



OFFICE OF THE MAYOR

MAYOR'S OFFICE FOR INTERNATIONAL AFFAIRS

Transcript of COVID-19 Phone Conference with NYC Officials

Date/Time: Saturday March 14, 2020 2:00pm-3:00pm (14:00-15:00)

Speakers:

- **Penny Abeywardena**, Commissioner, NYC Mayor's Office for International Affairs
- **Dr. Demetre Daskalakis**, MD, MPH, Deputy Commissioner, Disease Control, NYC Department of Health and Mental Hygiene
- **Maura Kennelly**, MPH, Associate Commissioner External Affairs, NYC Department of Health and Mental Hygiene
- **Dr. Jillann Farmer**, Medical Director, United Nations
- **United States Mission Official**
- **Rachel Sulaymanov**, Director of Intergovernmental Affairs, NYC Emergency Management
- **Aissata M.B. Camara**, Deputy Commissioner for Operations and Strategic Partnerships, NYC Mayor's Office for International Affairs

Attendees: Approximately 180 representatives from the diplomatic community (Consulates, Permanent Missions, and the United Nations)

----XXX-----

Commissioner Abeywardena: ...once the transcript is out, that you share it as widely as possible. The transcript will not identify the individual who asked the question, nor their affiliation. And again, we will share this information with you for you to share widely. Now it is my pleasure to invite my colleagues from the Department of Health to provide a brief overview of the latest developments. Maura, Dr. Daskalakis?

Dr. Daskalakis: Thank you very much. So I will start by giving a view of the international numbers, and then hunker down into what's happening in New York. So, as you are all aware, the novel coronavirus, which is the virus that causes COVID-19, is now a worldwide pandemic, and is on, it effects the entire world, is experiencing a surge in cases. The most recent case count is over 150,000. It is my opinion and the opinion of many others that this is an underestimate, because we are only seeing visible diagnosed cases, there are likely many, many undiagnosed

cases. To date, the death toll is approaching 6,000; 5,789 is the total number. As far as the United States, there are 2,488 cases now reported. Though things are very fluid in New York City, and you will see potentially numbers that are different between city and state. We are currently confirming 183 cases in New York City, again there are different mechanisms that people count in different ways, so it is not surprising that there may be discrepancies; New York City says 183. We also are saddened to report our first death in New York City; we just heard about that this morning. New York State now has over 500 cases, and there the primary, the primary epicenter for that is in Westchester. Remembering that viruses do not heed borders, we shouldn't look at this as a problem of Westchester or a problem of New York City; it is a problem of New York State and a problem of the entire world. So, we are learning more and more about this virus. It is in its biology flu-like, but it also is...it is biology flu-like, but it appears to have a higher propensity for causing severe illness and potentially death. One of the...

Commissioner Abeywardena: Doctor, doctor, this is Penny. One second. Everybody, please go on mute. We have almost 200 people on this call. Mute. Thank you, sorry Doctor, please.
[unintelligible]

Dr. Daskalakis: No, no, thank you very much, I was having problems thinking. So, one of the important lessons here is that a lot of conversations, for a lot of the duration of this experience with the coronavirus has been about travel. That, that travel is somehow associated with this virus. All of the countries that are experiencing cases are now experiencing community-wide transmission of various degrees. What that means is, that the virus is in our jurisdiction, the virus is here. It's not just about travel, in fact, in fact as we're seeing more and more cases, we're seeing fewer and fewer that are travel-related, so that really supports the data that it is here, and it is [unintelligible] in other parts of the world [unintelligible] community transmission. I'll stop there.

Commissioner Abeywardena: Thank you very much. Aissata, there's a couple people that are not on mute, can you share their information? Again, everybody please go on mute, I'm hearing other conversations.

Deputy Commissioner Camara: So I am trying right now to, we are nearing nearly 200 people so I will share their information. I'm going, I'm looking through it right now.

Commissioner Abeywardena: Ok, that's fine –

Deputy Commissioner Camara: For now you can continue –

Commissioner Abeywardena: Thank you –

Deputy Commissioner Camara: And I will call the individuals –

Commissioner Abeywardena: Thank you. [unintelligible] If anyone can hear this and is listening, please go on mute. Dr. Daskalakis, the first question is, where does one go to be tested?

Dr. Daskalakis: So in New York City, we're recommending that testing be reserved for the sickest patients, so individuals who are hospitalized. Individuals who are mildly ill, the advice is to please stay home. And staying home means several things, it means not, it means not going to health care. Going to health care can potentially block health care from other individuals who are more severely ill. So individuals who have sniffles, individuals with a fever, it's ok to just stay home. You don't need to get tested. However, if someone is experiencing shortness of breath, or if they're feeling other symptoms that are accelerating, that would, that would make them seek a doctor, please consult with your physician. And another important note: please reserve the Emergency Department for if you are severely ill. Try your best to stay away from health care, both from the perspective of protecting yourself from COVID-19, as well as protecting health care and other patients from COVID-19. So I would advise that if you are outpatient, stay home if you're sick. If you are sick, and you are getting sicker, you may need to see – you may need to consult with your doctor, and they will guide you as to your next steps, whether you should seek care or not.

Commissioner Abeywardena: Excellent, thank you. The next question is, will there be an established listing of specific testing centers issued to our consular team? Will that include both public and private facilities, and an accurate, up-to-date determination of their testing capacity by location?

Assistant Commissioner Kennelly: Penny, this is Maura Kennelly from the New York City Health Department –

Commissioner Abeywardena: Excellent, excellent –

Assistant Commissioner Kennelly: We – there is not a specific list of testing facilities. As Dr. D just mentioned, if you are feeling mildly ill, please stay home and consult with your doctor. For the vast majority of people, this will present as a bad cold and flu, and we need to reserve the health care system for those who are sickest. This takes all of us, it's going to take cooperation from all of us to ensure that we do not see large numbers of deaths in this city. With that said, you should consult with your doctor. If you do not have a doctor, please call 311 and you will be transferred to H+H and they will provide someone with you, they will provide you with a provider, and any doctor's office, if you need to be tested, will have the ability to do that test.

Dr. Daskalakis: Correct. Correct. So, we advise against seeking care if you are only mildly ill [unintelligible], with accelerated illness, specifically if you have shortness of breath, if you're older and if you have comorbidities like heart disease, cancer, lung disease, or a compromised immune system, then you should lower the threshold and consult with your doctor. But ultimately, the health care system, including testing for coronavirus, needs to really be focused on individuals who are the sickest, and those individuals who are hospitalized.

Commissioner Abeywardena: Excellent, and we have more people joining the call – a reminder to please put yourself on mute. Thank you. Now, to our Health team, a couple of these questions are going to feel repetitive, but I want to put it out there because of the way they're being framed, it might be clear to a certain community versus another. Are there plans to provide a screening facility for UN – for Mission staff and UN personnel? And obviously Dr. Farmer, you are also on this call, if you want to address this please do.

Dr. Farmer: Just unmuting, sorry for the delay there. So we don't have any particular plans to establish special testing [centers]. We would be applying the same criteria for testing as the previous speakers have discussed. This is both an ethical and a logistical issue. In a time of short supply, it's important that the limited resources are distributed according to need, rather than employment or other status. And so we are not planning on setting up any additional parallel stream. In addition to this, we don't have any health care facilities that can be accessed without traversing the buildings. And so bringing sick people into the building for the purposes of conducting testing would actually run counter to our containment strategy. Thank you.

Commissioner Abeywardena: Excellent, thank you. That was Dr. Jillann Farmer from the UN. This next question is going to be a little bit repetitive but I think it's going back to the Health team. The question is, there appears to be conflicting parameters that are applied before one is tested. We were informed that one has to have symptoms to be tested. Another source tells us that even if we do not exhibit symptoms, but have had close contact with someone confirmed positive, then we should get tested. But on the ground, even if one has had close contact with someone confirmed positive, and actually exhibits mild symptoms, one still needs to wait before the situation worsens before getting tested. Can we get clear guidelines on this?

Unknown: Yeah, that's a good question.

Commissioner Abeywardena: Ok whoever said that, please go on mute. Thank you.

Dr. Daskalakis: Agree. [laughter] So, this is an example of when a strategy changes as a pandemic develops. So, at the beginning of a new disease, a new virus being introduced to an environment, the work focus is very much on containment. And that means, testing as many people as you can to identify cases, to isolate them and quarantine their contacts. We are now in a phase of generalized community transmission in New York City. What that means is, in a, if someone in New York currently is experiencing upper respiratory symptoms like the flu, it is less likely going to be the flu than it's going to be COVID-19. That means that symptoms alone should guide individuals to do the right thing. And that right thing is, to in effect, isolate themselves at home, don't go to work, don't go to school, stay at home, and you want to see your symptoms go away, and then you want to consult with your doctor just to make sure how long you have to sort of stay home. And so really, testing, though it has been promoted by many governmental sources, is actually less important than self-identification of symptoms because, at this point, anything that looks like flu, is likely COVID-19. Eighty percent of people, will only

have the flu-like symptoms. Those individuals are the ones that are most likely to transmit this virus to people who are susceptible. So if healthy people, only are mildly ill, if they have a cough, fever, sore throat, stay home. If they develop shortness of breath, call your doctor, consult with your doctor. If you're very sick, call 911. But, reserve the Emergency Department for only the sickest individuals. So you have to change your threshold. Our advice a month ago is not the advice today. It's very critical that individuals who feel only a little ill, or frankly, moderately ill, stay home.

Commissioner Abeywardena: Excellent, thank you Doctor. Is there a way for – next question. Is there a way for diplomats who have risked exposure to avail of early testing, considering the nature of their work and their logistical disadvantage; ie, they are not US nationals, many of them live alone, and have left families in a different state.

Assistant Commissioner Kennelly: This is Maura Kennelly.

Commissioner Abeywardena: Excellent, thank you.

Assistant Commissioner Kennelly: I think that, you know, the same – the same guidance that Dr. Daskalakis has provided before applies here. The important thing to do if you are feeling sick, is to stay home, and to consult with a doctor if your symptoms do not get better or if they worsen after a few days. We understand that the nature of your positions and your communities is slightly different than New Yorkers at large, but the most important thing that all of us can do right now is practice social distancing, and, and really understand that for the moment, and for many months coming in the future, we need to change the way that we work, that we play, and that we interact with one another.

Dr. Daskalakis: And I want to add – in a world where digital media are available, even if you are well, if you have the opportunity to work from home, take meetings virtually, all of those aspects are of critical importance. The guiding principle should be, I should do nothing extraneous. I need to do nothing that's not necessary. If you can avoid unnecessary travel, which I know is hard in your line of work, if you can avoid unnecessary interactions and social interactions, you will provide us the ability to reduce the peak of what is coming, and by flattening the peak to a level where health care will be able to manage what will be a large number of people who require high level of care. So, the simple advice, if you're sick, stay home, is the way to save New York.

Commissioner Abeywardena: Excellent, thank you Doctor. And I want to ask, offer if my colleagues at the US Mission to the UN and Host Country have anything additional they'd like to add.

US Mission Official: Thanks, Penny, no. I think both what the doctor and what Maura has conveyed are – we're aligned completely with that. If there are logistic issues, certainly they can contact the Mission, the US Mission, we sent out a diplomatic note yesterday, and so certainly

we, we're willing to talk to individual diplomats or even Missions if they have logistic issues. So, or questions in general, but no, we support greatly what's just been said. Thanks.

Commissioner Abeywardena: Ok, thank you everyone. Thank you...Next question: once a patient tests positive, what is the timeline of the CDC or State Health Department's course of action? Does it begin as soon as CDC or the Health Department receives the patient's test records?

Dr. Daskalakis: So, in a mitigation strategy, which is where we are – so mitigation means harm reduction of what COVID-19 can do in our city, rather than a containment strategy which means trying to find 2 or 3 cases and keeping them, keeping them away from others so there's no transmission, our strategy changes. So we do hear about positive cases, we do get that through lab reporting, so what we are currently doing is we are pursuing the sickest people, to make sure that we understand the dynamics of this virus. Our advice is: if you are diagnosed with COVID-19, please stay home. You should isolate yourself.

Commissioner Abeywardena: Excellent, thank you. Dr. Jillann Farmer wanted to make a comment, it might have been to the previous question, Dr. Farmer?

Dr. Farmer: Yes, thank you very much, Penny. The – I just wanted to acknowledge how confusing and a little frightening it can be for the international community, when your own country is giving very different advice and taking a very different approach to what is being taken locally. And I would just really reinforce that the approach taken depends on the local circumstances and the stage of the outbreak. So you can't look at what might be happening in your home country, and think that that's the right approach for what's happening now in New York. And that's why I'm very grateful to our colleagues from the City for running this session for us, because it's very important that we understand the stage and the approach being taken, because that helps us cooperate more effectively. Thank you.

Commissioner Abeywardena: Excellent, that was a really important point, I appreciate you making that. Dr. Daskalakis, for the last –

Dr. Daskalakis: I just want to say, that was one of the most eloquently put statements, about why areas are different. So different places have different strategies based on what they're seeing, and so I think that's a very important message, that the phase that we are in in New York City may be different than the phase that your country is in. So thank you for that clear statement.

Commissioner Abeywardena: Thank you, and actually, back to you Dr. Daskalakis, I wanted, going back to that question about the CDC, the one that follows that is, how long does it take for a patient to be interviewed?

Dr. Daskalakis: In a containment mode, interviews happen very quickly. In mitigation mode, we only interview and seek out case information on the sickest patients, so most cases of COVID-19 in New York City will no longer be interviewed if they are outpatient and well. We encouraged outpatients not to be tested for COVID-19, and instead, to stay home if they're sick. Individuals who are hospitalized should be tested for COVID-19, so we can take care of the case investigations that will be critical in maintaining health care. So again, individuals who have decided to be tested for COVID-19, who are outpatient, who are well, will have only minimal touch from the Department of Health. As this increases in size, individuals who are outpatient, who are diagnosed with COVID-19, may not be contacted, and we will focus our services on the sickest people. First, who are hospitalized; ultimately, if this grows, individuals in the ICU; and if this becomes much larger, we will do a sample of patients to, to pursue, so we understand the dynamics of this, and try to maintain health care through what will be a large pandemic.

Commissioner Abeywardena: Doctor, can you reaffirm, what phase are we in right now?

Dr. Daskalakis: We are in the mitigation phase.

Commissioner Abeywardena: Thank you. Now, the next question is, will there be contact tracing – examples, the people and places and establishments that a patient has been, will they be informed accordingly so that they can implement appropriate measures for their own protection?

Dr. Daskalakis: The Governor actually said it very well yesterday at his press conference, that it's hard to do contact tracing when coronavirus and COVID-19 are everywhere. And so in other words, we should – everyone in New York, and this is a very important message, everyone in New York should consider themselves exposed. That means that everyone in New York should monitor their symptoms. That means that everyone in New York, if they're sick, should stay home. That means that everyone in New York should do work to make sure that they are distancing themselves from unnecessary social interactions. Stay home if you can. Telecommute. Use webinars. Ultimately, the utility of tracing every case and every contact evaporates when the assumption is that there is generalized community transmission. I am here confirming that New York City, as we have said now for a while, has generalized community transmission that is widespread.

Commissioner Abeywardena: Got it. Thank you. Now I am going to shift into a little section around reporting cases. What is the protocol? And I apologize some of this will be redundant in terms of what you've already said but I think just framing it again as answers to these specific questions. What is the protocol for reporting a suspected confirmed case in a Mission? And colleagues at USUN please—or at the UN—please feel free to speak up here.

Assistant Commissioner Kennelly: So we'll defer to our colleagues at the UN for specifics. But in terms of the... from the Department of Health and the NYC perspectives, we provide providers with individual test results and those test results are delivered to the patient. We are not

reporting out on individual, you know reporting to individual companies of positive test result because that is patient protected information. And as Dr. D just mentioned, contact tracing at this stage is no longer useful to trying to mitigate the spread of the virus.

Commissioner Abeywardena: I think that's an important point Maura, that if we can share with our international colleagues. Can we talk about the privacy of patients right here in New York City, and how people should be sharing that information?

Dr. Daskalakis: Correct. so, even in an emergency does not let you not not respect someone's confidentiality. Results are between doctors and their patients. The Department of Health is able to investigate certain cases that are high priority. At this point, those cases are individuals who are hospitalized or in the intensive care unit. So, we do not ask for reports from any source except from doctors in very certain scenarios. When there is potentially a cluster. Otherwise, we get lab reporting directly and we do not share information from our lab reporting outside of the world, except for confirming things with the physician whose caring for the patients.

Commissioner Abeywardena: thank you Dr. D. Can you tell this community what, how we define a cluster or how the US defines a cluster?

Dr. Daskalakis: Technically, there is a definition of three cases in one space. But, I will tell you that we will have many many cases within one space. So, a cluster will be defined as a high-risk cluster and that will eventually be defined as in health care. So, I think that if we were talking other infections the magic number tends to be three. But in this scenario, we are well passed three and like I said cases are streaming in from all over NYC. This will continue to happen and expect that we will have a very large number of cases in this jurisdiction.

Commissioner Abeywardena: Ok great. Next question, if an employee from my organization has tested positive for COVID-19 will New York City or New York State send a mandatory crew to disinfect the premises?

Dr. Daskalakis: The disinfection that is required for COVID-19 is just routine cleaning. So, there will be no disinfection crews. One more sentence—this is not Ebola this is like the same biology as the flu but a much angrier virus that can cause way more morbidity and mortality. It, however, is not a super virus it is just about the same fragility as the flu virus. So alcohol-based hand sanitizer, soap and water, normal disinfection kills the virus easily.

Commissioner Abeywardena: That is excellent to know. I just want to remind people, please mute yourselves. Mute. Mute. The next question is around capacity. How many ICU beds are there per 1000 of population in New York and what steps are being taken to increase ICU beds and ventilator provisions?

Dr. Daskalakis: We defer, maybe that question is better for Health and Hospital Corporation and for the greater Hospital Association of New York. So we're working with them very closely to make sure that we understand their capacity and their strategies to surge. I think the most important thing to remember is that these hospitals...many hospitals that are wise are taking steps to address this issue. So, for instance, New York-Presbyterian (asks colleague is it Columbia?)

Assistant Commissioner Kennelly: all

Dr. Daskalakis: All of New York-Presbyterian has elected to cancel elective surgeries.

Assistant Commissioner Kennelly: and Mount Sinai

Dr. Daskalakis: and Mount Sinai has also just announced it. So there are lots of facilities moving in the correct direction to provide...to create capacity in their hospitals. Elective surgeries are one very easy way to address it because many of them take up ICU beds. And so things that don't have to happen now can be postponed. So, ultimately again though I would defer to my colleagues in health care directly H&H and Greater Hospital Association of New York, I would say that there are very aggressive plans that exist and strategies to maintain health care. I will however for this call, that for an individual on the ground in New York City, the advice that I gave you is the advice that will save healthcare. If you are sick stay home. If you are feeling shortness of breath or you are elderly and/or have more comorbid conditions consult with your doctor. If you are severely ill go to the emergency room but only if you are severely ill. Mild to moderate disease should be managed at home.

Commissioner Abeywardena: Excellent, thanks Dr. D. And now I am going to shift to health care access. This is a community that is very curious about what kind of public medical coverage there will be. You know, one specific question is would our staff have access to healthcare if the city's capacity becomes strained? And then the next question is there some kind of public medical coverage for people who do not have subscribed a private health insurance contract? If the answer is yes, are there any caveats, conditions, in terms of their ability to access resources, mandatory doctors, or hospitals and what kind of financial limitation to such coverage?

Assistant Commissioner Kennelly: Hi, thank you for that question, and I will provide a response and then I'll defer to my colleagues at the UN if there are any additional resources for this community to tap into. But here in New York City we have a public hospital system, health, and hospital corporation and there are facilities across the country [please put yourself on mute] and there are facilities across the city that can provide care. You can call 311 and they will put you in touch with H&H and the available providers. H&H will provide care regardless of the ability to pay regardless of immigration status. They will work with you provide a sliding fee

scale you pay what you can afford and if that's nothing then you pay nothing. I will now turn it over to see if the UN has anything else to add.

Dr. Farmer: Thank you very much. No, we operate on a basis of our personnel being insured. And we by and large don't provide health care services outside of the scope of our travel clinic that operates inside the secretariat building. So we have no, we have no capacity to deliver care and we are unable to financially supplement care for...we are unable to financially supplement the cost of care non- UN personnel.

Commissioner Abeywardena: Great, thank you very much. Again, this experience much better for everyone else if you are on mute. Dr. D a great question just came in and before I shift into our next segment I am just going to interrupt myself with this question. Once you have had COVID-19 and have recovered, are you immune? How long after symptoms have subsided are you no longer contagious?

Dr. Daskalakis: So the first is we are hoping that COVID-19 infection will confer immunity. It's still an open-ended question, we're learning a lot about this virus so I think we don't really know. [Can everyone please go on mute you are making it impossible to speak. Please go on mute now! Thank you] So we believe that individuals who are infected will likely be immune. We need to learn more as we go with this virus. The next question is how long is someone infectious after having a COVID-19 infection? An individual that has symptoms that are consistent with COVID-19 or individual who has tested for COVID-19 who has confirmed infection, will be infectious for about 72 hours after their fever goes away. Now, another important point is to also stay home at least 7 days so that if you become...if your fever goes away 24 hours after the beginning of your infection still stay home for another 6 days just to make sure that any stray virus that we worry about will go away and will not be transmittable.

Commissioner Abeywardena: Excellent. And just to reiterate that you said another 6 days correct?

Dr. Daskalakis: So I'll be clear, so it's 7 days, it's at least 7 days and 72 hours with no fever.

Commissioner Abeywardena: Excellent, thank you

Dr. Daskalakis: Whichever one on is longest.

Commissioner Abeywardena: Now, I'm going to shift into a state of emergency. In case of emergency will the New York authorities have an opportunity to supply Missions with necessary protection which could include disinfecting solutions, protection suites, water, and so on?

Assistant Commissioner Kennelly: Hi, unfortunately, that's a question that here at the Department of Health we cannot answer. But I believe our colleagues at Cityhall can provide that response and we would be able to follow up after the call.

Director Sulaymanov: I can help answer that question. We've actually been getting that question quite a lot as you can imagine. Unfortunately, right now the city does not have hand sanitizer or supplies to provide we do have resources but as you can imagine we have prioritized them for health care workers and first responders. We are still asking people to still look at some of the items that are available on the open market and Dr. D had said earlier about hand soap and water, and so in absence of our ability to provide that we just ask people to look for those items at this time.

Commissioner Abeywardena: Thank you Rachel. And the next couple of ones might be both relevant to you and to our colleagues at the US Mission to the UN. This first one less so. The State of Emergency alert issued by the City allows the Mayor to halt public transportation. At what point will these measures be implemented, and if so what procedures will the City put in place to ensure continuity of business and overall transportation in the City?

Director Sulaymanov: Hi, ok I think I can answer this one as well. It's Rachel. So obviously you're hearing the Governor and the Mayor's press releases and the information they are providing. They are very clear they want to keep transit running, it'd very important to the City. That being said, for everybody on this phone that works for an office, or for a Mission, or for a Consulate, or for an agency, this is a really good opportunity to review your own continuity of operation plans, to take a look at what that means for people to telework, for those who are considered essential and would have to come in, and if you want some best practices around that we can provide that to the Mayor's Office for International Affairs offline and then they can provide that to the greater community as well.

Commissioner Abeywardena: Thank you, and Rachel is with our Office of Emergency Management. Now the next question, in the event of the introduction of movement restriction, how would this apply to those with diplomatic status and vehicles with diplomatic plates? ...USUN, I'm wondering if that's one that you could address?

US Mission Official: Yes, hi Penny, I think we would have to look at individual cases in general, and of course, lots of diplomats are inviolable and have diplomatic immunity here in the United States. But in a national emergency or in a city emergency, we would have to sort of put our heads together and figure out what makes the most sense and the best sense for everybody involved. So, without having a very specific situation in terms of the exact area and which diplomats we're referring to, it's hard to give a specific answer which is why, I've just given a general response.

Commissioner Abeywardena: No that's very helpful, thank you. Now the next question, and this is really again a state of emergency, worst-case scenario, someone asked if school gymnasiums are being planned to use for caring for the sick and testing grounds? And if not what are the alternative being considered?

Assistant Commissioner Kennelly: Sure, this is Maura Kennelly from the Health Department. I would say that that is currently not part of our surge health care planning. Each hospital is planning for their own surge capacity and what that will mean for each individual hospital system depends on their facilities, and their resources on hand. I think that we are all hopeful that we do not need to get to a scenario where we are looking to alternative sites so I think at this stage that is not something that is being considered. As Dr. D, mentioned this is an evolving situation and as we move forward we will use all of the resources we have in order to address this situation. I would just point out, going back to some of the messaging we heard at the top of this call, is the most important things we can all do to save the health care system to ensure that it is not burdened at any one time is to what, we call here at the Health Department, flatten the curve. We all need to practice these social distancing measures that the Mayor and others have been speaking about and that we have spoken about here on the phone today. This helps ensure that not everyone gets sick all at once. I know that might seem a little counterintuitive that we actually want this to be slowed down. But, this is what will allow our health care system to manage the situation effectively.

Commissioner Abeywardena: Excellent. Now I'm going to shift into the section around inmates. This call is a combination of our entire diplomatic corps which includes the UN, the Permanent Missions to the UN, but also our Consular Corps. So this question is, will Consulates be notified if a foreign national in a New York City Department of Corrections facility is confirmed positive?

Assistant Commissioner Kennelly: That is a very good question, and I am sorry that I do not have an answer at the moment. But we can talk to our colleagues at the New York City Department of Corrections and at H&H who provides correctional health services in the city's jails and circle back.

Commissioner Abeywardena: Very good. The next question in this section is, are there any confirmed cases of inmates or staff having the virus and what is the New York City Department of Corrections doing to ensure inmate safety?

Dr. Daskalakis: We are working closely with correctional health and they have plans in place for managing their population. We cannot confirm cases in any specific setting.

Commissioner Abeywardena: Great, thank you. If diagnosed, will inmates be sent to a hospital or is there a medical facility within the jail?

Assistant Commissioner Kennelly: As Dr. D mention we are working closely with our colleagues at correctional health services and they are putting into place the appropriate disease management protocols and will act accordingly depending on how the illness as it presents.

Commissioner Abeywardena: Thank you. If diagnosed will inmate be sent... Sorry I just asked that question. Are personal visits to inmates suspended if so would video and phone call still be allowed?

Dr. Daskalakis: We would defer to our colleagues at DOC [Department of Corrections] but the Department of Health perspective is that social distancing would imply that ideally, more digital strategies for interaction would be better than in person. Again, we defer to our Department of Corrections colleagues on that but from the public health perspective, that is our response.

Commissioner Abeywardena: Thank you very much. And we will try to get those responses for the people on this call from our colleagues at the Department of Corrections. Now shifting into foreign nationals and tourists in New York City, other than avoiding New York City at this time and or adhering to general COVID-19 safety prevention guidelines. What advice is new york city sharing with tourists in general?

Dr. Daskalakis: I think that advice of tourist is the same we have for others, which is that we are in the middle of a pandemic, with increasing general transmission of the virus in New York City, so if you are sick, it is important to try to isolate yourself and honestly you should think about not traveling.

Commissioner Abeywardena: Perfect. Are foreigners in New York City able to access any financial aid if they are quarantined and do not have funds to stay in New York City past their original trip dates and don't have travel insurance? For example, funds for extra hotel nights transportation, food, etc?

Dr. Daskalakis: Individuals who are...let me rewind. When there is generalized transmission of COVID-19 which is what we have here everyone should consider themselves exposed that means that specific individual quarantines are not going to be given out to people in New York City at this time.

Commissioner Abeywardena: Got it. Are they eligible for medical assistance if hospitalized?

Assistant Commissioner Kennelly: They would be eligible. The answer that I provided previously about H&H as our public hospital system applies here. Anyone can seek care at H&H regardless of their ability to pay or their immigration status.

Commissioner Abeywardena: Ok, great. I'm going to start to wrap up. There is a question that came in that I think will essentially sum up what you have been saying as the priority for the city in one question - We would like to know the protocol for our member... for anybody who wants to get tested for COVID if they have symptoms. Should they call 911? What is the chance they get tested? We don't want to leave it too late for people to get tested and treatment. - Dr. D why don't we wrap it up with reaffirming what we've been saying on this call.

Dr. Daskalakis: I think that the simplicity of the message is really important that if you're sick stay home. And so ultimately that's my answer to that. So if you're sick stay home. And remember, if you have the symptoms... if you have a syndrome that looks like COVID, so if you have fever, cough, mild shortness of breath, if you have those symptoms then you stay home. Remember my rule - Stay home for at least 7 days and make sure that before you go back out to the world, you have no fever for 72 hours. So 7 days minimum and 72 hours without fever. If you're sick, stay home.

Commissioner Abeywardena: Excellent, thank you. A new question came in - you said Dr. D that we are in the mitigation phase. Can you share what the other phases are? When does the lockdown phase get to be applied and what are the consequences of this lockdown?

Dr. Daskalakis: So different geographies will have different strategies and so I think this is a moving target for every jurisdiction. We are no longer in the containment phase, which means we're not chasing case by case. We cannot do it because COVID-19 is everywhere. We are in the mitigation phase. Mitigation means that we are reducing harm. And so ultimately what happens is what we call social distancing and that means through various strategies including cancelling large events, telling people to limit what they are doing that is unnecessary. Other strategies will also emerge as this outbreak persists. I think ultimately, they can become...they will change the way that people live and play and work in New York City. Strategies to get people to work from home - all of those are strategies to reduce unnecessary social interaction and therefore reduce opportunities for transmission of this virus that we now have everywhere in the city.

Commissioner Abeywardena: Thank you and I think this next question speaks to that and I really obviously think that this is a difficult question for you to answer but somebody wants to know how long do we think this will go on before life gets back to normal?

Assistant Commissioner Kennelly: Thank you. I think as our Commissioner just said at a Mayoral press conference, we are anticipating that this will be with us in some form or fashion until September.

Commissioner Abeywardena: Ok.

Assistant Commissioner Kennelly: That is our best projection at this time. Of course that may look different as we move through the next few months and to that time period as I stated before

the goal is to flatten the curve so that everyone does not get sick at once and over burden the health care system at a peak time. That is the most important thing, that's why we are asking everyone to practice these social distancing measures that have been outlined for you on this call and to stay at home if you are sick.

Dr. Daskalakis: And even if you're not sick. As much as you can, stay home.

Commissioner Abeywardena: That's actually...that's a great point because a new question just came in that said what if a coworker is sick? Should coworkers only stay home if they have symptoms? At this point we are just advising people to work from home if they are able to, is that right?

Assistant Commissioner Kennelly: Correct, so last week the Mayor encouraged all private employers in the City to consider telecommuting options where possible for their workforce and to consider other options such as staggering work times – when people arrive, when they leave – in order to space out essentially travel throughout the city and within buildings. So we are, as Dr. D mentioned, encouraging companies to put these strategies into place wherever possible and of course if you are sick, you should not be going to work, you should not be attending any sort of gathering, you should be staying home for a minimum of 7 days and at least 72 hours fever free.

Commissioner Abeywardena: And I think to this person's question - so if a coworker is sick and had come into the office, should they take that extra precaution of also staying at home if they have symptoms, correct?

Assistant Commissioner Kennelly: Right now everyone in New York the guidance is the same. Everyone should be self-monitoring every day for these symptoms. There is exposure throughout the city. One specific exposure in the workplace is no different that the exposures that are occurring all around us.

Commissioner Abeywardena: That's very helpful. Somebody asked – what does elderly mean? It is defined differently in different places. How are we defining elderly? Is it 50 or 70 years old?

Assistant Commissioner Kennelly: Here in New York, our guidance is if you are over 50 and you have underlining health conditions, specifically heart disease, lung disease, diabetes, cancer or other weakened immune systems, that you should be at heightened alert and if you have symptoms, you should consult with your doctor immediately. I just wanted to let you know that Dr. D had to go. He had a very important phone call that he had to take so I know we're also coming up on the hour.

Commissioner Abeywardena: Yes, thank you so much. It was extraordinary to have him on the call. There are a couple of more questions that are coming in that I think you or our colleagues at the U.S Mission can field. The next one is – will missions or consulates be notified if one of their nationals test positive for COVID-19?

US Mission Official: ...I think if we get that information, and it's pertinent to pass it along, we will. But just based on what Dr. D just mentioned, I'm not so sure we'll be getting that kind of information through the healthcare system or from the City.

Commissioner Abeywardena: Right, unless they choose to self-identify and agree to share their information. Is that correct Maura?

Assistant Commissioner Kennelly: Correct. As we talked about before, these results are shared between a provider and a patient and patient confidentiality is something we take very serious here at the Health Department. So those test results are in the patient's hands for them to do with what they choose.

Commissioner Abeywardena: Great, I'm going to do these last two questions and then we are going to wrap up. I just want to let everybody know that you can continue to send questions to our international mailbox and we will work to speak to the appropriate agency partner and get the response to you. Maura, there's a question around any new guidance around public schools – if there is anything to be anticipated around our public schools?

Assistant Commissioner Kennelly: At the moment there, is no additional announcements regarding public schools.

Commissioner Abeywardena: Okay, thank you. And then the last question is a follow up on the earlier question about if a coworker had COVID-19. This is from a consulate who is already staggering and implementing teleworking, but as a consular facility, they are servicing hundreds of thousands of people throughout the year and is wondering what happens if one of our employees has it. Who should self-quarantine? Should they be communicating it to the people that also interacted with the employee and not just the coworkers?

Assistant Commissioner Kennelly: I think that the same guidance remains. Everyone in the city, whether a visitor or a resident, needs to be monitoring for these symptoms and staying home if they are symptomatic and feeling sick. In terms of who needs to be notified, I would defer to the individual consulate or mission.

Commissioner Abeywardena: Okay, thank you. I want to thank everyone for joining this call, especially our colleagues at our Health and Mental Health Services, as well as our Office of Emergency Management, our colleagues at the UN and the U.S Mission to the U.N. I hope everybody found this helpful. Again, please continue to send questions our way if you have them. We will provide a transcript of today's call, which will go out to that large email that we've been sending. We are proudly over communicating with you so hopefully you are getting the information you need and to stay up to date on the latest of the city's response please text COVID, C-O-V-I-D, to 692692. You just have to text COVID, C-O-V-I-D, and the number is 692692. If you are on Twitter, I encourage you to follow the New York City's Mayor's Office, DOHMH, and our Office of Emergency Management. That is where all the updated and true news will be found on COVID in New York City. Thank you all so much for taking the time this afternoon. Stay well.

Deputy Commissioner Camara: Sorry, before everyone hangs up, there's one more colleague from the Emergency Management Office who would just like to say a few words so Penny if wouldn't mind. Rachel, the floor is yours.

Director Sulaymanov: No that's okay actually I was just going to push the text alert system but Penny beat me to it so we're good. Thank you.

Deputy Commissioner Camara: Okay wonderful. Well thanks everybody then and we will continue to monitor the international mailbox so if you have questions please send it there and have a wonderful rest of your day. Thank you.