

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

FOR IMMEDIATE RELEASE: November 10, 2020, 10:30 AM

CONTACT: pressoffice@cityhall.nyc.gov, (212) 788-2958

TRANSCRIPT: MAYOR DE BLASIO HOLDS MEDIA AVAILABILITY

Mayor Bill de Blasio: Good morning, everybody. We have been through so much over the last eight months in the city. From the beginning of this crisis, we understood we'd be in for a very, very tough time, but we also knew that New Yorkers would work together, would look for every possible solution, every way to handle something harder than we'd ever dealt with before. And that's what New Yorkers did. That's what everyone did, came together, found a way forward, created something out of nothing, found solutions we didn't even know we had. And that's how we've gotten to the point we're at now. We've got a lot more to do to overcome the coronavirus and then to rebuild our city, to bring back our city – and really important to say, not just to bring it back to the way it was, not just to recreate a status quo that wasn't good enough, but to go farther to see that this city can do even better in the future. And that's what we will do. We have to, we just have to, we have to create something better, and we have to learn from this crisis. It pointed out such horrible disparities that we have to address, but it also brought issues to the fore in a new way. And nowhere is that more true than on the topic of mental health.

In this crisis, New Yorkers have suffered. Families have gone through such trauma, such dislocation, so much pain. Think of the families of this city. Think of the families that lost a loved one, particularly a cherished elder, in this crisis. Think of the children who are trying to understand how their lives could be so disrupted. Think of what they're going through. Think about the parents, worried for their children. And think about what it means if someone's dealing with a mental health challenge already to then deal with that mental health challenge in the midst of this kind of crisis, think of all the people out there who feel alone, who feel desperate. We have to address their needs, and we have to do it in new ways. So, today we're going to talk about how we will fundamentally change the approach to mental health emergencies in this city. And to tell you about this change, I will introduce you now, the strongest voice for mental health reform in this city and someone who has really changed the conversation profoundly and shown us what is possible when it comes to treating mental illness and reaching all New Yorkers, our First Lady Chirlane McCray.

First Lady Chirlane McCray: Good morning, everyone. And thank you, Bill. As Bill said, this has been a day a long time coming, long time. And I'm proud to announce that starting early in the new year, we will launch new Mental Health Teams that will respond to 9-1-1 health calls, mental health calls, across priority neighborhoods. Like all breakthroughs in mental health care, this is a testament to teamwork and partnership. I thank everyone at the FDNY's Emergency Medical Services, Health + Hospitals, and the Mayor's Office of Thrive NYC for their hard work and compassion. Thank you to the Department of Health and the NYPD for their partnership as we bring this pilot to life. And I thank all of the advocates and experts who have shared their ideas and helped inform this plan.

Today's announcement is another example of how we continue to transform mental health care in this city. This is the first time in our history that health professionals will be the default responders to mental health emergencies. Treating mental health crises as mental health challenges and not public safety ones is the modern and more appropriate approach. And that is because most individuals with psychiatric concerns are much more likely to be victims or harm themselves than others. Of the more than 170,000 mental health calls to 9-1-1 last year – and I'm going to repeat that number – 170,000 mental health calls to 9-1-1, an estimated one call every three minutes, the majority concern, people who just needed help. Our goal, overall, is to prevent these crises from happening. But when they do, we want to provide better and more compassionate support. That's why we have retrained tens of thousands of NYPD officers in crisis intervention, helping them to better recognize signs of emotional distress and how to deescalate tense situations. With these Mental Health Teams, we will test the model where we relieve police officers of those responsibilities, which in many cases they should never have been asked to shoulder.

Each team will have a member of emergency medical services and a mental health professional. We will start by piloting these teams in two high-need communities. These are neighborhoods that have been underserved for far too long and have been hit hard by COVID-19. In these communities, too many New Yorkers have not received the primary and preventive care or ongoing care that they've needed. When we were planning this announcement, I thought back to an email that I received some months ago from a mother in Brooklyn, it was one of the most difficult messages a mother could ever write. She told me about how her son had struggled with his mental health, about his breakdowns, and how they'd become worse. And I'll never forget her last line. "I'm exhausted," she wrote, "but I do not want to give up on my son." We don't want anyone to feel like they have to give up on a family member or a neighbor or a loved one. That's why knowing where to turn for help and support and feeling comfortable with the kind of care that is provided is so important. And remember, by acting early, we can often prevent a crisis long before it ever happens.

So, don't wait. If you, or a loved one notices a troubling change in behavior or warning signs like extreme mood swings, changes in eating or sleeping habits, or long-lasting sadness. There is support available. Professional help is available anytime of night or day, that's 24/7, through NYC Well and NYC Care. Guaranteed, no matter what language you speak, it doesn't matter if you're insured or not insured. No one is turned away. Whether your family is in a moment of crisis, or you just need someone to talk to, to process these feelings, you are not alone. Thank you.

Mayor: Thank you so much, Chirlane. And what you said at the end there is so powerful, the story of that mom. And a reminder to us all that help is always there. This is what our First Lady has worked on, to create that help for everyone, to make it available, and make it available for free. We can't say that enough times. When you call 888-NYC-WELL the help you get is free. And we need innovations like that to keep reaching people. And that's why today's announcement is so important. Helping people in a time of crisis and emergency with a new approach. Now we're going to lean on our first responders from the FDNY to help bring this idea to life, to achieve something different and important, first in a few neighborhoods and then with

the goal of going all across our city. This is a major innovation. This is a big change in how things are done and helping to lead this effort is a great innovator who has really helped move the FDNY forward on a number of fronts. I'm thrilled she's here with us today to talk about the way she and her department will be pivots to this whole process. The First Deputy Commissioner for the Fire Department of New York City, Laura Kavanagh.

First Deputy Commissioner Laura Kavanagh, FDNY: Thank you, Mr. Mayor. Good morning. There is a mental health crisis in this country. Here in New York City, part of the remedy to this crisis is how we respond to and treat patients with mental illness. This new program will greatly improve mental health care for New Yorkers in need. The FDNY takes great pride in helping to lead the way on the Mayor's new initiative. Members of FDNY EMS are the best caregivers of any 9-1-1 system. They've been at this for a long time. They know how to get there quickly, make good assessments, and have always provided the highest level of care. The FDNY has the best emergency medical system in the country. That doesn't happen on its own. It takes hard work and dedication from our EMTs and medics. The department supports their efforts through improved training and by adding resources where they are so needed. So, we will be adding the expertise of trained social workers to our EMS response. These new EMS Mental Health Teams will specifically focus on mental health emergencies. Pairing mental health professionals with well-trained members of EMS will provide better patient care and better outcomes.

The FDNY is partnering with Health, H + H, NYPD and, Thrive New York City. Together we will identify two communities with high levels of 9-1-1 mental health calls and local resources. The safety of our members and of the public is paramount. So, in those cases where the police are needed to protect lives, they will also be a part of the response. Over the next few months, all five agencies with input from advocates, community-based providers, as well as our members in EMS and their union representation, will develop the right protocols, provide training for these new teams, and be ready to work on the ground in February. We have a lot of details to work through, but I'm confident that working together, we will ensure a strong health-centered response to what are truly health emergencies.

Mayor: Thank you so much, Laura. And look, this is a brand-new approach and it's taken an extraordinary team to pull it together. And let's be clear, it's a health-centered approach, which means that we need health care leadership to design the approach, train everyone involved in how to do this best, and we've gotten that leadership from a leader of our public health system, Dr. Charles Barron, the Deputy Chief Medical Officer for New York City Health + Hospitals. I want to thank him and his team for helping to lead the way with this brand-new approach. Dr. Barron, we welcome you.

Deputy Chief Medical Officer Charles Barron, Health + Hospitals: Thank you, Mr. Mayor. Health + Hospitals is very pleased to be a part of this exciting new collaboration providing new mental health services to the most needy of our city. Health + Hospitals has always been the city's health safety net and providing high quality mental health care is a critical part of Health + Hospital's mission. Whether it's in our behavioral health clinics, our emergency rooms, our inpatient services, or any other level of care that we provide through our extensive system of hospitals, we provided behavioral health care to people in crisis. We understand how to assess need, to deescalate tensions, and to make sure that people are getting the right level of care and

where they need it. We are looking forward to working with our partner agencies to learn and help conduct trainings for the new Mental Health Teams to participate in ongoing case conferences and to help design and develop these. We are pleased to work with EMS to share our experiences and support in this exciting new initiative that will greatly benefit those who most need it in those in crisis and ensure that people in distress in New York City are getting the care that they need. Thank you.

Mayor: Thank you so much, Dr. Barron. And again, everyone has worked hard on this. This is something people feel passionate about in our whole mental health team. And I want to give a special thanks to someone who's on the phone with us today, Susan Herman, Director of Thrive NYC. Susan, thank you for all you have done to bring all these pieces together. It is not easy to get all these different agencies that have so much on their plate already to come together in common cause, but this is the kind of change innovation we need. And I know that you have made it your business to bring everyone to this mission and to make sure it's done right. And that's one thing that we emphasize. This is something new. We have to get it right from the beginning so that it can become something much bigger for the City of New York and for people who need our help. So, special thank you to Susan Herman today.

All right, let me now turn to a very different topic, but one that is also an example of City agencies going above and beyond. And you know, we're at a point where we sometimes take for granted the way our City employees have just done extraordinary things. We're in the middle of a crisis, we all have to get used to fighting back against the coronavirus, but it's time also to take stock of some of the mountains that have been moved by public servants, who really wanted to be there for the people. And let's look at our Department of Education where they had to create in the middle of a crisis, whole new approaches, remote learning, a whole new approach to in-person education that now has become the gold standard of the nation. It's really astounding to see the incredible work done by everyone, the educators, the school staff, the folks who work at DOE headquarters because they had a herculean task and they managed to actually bring all these pieces together with the help of a lot of other agencies too. I want to thank all the other agencies that helped, but our schools now, that gold standard for health and safety, extraordinarily safe. And this is a time that we've delineated to the parents of this city and our students to make a decision that works for them on whether in-person learning or blended learning, as we call it, whether that's better for them or whether remote learning is better.

So, here is the opportunity to make that choice in our opt-in period. Now the opt-in period will go through this Sunday, November 15th. And, again, we now have a body of evidence of what's happening in our schools, especially the safety. There's been an astounding level of testing, and I want to quote these numbers again, the latest numbers, I have – 107,900 test results from students and staff in New York City public schools, only 172 cases. And this is going all the way back to the middle of September. That is a 0.16 percent positivity rate, unbelievably good. So, parents, if you prefer blended learning for your child, if you prefer for them to spend part of the week in in-person learning in a school, you have until Sunday, November 15th, and all you have to do is go online at schools.nyc.gov/returntoschool2020. Now we're going to make clear to everyone, going forward we have a simple, positive expectation. If a family chooses blended learning, we want them to take full advantage of that opportunity. That means the child is expected to be in school on the days that are assigned to them for in-person learning. We're

going to the new period, we're going into now, at the end of November, beginning of December, we're going to hold to that simple standard. If a family prefers remote, fully understood, and we will accommodate them in remote, but if they prefer in-person learning, blended learning, we want them to take full advantage of it.

And the idea is straightforward. We want every child to benefit the most, but also if a family actually doesn't choose to use the blended learning, we want those seats to be available for other kids who really do want and need that in-person education. And we want to give them as many days per week as possible. It turns out if some parents decide blended is not for them, that means those seats could be used potentially more often by other children who do want – whose families do want them in school. So, we're going to work hard to make that all come together the right way. And starting at the end of November, we're going to reach out to families. If a family has got a child in blended learning and it's going well, and the child's attending class regularly, that's great. If for some reason, a child is still not attending at the end of November, beginning of December, each school will have a conversation with that family to make sure blended learning is the right choice, and once and for all figure out for them, what works best because what we want in the end is the best choice for each family. And we want every seat to be filled the maximum amount of time possible so children who do want to be in school, get the very best.

Okay, now let's turn to our daily indicators, and I'm going to talk about these as we go along. Because again, we're seeing a lot of important information here, a lot of concerns that we need to talk about. So, number one, daily number of people admitted to New York City hospitals for suspected COVID-19, that threshold is 200 patients. Today's report, 92 patients, confirmed positivity level of 29.4 percent. So, what do we see here? 92 patients is higher than many days in the last few weeks. It still remains a level that the city can handle. Of course, we don't want any patients in our hospital for COVID. And that positivity level too, that's higher than we've seen in recent days, but it's a lot lower than what we saw in the spring. So, this indicator is telling us, be concerned, but so far still not seeing the bigger surge either in terms of the number of patients or the positivity level. And we need to stave that off through our actions.

The next one, this is an area of tremendous concern, the new reported cases on a seven-day average. Threshold, 550. Unfortunately, we far surpassed that, 795 cases. Again, I'll keep saying our testing capacity has gone up much, much higher. You know, a few months ago we had about 50,000 tests a day we could do. Now we're up around 80,000 tests a day. So, some of this is just more testing and more New Yorkers getting tested, but some of it obviously indicates a problem and that will be obvious in our positivity rates. Again, number three percentage of people testing, citywide, positive for COVID-19, threshold is five percent. Today's report, very worrisome, 2.88 percent for the day. Let's look at the seven-day rolling average. That's the truest figure. That's 2.31 percent. Not someplace we'd want to be, still time clearly to turn back the second wave still. If we do the work possible for all of us to do, we can turn this back, but this is a warning sign if ever I've seen one that we have some work to do quickly to make sure the city stays safe and we do not have that second wave. Okay, I'm going to say a few words in Spanish, and I'm going to go back to the first topic that we talked about, which is the effort to help those with mental health challenges –

[Mayor de Blasio speaks in Spanish]

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

Moderator: We will now begin our Q-and-A. As a reminder, we're joined today by First Lady Chirlane McCray, by Dr. Chokshi, by First Deputy Commissioner of the FDNY Laura Kavanagh, by Dr. Charles Baron the Deputy Chief Medical Officer of the Office of Behavioral Health, by Thrive NYC Director Susan Herman, by Donald Conyers the First Deputy Chancellor of the Department of Education, and by Senior Advisor Dr. Jay Varma. First question today, it goes to Narmeen from PIX 11.

Question: Hey, good morning, everyone. Good morning, Mayor.

Mayor: How are you doing today?

Question: Doing well, thank you. I wanted to understand one – kind of a two-parter. In terms of talking about the language of “second wave” or “not a second wave,” I feel like New Yorkers are hearing a little bit of differing language from different leaders, from yourself and perhaps you know, the head of the Health Committee at the Council. And I wonder if you can provide some clarification for New Yorkers who might be confused about the language they're hearing, but also sticking to that, do we have a bit of a different methodology happening right now when identifying this micro cluster strategy that we saw take place in Brooklyn and Queens, and now we're seeing areas of Staten Island like Tottenville have seven percent, Richmond Hill from yesterday's numbers, 4.43; Hollis, 3.8; for East New York at four percent. It seems like we've kind of surpassed that threshold that we had in the past and not seeing restrictions go into place just yet [inaudible] –

Mayor: Sure. Important questions. Let me say it this way. First of all, this a conversation that we've had with our health care leadership. So, respect greatly our colleagues in, you know, the City Council, State Legislature, other folks, but I want to really focus our attention on our health care leadership on the proven professionals who are making these assessments. Everyone's very worried that a second wave is near, but the question I have asked literally every day is, is there still a chance to fight it back, is there still a chance to stay where we are right now, basically? And, let's talk about that. It is so important to understand. Where is New York City right now? We went through phases one through four. We reopened so much of the life of the city, the businesses, the employment, people got their jobs and livelihoods back, schools opened. There's a lot of activity out there. Can we sustain this if we can fight back this second wave and end up where we are or better? Yes, because right now you can see it with your own eyes. Life in New York City is going on. It's working. Thank God the hospitalization level is still relatively low. Our hospital systems are doing fine. We are protecting people. Thank God, very few people passing away. So, if you said, could we continue like this and keep fighting until we got to a vaccine that we could believe in? The answer is yes. And the fact that Joe Biden will be our next president is really important here because I think it maximizes the chance that we'll have a vaccine that will work and that will be trusted and that people will be ready to take. And that will be part of our comeback obviously. But that's why it's so important to understand we believe we still can fight back the second wave. We saw amazing evidence of the ability of New Yorkers to

hear the message and do something about it back in March, April, May. So, we believe we can still fight this back. If these indicators keep going up across all three areas we talk about, then that's a different discussion, obviously, but there's still a chance to turn this around.

On the question of the approach to the ZIP codes, you are seeing something that's different, but I want to remind you why it's different. With Brooklyn and Queens, we saw very high numbers, numbers that went far beyond what you're seeing today, in a number of those neighborhoods, and numbers that indicated a much bigger problem, a whole swath of Brooklyn, a whole swath of Queens, interrelated communities, and a problem that had spread intensely. What you're seeing today in the ZIP codes is a challenge for sure, but it's much closer to what we experienced back in the late summer when we had the problem, for example, in Sunset Park, Brooklyn, or the problem in Soundview in the Bronx. And we're able to go in there with more testing, more mask distribution, more outreach, and turn it around. We still think that can work in these communities. So, we want the ZIP code data out. We want to inform people. We want to empower people with that information, but we also want to put it out there with the understanding that if we act quickly and if people go out and get tested, we are convinced we can still turn things around in these neighborhoods. Go ahead.

Question: Mayor, thank you for that. Also, yesterday, Dr. Long talked about tracking these numbers, what contact tracers found in terms of ten percent being tracked and linked to travel another five to ten percent linked to indoor gatherings. I'm curious about the other, kind of, 80 percent. What are we finding that those are linked to? Is it community transmission or do we just not know for sure just yet?

Mayor: Yeah. It's another important question. I thank you. What has been really striking and we went over it after yesterday morning's press conferences. Again, we have not had major events or major gatherings be the cause of spread that we've been able to identify. So it really is something much more generalized. I'll turn to Dr. Varma and Dr. Chokshi, great question. You know, where is that other 80 percent coming from? And maybe you could define a little bit more what this kind of community spread means, you know as we're still fighting back a second wave, what it means to have this kind of generalized situation? Go ahead, Dr. Varma.

Senior Advisor Jay Varma: Great. Thank you for the question. And I realized this is very challenging for people to understand. So first of all, just an explanation, you know, it's very difficult, even when you have relatively low-level transmission to know for sure how any one person got infected. There are some situations that are very obvious. They live in the household with somebody else. There are other situations that are pretty obvious, like they live or work in a congregate setting where there's a very high risk of transmission, such as a nursing home. But for many other situations it can be difficult. So now one of the difficulties that we have right now and one of the reasons we're so concerned is that the proportion of cases that we can assign to a common risk factor like attending a gathering, being in one of those congregate settings, having recently traveled, that proportion of unknown attributions of people that can't attribute your source has been increasing over time. So that is one of the major warning signs that we have been tracking and been concerned about. So, in addition to what Dr. Long had said yesterday about association with gathering that's around five percent or so we still see somewhere around five or five percent or so of our cases that are associated with congregate settings. Like for example, nursing home facilities. We see around ten percent of our cases are due to travel. It's

possible, of course, that that could be an underestimate because people don't always faithfully report it. But we normally think it's right now, it's about ten percent. That's down from what it was before, when it used to be as high as 20 percent. But then the vast majority of the remainder is somewhere probably around 50 percent or more we don't have a way to directly attribute their source of infection. And that's a concern.

Mayor: Dr. Chokshi, you want to add?

Commissioner Dr. Dave Chokshi, Department of Health and Mental Hygiene: Well, Dr. Varma explained it well. There's just one piece that I do want to add to this, which is sometimes when we discussed this, we skip over what we already know with respect to the epidemiological characteristics of the virus. Which is that the most common reason for someone to get infected is through encountering someone else who is infected, but they don't know it yet. Meaning they're asymptomatic. And those cases of transmission are more likely to occur when someone is indoors and particularly when someone is indoors and unmasked. So even as we continue to elucidate the phenomenon here, in terms of how transmission is occurring, the actions are very clear. Particularly with respect to maintaining social distance as well as keeping your face covering on at all times, but particularly indoors.

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

Question: Hey, good morning, Mayor de Blasio. I just have a quick question – of your major announcement today with the pilot program with mental health experts coming in, what are the two neighborhoods that will be piloted?

Mayor: So, I think that is still being finalized, but I'll turn to Chirlane and turn to Susan Herman, if you want to speak to that?

First Lady McCray: The neighborhoods have not been selected yet, but they will be high need neighborhoods. They will be neighborhoods where there are an abundance of calls being made to 9-1-1 attributed to mental health crises. We have a planning process in place and the neighborhoods will be determined over the course of the next couple of months.

Mayor: Susan, you want to add?

Director Susan Herman, Mayor's Office of ThriveNYC: I couldn't have said it better. We'll be working with the Department of Health, Health + Hospitals, FDNY and certainly the NYPD to select neighborhoods that have already shown high levels of 9-1-1 emergency mental health crises over the years. Places that have local resources and places where we have programs in place that can bolster this response. So we will know these neighborhoods soon.

Mayor: Thank you. Go ahead, Katie.

Question: Thanks. And my second question is about the COVID-19 outreach on Staten Island. I'm curious, it's a brief two-parter. I have a colleague there on Staten Island right now, I guess she said that in a lot of the testing sites, there's just nobody really there compared to some of the

other testing sites that had set up in other areas that saw an uptick. I don't know if that speaks to outreach being done. And my second part of that is, you know, given the – do you think and maybe Dr. Long can answer, is there any sort of connection to like political ideology on Staten Island in terms of perhaps not believing that COVID is as serious as it is? Or an aversion to wearing masks based on some political ideology knowing the recent demographics from the presidential election? I don't know if you have any thoughts on that?

Mayor: Let me just speak to the – combined the two points and then to see if Dr. Chokshi, Dr. Long is not on, but Dr. Chokshi might have something to add. We've seen in – when we first went into Sunset Park, when we first went into Soundview, there is a ramp up that is needed. People need to hear the news that there's a need to go out and get tested, and it really matters to get tested in this particular community. They have to hear that testing is available nearby. That it's, you know, easy to get to. They can get through it quick. It's never surprising to me when some locations have, you know, fewer people come to them initially, I think it builds up, but that's what the outreach effort is all about. On the question of ideology. I think that's not something we have an easy way to trace. But what we have seen across every kind of community, remember we've now had experience – the original experience, Sunset Park, Soundview, Southeast Queens. Then the experience in Brooklyn that became a lot of Brooklyn, a lot of Queens. Places with very different specific beliefs. We saw ultimately high levels of testing everywhere. Once the word spread, once the outreach occurred and particularly the more we engaged community leaders and community organizations, the more and more people got tested. Dr. Chokshi do you want to add?

Commissioner Chokshi: Yes. Thank you, Mr. Mayor. I'll just add briefly to it to say exactly as the Mayor has said. We know this virus doesn't respect any boundaries, whether they're geographic or you know, with respect to political ideology. And really our job particularly as a doctor, is to make sure that we bring to bear everything that we possibly can to prevent people from getting this horrible virus. With respect to the outreach on Staten Island, you know, today is the day of action. I want to ask all of you to help us get the word out as well, with respect to the testing sites that have been made available there. The community organizations that we're working with, including Community Health Action of Staten Island, Project Hospitality, the Child Center of New York, all of them have helped us to get the word out. We're doing robocalls, we're working with the Borough President's office as well. And so it's an all hands on deck effort particularly today, but then continuing through the rest of this week as well.

Mayor: Thank you.

Moderator: The next is Rich Lamb from WCBS 880.

Question: Good morning, Mr. Mayor and all on the call. How are you doing?

Mayor: Good Rich. How are you doing today?

Question: Well, I'm doing all right. Mr. Mayor, so in regard to the virus and the increases you've seen. Is you know, is there a point, and I'm not a mathematician or an epidemiologist obviously. But is there a point of no return where you've got the momentum that can't be turned around, the

exponential increase just to, you know, leads you to believe you've got to stop things for a while, go into a pause?

Mayor: Yeah, look. Two points. Rich. First of all, I'm glad you said the point for a while, because even though we are absolutely focused on alerting everyone to the dangers of a second wave, what it would mean for us, the need for everyone to wear masks, practice distancing, all the things that we are urgently trying to communicate here. It is also important to remember that if, God forbid, we did have to have restrictions the goal would be only for the period of time they were needed. And even, you know, in these last weeks, we've seen an example of that. Brooklyn and Queens had a really serious problem in certain neighborhoods. It took some weeks to turn around, but it did turn around and you've heard the announcements from the State this week. You know, now all of Queens is out of the more serious restrictions, Brooklyn almost out as well. So that's an example of, you know what goes up must come down. If we do end up with a problem, we can fight it back and overcome those restrictions as well.

But here's the measure I think is straightforward Rich, to your question. Look at these three indicators. Obviously if that hospital number goes up to or above the thresholds we're talking about, that's a very, very clear indicator of something that's gotten much worse and that's going to create more of a challenge for our health care system. Right now, our health care system is doing very well, but if we saw that number go up above the threshold that would be basically a doubling of where we are now. That's a tremendous concern. Case numbers are already too high. Positivity, the official threshold is five percent, at that level certainly you would be seeing serious restrictions, but even at three percent on the seven-day rolling average, that's when we would have our schools go all remote for a period of time. So, I think these indicators actually tell you very, very clearly when we're getting to that point that you would define as the second wave having fully arrived. Again, what our health care leaders are saying is it can be stopped, but it's going to take everyone doing the right thing to stop this second wave. Go ahead, Rich.

Question: Okay. completely different topic. So, in regard to the boarded-up stores, would you urge the store owners now boarded up to take down those boards given that presumably the threat of election violence has now subsided?

Mayor: Yeah. Look, I respect any store owners' personal choice. I really do understand that, you know, for so many people who own a store, this is their life's work and so much, you know, families have put so much into these stores and they really want to protect them. I respect that. But if you're asking what I'm seeing, what I'm seeing is, you know, the worst is now behind us. We have a clear resounding election result. And by the way, we were all hanging on, you know, every, every new batch of votes from some of those key states. Let's go to the part that was abundantly clear. Joe Biden's going to win this election with over five million votes in his favor, over a five million vote margin before all is said and done. The people have spoken. Most responsible leaders in this country in both parties are recognizing that there will be a new president January 20th. The television networks across the ideological spectrum recognized the reality. Let's be very, very clear. This has happened. And any effort to try to muddy the result is doomed to failure. So, I think the worst is past, I think it's time for us to move forward. And I think people in this city are ready to move forward and that's what matters. Go ahead.

Moderator: The next is Gloria from NY1.

Question: Mr. Mayor, good morning. I'm wondering if you could speak to this announcement you're making today. I understand the City had originally supposed to launch this pilot and there had been a delay. And I'm also wondering about the potentially violent – what I'm trying to say is unfortunately the people who in the city who have been killed by police because they were having a mental health episode and maybe they had a weapon or police deemed them to be dangerous somehow. How is the program going to address that specific kind of call? If it's a person that is you know, having some sort of episode, but that is also somehow maybe armed or might have a weapon or someone has been determined to might be violent. Will the NYPD still be involved somehow?

Mayor: Gloria really important question. And let me start by saying, this is part of why it took a lot of careful patient work with public safety leaders, health leaders, mental health leaders, physical health leaders to really think through how to get this to work the right way. And how to come up with an entirely different model and then try it out in a place where there's tremendous need. And again, the hope is that's going to prove its efficacy, and then we can go a lot farther with it. So, these are the very questions that were asked in this very careful process. I'm going to turn to, in order our First Lady and then our Director for Thrive Susan Herman, and First Deputy Commissioner Laura Kavanagh. Each might bring a different perspective here to that question, but we really worked carefully to make sure that everyone will be safe.

First Lady McCray: It's very important to recognize that of the more than again, 170,000 calls were made last year, 170,000 mental health calls were made to 9-1-1 and the majority of them involved people who had no – there was no indication of violence at all. There is a myth out there that people who suffer from a mental illness are violent. And that is one of the things that we've worked very hard to dispel with the work that we've been doing around mental health. Now, in those cases, when someone calls and it is indicated that that someone has a weapon or has a violent behavior, an NYPD officer will be dispatched along with the mental health professional and EMS to – but the health professionals will be in charge of coordinating the effort. The NYPD officer will be there as backup and to ensure the safety of everyone involved.

Mayor: Susan. You want to add?

Director Herman: Yeah. Thank you, Mr. Mayor. I think the – I'd like to explain, Gloria mentioned the pilot that was discussed. I'd like to try and explain that the co-response teams that a lot of people are familiar with now of police officers and clinicians typically act in proactive ways to either prevent a crisis from occurring in the first place, because someone has signaled that they're worried about somebody's violent behavior, or they help stabilize people after a crisis. We had planned a pilot where these co-response teams of officers and clinicians would respond in 9-1-1 calls. We put that pilot on pause. We're holding off on that to see if a much more, even more health centered approach to these kinds of mental health emergencies would be successful in New York as it has been elsewhere. And we believe that working together, developing the right protocols as the First Lady mentioned, we can make sure that when it is a truly dangerous situation, the NYPD will be there as they always have. But we will still have

these new teams of physical health and mental health experts to manage the situation as well as possible. But the NYPD will be there when we know that it's an absolutely dangerous situation.

Mayor: Okay, Laura, you want to add?

First Deputy Commissioner Kavanagh: I would just echo that, that we are talking about the non-violent mental health calls, which are the vast majority of mental health calls. And in the cases where violence could be a possibility the police will be responding with us as they have before. And that will not change. It is of great importance to us that our members are safe and the public is safe as well.

Mayor: Thank you very much. Go ahead, Gloria.

Question: Thank you. I wanted to – on a different topic here, Mr. Mayor, I know you've put out guidance for the holidays and you are asking New Yorkers and not to travel, but I'm curious if there's more specific guidance given the wide availability of testing that we have now, I've heard from people who are planning to gather, but you know, are going to test before they gather. They're going to make sure, you know, if they're going to see an older relative that they're testing, that their relatives are testing. Even though these people might not be all be part of the same household, but they live in the same city. Is that something you are advising against?

Mayor: I'll start and turn to Dr. Chokshi. Look, Gloria, I'm going to again, speak personally. You know, I'm not going to see some of the people I love the most for Thanksgiving and Christmas and it pains me. It really does. It's the – I think literally the first time in my life that I will be missing some of the people that would always be there. And I hate that. And I really -- just it's agonizing. But the thing we have to think about deep down is the greatest gift we can give to those we love is keep them safe. And the greatest gift we can give each other is to end this coronavirus era once and for all. And if we inadvertently spread it, what Dr. Chokshi said earlier, that a lot of folks or Dr. Varma said – a lot of folks who spread the disease don't even know they have it. And even between the time you take a test and get a result, you still can contract it. I would urge tremendous caution. Focus on virtual celebrations, small celebrations, just with those in the same household to the maximum extent possible, really, really be safe. Because this, I really believe in my heart, Gloria will be the last time, these holidays will be the last time we have to deal with the coronavirus in this way. By next holiday season 2021, I thoroughly believe we'll be in a whole new reality where the vast majority of people will have been vaccinated and life can be a lot more normal. Dr. Chokshi do you want to add?

Commissioner Chokshi: The Mayor said it well. The way that I would encapsulate it is, we have to think about safe, safer, and safest. And, certainly, when it comes to our holiday guidance we're emphasizing what the safest options are for New Yorkers around celebrating the holidays. With respect to travel, that is to not travel. If, for whatever reason, it is absolutely necessary to travel during this period, then the safer route is to make sure that you follow the New York State quarantine requirements and do that diligently, you know, as is laid out. And we do encourage testing, you know, more broadly not just around that the quarantine requirements, but for all New Yorkers to get tested as we head into the cooler months.

Mayor: Thank you. Go ahead.

Moderator: The next is Bob Hennelly from the Chief Leader.

Question: Good morning, everyone. On this major pivot announcement of 9-1-1 mental health crisis is being diverted, at least in this limited project, I wanted to ask you and your subject matter experts about the rationale for the shift. Is it the working assumption that by having unarmed first responders respond, we can de-conflict that initial interaction between the at-risk person and the responders?

Mayor: Bob, I'll be the layman who goes first. And then, the many experts here will speak to the details better. Again, I think we've got to see the forest for the trees – 170,000 mental health calls to 9-1-1 each year, the vast, vast majority are people who pose no threat to themselves or anybody else. We unfortunately have remembered those tragic moments where someone – you know, where a call came in, someone had a knife, someone had a gun, someone had a history of violence. Those are rare, very rare. They get a lot of media attention, understandably, but they're very rare. So, the vast majority of cases, you're talking about – you have an opportunity for a peaceful outcome with a health-centered approach. And that's what we are focusing on here. And, obviously, if you have proven professionals addressing people, they're going to be best able to get to a good outcome.

First Lady McCray: The Mayor said it exactly right – someone who is suffering, someone who has maybe been a victim of harm, or is thinking about harming themselves is a very delicate position and we want that person to be treated with compassion and sensitivity. The vast majority of people in a mental health crisis need that kind of handling to get them connected to the appropriate care. And it requires the right kind of training and people who know how to de-escalate tense situations – and that's not what we've had. And when it's not done properly, when these people are not encountered and handled properly, it can be traumatizing for them. We don't – we do not want to make a bad situation worse for anyone. What we want are very good long-term outcomes. And when people that are in crisis, it means that they need to get immediate care and then usually some long-time care as well.

Mayor: Let me see amongst our other colleagues, Susan, or Dr. Barron, First Deputy Commissioner Kavanagh, if anyone wants to add. So, Susan, you first, do you have something you want to add?

Director Herman: Yes. Thank you. I think the operating assumption here is that we are trying to see these situations for what they are, which is typically an emergency that has a mental health emergency that has developed over many years where people who need help haven't gotten the help they need, people haven't known where to get help or people haven't stayed in treatment because it's been too hard to access. If you start to see these as truly mental health crisis, you want to center your response in a public health or a health-oriented response. We will continue to provide terrific coordinated service between the NYPD and EMS throughout the city. But in these two precincts, we are hoping and we want to see that leading with a health response will get people better assessed and to the care and the level – the appropriate level of care that they need faster. So, we're trying to see these situations for what they are.

Mayor: Dr. Barron?

Director Barron: Yes. Thank you, Mr. Mayor. I think that everyone is so far as really characterized this correctly. It's really an addition to some of the services that we've already been doing through 9-1-1, through EMS, and the NYPD. The vast majority of these are non-violent episodes and having a mental health professional to assess the situation and begin to determine what is needed and rapidly get them to that situation, or being able to even provide a lot of de-escalation, or clinical intervention and establishing a relationship can really change the outcome of a mental health crisis for a person and their family and support system. So, I think it's more of an addition to do that. And, certainly, if there are violent situations then they will be able to assist the police and FDNY in really handling this in an inappropriate way.

Mayor: Thank you. Go ahead, Bob.

Question: Yeah. Well, just in the name of FDNY EMT Yadira Arroyo, who was killed a couple of years ago, allegedly by an individual with mental health problems. I'd like to find out from the administration the degree in which you've consulted with the unions – EMS unions, you know are really are subject to vast pay and benefit disparity now and I've already born such an oversized hit from the coronavirus.

Mayor: Look, Bob, I remember very, very well painfully the loss of Yadira Arroyo and the heroic way she served this city. So, we're very, very aware that all those services in the frontline need to be protected. And, in fact, there was a lot of discussion to think about the right way to do this and First Deputy Commissioner Kavanagh was deeply involved in that, so I'll turn to her.

First Deputy Commissioner Kavanagh: Yeah, like I said before, and, as the Mayor echoed, the safety of our members is paramount and the members of EMS and the members of the union are going to be intricately involved in planning this process over the next few months so we can ensure their safety as we ensure the success of this program and the safety of the public.

Mayor: Thank you.

Moderator: The next is Juliet from 1010 WINS.

Question: Oh, hi. Good morning, all. Good morning, Mr. Mayor. How are you doing today?

Mayor: All right, Juliet. How are you doing?

Question: I'm okay, thank you. Given the news about Pfizer and Biotech's results for the vaccine, have you further fleshed down your plans to distribute that here? And are you concerned over whether the Trump administration, you know, what their distribution plan would be if this happens late [inaudible] –

Mayor: Yes, I'm concerned, but I'm a lot less concerned than I was a week ago, because I think at some point I think the adults in the room will prevail and there will be a recognition in the

Trump administration that there has to be an orderly transition and that's going to help ensure that whatever happens with the vaccine is done more consistently. Clearly, the person who's going to have the biggest impact on the future of a vaccine in this country is Joe Biden. As our president, he's going to set the framework. And, again, I think he'll create the trust we need so that people can believe in the vaccine and buy into it. In terms of our ability to distribute the vaccine, again, with a priority first on health care workers and first responders, and those in greatest need. I'll turn to our Health Commissioner, because Department of Health will lead the way. And, again, they have a lot of experience, including heroic experience over the course of decades in the city in acting on vaccines quickly. So, Dr. Choksi, presuming we actually had a substantial supply come into this city, why don't you reaffirm your readiness to use it and get it to the right folks.

Commissioner Choksi: Thank you, Mr. Mayor. And thank you for the question. In a sentence, we are ready. When a safe and effective vaccine becomes available, we stand ready to coordinate with our clinicians around the city with hospitals and other health care settings, as well as with our State and federal counterparts to distribute the vaccine. I'll just comment briefly on the announcement from yesterday, which, although preliminary with respect to the results from the Pfizer [inaudible] vaccine was certainly encouraging to see with respect to the efficacy of that vaccine. It continues to be tested in a large clinical trial and we have to follow the science to make sure that that it is both safe and effective. The other thing to keep in mind with respect to that particular vaccine is that it requires what's called ultra-cold storage – you know, minus 70, minus 80-degree temperature. And that is something that we had anticipated and that we have built into our plans with respect to how it would begin to be distributed across New York City.

Mayor: Thank you. Go ahead, Juliet.

Question: Okay, great. Thank you both. So, on a much lighter note there are reports that the Rockefeller Center Christmas Tree has been selected upstate and will be here in early December. So, I'm wondering if there will be a ceremony or a tree lighting? And even without tourists, how do you plan to handle crowd control if, or probably when people want to come and see it?

Mayor: Well, that is a really positive report, Juliet. This is something really special each year for this city, and, I don't know about you, but I still have a kind of childlike wonder when the light's gone in that tree each year. You know, it brings back something very special for me. And we want that to be a great experience, especially in the middle of everything people are dealing with. We'll get you an update on how we're going to handle that. I think people understand that we have to be really careful with the danger of a second wave, but we're going to take extra precautions to make sure that if people are trying to go by to see it, that we can keep it to the right number of folks at any given time. We'll get you an update on how we're going to handle that.

Moderator: We have time for two more for today. The next is Marcia from WCBS.

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

Mayor: Good, Marcia. How have you been?

Question: So, my first question has to do with the COVID numbers going up. I wonder if you – as an impetus to get people to cooperate, if you could talk about the kinds of restrictions that people could be looking at with the numbers of 2.8? Are you looking at changing what goes on in indoor dining? Are you looking at closing small and non-essential businesses? Are you looking at schools? And I wonder, when you look at what New Jersey is doing, which is not to close things, but to restrict hours, if that is something that you would also look at as a possible response to increasing numbers?

Mayor: Thank you, Marcia – really, really important question. I think you're exactly right, that it helps people to visualize both victory but also challenges, and it helps people understand. Look, the victory side of the equation, I want to make clear, we still can fight back the second wave, hold on, keep life in this city, going the way it is and get to the point where the vaccine is here. That's still possible, but it is getting tighter and tighter and we need to fight back with everything we've got. And that means everybody is responsible. So, those personal choices around the mask wearing and being particularly careful indoors, social distancing, what kind of gatherings you have or don't have, travel – you know, all of this are going to be the personal choices New Yorkers make. It will all add up. And this is the whole ballgame. So, to your question, look, the seven-day rolling average, Marcia, is really where we need to look. That's at 2.31 percent. If that keeps going up, obviously if that goes above three percent, then our schools go all remote for a period of time. That's a tremendous concern right there. If that goes above three percent and continues climbing, the State obviously will make the ultimate decisions, but I think there'll be a real concern about whether we can continue to have businesses open on the same scale they're open now. You could see restrictions in certain industries. You could see a full-scale closures. You could see limits on hours. All of those things are possible. We've got to understand that if it starts going in the wrong direction, then there is that danger of our hospital system, again, beginning to get strained more and more. And, of course, the most horrible dilemma, the most horrible consequence, starting to lose lives again on a larger scale, particularly our elders. So, this is why I say to people, this is our last chance right now to stop a second wave. If we aren't able to stop it, there will clearly be lots of consequences that will remind us too much of where we were before. Go ahead, Marcia.

Question: So, my second question has to do with education. We've spoken to teachers and classrooms without HVAC systems and that they rely on so-called window ventilation to keep the air circulating in their classrooms. So, on cold days, when they have to keep their windows open, the students are sitting on the radiators to stay warm and students are so cold that they can't focus on learning. And many of these classrooms don't have the option to close the windows because they have poor [inaudible] air filtration systems. I wonder what the City is going to do to address these issues?

Mayor: Yeah. Marcia, I mean, thank God, first of all, we've had very few cold days so far. And as you know, today is amazingly warm. So, generally, that hasn't been the problem in most schools, but we know colder weather is coming. We are getting those air purifiers out to lots of schools, any classroom that needs them, will get them. If there's specific problems, Marcia, if you could let our team know to make sure that we're following up those schools, if there's anything they need to do differently. But a number of schools will be able to have windows open

a bit and still keep the temperature good. Those that can't, they need those air purifiers. We're going to get them to them and mother nature generally giving us a little bit of time here to work with so we'll have time to get them in place.

Moderator: Last question for today goes to Gersh from Streetsblog.

Question: Hello, Mr. Mayor. How are you?

Mayor: Good, Gersh. How are you doing?

Question: Well, remote learning, again – it's the only thing I got to say. Remote learning, disaster. We can talk later, maybe offline. Anyway, following up on yesterday –

[Laughter]

When you said you would turn off with President-elect Biden and his team – so, question one, have you done that? And, more important – everyone has a laundry list of things that he or she wants from the President-elect's team. You said your key issues were coronavirus – coronavirus, recovery, and stimulus. What about congestion pricing, which doesn't even require a dollar from the federal government? Have you talked to the President-elect about that?

Mayor: No. I will at some point talk to the Biden team about that, but I want to be real straightforward with you, Gersh, my focus right now is three things – a clear coronavirus strategy for the country, and that will help New York City intensely, especially since we see the problem greater around the rest of the country than here and we're concerned about travel. So, clear strategy, a vaccine that people can believe in – if they believe in the President's vision and the efficacy of the vaccine, that means more and more New Yorkers will take it more quickly. That's what we need. And a stimulus that'll help New York City back on his feet. I'll keep you all posted on different conversations along the way. I've talked to a couple of members of his transition team, let them know this is our focus that we want to work closely together. And there's a lot of receptivity to focusing on those items [inaudible] we will absolutely focus on congestion pricing as well. Go ahead.

Question: Okay. Second question is actually a follow up on Rich's question. So, as you know, your Department of Transportation spent considerable effort and time and money to build the Central Park West protected bike lane last year and this year, which has providing safety for delivery workers and residents. So, why have you allowed the New York City Police Department to seal off Central Park West at Columbus Circle to motorists and cyclists, force forcing delivery workers on a detour onto dangerous Broadway?

Mayor: Let me look at that situation. I'll speak with the NYPD about it. Obviously, in the days after the election, there was an assumption that that exact site would be a focal point for protest and they had to prepare for it. I think things have turned out differently, and better, in terms of there not being a prolonged problem. So, that's something we should reassess right away. I'll have that conversation today with the NYPD.

Okay. Everybody, look, as we conclude today, it's just important to understand that we're going through a lot. We've been going through a lot for eight months, tremendous challenges, and they've been painful, and so many families have felt the pain. But we also know we're in a time that's changing us. And it's, in many ways, even though it's painful, it's also showing us things that we can do better and that we will do better. New Yorkers have shown so much strength, compassion, and resiliency, but also there's been a clear call to do things differently. So, today, we talk about how we're going to approach mental health differently. And every day we're going to be talking about things that we can do to create a city that's more fair, that hears the voices of our people, that responds to everyone. This is a time of transformation. We didn't expect it. We didn't ask for this crisis to hit us, but it has also created an opportunity for transformation. And that is the mission that we need to embrace as something that the city can do. And it will allow us to change the city for the better for generations to come. Thank you, everyone.

###