caution that, but it’s not acceptable to lie when you’re filling out a form for the City government. So, let’s be really clear here – if it proves to be true that they lied to evade regulation, they have a problem on their hands. But I agree with your point, we have to do a better job at cross-checking our information too, and that’s something we want to do. I think we found for years ago when we got here, that most government agencies had almost no contact with other agencies, no coordination – like, all sorts of information that should have been shared wasn’t. We tried to break down some of that, some of those silos, some of that separation, but we’ve got a lot more to do. So, I think it’s a valid concern and I want to see how we can get those two agencies to be coordinated, because, if someone’s violating the rules, we want to get them – it’s as clear as that.

Question: Mr. Mayor, there’s a lawsuit pending filed by three whistleblowers against the largest health insurance company for City employees and retirees – GHI/Empire. They are alleging that the insurance companies defrauded the City of over a billion dollars and didn’t meet the terms of their contract, which has been renewed repeatedly over a decade. And so, my question is, the City had the option of joining the lawsuit, the City Law Department so far has not joined the lawsuit, but they are monitoring it. And so, the question is – you’ve taken on Big Pharma, you’ve taken on Big Oil, would the City consider taking on ‘big health insurance’ if you find that they’re not meeting their obligations? I know the City Council plans to hold some oversight hearings to determine what’s going on there.

Mayor: I appreciate the question. I like to be straightforward when I'm not aware of the details, so this is one where I need to get briefed. In fact, I'm seeing the Corporation Council today, so I'm going to ask him about it and I'm happy to answer it the first opportunity I see you after that. Look, we would not hesitate – as a general principle – not speaking about this case because I don't know the facts – as a general principle, we're not shy about litigating when we think we've been wronged, but I can't speak to this one until I get the facts.

Question: It seems the tension between you and the Governor is getting perhaps worse, not better. What is your perception of that? And are New Yorkers getting caught in this crossfire?

Mayor: No, this is – I go back to the whole approach we take, and, you know, I borrowed it from Ed Koch, who I got to know a little bit before he passed away. And it was a simple rule – if the Governor is helping New York City, thank him, praise him; if the Governor is doing something that hurts New York City, call him out and fight back. We're not shy about fighting back here in this city. So, the Governor's proposed a budget that has over \$700 million in negative impact on New York City. \$400 million or so in cuts to social services, some of which your outlets have really gone into detail on – I thank you for that – things that would really affect our ability to serve kids and families; \$200 million less in education aid than we had expected; almost \$200 million in money that we're losing that we need to implement the Raise the Age initiative. So, these are the kinds of things we should raise an fight back on, and a lot of folks in the Legislature agree with us on that. So, it's the season – it's coming up on the budget. You remember a few years back the Governor proposed major cuts to CUNY and to Medicaid that would have really been harmful for the Health and Hospitals Corporation? I fought back – a lot of people fought back in the city, and we won. We're going to fight these cuts as well.

Question: [Inaudible] what should they make of this?

Mayor: I think they should make of it that there's two different jobs with two different responsibilities. My responsibility is to the people of New York City. I have 8.5 million constituents that I have to serve, and if they are being wronged by Washington or Albany, it's my job to fight back. I'm not going to take it lying down, they don't want me to take it lying down. I think the State government should look at New York City as we are. We are almost half the State's population, we are engine of the State economy, we give a lot more money to Albany than we get back. We just want to be treated fairly. And when a budget's proposed that treats us unfairly, you're going to hear from me.

Question: Yesterday, the Governor toured a NYCHA complex, and I believe pledged more State funding that has yet to be approved. What are your thoughts on that?

Mayor: I think that's great, if it's real. But I have seen a lot of bait and switches out of Albany, and, you know, what is it? Fool me once – how does it go?

[Laughter]

Shame on you – fool me twice, shame on me. So, I'm not going to be fooled. It's great if we ever see the money. Look, NYCHA – so, the conservative estimate when we put out the

NextGeneration NYCHA plan was that NYCHA had \$18 billion in physical needs because of literally decades of disinvestment, primarily by the federal government but the State government didn't do anything to help either. Under my administration, we have put \$2.1 billion in new money into the physical needs of NYCHA – that's never happened in a previous administration. We put \$1.6 billion in new expense dollars into NYCHA – that's never happened. But we need help from the other levels of government. Now, guess what? I'm not sitting by the phone waiting for Donald Trump to call, or Ben Carson to call to tell me how much they want to help public housing in New York City. So, it would natural to hope that Albany would help us out. Here's the first problem – they've got \$250 million they put in budgets for us that still hasn't gotten here. \$50 million from the 2015 budget that we have not seen yet; \$200 million from the 2017 budget that we gave them all of the paperwork, all of the information, and now you've seen publicly the Governor trying to add additional conditions on – even though it was already approved in the budget process. So, that's \$250 million – that's a quarter-of-a-billion dollars that could be going right now to solve problems at NYCHA. So, why don't we get that money first – that would be a really good start. And then, of course, I applaud him if he's going to put an additional \$250 million in and actually deliver it. That would be fantastic. If he's trying to double-count the previous \$250 million – we don't accept Three-Card Monty around here.

Okay, last two – go ahead.

Question: Mr. Mayor, there's a piece in New York Magazine that was pretty critical of Cy Vance – of his handling of Harvey Weinstein case. I'm just wondering, you know, it's such a high-profile case here in the City, what's your view on it? And do you have any concerns with how long it's dragging out?

Mayor: I want whatever's done to be done right. I'm not a lawyer, as you know. I don't know the nuances, I haven't been briefed on the specifics. I think, based on everything we've heard, this guy hurt a lot of people, and the prosecution has to be effective. So, whatever it takes to get to an effective prosecution, and I have faith in the District Attorney and the Police Department that they are putting that together right now.

Go ahead – last call.

Question: Mr. Mayor, part of what the Governor has said as part of what he's doing on NYCHA – he has talked about bringing in private developers to do some of the work on NYCHA. He's singled out two specific ones. I just wanted you to respond to that general idea.

Mayor: Again, I'm going to start by saying we need to do a better job on our team of delineating everything that has happened in the last four years at NYCHA. I've tried, but I think we have to make it even more clear, factual for you. And this is the answer to the question, because when you look at the four years of investments that have been made, when you see roofs that have been fixed and, therefore, stopping, thank God, the leaks and the mold, the scaffolding that was put up where it was needed to protect people, taken down where it was no longer useful, the investments in public safety that have reduced crime consistently – this notion that money put into NYCHA doesn't work is a fiction. The Governor doesn't understand the facts in this case. We need to document that for you better to show you all of the impact that the spending so far

has achieved. [Inaudible] the second part, and I say it about President Trump's infrastructure plan, and I say it about the Governor's suggestion of the private sector being involved in NYCHA – beware privatization schemes. Unfortunately, in too many cases, when the private sector was brought in and heralded as the savior, we didn't see work get done and we saw a lot of individuals profit. We don't want to let that happen again. Right now, the City's approach to contracting is working much better than it did in the past. Let me give you the poster-child – the School Construction Authority that used to be a wreck, now is extraordinarily efficient. NYCHA could be more efficient if it had design build. So, I'll get you to America's number-one sexy topic, once again – design build. The first one of you to push design build on the front page, I will buy lunch, okay? I've got to see it in the title though. Eric – we've started a sweepstakes here.

[Laughter]

The design build would save us an immense amount of money and allow NYCHA contracting to move much more quickly – that's what we need. The public sector can get this done, but we need that ability to compress the timeframes and be more efficient. So, that's where I'd focus our attentions.

Thank you, everyone.

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