

Inside Citywide Podcast Transcript

Episode One: Behind the Scenes of NYC's COVID-19 Response

Michael Santos 0:02

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Nick Benson 0:20

Welcome to the first episode of Inside city wide. I'm Nick Benson. I'm the Director of Communications at DCAS, and I'm so glad that you've joined us today. For those of you who don't know about DCAS, we provide shared services to support the operations of New York City Government. So that includes everything from overseeing the city's civil service system, managing 56 municipal buildings, purchasing many of the supplies and equipment used by city government, and so much more. DCAS is really the backbone of city government and the resources and support provided by DCAS empower all other city agencies to deliver on their missions. It's through the unique lens of DCAS and its work that we hope to give you behind the scenes look at what city government does, how it works, and most importantly, the public servants who make it all happen. We're so thrilled that you joined us today for our first episode. So, first of all, welcome to all of you, and I'm also thrilled to be joined by my terrific cohost, Belinda French. Welcome, Belinda.

Belinda French 1:16

Hi Nick, welcome. Thank you.

Nick Benson 1:19

Absolutely. So I am really excited about the topic of today's podcast, so I want to waste no time jumping into this. When I was thinking about what we could discuss. For this first podcast, there was one thing that stood out head and shoulders above the rest, and it was the heroic work our City did in response to the COVID-19 pandemic. Here at DCAS, one of the crucial roles that we played was to purchase the masks, ventilators and other supplies and equipment that helped our city navigate this crisis. We'll also talk about some of the heroic work that was done setting up COVID field hospitals, the City's network of COVID testing sites, building a PPE stockpile, and standing up the City's COVID vaccination sites. We have two really incredible guests who have done amazing work to help the city get through this pandemic. The first is our DCAS's own, Adam Buchanan, who serves as our agency's chief contracting officer. So welcome, Adam.

Adam Buchanan 2:15

Nice to be here, Nick and Belinda. Thank you.

Nick Benson 2:18

And we're also joined by the newly appointed Commissioner of the New York City Department of Design and Construction Jamie Torres-Springer. Thanks for joining us, Commissioner.

Jamie Torres-Springer 2:27

Thanks, Nick and Belinda, pleasure to be here for the inaugural episode.

Nick Benson 2:32

Very glad to have you. So, I want to start off with a question to both of you guys. So, take us back to early last year, when it was clear the pandemic was coming our way and what it was like when it eventually arrived. Obviously, so much was unknown, and New York City was the first major city hit. So there was no blueprint for something like this. Tell us a little bit about your role and what it was like when you first started working on COVID response efforts. Adam, I'll let you kick us off.

Adam Buchanan 3:01

All right. Um, so you know, the thing that sticks out in my mind the most is I remember being at a friend of mine's daughter's fourth birthday party, and it was on a Saturday, it was early in March, and I just remember being on the phone throughout the entire party. I didn't get a chance to hang out with my friends, I didn't get a chance to even eat any cake. It was, um, it was crazy. And then, when I started thinking about it some more, I remember that prior week, you know, I take the train home from the city. And, you know, you're used to seeing the same faces. And I realized that I was seeing people that I didn't recognize, and it was just because I was leaving the office later and later. And it was just, you know, from, from our perspective, it was just becoming really, really difficult to get the things that we needed. We have lots of different requirements, contracts on the books, and nobody could provide us any timelines or any information on when they were going to be able to provide us with the various things that we needed to start kind of mustering a response to the to the pandemic and I and I just I just remember thinking, well, this is really not good. But I was thinking that it was you know, it was going to be pretty temporary. And it turned out that that was just the very, very, very, very beginning of it. And it just continued to get worse from there.

Nick Benson 4:38

Yeah. And Jamie, you have you've worn many hats throughout this pandemic. So tell us a little bit about your work and what it was like for you in those early days.

Jamie Torres-Springer 4:48

Sure. Yeah. I should start by just explaining what the Department of Design and Construction does. We're the City's public works agency. We do about two billion dollars a year worth of major capital work across the five boroughs. We build the streets, and the sidewalks people walk on, the plazas and the parks people spend time in, the pipes people get their drinking water from, the stormwater and wastewater systems that manage those important aspects of our lives. And plus, we build all the public facilities, from fire houses, to libraries, to cultural facilities, to you know, big stuff like the project to reinvent the city's jail system, and close Rikers Island.

So, you know, this is all really essential work. But once we shut down last March, according to the governor and mayor's executive orders, it was only really the streets and the sewer work, which is real essential work, and life safety projects that were able to continue. So there was a lot that happened for our agency in a very short period of time. Obviously, we had to learn how to work remotely, which is a challenge in an agency, particularly where you know, this is not an agency where everybody's sitting around at a desk, you know, using their phone. These are people who were used to being out in the field, they're skilled engineers, architects, and construction managers. So very complicated trying to figure out how to get to remote work.

And then we had to shut down a lot of projects safely, so that we could restart them later. That was extremely challenging. Also, for the projects that kept going, those essential projects, we had to introduce a whole series of new safety protocols, and those were really invented from whole cloth to deal with the spread of you know, the infectious disease that we knew so little about. So a very challenging time. And then in addition, as we'll talk about today, we were very quickly called on to do a lot of emergency building work.

And I just want to emphasize at the outset that we did this under a state of emergency. And although that was very challenging, it's also been very revealing in terms of how much better we can do government procurement and contracting, save time and money while still delivering on all of our goals. When, you know, the handcuffs are off, so to speak, and we're able to act nimbly.

Belinda French 7:24

I actually, you know, Adam, you touched upon this already, but as the pandemic approached it, it really became clear we needed mass ventilators, medical gowns, and other supplies, but really, in enormous quantities, well beyond what existing vendors could handle. What was it like to have to search for these

items, compete with the rest of the world, all while the supply chains were collapsing and a muddled federal response, did it seem impossible at the time?

Adam Buchanan 7:58

It became clear very early on that there was going to be, you know, this is back in March 2020, there was going to be no coordinated federal response, at least in the beginning, when it came to PPE.

You know, the federal government was very slow in invoking the Defense Production Act, which is a piece of legislation that allows the federal government to essentially nationalize various private industry in order to respond to national emergency, which this certainly was.

And, you know, we found out that that companies were being permitted to ship up out of the United States in the beginning of the pandemic. That was very troubling to find out. And so, we were in the wilderness in the beginning, everybody that we talked to, was unable to provide us firm timelines, they were unable to provide us PPE and the quantity that we needed, and

no one can guarantee anything. And then on top of all that, people wanted cash prepayments, and that's something that the City has never done with goods up until this point. So here we were, we couldn't get any guarantees, we couldn't get any vendors to give us ship dates, and they were all asking for cash up front. Some vendors wouldn't even let us into their warehouses to confirm the existence of the PPE prior to sending, you know, and requesting cash at the same time, so it turned into, you know, what, what is usually a very orderly and I think, as Jamie mentioned, and it's a fair point, you know, it's a little bit of a bureaucratic system. But you know, a lot of those regulations are in place for good reason, or something happened in the past that required a regulation in the future and some of our procurements take longer than, you know, then necessary. Everything went out the window.

Nick Benson 10:01

Adam, this really reminds me, a lot of people seem to have this mindset that buying this stuff is like shopping on Amazon. You place your order, it gets shipped out, it arrives quickly and everybody's happy. And in many cases, I remember, especially at the beginning of the pandemic, the manufacturing couldn't keep up with demand in those early days, and there were enormous backlogs and shipping, and sometimes government, foreign governments were interfering. Tell us a little bit about how that worked and some of the challenges you faced there and sort of how people's been the public, their perception might differ from what the reality is, and was.

Adam Buchanan 10:36

Sure, so you know, when you order things from Amazon, you're used to paying a price and everything is built into that price. You know, you're paying \$5, for whatever it is, and then that thing shows up at your door. And that's normally how, you know, government procurement kind of operates, right, it's like, we want an all-in price, we don't want to know about the freight logistics that are required to get it to our doorstep, we don't want to know about anything about that. But then in the pandemic, it was it changed from you know, there was there was very little manufacturing going on in the United States. So, we had to look overseas, and none of these companies could get their things through customs. So, it went from us paying one price to get something to our door, to we had to develop relationships overseas, with companies in China and Vietnam, and India, and all over the world. And all they were willing to do was sell us the PPE. But that was it. So, you know, we had to get boots on the ground over there to go inspect it at their factory. And then we had to create our own freight forwarding operation. So, the goods are being manufactured in China, and you got to get them over to the United States. And so, another thing that the City typically doesn't do is, we're not the importer of record. So, when things are coming in from outside of the United States, they you know, it says ACME Company on it, or whatever. And then that it gets inspected by customs in due course. And there was just a tremendous backlog at the border. And so, the decision was made very early on, and this was really ended up being an incredibly important decision that the City should become the importer of record. So, what that meant was, we were handling, from door to door getting the goods from point A to point B. So, we were chartering the plane, to bring it from China to the United States. And it had our name on it when it got to when it got to the various ports, whether it was the, you know, the port in New York or his port in New Jersey. And so instead of having ACME on it, it had the City of New York on it. So, it started moving things through customs much more quickly. But doing all that it was so far out of our comfort zone, it was crazy. It was really crazy.

Belinda French 13:21

In addition to the goods, you know, one of the earlier memories for most New Yorkers of the pandemic was field hospitals. And so, Jamie, you know, I remember just the fear of that our hospitals were getting filled up. And that essentially, we had to create field hospitals and care for people in tents. And so, I know you helped oversee the City's field hospital rollout. What did that entail, not only the work and logistics of something so enormous, but also, I can imagine the fear and pressure you must have felt?

Jamie Torres-Springer 14:00

Yes, I mean, I do want to say that the fear and pressure was really on the frontline people that were doing the work and were the, you know, the real heroes, but it is a very good example of, like the example Adam gave of the early PPE efforts, just needing to scramble to figure out something brand new, in a very short period of time, but a time of great uncertainty.

In fact, you know, I'll get into it, but one thing I remember very viscerally was going to a site visit in the field for one of the field hospitals, being the first time that anybody was wearing a mask. And sort of, you know, all of a sudden, we all needed to understand that we had to wear masks. I mean, it was really the first time. And we were doing it while we were building these enormous facilities.

So, your right, Belinda. I mean, in the city we have about 20,000 staff hospital beds in New York City and about 2600 of those are ICU beds, for the intensive care for someone that is in distress, usually requires assistance to breathe. And there was a peak projection that we had in March that we would need something like twice that, in the end, for a lot of reasons that everybody's discussed, you know, we ended up being just down to the wire, something like down to just having 10% of the beds available, both the hospital beds and the ICU beds. But we were really scrambling to make sure that we were able to put both hospital beds and ICU beds in place to give ourselves additional capacity. And I just want to say, you know, I've learned a lot about working with our healthcare partners over the last year. We didn't want to put people in tents. Because, you know, this is real acute care that we needed to give people. One example is just think about the magnitude of this effort. We needed to put hard pipe oxygen into these field hospitals, you know, not just have sort of oxygen canisters around, we decided that we really needed hard piped oxygen, and that's really building a building, and outfitting it with modern, high quality healthcare technology. So, we were able to do that, we mobilized an emergency team, we were able to design and build the two facilities in about 11 days. One was a Billie Jean King Tennis Center in Queens. We did open that facility after 11 days, and they've had patients in it. We also fully built out the Brooklyn Cruise Terminal on the Brooklyn waterfront with field hospital beds. Fortunately, we didn't end up needing to open that one, which was a real relief. But we were ready to open it. And I think everyone's seen the images of these, these were amazing facilities. operationally. We also brought in, people don't know this, clinical staff, nurses, and doctors from all over the country, because New York City was the epicenter of the crisis. And we were able to bring in clinicians from all over the country to staff the hospital. So, it was really an amazing effort. I will also say an early memory of mine from before, the epidemic pandemic became acute in North America was we saw a field hospital being built in Wuhan, China, probably in February, when you know, they were really in the midst of their peak in Wuhan. And I remember seeing a video of it getting built out and everybody saying, "wow, we could never build out a field hospital in the United States in 10 days, I really hope we don't have to do that." But you know, it turned out that actually we were able to build ours in 11 days. And as I said earlier, it's because we were working in an emergency and able to take advantage of these tools and the less constrained approach to procurement, we're able to do our procurement in 24 hours, register an emergency contract immediately without a huge amount of extra review by the comptroller and others. Most importantly, we were able to use an integrated design construction and construction management team. So, we didn't suffer from the usual handoffs that you get, where in our system of building capital projects, we normally have to fully design a project over here in one silo, and then hand it off to the construction folks over in another silo. And we just lose a tremendous amount of time.

Lastly, I'll just mention that in addition to those field hospitals, we've subsequently built out three post COVID acute care centers for the Health and Hospitals Corporation in the Bronx, Queens, and Brooklyn. These are permanent facilities that we built in six months, when it would normally have taken six years,

and we brought them in under budget. We're able to achieve high ratios of minority and women business enterprise utilization, real success stories. And so, lots of lessons to be learned from this experience.

Adam Buchanan 19:15

Yeah, I mean, Jamie, I couldn't agree more. And really what gave us the tools to do what we needed to get done was the mayor's emergency executive order. You know, the piece that was most impacting what we do was the lifting of all the various hoops that we have to jump through when we're doing procurement. And so, like Jamie mentioned, you know, if I were to put out a bid for masks, they would usually take me four months, at least. And we were doing four months worth of work in a 24-to-48-hour period. And, you know, it was just a complete deluge. We were drinking from the firehose. Every, every 100 or, or a few 100 offers we got would produce maybe one substantial lead. There were people who were out there or, you know, dipping their toe in the water for the first time for PPE and sounded very official, and we had to sort through those people who ultimately really couldn't deliver. There were a lot of, you know, fraudsters out there.

And I think the vast majority of them had their heart in the right place, and they just couldn't deliver what they were promising. And, you know, we got really, really lucky. And you know, I mentioned the prepayment before, but the prepayment ended up being a smaller piece of our portfolio than I think a lot of people realize. What we were doing in a lot of instances is we were signing contracts with vendors that were ultimately pretty similar to what our normal contract would be. So, it ended up being very low risk for the City. So, we were signing contracts with terms, basically, if you are able to deliver what you say you're going to deliver in the timeframe that you're going to deliver it, you're going to get paid. And this contract is backed by the full faith and credit of the City of New York. And, you know, we turned down a lot of vendors that were requesting prepayment. And ultimately, a lot of them did business with us. And a lot of them were able to deliver what they said they were gonna deliver, and they got paid, and a lot of them weren't able to deliver. And it was really low risk for us because if they weren't able to deliver, we had very strong termination for convenience provisions in our contracts and we were just able to say, okay, no harm, no foul, you know, you said you were going to deliver this, and you couldn't do it. And we're just gonna, we're both gonna go our separate ways. And the city ended up losing an extremely little amount of money over the entire pandemic. You know, considering the amount of money that we ended up spending, which I believe is close to \$1.2 billion in PPE and ventilators.

Nick Benson 22:03

Adam, you guys, you not only have this deluge of incoming that you are dealing with, but you know, in those early days, there was such urgency to find these supplies and equipment that you guys had to cold call unfamiliar people on the other side of the world, you know, looking every anywhere and everywhere you could under every rock to find this stuff. How did you get through that? I mean, not just professionally having to undertake all of that. But I mean, you're public servants, you and your team, but

you're here to help your fellow New Yorkers, but just on a personal level, I mean, this had to be unimaginable.

Adam Buchanan 22:36

I mean, it was, you know, it was crazy. You know, the one of the hardest parts about the pandemic was the fact that just as we're getting ready to wind down, out here on the East Coast of the United States, China is waking up. And, you know, for better or for worse, the vast majority of the world's manufacturing is based in China. So, we found ourselves frequently on the phone at all hours of the night with various Chinese entities because that was their workday. And so, you know, my team worked incredibly long hours. You know, this was their call to arms, and they really stepped up. As Jamie mentioned before, we were all working remote. We're used to being able to convene and have public bid openings, and all that went out the window. And one of the most unbelievable parts of this was, so DCAS also runs what's called what's called the City Central Storehouse, and that holds all sorts of different things that the City needs to function. It holds paper, it holds cleaning supplies, it holds backup generators, it holds blankets, for emergency weather events. But during the pandemic, the central storehouse went from holding all those things to needing to hold all the PPE and the hand sanitizer, which is flammable, by the way, so that needs to go in a special room. So normally, the central storehouse has about \$5 million worth of inventory on hand. And in any given year, they process about \$25 million worth of orders. During the pandemic, we had up to \$300 million worth of inventory on hand. And again, DCAS ultimately processed \$1.2 billion worth of contracts.

Nick Benson 24:39

Unbelievable I mean, it must have been 24 hours.

Adam Buchanan 24:41

The storehouse never closed during those first few months, only to do inventory counts. And you know, the folks that work at the storehouse are some of the real heroes of this pandemic. They were working in indoors. They were working before the vaccine was created. They were working when we knew very little about this virus, and they were working with, you know, the best PPE that we could that we could supply them with. But you know, the fact that they were working 24/7 was just unbelievable. And a lot of kudos also deserves to go to DCAS's, Bureau of Quality Assurance (BQA). So, under normal circumstances, in procurement, like I mentioned earlier, everything gets inspected by our Bureau of Quality Assurance. And then, not until they give the sign off is the PPE or excuse me, are the goods accepted, and then and then we can have the vendor invoice us. So, in this circumstance, DCAS is not used to buying PPE and ventilators. Typically, under normal circumstances, hospitals, buy ventilators, hospitals buy PPE for themselves. And we only got drafted into this situation because the hospitals were quite busy. And so, our Bureau of Quality Assurance had to basically stand up, they had to familiarize themselves with how to make sure that the PPE and the ventilators and everything else that we were getting was of high quality and could go out to the City of New York writ large, whether it be the public,

or the hospitals, or the fire department or the police department. And I just want to pull this stat real quick. So, part of that process is getting samples from vendors before they actually shipped us a million masks, we wanted to see samples. And so BQA did such a good job of inspecting the samples and giving the thumbs up or the thumbs down, that they had less than a 1% rejection rate on all that PPE that we bought, which means that they did a fantastic job on the front end, making sure that the samples that we were getting were what was written into the contract. And the staff did such an amazing job creating these contracts where the vendors were delivering what they said that they were going to deliver. And it just it blows my mind that they had only a 1% rejection rate, because the work that they did on the front end really saved so much time and money and resources and a million other things on the back end. It was, it was unbelievable.

Belinda French 27:36

You know, I'm pausing because the question I'm about to ask we're in a different time now and we're talking about vaccines. But I can remember a time when we were talking about tests, COVID tests. And so, I you know, in addition to the field hospitals, you know, I want to ask you, Jamie, about setting up the COVID testing sites at that time. And a challenge that must have been because I remember at that time, tests were still being developed, supply was really low, and just the reliability of the tests themselves, you know, many New Yorkers were talking about, so how did you sort of with all this, find the right way to set up these COVID testing sites? And if you can talk to if there was any doubt or uncertainty at that time.

Jamie Torres-Springer 28:33

Yeah, you're right, Belinda, it's sort of, again, hard to get us back into that mental space. Now getting tested for COVID it's such a part of everybody's normal life, where you go line up, you know, at an urgent care facility, or you go to one of the city's sites. You know, some people order them from Amazon at this point, or there's a saliva test. But, you know, in April of 2020, access to COVID testing, and the turnaround times to receive results were very unpredictable. And sometimes people were waiting two weeks to receive their results, which effectively, you know, made them useless. Other than perhaps epidemiological tracking, but not for tracing for sure. Actually, part of the reason was that there were various testing locations, but they had to use pooled lab resources to process the specimens that they were collecting, because there wasn't enough lab capacity to analyze specimens. So, we at DDC, you know, the amazing folks that that work at our agencies stepped up, help build out, first of all five lab locations, in partnership with the health department and something we have in New York City called the public health lab, which is this amazing capacity we have. As a result of building out those labs, we were able to ensure what we all now know, PCR results within 24 to 48 hours. And, you know, we did it by we ordered this very specific specimen analysis, analysis equipment immediately. And we had a two-month lead time while the equipment was coming. We built the sites out during those two months. And then once in place, we were able to process more than 7000 PCR tests per day with that 24-to-48-hour turnaround. And, you know, I will say, I think Adam was probably involved in some of this, there was a point when we were actually sort of doing technical assistance calls with other cities. And I remember at some point in the summer, talking to maybe I shouldn't say where they were, but folks in a major US

city, where it was still taking two weeks to get a PCR test result back. And, you know, just realize that this sort of amazing vision, and I really, I do have to credit, the Test and Trace operation that was set up, particularly run by Dr. Ted Long and Jackie Bray, at the city, you know, just absolutely identified what the problem was going to be, where the bottleneck was going to be, and, you know, went and had us build out the labs. And it just transformed the way that we were able to test and trace in New York City, and nobody had that capacity across the country. I will say we also help stand up 28 specimen collection sites for Test and Trace, and 20 of those are still in operation today. So really, again, it's a great example of knowledgeable public health professionals, and construction professionals coming together to get the projects done very quickly.

Nick Benson 31:45

This is a question for both of you. But Jamie, I'll start with you. One of the crucial roles you played during the pandemic response was also building out the city's PPE stockpile. And as we've discussed, it was tough enough just to keep up with the current demand. How did you approach going beyond that and building a stockpile? I'm sure that was incredibly difficult in those earliest days. And I'm sure it was tough to know how high are the case counts gonna go? And, you know, how long is this crisis going to go on? What were some of the things that you thought through when approaching that and making this all happen?

Jamie Torres-Springer 32:18

Right, yeah. So, Adam's talked about this first phase of the PPE challenge, which was just, you know, go, and find it in a container somewhere and get it, you know, take possession of it overseas, and land the plane and get it to a hospital so that a nurse has an N95 to wear that day. And that, you know, that was an amazing effort. I think, you know, I was privileged to work with DCAS, and a whole bunch of other agencies across the government. On the second phase of the PPE challenge, which was, the mayor directed us to establish a medical PPE service center that could supply the entire healthcare sector of the city, with peak volumes of PPE from the spring. In other words, you know, how much PPE we were using each day, during that spring peak, we wanted to have a full 90 days of that in a warehouse that we control, and also to meet ventilation needs that we might have, because we were very short on ventilators in the spring, as everyone probably remembers. So, you know, this was a whole effort to make sure that we were prepared for a future resurgence across the entire system. We worked with the health department and others to set target stockpile figures, again, based on analysis of how much the system was using in the spring, we had to make adjustments because we know there was conservation that took place, right? We heard all these stories of people didn't have N95s that they could change in and out of, so we had to adjust our figure and make sure we were buying enough. And then we went out and got it. And I really, of course credit Adam and his team. You know, DCAS did the hard work around this. But we've stockpiled a dozen categories of critical items, in addition to a whole lot of ventilators. Just to give you the sense of the magnitude: 13 and a half million N95 masks, 37 million level three hospital grade isolation gowns, 54,000,000 three-ply surgical masks, 185 million nitrile gloves, 900,000 pairs of goggles and 6 million face shields. So, we have that in our service center. It's at a secure location. The stockpile is exclusively controlled by the City of New York. We've established

accounts and trained over 1000 healthcare providers in a secure ordering system who can fulfill any PPE order within one business day. So, you talked about you talked about Amazon earlier on, Nick, we have really created a service center that that can serve the healthcare sector like Amazon can within one business day when they have a need, and that's a huge resource that we've created for the City for the future

Nick Benson 34:59

And you guys did it on the fly, you know, from scratch. I mean, it's really incredible the work that you guys did. And I guess tying into this, Adam, you know, you guys had a role not only in getting the initial supply, but also in building the stockpile. Did it get easier over time to find the things that you needed? And what were some of the challenges you continue to face as the year went on last year?

Yeah, so you know, I think as with anything, the beginning is kind of where I have the most PTSD. And we got significantly better at this as time went on. So as Jamie mentioned, and it was really wonderful to work with Jamie and Dan Simon, who's the city's chief contracting officer, and in establishing this medical PPE stockpile, those first couple of months were really touch and go. We were trying to find it wherever we could find it. And then we started to work directly with the companies in China, and then that required several different procurements to be set up. So, you'd have to do the procurement for the PPE itself, you'd have to do a procurement for the inspection services in China, because China was still very restrictive in who it was allowing to inspect factories in China and the like. Then we had to have a freight forwarding operation set up to move the goods from China to the United States. So, we got significantly better, it was a lot of trial and error. One of the amazing things about the emergency executive order was that it did remove all the constraints that we're normally under when we do procurements. And the problem with that was, we had to create a process because we couldn't just, you know, go willy nilly wherever we wanted. So, we had to stand up a process, and then we had to be willing to modify it and tweak it and tear it down and rebuild it again. And it's just a testament really, to all the people that we worked with that they were so flexible. And so creative. I mean, we created this whole emergency pandemic procurement system, and medical PPE stockpile out of, you know, out of thin air. And we're able to ultimately, as Jamie just ticked off all those unbelievable stats, all the things that we have to prepare us for any possible, you know, anything that comes down the road that's going to require PPE, we're going to be ready for it, at least from that perspective.

Belinda French 37:29

You know, speaking to that, you know, Nick, you asked Adam to take you through, has it gotten easier? And you know, my question is for Jamie, you know, we talked about field hospitals, we talked about COVID testing sites. And so, at present, you know, I wanted to talk a little bit about our vaccination sites. And I know that the City of New York has one of the best networks of vaccination sites, including, you know, Yankee Stadium and, and Citi Field, but sort of, you know, wanted to ask you what was the toughest part about standing these up? Even when, you know, and maybe this is still going on, the

vaccine supply, we weren't sure if it was keeping up with demand. So, if you could talk a little bit about that.

Jamie Torres-Springer 38:17

Yeah, you know, again, another truly extraordinary phase of all of this. And I've been for work doing some double duty, I've been part of the mayor's vaccine command center for the last couple of months, which is this truly heroic effort, led by, you know, professionals, you know, deputy mayor's, agency professionals from the emergency management, health department, Health and Hospitals, really, you know, pulled from agencies across government, which it's an effort to coordinate the effort of all of these providers and many other entities, not just to prepare to vaccinate the population of the city, but to you know, the hard part. It's all hard, but to ensure that we're communicating across the city in the right ways, that the vaccines that we have access to are safe and effective, and encouraging all New Yorkers to get them so that we can get the city back on its feet. And there's a lot of reasons we all read about this, that there's some hesitancy about out there amongst, you know, different folks in different populations. But we've really got this obligation to communicate to people that vaccines are safe and effective. And that's been happening in terms of the physical vaccination centers themselves, you know, you're right, Belinda, we went from a period when demand far exceeded supply, to what we hope and we really are confident is now where supply is equal to demand or, you know, exceeds demand and that's where we again, we have to overcome hesitancy and make sure everybody's out there getting their vaccine. So, in the initial period, there's an amazing amount of work that's been done to manage that limited supply but ensuring equitable distribution of the vaccine. Creating this vaccine appointment system, which centralized appointments, I know everybody loves to talk about turbo vaccs and bots, but the bot needs something to crawl through. And that's the system that, you know, Commissioner Tisch, at DoITT, the Information Technology agency created from scratch to centralize most of the appointments in the city. Also, you know, a big effort during that period to ensure that eligibility criteria were being met, without, you know, dissuading anyone who should be vaccinated from getting the vaccine, and then getting the vaccine appointments out to communities in need. And now where we are, is we have almost built out the capacity, I don't think we've talked about this too much, to vaccinate 600,000 New Yorkers per week, or deliver 600,000 vaccine doses per week. And we did that by, you know, the mega sites that you mentioned. But also, the health department sites, which were all stood up in high schools and middle schools across the city. Well, we've actually moved most of those in the last few weeks so that middle schools and high schools could go back. And we have then identified neighborhoods, we have a taskforce on racial inclusion and equity, that the mayor created that identified neighborhoods, 33 neighborhoods that were most in need, most impacted by the pandemic. And we've gone through and we've located vaccination centers accessible to all of those areas. We built out almost 30 sites across New York City in the last month. And it's just again, been an extraordinary effort. And then also a lot of work happening to reach hard to reach populations through, you know, a homebound initiative, working with community-based organizations, establishing pop-up and temporary sites at churches and other houses of worship. So, it's really, it's not just going and building out Yankee Stadium, although that was great. And it was also very complicated, because then the Yankees came back to play, and we have to make sure we accommodated that. But it's also making sure that we're in every neighborhood of the city, so that people can go somewhere where they're comfortable to get

their vaccine. And I think we're in a very good position to hit the targets we've set to vaccinate the population by the summer.

Nick Benson 42:42

So just one final question that I have, I guess I'll pose to both of you, but so much of what incredible public servants like you and the people you work with, it goes unnoticed. And it really the work happens behind the scenes. What is something you think ordinary New Yorkers should know about this work that they might not know? And do you have any lessons that would have been learned along the way? I guess, Jamie, I'll start with you.

Jamie Torres-Springer 43:06

Well, I think we've said a lot. I mean, the thing I would emphasize the most is, I guess, you know, two things. The first is, as you said, just how, you know, tireless, extraordinary public servants have been throughout this pandemic, we all have lives with families in the city, we know a lot of people have struggled through being stuck at home, you know, not having enough to do you know, being bored. I mean, you know, there's a lot of sort of stuff you read about on social media. That's not the challenge that public servants in New York City have gone through. It's been being on the front lines, being essential workers. And you know, just protecting people and keeping them safe, and getting the city back up and running. And people have done it tirelessly, including at our agency at the Department of Design and Construction, where people have just been extraordinary. The other thing, again, I just want to emphasize, you know, there's ways that we've been able to act, I'm sure Adam has this reflection too about DCAS's work, that we're not able to normally work that we have used during the pandemic to deliver. And we should be able to take lessons from that and change laws and change regulations so that the city can deliver that way all the time. And I really hope that people will take that message and help us to make those changes so that we can put the city in a better position long term as well.

Nick Benson 44:40

And Adam, what are some of your lessons learned?

Adam Buchanan 44:42

Yeah, so you know, I think Jamie really said that very well. My big, I think my biggest takeaway from this was how much we need to incentivize American manufacturing. Because when I have to get something shipped here from Michigan, as opposed to from China, or from Vietnam, in the middle of an emergency, it just makes it significantly easier to respond to that emergency. And, you know, at the end of the day, like, I'm just a procurement guy, you know, it's the people like Jamie and, and the health care folks, and the firefighters and all those people, they tell us what they need, and it's my job to just get them what they need. Us buying PPE in it of itself is not necessarily the most heroic thing in the world. But if we can get that PPE to the EMT who needs it, or to the hospital worker who needs it, or you know,

out to the nursing homes, or just get it out to the frontlines as quickly as possible and make sure that what they were getting was quality product. That was what we tried our best to do. And, you know, for the biggest lesson learned for me was, in addition to what Jamie said, of course, a lot of these procurement rules are silly. And it shouldn't take me four months to buy masks under normal circumstances, I think we showed quite an ability to buy things and safeguard the taxpayer's money in an extremely high stress environment. And we did it without, you know, sacrificing much at all. But in addition to that, any kind of incentive again, you know, any kind of incentivizing that we can do to buy American has got to get done, because, you know, we're going to be in the same position here. Five years from now, if we don't, if we don't change something, where we're scrambling and trying to deal with companies all over the world, as opposed to dealing with companies here in the United States.

Nick Benson 46:46

I really want to thank both of you guys. You know, not only for, you know, the interview today and the really helpful conversation that I hope gives people a behind the scenes look at what happened during the COVID response efforts, but just for being the public servants that you are, you know. I do press for DCAS, it's one of the hats that I wear, and I see some of the bad press where people get beat up for the stuff that they do. But to work with you guys to see behind the scenes, the sacrifices that you're making, the hours that you're working, what you're going through on a personal and professional level, you deserve all of the credit in the world. Our first responders are medical professionals, they get their recognition that they justly deserve. But there's so many other public servants who fly under the radar who do incredible work and you to, and your teams are definitely among them, so thank you so much. We really appreciate you taking the time today.

Jamie Torres-Springer 47:39

It is pleasure. Thank you, Nick.

Adam Buchanan 47:41

Thank you for putting this together. This was great. Thank you, Nick. Thank you, Belinda, and thanks, Commissioner for everything. It's been a hell of a year.

Jamie Torres-Springer 47:51

Yeah.

Adam Buchanan 47:52

Thanks for everything.

Jamie Torres-Springer 47:53

Yeah.

Nick Benson 47:54

Alright, thanks, everybody.

Michael Santos 47:56

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