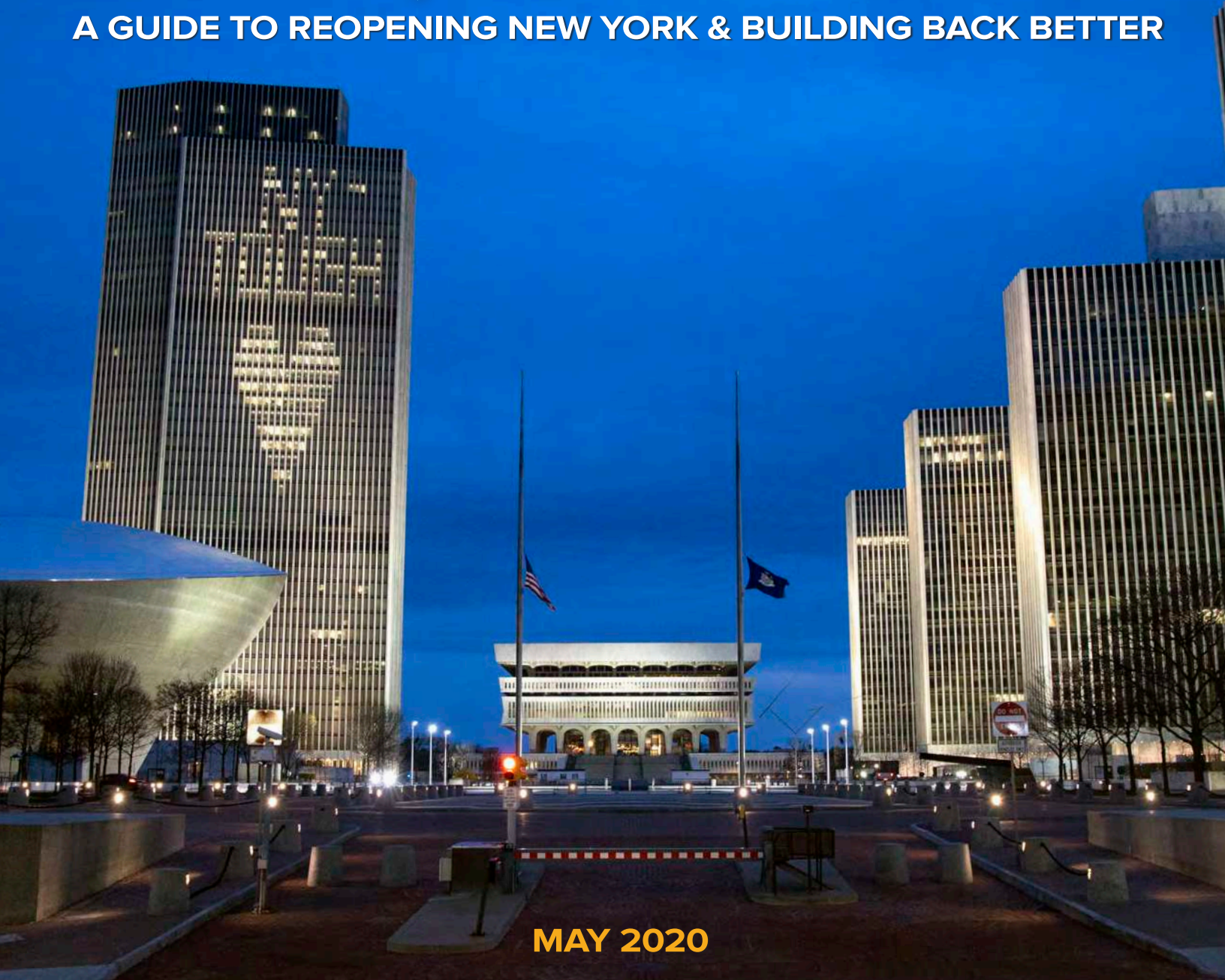


# NY FORWARD

A GUIDE TO REOPENING NEW YORK & BUILDING BACK BETTER



MAY 2020



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**A Message from  
Governor Andrew M. Cuomo**



## A Message from Governor Andrew M. Cuomo

In my nine years as Governor of the great State of New York, we've seen major storms like Hurricane Irene, Hurricane Lee, and Superstorm Sandy. We've seen homes washed away by flooding along Lake Ontario and record snowfall in Buffalo.

But the invisible spread of COVID-19 is like no challenge we've ever dealt with before.

The first official case of COVID-19 in New York was confirmed on March 1, 2020. At the time, there were only 85 confirmed COVID cases across the entire United States. The economic and social health of New York – the fairest, safest, and most resilient big state in the country – had never been stronger. Ideas like social distancing and contact tracing were just theories whose effectiveness against future diseases was debated in scientific journals.

To say the pandemic turned our lives upside down over the more than two months since would be an extraordinary understatement.

At the time of this writing, more than 300,000 New Yorkers have been diagnosed with COVID-19, out of nearly 1.3 million Americans in all – a number that continues to rise in other parts of the nation. Tens of millions of people have been isolated in their homes for weeks on end. Businesses, schools, and services across the state have shut down, or fully transitioned to digital platforms. Most employees in New York are working from their homes, and many are not working at all.

But during one of the darkest, hardest moments of our history, I've also seen New York at her best.

Doctors and nurses are putting in 100-hour (or more) weeks, saving lives even as they put their own at risk. Transit workers are sanitizing every subway car and every bus every single night, so that essential workers can safely get where they are needed. Frontline workers like firefighters, EMTs, police officers, bus drivers, grocery store workers, and janitors are being treated as the heroes they are, applauded, literally, by strangers at 7:00 p.m. every night.

In mid-March, we asked retired and inactive healthcare professionals from across the state and country to come support New York. Nearly 100,000 healthcare workers answered the call, coming out of retirement and volunteering to go back to work, flying from the other side of the country or getting in their cars and driving hundreds of miles to pitch in when we needed it most.



***We must make reopening decisions based on fact. No politics. No spin. No emotion. No conspiracies. Just the facts and the data and the science.***

***– Governor Andrew M. Cuomo  
4/2/2020***

More than one million New Yorkers have been tested for COVID-19, more per capita than any major state or country on the globe, helping us identify hotspots, isolate outbreaks, and stop the spread. And that's despite the fact that, at the onset of this crisis, the State was entirely reliant on the federal Centers for Disease Control and Prevention (CDC) to conduct diagnostic testing – a multi-day process from test to result that proved wholly inadequate to meet the challenge of this crisis. So on February 29th, New York State secured federal approval to conduct our own tests, and set an ambitious, nation-leading target of conducting 1,000 tests per day. Within

one month, we were testing more than 20,000 people every day. This was a herculean task, scaling up from zero to over one million in just two months.

And millions of New Yorkers have done their part, too. They've stayed home, keeping themselves and their loved ones safe. They've washed their hands, worn masks and gloves, and checked in on their neighbors. And despite the fear and anxiety that underlies every moment of this crisis, they've kept their faith in each other – no small miracle itself.

Together, we've done the hard work of successfully flattening the curve – so far. The data indicates that, as of today, we're past the very worst of this crisis.

But by no means are we out of the woods yet. History shows us the deadly consequences of hasty, hurried re-openings.

As the first wave of the 1918 influenza epidemic hit America, cities across the country shut down public gatherings, implemented strict isolation protocols, and required people to wear masks in public. After 10 weeks, the country's mortality rate began dropping.

However, some cities and states quickly ended their restrictions, just as the curve began flattening, thinking the danger was over. But others, including New York, kept most of the measures in place for weeks after deaths began measurably declining.

What happened? The cities that relaxed their restrictions early were hit with a sharp resurgence of the flu – and in some cases, saw death rates even higher than during the previous wave.

But when the resurgence came to New York, where restrictions hadn't been loosened until the mortality rate was near-zero, the death rate stayed low – lower, in fact, than anywhere else on the eastern seaboard.

George Santayana said that “those who cannot remember the past are condemned to repeat it.” We’re already seeing that play out during the COVID-19 pandemic – places that reopened too soon have seen the virus reemerge.

We can’t make that mistake in New York. As we begin the process of “un-pausing”, restarting our economy and bringing our state into a new normal, our decisions and actions must be guided by science and facts, not politics or opinions.

This report charts a course for New York to follow, setting a regional approach – one we can adjust, based on data we’ll continually monitor – designed to open as many parts of the state as possible, for as many people as possible, as soon as it is demonstrably safe to do so.

The COVID-19 pandemic presented us with an unprecedented challenge. And yet, like all challenges, from the Great Depression to 9/11 to hurricanes like Sandy and Irene, it’s also an unprecedented opportunity, if we choose to seize it.

It’s a moment to rethink our most basic assumptions about the role of government and the security it provides its constituents – all of them. It’s a chance to address both surface and systemic problems with resources equal to the task. It’s an opportunity to not just build back, but build back better – smarter, tougher, more resilient, and more equal.

The road ahead of us might seem daunting, but so was the scale of what we needed to build from the ground up at the dawn of this crisis. The totality of our initial response to the outbreak – the things we did by working together – were unimaginable just two months ago.

New Yorkers have proven what they are capable of. They have proven themselves to be New York Tough – and tough enough to be smart, united, disciplined, and loving. By harnessing that same effort and courage, our state can emerge from this crisis stronger than ever.

**Here’s how we’re going to do it.**



**Governor Andrew M. Cuomo**

**May 2020**



# **! A Global Pandemic** **Actions Taken and Lessons Learned**



**T**hough New York's public health infrastructure had been tested before, when diseases like Zika, Ebola, avian influenza, and H1N1 influenza threatened our state, the scale, force, and speed with which COVID-19 hit us was unlike anything we've seen in generations. In the 70-plus days since the virus was first confirmed to have reached New York, we've learned a great deal, both about the virus, and about how to best contain and combat it.

**Look at the data.  
Follow the science.  
Listen to the experts.  
Be smart.**

– Governor Andrew M. Cuomo , 5/5/2020

The actions we took will inform our next steps, because the guiding approach of our initial recovery must be continued monitoring and controlling of the virus, constantly guided by data and science. We can't recover if we start regressing.

## The State Must Lead

On March 3, New York State passed legislation providing an emergency appropriation of \$40 million dollars and authorizing emergency management measures, which together allowed the State government to swiftly respond to the crisis.<sup>1</sup> At a time of debilitating gridlock in Washington, the emergency measures demonstrated that our Legislature understood the urgency of the situation and the need for action.

Competent, effective government is critical in any crisis. The emergency management authorization provided crucial flexibility to the New York State government as it entered the uncharted territory of a global pandemic, and it proved essential to the State's swift response. It empowered the Executive Branch to immediately swing into action and procure the resources the State needed to respond to the evolving situation, from building the necessary staffing, to spearheading response efforts, to ramping up testing capabilities faster than any other state in the country.

In passing the emergency legislation, the Legislature sent a clear message to New Yorkers that their government had their back, and stood ready to help tackle whatever challenges lay ahead.

1. Press Release, "During Coronavirus Briefing, Governor Cuomo Signs \$40 Million Emergency Management Authorization for Coronavirus Response." March 3, 2020. <https://www.governor.ny.gov/news/during-coronavirus-briefing-governor-cuomo-signs-40-million-emergency-management-authorization>.

# STAY HOME. STOP TH

## We Can Slow the Spread

The funding appropriated and the powers granted to the Executive Branch at the outset of the crisis allowed all levels of government to act, quickly and comprehensively, to combat and contain the virus. Viewed in total, these actions prove that we are not helpless against this new enemy. We dramatically reduced the number of New Yorkers who contracted COVID-19 from initial projections.

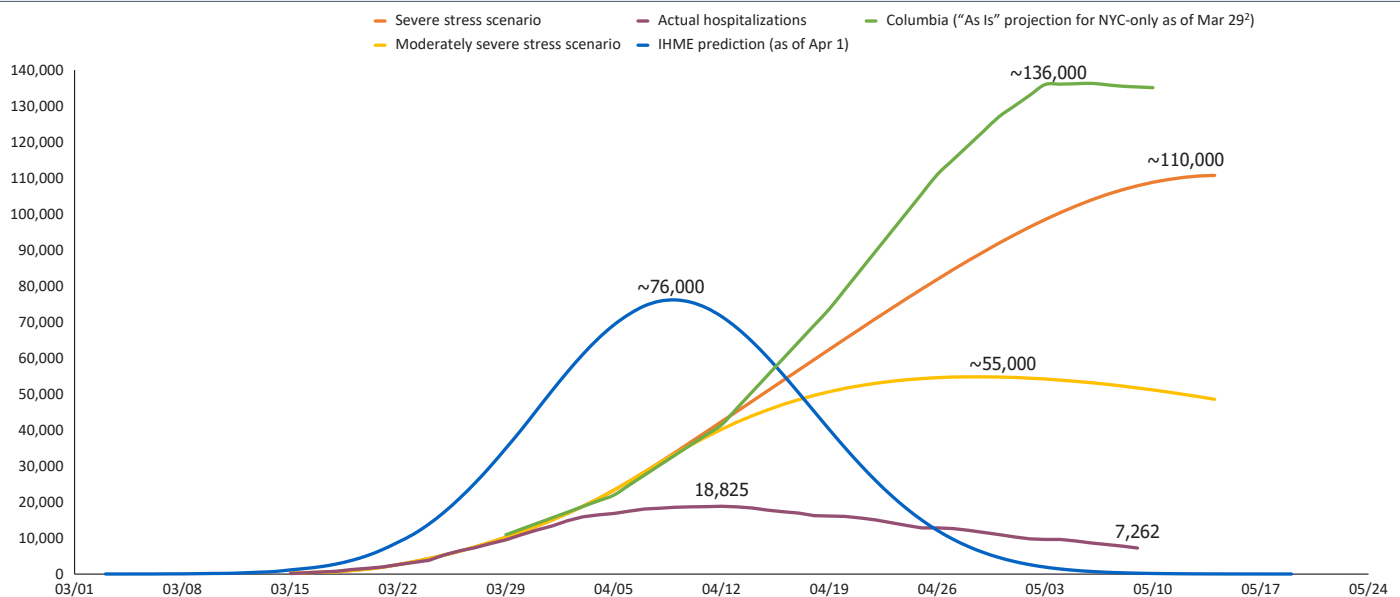
Based on the initial, rapid increase in the number of infections the state saw, the world's leading epidemiologists and virologists projected a staggering amount of damage. On March 29, a Columbia University team projected a peak of 136,000 COVID-19 hospitalizations in New York City alone. McKinsey & Company, a consulting firm, projected a "severe" scenario with a peak of 110,000 COVID-19 hospitalizations statewide, and a "moderate" scenario with a peak of 55,000 COVID-19 hospitalizations. A team of global health statisticians at the Institute for Health Metrics and Evaluation at the University of Washington, in partnership with the Bill and Melinda Gates Foundation, projected a peak of 73,000 hospitalizations statewide.

In actuality, to date the number of hospitalizations in New York State peaked on April 12th, at 18,825 total hospitalizations – a fraction, thankfully, of even the most conservative projections.

New York is proof that it's possible to significantly slow the spread of the virus and "bend the curve" – the trajectory of destruction that the virus was on.

## COVID-19 HOSPITALIZATIONS IN NY – PROJECTED VS. ACTUAL

Total number of COVID-19 hospitalizations<sup>1</sup>, as of 05/09/2020



1. Scenario curves based on NYS-specific parameters given actuals data, plotted against March 15 data; actuals data plotted through May 9, 2020

2. This projection reflects total hospitalization demand for NYC and reflects social measures in place as of 3/29

Source: Yang, Kandula, and Shaman. "Eight-week model projections of COVID-19 in New York City." Columbia University. March 29, 2020

Source: "COVID-19 projections." Institute for Health Metrics and Evaluation. April 1, 2020

# E SPREAD. SAVE LIVES.

## New Yorkers Will Continue to Rise to the Challenge

New York succeeded in slowing the spread of the virus through aggressive mitigation measures and widespread public buy-in – the individual choices of millions of New Yorkers. The New York PAUSE (Policies Assuring Uniform Safety for Everyone) plan, including the order that all non-essential workers stay at home provided the critical and correct framework for a state government's response to the pandemic.<sup>2</sup> Orders to limit non-essential gatherings, close schools statewide, and shut down in-office work for non-essential employees helped limit COVID-19's ability to spread throughout the state, and allowed the state to quickly identify emerging hotspots and focus its medical response resources there. The state also implemented "Matilda's Law" - named for the former First Lady of New York, Matilda Cuomo - to protect our most vulnerable populations, including individuals age 70 and older, those with compromised immune systems and those with underlying illnesses. The measure requires the individuals stay home and limit home visitation to immediate family members or close friends in need of emergency assistance and if necessary to visit such individuals, visitors should get prescreened by taking their temperature.

Most important, the past eight weeks have shown the real, life-saving effects of sound, fact-based policies, conveyed clearly and calmly. While directives are only as good as the willingness of our state's citizens to follow them, if you give them the facts, New Yorkers can be trusted to do the right thing.

2. Press Release, "Governor Cuomo Signs the 'New York State on PAUSE' Executive Order." March 20, 2020.  
<https://www.governor.ny.gov/news/governor-cuomo-signs-new-york-state-pause-executive-order>.





## Hospital Systems Must Coordinate

There are approximately 200 hospitals across New York State. But prior to this pandemic, these institutions had little history of working together in an organized, strategic, and purposeful fashion – coordination that this crisis demanded to ensure no area or hospital was overwhelmed by COVID patients.

To remedy this gap, the State had to create and manage entirely new systems and procedures, virtually overnight. Key to this was engineering a new “Surge & Flex” program, designed to prevent the virus from overwhelming our healthcare network.

To build hospital capacity, New York State required hospitals to delay elective procedures and increase their number of beds by at least 50 percent, including by turning single rooms into doubles and freeing meeting rooms and other areas for patient care. The State worked with our partners in the federal government to deploy and stand up temporary hospitals in Downstate hotspots and deploy the US Naval Ship Comfort to New York Harbor, creating thousands of additional beds and bringing staff and resources like ventilators to New York. And we drafted contingency plans with large-scale venue operators, hotels, and college dormitory operators to ensure we were prepared for a worst-case scenario, if it came to that. In total, New York went from a 4,160-bed capacity, available to treat patients with severe respiratory illnesses, to a more than 10,000-ICU bed capacity, an increase of 140 percent, and from 53,000 total hospital beds to more than 90,000 in just weeks.

Of course, more beds require more staffing, and New York simultaneously took a number of creative steps to increase the bench of qualified personnel to staff this increased capacity. Modifying regulations allowed nurses, doctors, and other medical professionals licensed in other states to practice in New York, and permitted retired professionals who no longer held valid licenses to practice, provided they had not lost their license due to misconduct.

The state also established a nation-leading web portal to connect professionals willing to serve with hospitals needing immediate help.

Ninety-five thousand healthcare workers from New York and across the nation came to our aid when we needed them most – a heroic act of selflessness and bravery that we will never forget.

To flex the state's resources statewide, we convened the Hospital Capacity Coordination Committee, a consortium of the state's hospital systems to develop and implement a patient-balancing system and execute a program for directing life-saving ventilators and other medical devices to facilities where the demand outweighed the supply. To coordinate this combined effort, a comprehensive data-reporting process was set up, analyzing up-to-date information about the scope and severity of COVID-19 cases across the state in real time, as well as the healthcare network's capacity to handle these shifting needs.

Taken together, the "Surge & Flex" strategy enabled New York to save lives and avoid the type of catastrophic failure of the healthcare system that Italy and other nations experienced.

## The Economic Impact of the Pandemic Had (and Has) to be Addressed

The measures New York has taken to mitigate the spread of COVID-19 in the state are unprecedented in our lifetimes. Restricting economic activity helped to flatten the curve and prevented innumerable deaths. But it also caused devastating financial hardship for workers, businesses owners, and the state budget. Even as the state acted to prepare to handle its apex of infections, it had to simultaneously address the economic challenges borne by so many.



Our top priority was to ensure that families can meet their basic needs. We made an additional \$200 million in emergency food assistance available for more than 700,000 low-income households enrolled in the Supplemental Nutrition Assistance Program (SNAP),<sup>3</sup> and waived the seven-day waiting period for workers eligible for unemployment benefits.<sup>4</sup>

New York State also launched the Nourish New York Initiative to purchase food and food products from over 2,100 Upstate farms, which were experiencing a collapse in demand and were, in some cases, forced to dump excess milk and produce, and direct it to food banks across the state. This initiative is distributing 2.8 million gallons of milk and 8.2 million gallons of yogurt from local dairy producers, as well as 10.1 million pounds of apples and 10 million pounds of cabbage, to feed over 20,000 New York families. And we partnered with local dairy producers to process excess milk into products like yogurt, cheese, sour cream and cream cheese, and distributed those products to food banks and those in need.<sup>5</sup>

3. Press Release, "Amid Ongoing COVID-19 Pandemic, Governor Cuomo Announces New York State is Ramping up Antibody Testing, Critical to Reopening Economy." April 10, 2020. <https://www.governor.ny.gov/news/amid-ongoing-covid-19-pandemic-governor-cuomo-announces-new-york-state-ramping-antibody-testing>.

4. Press Release, "After Weeks of Demanding Approval, Governor Cuomo Announces FDA Gives New York State Authority to Conduct All COVID-19 Testing at Public and Private Labs." March 13, 2020. <https://www.governor.ny.gov/news/after-weeks-demanding-approval-governor-cuomo-announces-fda-gives-new-york-state-authority>.

5. NBC New York, "20,000 Families Expected to Receive Food From 'Nourish New York' Initiative." May 7, 2020

<https://www.nbcnewyork.com/news/coronavirus/20000-families-expected-to-receive-food-from-nourish-new-york-initiative/2407033/>.

At the same time, the State took unprecedented steps to prevent New Yorkers from losing their homes due to the pandemic. First, New York State established a moratorium on any residential or commercial evictions until at least June 20, 2020 – later extended to August 20.<sup>6</sup> The Department of Financial Services then directed New York State mortgage servicers to provide 90-day mortgage relief to borrowers affected by the pandemic, including waiving mortgage payments based on financial hardship, protection from negative reporting to credit bureaus, grace periods for loan modification, elimination of late payment fees and online payment fees, and postponement or suspension of foreclosure proceedings.<sup>7</sup>



As the scope of the pandemic became clearer, the Executive Branch proposed and Legislature passed legislation guaranteeing job protection and pay for New Yorkers who have been quarantined as a result of COVID-19.<sup>8</sup> This groundbreaking measure helped ensure that New Yorkers could take care of themselves and their loved ones without jeopardizing their economic security, by relieving the economic pressure too many workers felt to go into work while sick.

For the New Yorkers who were laid off or furloughed and needed financial relief, the New York State Department of Labor worked around the clock to process over 1.8 million completed applications for unemployment benefits, and paid out over \$6 billion in benefits in less than two months.

To accomplish this, the State launched a new, streamlined application for New Yorkers to apply for unemployment insurance, including a new unemployment benefit created especially for the pandemic. The Labor Department also increased the number of staff handling calls and processing applications from 400 people, working five days a week, to up to 3,100 individuals working seven days a week.

Finally, the State worked to make sure every New Yorker got the federal benefits they deserve. The federal CARES Act provided cash payments of up to \$2,400 to millions of Americans. However, payments were not automatically made to people who make below the federal tax filing threshold, meaning hundreds of thousands of the lowest income New Yorkers would not have received their payments unless they provide their information to the IRS. New York State launched an awareness campaign, reached out directly to individuals, and partnered with community organizations to make sure the proper documentation was completed, and families got the support they needed, and were entitled to.<sup>9</sup>

6. Press Release, "Amid Ongoing COVID-19 Pandemic, Governor Cuomo Announces Moratorium on COVID-Related Evictions Will Be Extended Until August 20th." May 7, 2020. <https://www.governor.ny.gov/news/amid-ongoing-covid-19-pandemic-governor-cuomo-announces-moratorium-covid-related-evictions-will>.

7. Press Release, "Governor Cuomo Signs Executive Order Mandating Businesses That Require In-Office Personnel to Decrease In-Office Workforce by 75 Percent." (March 19, 2020) <https://www.governor.ny.gov/news/governor-cuomo-signs-executive-order-mandating-businesses-require-office-personnel-decrease>

8. Press Release, "Governor Cuomo Announces Three-Way Agreement with Legislature on Paid Sick Leave Bill to Provide Immediate Assistance for New Yorkers Impacted By COVID-19." March 17, 2020.

The state also directed \$7.5 million in COVID-19 Business Counseling support to 70 non-profit partners across the state. The funding enabled these organizations to provide small businesses with necessary guidance to secure disaster assistance, such as Small Business Administration Economic Injury Disaster Loans, amid the COVID-19 pandemic.<sup>10</sup>

Despite the unparalleled and largely unforeseeable devastation the pandemic wrought on New York's economy and millions of workers, we made sure that no New Yorker was left out or left behind.

## Testing is Crucial to Stem the Virus' Tide

At the outset of this pandemic, New York's public health professionals, due to the lack of testing, had no comprehensive dataset showing the overall scope of the problem or the prevalence of COVID-19 in specific locations. They had little ability, therefore, to strategically and effectively direct resources to areas with the greatest need.

This problem was compounded by the virtual inability to identify infected individuals during the crucial first few days when the virus was spreading. Experts now estimate that more than 10,000 cases were prevalent in New York City in February, before New York's first case was discovered on March 1, facilitated due to ongoing travel from Europe to New York.<sup>11</sup> Public health experts recommend that the most effective way to contain a virus is to test, to identify positive cases; trace and test the contacts of those who test positive; and isolate those infected.

But when the threat of COVID-19 first emerged, only the CDC in Atlanta was permitted to test for the virus, and they were able to perform only a very limited number of tests. New York forged ahead. The State Department of Health developed its own testing method, and the State worked to secure approval from the federal Food and Drug Administration (FDA) to authorize DOH to use the test, which was granted on February 29th.

After receiving federal authorization, New York developed the most extensive COVID-19 testing operation in the world – in weeks, enabling more than 200 New York State-licensed labs to provide COVID-19 testing. Scaling up testing enabled the state to expand diagnostic testing criteria from just symptomatic New Yorkers to the millions of essential workers on the frontlines, including all first responders, healthcare workers and essential employees, and New Yorkers in the most-impacted zip codes – even those who aren't symptomatic. This expansion is helping the state quickly identify and isolate when infections occur among those most exposed and vulnerable to the virus.

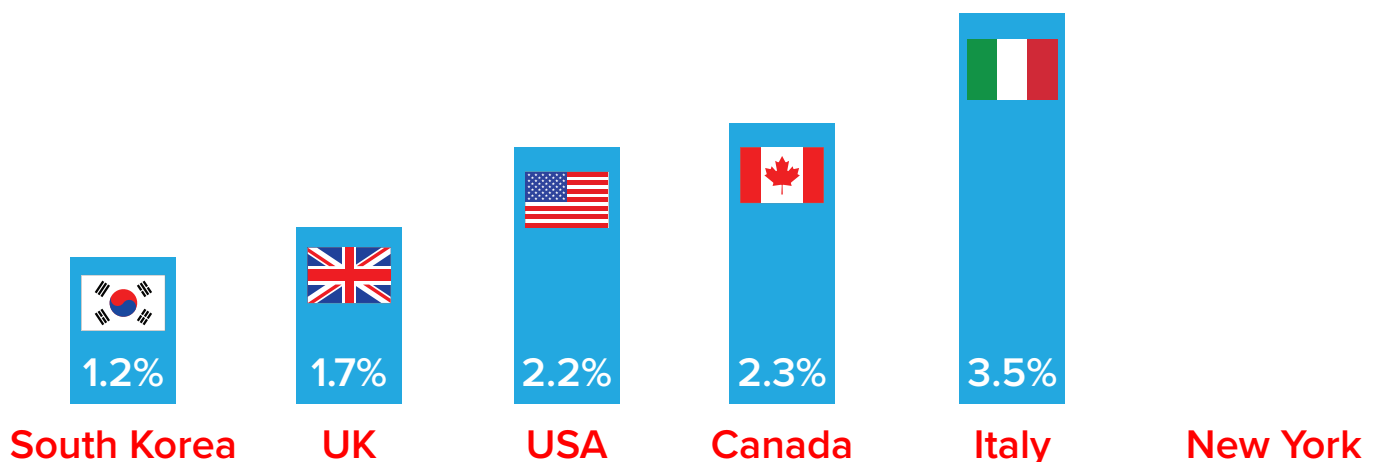
11. New York Times, "Hidden Outbreaks Spread Through U.S. Cities Far Earlier Than Americans Knew, Estimates Say." April 23, 2020. <https://www.nytimes.com/2020/04/23/us/coronavirus-early-outbreaks-cities.html>.



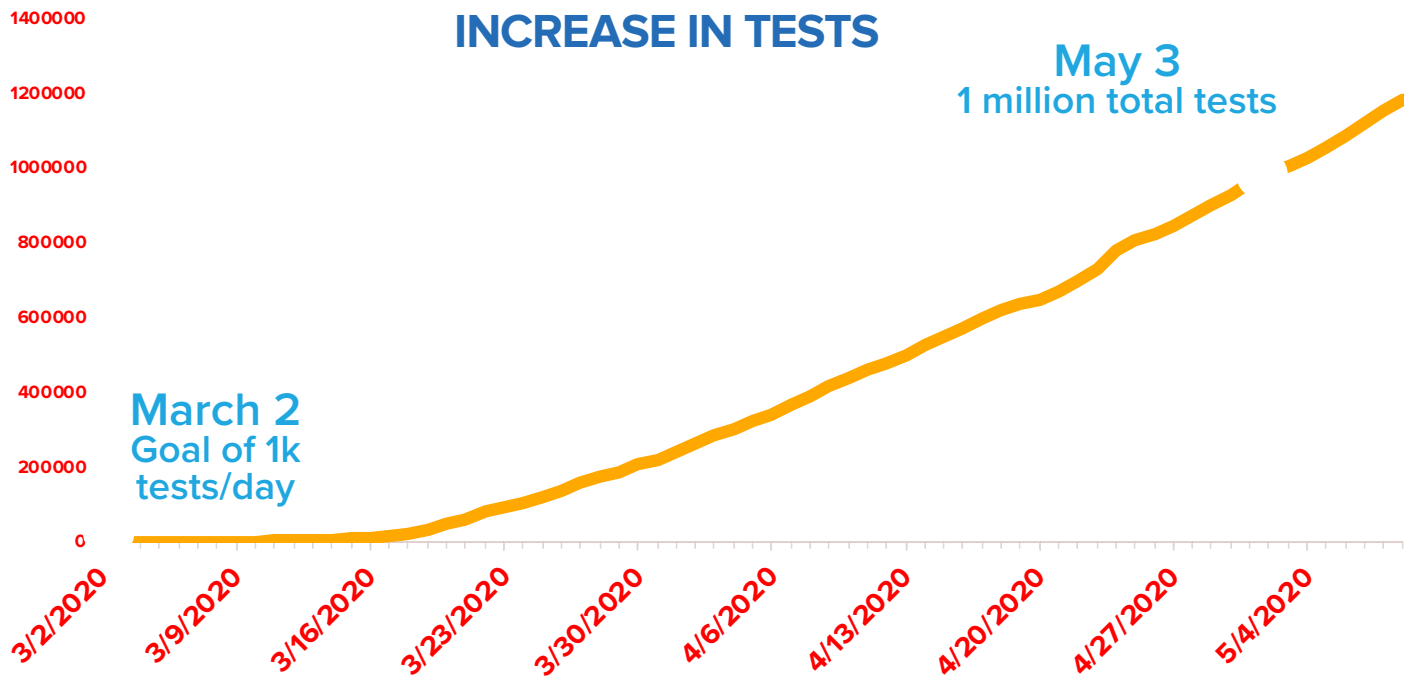
As soon as the FDA granted permission to use the New York State test, the State began constructing more than two dozen drive- and walk-through testing stations, opening the first station in New Rochelle on March 13. This created opportunities for New Yorkers in all corners of the state to get tested and for the State track and contain the spread of the virus. And with private testing facilities now on line, over one million New Yorkers have been tested for COVID-19.

To support this testing ramp up, the State enlisted the help of the National Guard to assemble 500,000 testing kits, comprised of a vial, transport media, and cotton swab, and distributed many of these kits to local governments in support of municipal testing efforts.

## TOTAL DIAGNOSTIC TESTS BY POPULATION



At the same time the state was expanding its ability to run diagnostic tests, the State Department of Health developed one of the nation's first and most-accurate tests to detect antibodies to the COVID-19 infection in an individual's blood. This serology test is a critical tool in the State's efforts to understand the scope of infection, potential immunity, and how to design the best strategies to reopen New York. This test enabled the State to launch the nation's largest antibody random survey – 15,000 samples – conducted at grocery stores and community centers across the state to help determine how many New Yorkers were infected by COVID-19, and to draw the first true map for experts and public health professionals to truly understand the virus' spread.



As the antibody testing was brought to scale, the State tested essential workers on the frontlines of our fight against the pandemic – providing antibody testing for healthcare workers, first responders, transit workers, and members of the New York State Police and New York City Police Department, with more tests scheduled for even more essential and frontline workers.

This critical data on the number of New Yorkers in frontline professions who were infected has been a central part of the state’s understanding of what measures are necessary to protect our essential heroes from the virus.

## NATION'S LARGEST ANTIBODY STUDY RESULTS

| Regions   | Percent Positive |
|---|------------------|
| <b>New York State Overall</b>                   | <b>12%</b>       |
| Capital District                                | 2.2%             |
| Central New York                                | 1.9%             |
| Finger Lakes                                    | 2.6%             |
| Hudson Valley<br>(without Westchester/Rockland) | 3%               |
| Long Island                                     | 11.4%            |
| Mohawk Valley                                   | 2.7%             |
| North Country                                   | 1.2%             |
| NYC   | 19.9%            |
| Southern Tier                                   | 2.4%             |
| Westchester/Rockland                            | 13.8%            |
| Western New York                                | 6%               |

| NYC                | Percent Positive |
|--------------------|------------------|
| <b>NYC Overall</b> | <b>19.9%</b>     |
| Bronx              | 27.6%            |
| Brooklyn           | 19.2%            |
| Manhattan          | 17.3%            |
| Queens             | 18.4%            |
| Staten Island      | 19.2%            |

| WEIGHTED RESULTS    |                  |
|---------------------|------------------|
| Race                | Percent Positive |
| Asian               | 11.1%            |
| Black               | 17.4%            |
| Latino/<br>Hispanic | 25.4%            |
| Multi/Other         | 14.4%            |
| White               | 7%               |



## Maintain Strategic Reserves of Critical Resources

Since the first day New York began confronting this crisis, the State's response, like every other state across the country, has been greatly impeded by worldwide shortages of critical medical supplies.

Early projections from experts indicated New York would need up to 37,000 ventilators. Yet at the outset of the pandemic, the state had fewer than 7,000 on hand. In the absence of federal leadership, New York called on Washington to invoke the Defense Production Act and nationalize production, pursued vendors across the globe, and led the charge to implement strategic coordination of ventilators across New York regions and across the country, bringing ventilators to hotspots where infections had spiked, and then moving the machines to where they were needed next.

New York also relied on her friends across the country to share resources as needed. When states like California and Oregon had more ventilators than they needed, they rushed them to New York. And when New York passed its hospitalization apex, and its ventilator capacity exceeded its need, the State returned the favor and sent ventilators on to her friends in New Jersey, Michigan, and Massachusetts.

Through these efforts, and out-of-the-box thinking like retrofitting BiPAP machines to match a regular ventilator's capacity, New York was able to meet its ventilator needs across the state.

The COVID-19 pandemic also created a mad scramble for personal protective equipment (PPE) across the nation. The federal government's fragmented and siloed emergency response plan impeded intergovernmental coordination and stymied procurement by the states. Meanwhile, competition among states, private entities and the federal government drove up the prices of these critical resources. Procurement teams reached out to every supplier and called on manufacturers of other products to retrofit their factories to make PPE.

Supporting this state effort, private companies, charitable organizations, philanthropists, foreign countries, fellow states, and individual citizens stepped up and answered New York's call to help, donating equipment, supplies, and services to the state's COVID-19 relief efforts. Within the first 60 days of the emergency, the state received free flights, transportation, and hotel rooms to transport and house the frontline medical volunteers who answered our call to help combat the surge, as well as face shields, gowns, gloves, masks and other medical supplies.

When hand sanitizer became scarce and reports of price-gouging raised alarm bells, New York State manufactured its own product, and delivered it to critical sites. In the eight weeks since the program began, two million bottles of NYS Clean hand sanitizer have been distributed to hospitals, nursing homes, food banks, public housing residents, food handlers, the Red Cross, first responders, schools and colleges, healthcare workers, homeless organizations, law enforcement, unions, transportation systems and faith-based organizations across all 62 counties.

All of these supply shortages have a common cause. For years, New York's healthcare providers, and those across the country, have relied on foreign manufacturers to produce the needed equipment, and maintained minimal inventory of critical PPE. When the global pandemic hit, and every country on the planet was seeking the same equipment, these supply chains dried up, and hospitals didn't have adequate reserves.

Going forward, New York and her regional peer states have committed to develop a regional supply chain for personal protective equipment, other medical equipment, and testing resources. Flexible, innovative, and effective intergovernmental coordination is crucial to managing future pandemics, and in the absence of streamlined federal leadership, the states must take the lead.





## Different Regions Have Different Requirements...

The impact of the COVID-19 pandemic has been starkly different in different states and different regions throughout the country. The unique density of Downstate New York, for example, combined with a large number of airline passengers flying into our regional airports – more than fly to any other State – made New York the most impacted state in the country, while states with spread out populations and little interstate travel, like Montana, were relatively less impacted.

Similarly, the course of the pandemic has differed in different regions within New York. Yates County, for example, did not have a COVID-19 diagnosis until April 1. By that time, Long Island had nearly 20,000 confirmed cases, and New York City had over 50,000.

A smart response must be sensitive to these regional differences, allocating resources based on need.

But we also have to recognize that isolated hotspots can occur, without warning, in areas where the virus is otherwise relatively absent or under control. A single “super-spreader” at a crowded wedding, sporting event, or other large gathering can lead to dozens of infections – an overnight crisis. While hard decisions have to be made based on facts and probability, the ability to respond quickly and nimbly is critical to containing the spread of the virus.

## ...But Regions Must Coordinate

The virus, of course, does not recognize jurisdictional boundaries, and it demands a regionally comprehensive and coordinated response.

New York has led the country in coordinating its actions with those of its neighbors. New York convened the tristate region's governors, and later facilitated the expansion of that working group to include a bipartisan group of Governors from Pennsylvania, Delaware, Rhode Island and Massachusetts.

To the extent feasible, this collaboration has allowed the region to avoid disparities between the states in their closure of certain activities. If one state, for example, closes its restaurants or beaches or movie theaters, but a neighboring state – or county, even – leaves those facilities open, residents of the former state will inevitably flock to the latter, increasing the risk of spread in both places. By coordinating their efforts regionally, New York and her neighbors have been able to successfully avoid creating these so-called “attractive nuisances.”

Perhaps most important, New York has organized this regional working group into a purchasing cooperative. Shortages of medical equipment forced states to bid against one another for the same limited supply of equipment. As a result, vendors were able to price-gouge New York and other states, costing taxpayers dearly in the midst of an economic crisis. Additionally, rather than coordinate among the States and establish an orderly process for distributing equipment where it was most needed, the federal government sought to purchase equipment for its own stockpile, outbidding states and pushing prices up even further. This situation was untenable.

While the states will continue to partner with the federal government during this global and national public health crisis, it's now abundantly clear that the states have to also work together to identify the entire region's needs, aggregate demand, reduce costs, stabilize the supply chain, and stockpile. By partnering with each other, states across the eastern seaboard have proven that, when principals communicate with each other, and work with and for each other, the whole group is stronger.







## Federal Assistance is Crucial

But for all the power states have when they work together on a regional level, some aspects of the response to a major pandemic are beyond the fiscal and operational capacity of any state. State governments can't be expected to manage an international supply chain, while also trying to put together a statewide testing protocol, coordinating their labs, building an army of tracers, managing hospital capacity, reopening their economy, and more. And the country can't expect states to appropriate sufficient funds to kickstart a national economy – to restart schools, transportation systems, and healthcare networks – without federal assistance, especially with so many states, including New York, facing budget shortfalls. That's why it was especially disappointing when the initial federal COVID stimulus package failed to include critical funding for the states.

Federal support, especially during a crisis, is indispensable, and New York has partnered extensively with the federal government throughout the COVID-19 pandemic to get New Yorkers the resources they need to stay safe.

When the projection models showed New York's expected need exceeded its capacity, the State worked with the federal government to quickly deploy the Army Corps of Engineers and the Federal Emergency Management Agency (FEMA) to help put up temporary hospitals in Downstate hotspots – including building a 2,500 bed temporary hospital at the Javits Convention Center -- and deploy the US Naval Ship Comfort to New York Harbor, augmenting our hospital capacity with 1,000 additional beds, as well as staff and resources like ventilators.


Taken together, these actions have helped New York buck the national trend and flatten the curve.

As we move towards reopening the state and kickstarting our economy, this success must be protected. *Primum non nocere* must be our guiding principle over the coming weeks and months – to first, do no harm.

Our actions affect our destiny. Even as we reopen, we must continue our aggressive mitigation efforts, until the threat of COVID-19 is completely eradicated.



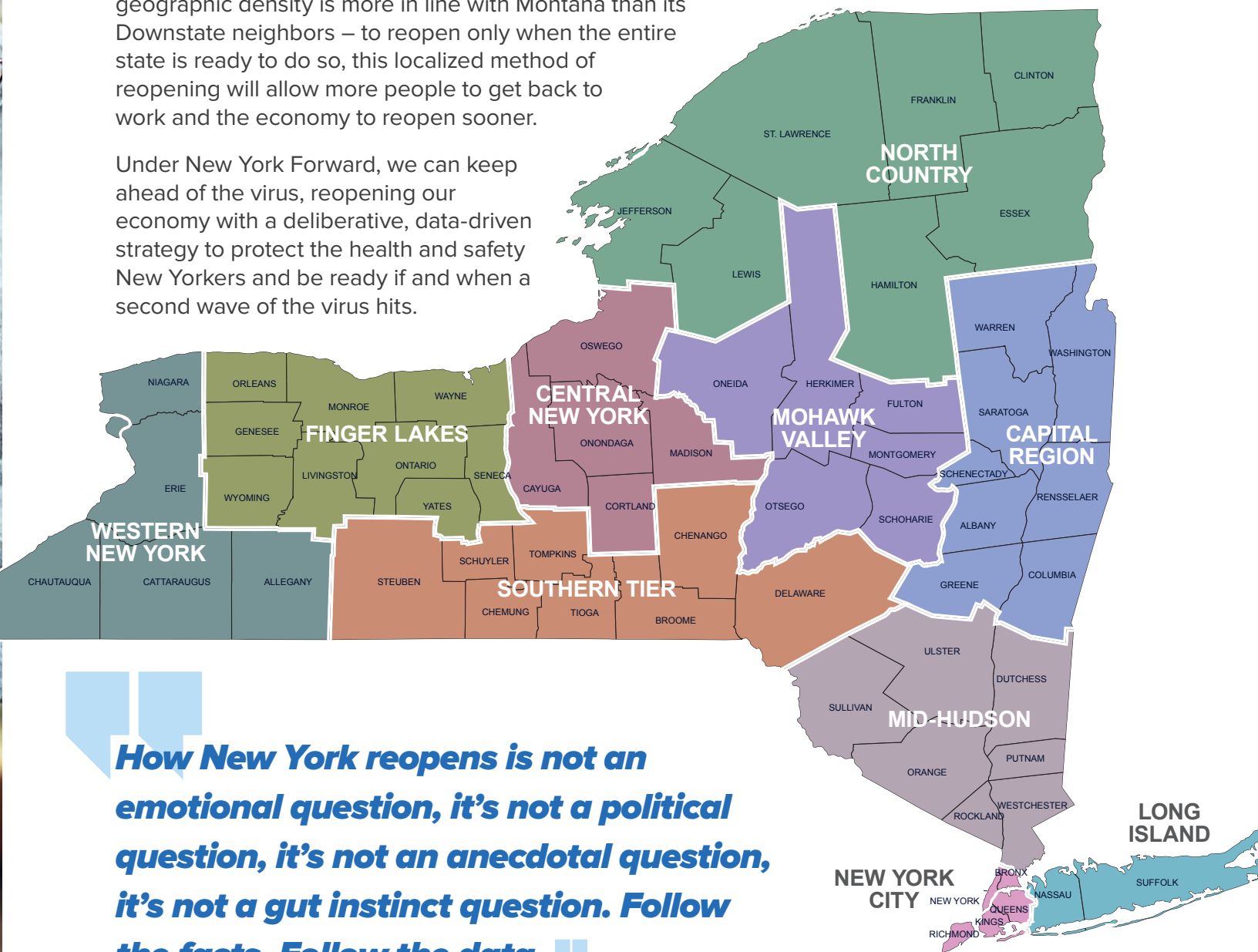
**||: New York Forward**

 ur plan to reopen the state, “New York Forward,” focuses first and foremost on getting people back to work and easing social isolation, without triggering renewed spread of the virus or overwhelming the hospital system.

New York will reopen on a regional basis as each region meets the criteria necessary to protect public health. Just as COVID-19 impacted each state across the country – and each country across the globe – in a different way and at a different scale, so too does it impact different regions across our vast and diverse state differently.

Rather than requiring a region like the North Country – whose geographic density is more in line with Montana than its Downstate neighbors – to reopen only when the entire state is ready to do so, this localized method of reopening will allow more people to get back to work and the economy to reopen sooner.

Under New York Forward, we can keep ahead of the virus, reopening our economy with a deliberative, data-driven strategy to protect the health and safety New Yorkers and be ready if and when a second wave of the virus hits.



***How New York reopens is not an emotional question, it's not a political question, it's not an anecdotal question, it's not a gut instinct question. Follow the facts. Follow the data.***

***– Governor Andrew M. Cuomo, 5/5/20***



## METRICS TO GUIDE REOPENING

It is imperative that we use data and good public health principles to reopen. To that end, state and local officials will monitor four core factors to determine if a region can reopen.

The loosening of restrictions in New York will be considered on a regional basis, based on the following criteria. These criteria are designed to allow phased re-openings to begin in each region only if:

- **The infection rate is sufficiently low;**
- **The health care system has the capacity to absorb a potential resurgence in new cases;**
- **Diagnostic testing capacity is sufficiently high to detect and isolate new cases; and**
- **Robust contact-tracing capacity is in place to help prevent the spread of the virus.**

### 1. Monitoring New Infections

The first key to reopening is continuing to control the rate of transmission of COVID-19, which limits infections and ensures that healthcare facilities are not overwhelmed.

The rate of reproduction over time,  $R_t$ , measures how many people a virus carrier infects. At New York's high point, experts believe that the state had an  $R_t$  of more than 3, meaning every carrier was infecting three more people, spreading exponentially, and leading to an epidemic we could not control. NY PAUSE succeeded in lowering our rate of transmission to below one – not just slowing the rate of spread but achieving a decline in new cases.

## Metric #1 – Decline in Total Hospitalizations:

The Centers for Disease Control and Prevention (CDC) recommends that reopening be dependent on a downward trajectory of hospitalizations and infections over a 14-day period. The CDC also recognizes the need to tailor the application of these criteria to local circumstances (e.g., metropolitan areas that have suffered severe COVID outbreaks, rural and suburban areas where outbreaks have not occurred or have been mild). Accordingly, before a phased re-opening begins, a region must experience a sustained decline in total net hospitalizations – the total number of people in the hospital each day, calculated on a three-day rolling average – over the course of a 14-day period. Alternatively, regions that have seen few COVID cases overall will satisfy this metric if the daily net increase in total hospitalizations (measured on a three-day rolling average) has never exceeded 15.

## Metric #2 – Decline in Deaths:

Another important metric for monitoring the infection rate is the number of daily deaths. Before reopening, a region must experience a sustained decline in the three-day rolling average of daily hospital deaths over the course of a 14-day period. Alternatively, regions that have seen few COVID cases overall will satisfy this metric if the three-day rolling average of daily new hospital deaths has never exceeded 5.

## Metric #3—New Hospitalizations:

In addition to monitoring the decline in disease trajectory, it's important to monitor the absolute level of infection in each region. This is because it's possible for a region that has seen a high level of infections – for example, New York City – to see a sustained decline in hospitalizations and deaths over a 14-day period, while still having an underlying infection rate that is too high to allow for a safe phased re-opening. One reliable metric for evaluating the level of infection is the number of new hospitalizations occurring each day. Accordingly, a phased re-opening for each region will be conditioned on the occurrence of fewer than two new hospitalizations per 100,000 residents (measured on a three-day rolling average).

## GROSS HOSPITALIZATIONS 3 DAY AVERAGE

| Regions          | Regional Population | Total Numbers of hospitalizations to reach 2 per 100k | 3-day rolling average gross hospitalizations | 3-day rolling average gross hospitalizations per 100k residents |
|------------------|---------------------|---|--|---|
| Capital Region   | 1,084,941           | 22  | 5  | 0.46  |
| Central New York | 775,470             | 16  | 10   | 1.33  |
| Finger Lakes     | 1,202,978           | 24  | 11   | 0.89  |
| Long Island      | 2,839,436           | 57  | 100  | 3.51  |
| Mid-Hudson       | 2,321,965           | 46  | 70   | 3.00  |
| Mohawk Valley    | 485,302             | 10  | 3  | 0.69  |
| New York City    | 8,398,748           | 168   | 298  | 3.55  |
| North Country    | 418,971             | 8   | 0  | 0.08  |
| Southern Tier    | 633,037             | 13  | 1  | 0.21  |
| Western New York | 1,381,361           | 28  | 23   | 1.64  |
| NYS Total        | 19,542,209          | 391   | 521  | 2.67  |

## 2. Healthcare Capacity

This pandemic has made clear that having enough hospital capacity is critical. Upon the recommendations of public health experts, every region must have the healthcare capacity to handle a potential second surge in cases – regions must have at least 30 percent of their total hospital and ICU beds available at all times.

### **Metric #4—Hospital Bed Capacity**

In addition to ensuring that disease progression is contained, guidance from both the CDC and World Health Organization (WHO) require that regional health system capacity remain sufficient to absorb a potential resurgence of new cases. Phased re-openings will therefore be conditioned on the hospital bed capacity in each region. Regions must have at least 30 percent of their total hospital beds available before a phased re-open can begin.

### **Metric #5—ICU Bed Capacity**

Nearly 30% of hospitalizations for COVID-19 ultimately require critical care. It is therefore critical that regional health care systems not only maintain sufficient bed capacity for a potential resurgence in cases, but also achieve sufficient capacity for ICU beds specifically. Accordingly, regions must have at least 30 percent of their ICU beds available before a phased re-opening can begin.

In addition, to ensure nurses and doctors have the personal protective equipment (PPE) they need, every hospital must also have at least 90 days of PPE stockpiled. The State is working with the hospitals, nursing homes, and other facilities to develop a timeline to build a robust stockpile. We can't afford to risk another scramble for PPE while medical personnel are left under-protected.

## 3. Diagnostic Testing and Contact Tracing Capacity

The key to controlling the virus is aggressive testing and tracing, so that hotspots can quickly and effectively be isolated.

New York has worked hard to scale up testing at rates higher than any state or country in the world. Hospitalization rates are important, but testing identifies the full rate of spread. Regions can watch that rate move, and adjust their reopening strategies as needed.

Widespread testing is also key to effective contact tracing. This allows health officials to identify asymptomatic carriers, who are spreading the virus undetected, and isolate them before they infect others.



## Metric #6—Diagnostic Testing Capacity

Widespread diagnostic testing is a key linchpin on which our ability to contain the spread of the virus depends. Testing is critical to identifying new infections, isolating them, and tracing their contacts. Phased re-openings will depend on the ability of each region to achieve 30 tests per 1,000 people per month, consistent with the recommendation of Dr. Deborah Birx of the White House Coronavirus Task Force. New York scaled up testing at rates higher than any state or country in the world. The State is committed to continuing to rapidly expand our capacity statewide to help all regions meet this threshold.

## Metric #7—Contact Tracing Capacity

The CDC and WHO also recommend that robust contact tracing programs be in place before local governments consider easing restrictions. Contact tracing helps prevent the spread of COVID-19 by rapidly interviewing positive patients; identifying their close contacts; interviewing and alerting those contacts to the risk of infection; and instructing those contacts to quarantine or isolate for 14 days, to be sure they don't spread COVID-19 to others. The New York State Department of Health (DOH) has partnered with former New York City Mayor Michael Bloomberg, the Johns Hopkins University School of Public Health, and Vital Strategies to recruit and train an army of contact tracers to meet the needs of each region statewide, including from State, City and County Health Departments. In collaboration with these partners, DOH has established region-specific thresholds for the number of contact tracers required, based on the characteristics within each region.





**Contact tracing, meanwhile, helps prevent the spread of COVID-19 through four key steps:**

- First, labs report positive cases of COVID-19 to contact tracers on a daily basis via a state reporting system.
- Contact tracers then interview positive patients to identify people they may have been in contact with over the past 14 days. Based on the results of the interview, tracers will advise the positive individual to get tested, and either isolate or quarantine themselves for the following 14 days to prevent further spread of the virus.
- The contact tracer then notifies and interviews each contact of the original positive individual to alert them to their risk of infection, and instructs those contacts to quarantine or isolate for 14 days to prevent further spread.
- Finally, the contact tracer monitors those contacts by text throughout the duration of their quarantine or isolation to see if the contacts are showing any symptoms.

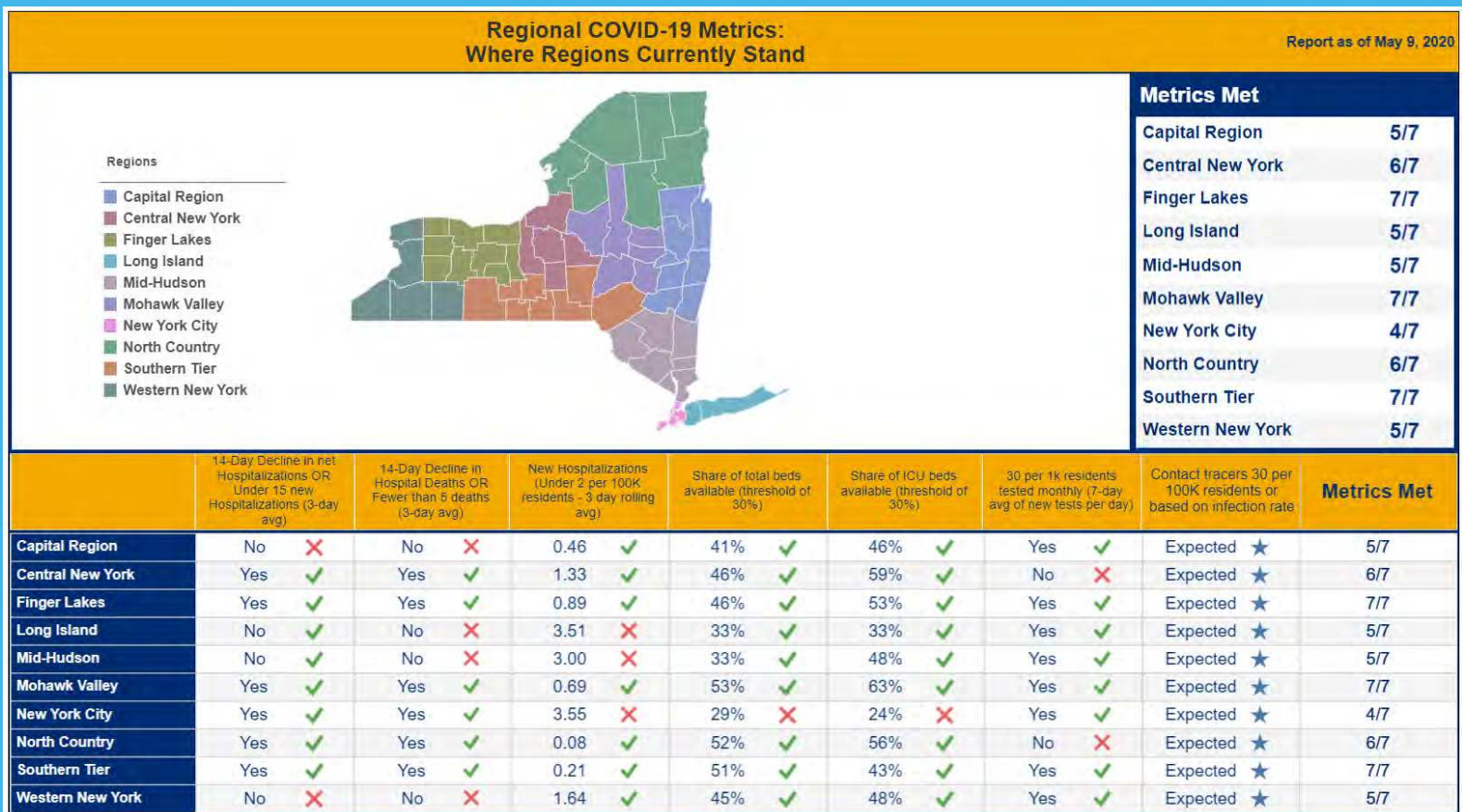
Members of the tracing team will also work with any individual being traced who needs social services assistance, such as housing, food, or medicine, while they are quarantined or isolated.

The State is building a nation-leading contact tracing program to monitor and control the infection rate. NYS DOH is working with former New York City Mayor Mike Bloomberg and the Johns Hopkins Bloomberg School of Public Health to recruit and train an army of contact tracers to meet the needs of each region statewide, including from State, City and County Health Departments. The program will operate through the next flu season, and it will be implemented in coordination with tristate neighbors New Jersey and Connecticut.

## Ongoing Monitoring

Once a phased re-opening begins, it is essential that the rate of transmission be carefully monitored and remain under control. Each region must appoint an oversight institution as its “control room” to monitor the regional infection rate during the phased reopening. This team of local elected officials, as well as hospital and state representatives, will monitor the above metrics and other key indicators, and can slow or shut off reopening if indicators are problematic. This team will also monitor business’ compliance with reopening guidelines and ensure that local officials are enforcing these rules when necessary.

The State’s public dashboard will allow regions and the public to see where regions are in meeting the metrics, and if certain areas are slipping and in need of additional actions to control the virus and protect the public’s health – a “circuit breaker.”



The up to date monitoring dashboard can be found at [ny.gov/nyforward](https://ny.gov/nyforward)

# Phased Reopening of Businesses

Each region will reopen businesses in phases, with at least two weeks in between each phase. This allows state and local leaders to monitor the effects of the reopening and ensure hospitalization and infection rates are not increasing before moving to the next phase and permitting more economic activity.

|                     | Greater Economic Impact  | Lower Economic Impact   |
|---------------------|--|---|
| Low Infection Rate  | Industry greater economic impact, <b>low risk</b> of workplace or customer infection spread    | Industry less economic impact, <b>low risk</b> of workplace or customer infection spread    |
| High Infection Rate | Industry greater economic impact, <b>higher risk</b> of workplace or customer infection spread | Industry less economic impact, <b>higher risk</b> of workplace or customer infection spread |

The phase-in plan prioritizes businesses considered to have a greater economic impact and inherently low risks of infection for the workers and customers, followed by other businesses considered to have less economic impact, and those that present a higher risk of infection spread.

Additionally, when phasing-in reopenings, regions must not open attractions or businesses that would draw a large number of visitors from outside the local area.

There is, unsurprisingly, a significant demand by people right now across New York and our neighboring states to gather and enjoy each other's' company. While people should be able to have fun, facilities or events that attract hundreds of people from outside the region pose a significant public health danger as we try to carefully reopen. These places should be closed and events should continue to be postponed or cancelled until the threat of COVID-19 has subsided.

As businesses reopen, they will not be returning to business as usual. Transmission of COVID-19 will remain a threat to employees and customers for some time, and business owners will need to adapt to this "new normal."

Each business and industry must have a plan to protect employees and consumers, make the physical work space safer and implement processes that lower risk of infection in the business.



## Phase 1



## Phase 2

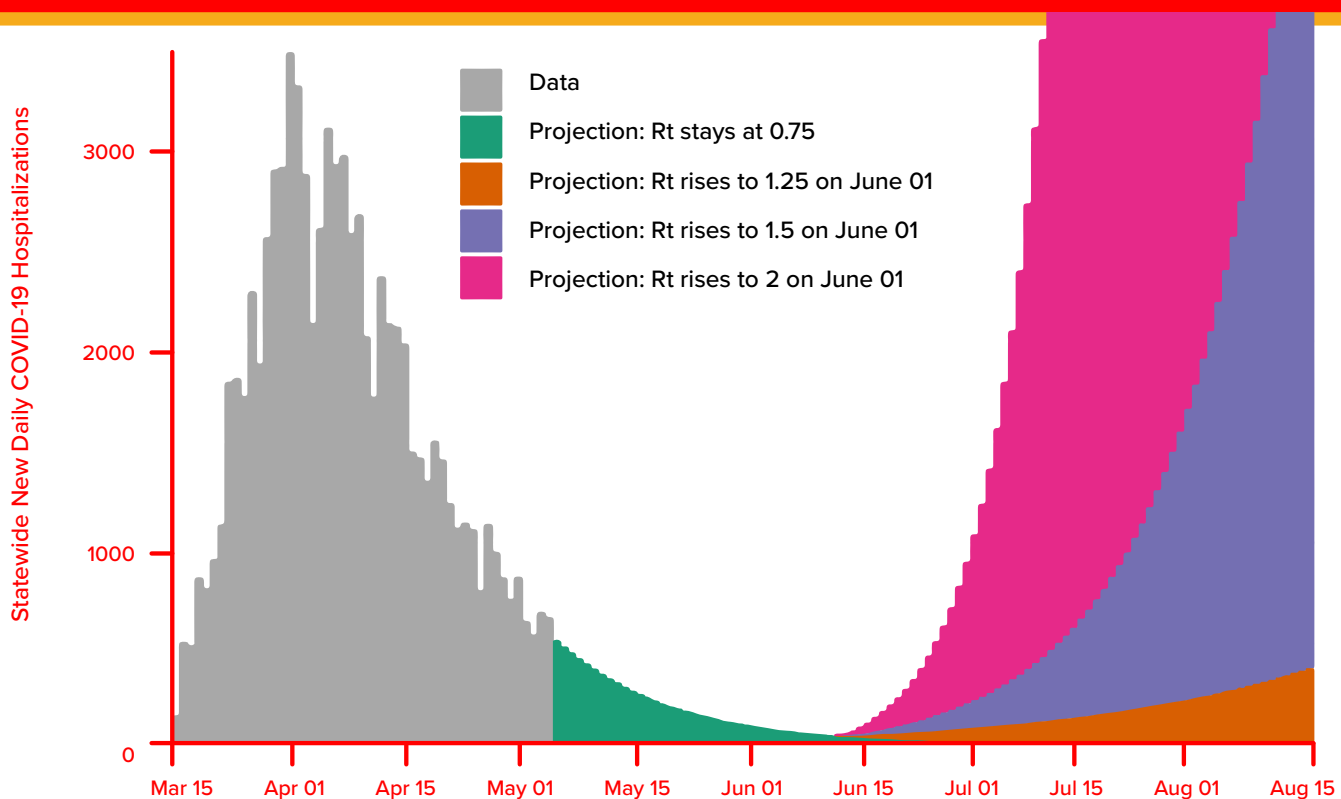


## Phase 3



## Phase 4





## In developing these plans, businesses will need to consider three main factors.

**The first factor is protections for employees and customers.** These include possible adjustments to workplace hours and shift design as necessary to reduce density in the workplace; enacting social distancing protocols, and restricting non-essential travel for employees.

**The second is changes to the physical workspace,** including requiring all employees and customers to wear masks if in frequent close contact with others and implementing strict cleaning and sanitation standards.

**The last factor for businesses to consider is implementing processes that meet our changing public health obligations,** like screening individuals when they enter the workplace, or reporting confirmed positives to customers. While these processes will vary from business to business, almost everyone will have to adapt, in some way or another, to our new normal.

The State has created and deployed the **New York Forward Reopening Advisory Board**, to help guide the state's reopening strategy and develop industry specific safety guidelines, and regions should consider them a resource throughout this process. The advisory board is chaired by former Secretaries to the Governor Steve Cohen and Bill Mulrow and includes over 100 business, community, and civic leaders from industries across the state.

As businesses and citizens alike grow more and more restless, the pressure on elected leaders to act based on emotion or politics, rather than facts and data, will increase. But both the public health and economic stakes are too high right now to let opinion guide decision-making.

The New York Forward Plan is evidence-based, sound, and driven by science and economics, not politicians. It's how we reopen our state and put New York back to work as safely and as quickly as we can.



Reinforcing ~~New York State~~ Nursing Homes  
By law and regulation, nursing homes **MUST**:  
Protecting nursing homes is our  
number one priority.  
STAY HOME. STOP THE SPREAD. SAVE LIVES.

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**|||: Leadership**

**D**uring a crisis, New Yorkers look to their elected officials, across all levels of government, for leadership. And from the first day of the outbreak, COVID-19 has been no different. As we work together to start reopening New York and prevent a second wave, our efforts will require continued strong, decisive leadership from all levels of government, driven by a select few guiding principles that New Yorkers have come to expect from their representatives in government.

## People Want the Facts

When COVID-19 first appeared in New York, we faced an epidemic on two fronts – one caused by the novel coronavirus, and another caused by fear.

Take, for example, social distancing. During the first few weeks after the initial confirmation, some politicians announced they planned to issue what they called “shelter in place” orders – a term associated with nuclear disasters and active shooters, rather than a call to spend the day at home, when possible.

The confusion bred chaos – rumors of mandatory quarantining and travel bans abounded, despite legal and practical dubiousness. And people rightly grow afraid when they think no one is in charge, when they don’t have the all the information, or when they don’t trust the information they’re getting.

There’s a fine line between being candid and inciting fear. People need to be aware of the threat they face – aware enough to act, and protect themselves and others. But on the other hand, essential workers need to know that government is working diligently to ensure it’s safe for them to leave their homes and go into work – to keep our hospitals, grocery stores, and transit lines operating.


That’s why I was so proud of the work many of my colleagues in public service performed during the chaotic first few weeks of the outbreak.

We were in constant communication with the public, relaying all of the facts as they came in. Not sensationalized, not editorialized – just the facts, the antidote to fear and anxiety.

We worked with each other, putting politics and histories aside to cut through red tape and ensure all New Yorkers had the resources and support they needed to get through the day, at least. And while we didn’t know for sure, at the time, what COVID-19 would ultimately bring to New York, we acted quickly and effectively to prepare the state for the worst, even as we hoped for, and worked for, the best.

As regions start to phase-in their reopenings, local leaders need to communicate factually and clearly with their constituents – explaining the facts on the ground that are driving decision-making and making that data available to the public.

Many are rightfully eager to reopen quickly and may be frustrated by the need to go slowly and deliberately. Understanding their leaders’ decisions will calm anxiety and stop the spread of rumors. The New York Forward Plan provides a framework for that conversation, identifying the metrics that officials can use to measure the infection rate and the readiness of local hospitals and contact tracers to handle those cases.



***We are taking every action to make sure New Yorkers are safe. But undue anxiety and fear is a threat in itself. Let's fight fear with facts.***”

***– Governor Andrew M. Cuomo, 3/5/2020***



## Pay Special Attention to Vulnerable Populations

Tragically, the virus, and the measures needed to stop the spread, disproportionately impact the same vulnerable populations: older and lower-income New Yorkers. The New York Forward plan builds in metrics to monitor and control the spread of the virus, but as officials phase-in reopening, they also have an obligation to pay special attention to these vulnerable populations, including the frontline workers who are most at risk.

For older and immunocompromised New Yorkers, leaders should emphasize the need for heightened safety precautions and continued social distancing, especially as businesses start to reopen. Since these New Yorkers will continue to stay at home longer than most, officials should continue to ensure that these residents have access to the food, medicine, and other support they need.

State and local leaders must also continue monitoring nursing homes and other long-term care facilities to make sure they are protecting the most vulnerable in society.

Under federal and state laws nursing homes are required to immediately certify to the Department of Health that they have complied with all regulations, directives, and guidance, including cohorting COVID-positive patients and staff, and if they cannot transferring the resident to another facility; staff temperature checks every 12-hours; mandating PPE; that all nursing homes test residents and staff twice a week; and prohibiting visitors. Additionally, to protect all nursing home residents, DOH requires all patients test negative upon discharge from a hospital before being admitted into a nursing home facility. DOH is inspecting facilities that have not complied with these directives, including separation and isolation policies, staffing policies, and inadequate personal protective equipment. If DOH determines that the facilities failed to comply with the directives and guidance, the facilities could be fined or lose their operating license. The State has also been working with nursing homes and to provide access to every nursing home facility in the state to staffing assistance (including the state's nation-leading volunteer portal), PPE and providing tests to staff and residents as well as testing kits.

Testing has found that low-income New Yorkers and communities of color have paid a disproportionate price for this disease. Additionally, 52 percent of New York's frontline workers are people of color. Of those frontline workers, 63 percent of public transit workers, 69 percent of building cleaning service workers, and 51 percent of healthcare workers are people of color.<sup>12</sup> People of color are also disproportionately represented in delivery and childcare services, and approximately one third of frontline workers are members of low-income households.

12. Center for Economic and Policy Research, "A Basic Demographic Profile of Workers in Frontline Industries." April 7, 2020. <https://cepr.net/a-basic-demographic-profile-of-workers-in-frontline-industries/>

The state has been laser-focused on these communities. We launched a partnership with Ready Responders to bring healthcare services, including increased COVID-19 diagnostic testing, to New York City Housing Authority residents and churches across New York City. And we launched an effort with the State University of New York at Albany and Northwell Health, led by SUNY Albany President Havidán Rodríguez, to collect new data on health disparities and recommend actions the State can take to address them. This data collection complements our mandate requiring unprecedented demographic data collection and reporting by all New York hospitals for all new COVID patient admits. Now, as regions bring businesses back online, local officials must also work to prevent these communities from continuing to bear the brunt of the pandemic, including through increased testing and equitable resource allocation.

|          | New York City   |                 | Rest of State   |                 |
|----------|-----------------|-----------------|-----------------|-----------------|
| Race     | % of Fatalities | % of Population | % of Fatalities | % of Population |
| Hispanic | 34%             | 29%             | 14%             | 12%             |
| Black    | 28%             | 22%             | 18%             | 9%              |
| White    | 27%             | 32%             | 60%             | 74%             |
| Asian    | 7%              | 14%             | 4%              | 4%              |
| Other    | 4%              | 3%              | 4%              | 1%              |

COVID-19 fatalities in New York



**In a survey of 1,650 newly hospitalized COVID-19 patients in NYC, of the 21 zip codes with the most new COVID-19 hospitalizations, 20 have greater than average black and/or Latino populations.**

Finally, there has been a reported uptick in the number of domestic violence cases in the state. Because of continued social distancing guidelines, domestic violence victims are even more vulnerable and unsafe while isolated at home, without being able to get away from their abuser. The State has launched a text message and confidential online service to aid victims, but local officials and law enforcement should ensure all avenues of local support are available to victims.

**New Yorkers in need of help can text 844-997-2121, or can confidentially reach a professional at [www.opdv.ny.gov](http://www.opdv.ny.gov)**

## Educate and Hold Businesses Accountable to Guidelines

When New York went on PAUSE, most New Yorkers did the right thing, closing non-essential businesses and refraining from large gatherings that would exacerbate the spread. For those that did not, local governments have been key partners with the New York State PAUSE Enforcement Assistance Task Force in reaching out to businesses to inform them of the social density orders and their responsibility to protect the health and safety of themselves and others. Where that was insufficient, local law enforcement has issued penalties or closures where appropriate.

Under New York Forward, regions will be reopening at different paces, led by the data, and communication to businesses about the rules of the road will be critical. Local leaders should continue with their strategy of outreach and education to businesses that are not in compliance with guidelines. For continued or egregious non-compliance, local law enforcement are empowered to enforce the rules.



## Plan for School Reopenings

Schools and colleges will be reopened. But the question for each region is when, how, and for whom.

How can K-12 schools monitor the spread of COVID-19? How do we instill parent confidence and reinforce student safety? When, and how, will extra-curricular activities reopen? Do protocols for special student populations change?

On college campuses, how will housing, meals, and gatherings work? What steps need to be taken to ensure student mental health? How can colleges best work together to share services and offer opportunities across public and private systems? Would any alternative academic calendars work?

And what role will technology play in the education system's new normal?

Each school and college will face its own myriad set of new challenges. Regional leaders should develop a localized reopening plan, with support from the Reimagine Education Advisory Council of educators, students, parents and education leaders, to be submitted to the state for approval, that addresses how they plan to reopen their schools – and reopen them safely.

## Pay Attention to Mental Health and Wellbeing

The rapid and dramatic response to COVID-19 – shutting down the economy and asking people to stay home – had many ancillary disruptions. Chief among them was an impact to mental health. A lot of New Yorkers have been touched by grief. Avoiding neighbors in the street is profoundly disorienting. Going weeks without seeing family and close friends is profoundly dispiriting. The entire experience of quarantine is profoundly isolating. Half of all Americans have said that their mental health has been negatively impacted by the pandemic, and experts have measured a rise in drug and alcohol consumption. The anxiety, depression, insomnia, loneliness – the feeling of isolation – is not going away soon.

Mental health and wellbeing is an even bigger concern for frontline workers. Healthcare workers, essential workers, and first responders are all working long hours under incredible stress, worried about their own health or bringing an infection home.



The State has developed mental health support resources for all New Yorkers. We set up a mental health hotline, and recruited thousands of mental health professionals to provide free counseling to anyone who needs it. The State has partnered with the Kate Spade New York Foundation and Crisis Text Line to provide 24/7 emotional support for frontline healthcare workers. New York has also partnered with Headspace to offer free meditation and mindfulness content as a mental health resource for all of us as we cope with this unprecedented public health crisis.

New Yorkers can access a collection of science-backed, evidence-based guided meditations, along with at-home mindful workouts, sleep exercises, and children's content to help address rising stress and anxiety.

The mental health challenges posed by the pandemic will persist, even as we begin to reopen. State and local leaders need to continue to address these problems.

This doesn't mean just providing more resources to New Yorkers. It means leaders should speak to their anxieties, reminding New Yorkers that they are not alone, that things will get better, and that they should get the help they need.

Moving New York forward will be complicated at times. And it will be frustrating for many who are also trying to adapt to a new reality – too slow for some, too fast for others.

But moments like these are why elected officials were put in office. Over the last two months, millions of New Yorkers have put aside their personal and political differences and come together to support each other and keep our state safe. We owe it to them to do the same – to put aside party and ideology and work together to communicate clearly, with one voice, and make progress happen for all New Yorkers.

**New Yorkers can make an appointment for free online mental health services at 1-844-863-9314.**

**Frontline workers in need of emotional support can text NYFRONTLINE to 741-741**

**Access free meditation and mindfulness resources at [www.headspace.com/ny](http://www.headspace.com/ny)**



## **IV: Individual Responsibility**

***An individual's role is to act responsibly and intelligently for yourself, your family, and for your community. Wear a mask.***

**– Governor Andrew M. Cuomo  
5/3/2020**

Since day one of this crisis, people across New York and across the country have turned to their local, county, state, and federal governments for direction. As well they should – government should be the primary driver and manager of our societal response during an emergency.

Further, much attention has rightfully focused on the bravery of our heroic frontline workers – the medical staff working endless hours to save lives, the first responders keeping us safe, the grocery store staff, food delivery workers and cooks, transit workers, and so many more who have been going out every day to serve their communities.

But all citizens also have an important role to play in combating this crisis– an individual responsibility to uphold their end of the social contract, show respect for their fellow New Yorkers, and help keep those around them safe.

That means continuing to social distance, continuing to wear a mask, continuing practicing good hand hygiene or wearing gloves, and continuing to stay inside as much as possible.

Of course, it's not plausible to be inside 100% of the time – you have to go get groceries, check the mail, and walk the dog. Still, the fact is that every minute someone's interacting with the public, they're increasing the risk to themselves, and they're increasing the risk to other people. Taking unnecessary risks also disrespects the sacrifices of frontline workers. Failing to do your part could mean more people get infected, potentially overwhelming hospitals or infecting health care workers themselves.

COVID-19 is a vicious virus. It's highly contagious. It may live on surfaces for days. It doesn't take much at all for anyone, including younger people, to catch this virus. And there's so much we still don't know about it. While initial data indicated that children were less at-risk than other age groups, we've recently seen a troubling rise in deaths from a possible complication of COVID-19 in children, presenting symptoms similar to Kawasaki disease – a rare inflammatory condition – and toxic shock syndrome.



The single most important person keeping you safe, keeping your family safe, and keeping everyone around you safe, is yourself. Taking every protective precaution isn't about any one of us – it's about all of us.

The last couple of months have been unbelievably hard. But in some ways, the weeks and months ahead of us now will be even tougher. As spring gives way to summer and it gets warmer and nicer outside, as the economy eases back into motion, as the statistics look more and more encouraging, and as cabin fever reaches a breaking point, New Yorkers are going to have to dig in and keep doing what they've been doing so well:

Staying inside and avoiding others. Wearing a mask, all the time. Washing their hands. And keeping certain businesses and industries temporarily closed.

This is part of our new normal, at least for the time being. It's frustrating – there's no denying that. But now is our make or break point. If we double down on our efforts and fulfill our social responsibility now, we can rid New York of this virus for good.



***It is us, together,  
versus the virus.”***


***– Governor Andrew M. Cuomo, 5/4/2020***



*The COVID-19 crisis has challenged our state and our country like nothing we've faced in generations. But in the face of incredible adversity, we've also seen the grace and sense of community that makes us special. From the parent in Syracuse who has added "Algebra teacher" to their list of titles, to Dennis Ruhnke, the retired farmer in Kansas who mailed New York his extra N-95 mask so that we could give it to a frontline worker who needed it, people everywhere have stepped up and pulled together to help us weather this storm. If we each do our part, and continue supporting each other and lifting each other up, we will beat this virus, and come out stronger on the other side.*



**V: Build Back Better**



**You don't want  
to build back  
what was.  
You want to  
build back  
better than  
before.**”

– **Governor Andrew M. Cuomo**  
**4/25/2020**

**T**he hard truth is that we can't just reopen New York the way it was, because the COVID-19 pandemic has fundamentally altered our state and our way of life. To simply reopen would mean trying to return to the old normal – a normal that no longer exists.

The New York we build back will be different than the pre-COVID New York. But in the unprecedented challenge this crisis posed, there is an unprecedented opportunity to plan ahead, think differently, and build back better than ever before. History has repeatedly shown us that times of crisis can shock the body politic into lasting change that improves society for generations to come.

The Great Chicago Fire of 1871, which killed 300 people, left 100,000 people homeless, and destroyed over three square miles of the city, led to stricter fire safety laws and building codes, including banning wooden buildings within city limits – measures that have saved countless lives since.

The Triangle Shirtwaist Factory Fire in 1911 was the deadliest industrial disaster in New York's history, causing the deaths of 146 garment workers. It led to Governor Al Smith and Frances Perkins passing the first state workplace guarantees in the country later that year – a model for the nation that improved worker safety across America.

The Great Depression – the longest, deepest, and most widespread economic downturn of the 20th century – was reversed through President Franklin Delano Roosevelt's New Deal legislation, leading to the dawn of the “American Century” and the creation of a social safety net, including Social Security.

From World War II, the deadliest conflict in human history, with as many as 85 million people killed, came the United Nations; unprecedented opportunity for women in the workforce; and the GI Bill, which helped more than 8 million veterans go back to school.

After 2,977 innocent Americans lost their lives on September 11, 2001, in the deadliest terrorist attack on American soil, the Department of Homeland Security was established, representing the largest restructuring of the U.S. government in contemporary history.

And after Superstorm Sandy left devastation in its path in 2012, New York State built back stronger, made its infrastructure more resilient, and established the Governor's Office of Storm Recovery, dedicated to centralizing recovery and rebuilding efforts in impacted areas of New York State.

Today, we have another chance to make ourselves better for having gone through hell. This is a moment not just to reexamine and intelligently build back core parts of our society and our economy to be more resilient to future pandemics, but to reimagine – to chart a new course and a new vision for New York's future, and finally address the systemic issues that, for too long, have limited opportunity and progress for all.

## Better Education System

Beginning in early March, schools across the state began moving to distance-learning models as the virus spread across New York. By early May, all schools across the state had been closed for the remainder of the academic year – an unprecedented step that placed an enormous burden on administrators, teachers, parents, and students alike. Lesson plans had to be adapted to fit online classrooms. Child care had to be provided. And tens of thousands of students who rely on their schools for free or reduced-price breakfasts and lunches had to be fed.

Going forward, we must explore ways in which our education can be reimagined, including by examining ways technology can be used to provide more opportunities to students, reduce educational inequality, and better meet the educational needs of students with disabilities.

Over the coming months, New York State will partner with the Bill and Melinda Gates Foundation, as well as local education leaders from across the state, to convene experts and develop a blueprint to adapt our state's education system for this new normal. To aid in the development of these plans, in early May, the State launched a Reimagine Education Advisory Council, made up of educators, students, parents and education leaders, to help districts reimagine schools as they prepare to reopen.

By doing so, we will build an education system that is able not just to serve students during a global pandemic, but to address inequalities that, for too long, have created disparities between richer and poorer school districts.

## Better Healthcare System

The COVID-19 crisis exposed operational issues with New York's healthcare system, forcing us to adapt on the fly through creative strategies like the Surge and Flex initiative. We must learn from this experience and be better prepared for when the next medical crisis hits our state – a matter of if, not when.

This will be accomplished through a number of approaches. New York can rethink and harden our healthcare system by continuing and expanding the tele-medicine and remote-care healthcare options whose use and popularity grew over the last two months, strategically balancing our medical resource stockpile across the state, and expanding frontline healthcare worker employment opportunities, we can harden our healthcare system today against the challenges of tomorrow. Michael Dowling, President and CEO of Northwell Health and former State Director of Health, Education, and Human Services under Governor Mario Cuomo, will help New York on this critical endeavor.



## Better Transportation Network

In the midst of the pandemic, the MTA completed the L-Train project, which repaired the Hurricane Sandy-damaged Canarsie Tunnel under the East River without shutting down the train's service. The project was finished three months ahead of schedule and \$100 million under budget. This project – the result of outside-the-box thinking by a panel of international transit experts – is proof that creative thinking and challenging the conventional wisdom can yield extraordinary results.

Now, with mass transit systems in New York City and across the state operating on alternate schedules – including shutting down the MTA's subway system from 1:00-5:00 am – and receiving increased attention from sanitation and repair crews, we have a chance to find ways to increase service, reduce costs, and protect the health of workers and riders alike.

## Greater Social Equity

The pandemic exacerbated existing inequality among New Yorkers. African Americans and Latinos across the state faced disproportionately high COVID-19 fatality rates. A 15,000-person random antibody survey conducted by the state further demonstrated that communities of color saw disproportionately high rates of COVID-19 infection. Recent data also demonstrates that residents of low-income and non-white communities are entering hospitals at a higher rate.

Several factors drive these disparities, among them that frontline workers in healthcare, transit, and law enforcement are disproportionately people of color, and that, on average, African American and Latino New Yorkers have less access to healthcare than other New Yorkers, and higher rates of pre-existing medical conditions that render patients particularly vulnerable to COVID-19.

New York's response has focused with special intensity on easing the virus' impact on communities of color, including launching targeted testing programs at churches and public housing complexes within impacted communities of color, and distributing more than one million protective masks and more than ten thousand gallons of hand sanitizer to public housing residents. We've launched an effort with the State University at Albany and Northwell Health to examine the underlying, systemic issues at work, collect more data, and recommend ways to act on it. This research will enable us to make the type of reforms necessary for our state and this country to be better for having gone through this.

Even as we've worked as a state to expand testing to all corners of New York, and even as we've continued our day-one commitment to ensure every single person has the care and coverage they need – including mental health and wellness coverage – New York is committed to learning the lessons from this crisis and using this opportunity to make social progress a reality for every New Yorker.

## Better Public Safety

Throughout this crisis, New Yorkers have been reminded, once again, of the truly heroic work our first responders – healthcare workers, firefighters, EMTs, police and corrections officers, and others – perform on a daily basis. But we’ve also been reminded that, while saying thank you is great, our actions are what count.

New York has conducted random antibody survey testing to fully understand the impact of the virus on our first responders. Across the board, our first responders saw lower rates of infection than the public at large. These findings reconfirm the State’s approach from Day One – to ensure our frontline heroes have the protective equipment they need to stay safe as they serve New Yorkers every day.



But developing better lines of coordination between federal, state, and local authorities, and ensuring first responders have the supplies and protective equipment they need to face any crisis must be a top priority for every elected official as we enter our new normal. It’s the thanks our heroes need and deserve

## Better Housing Support

Public health crises and housing reforms have always gone hand-in-hand. Poor conditions in 19th and 20th century tenement housing spurred revolutionary sanitary and ventilation regulations, including the New York State Tenement House Act, a progressive reform that still governs New York City low-rise building law today.

The crisis of our era exposed our need to focus more attention on residents of public housing, who have disproportionately suffered during this crisis, and address homelessness by ensuring access to quality, affordable housing for New York’s most vulnerable citizens. The reimagination of our housing system should include examining how expanded affordable housing options can reduce density in crowded living environments and better ensure that, during a contagious disease outbreak, New Yorkers have the housing options needed to protect themselves and their families.

## Better Integration of Technology in State Systems

Many opportunities that New York has to build back better depend on widespread and equitable access to new technologies and broadband internet. To reimagine our state, we have to integrate our practices and systems with the best advanced technology tools.

Eric Schmidt, former Google CEO and Executive Chairman and founder of Schmidt Futures, will lead a 15-member Blue Ribbon Commission and use what the state has learned during the COVID-19 pandemic, combined with new technologies, to improve technology access for all New Yorkers.

## A Better Economy for All

Like every state across the country, every aspect of New York's economy – thriving just weeks ago – has been devastated by the COVID-19 crisis. Nearly two million New Yorkers are out of a job, and tens of billions in tax revenue is lost.

We must – we will – rebuild our economy and get the state back to work. But we must also do it in a way that makes our state's fiscal health and workforce more resilient.

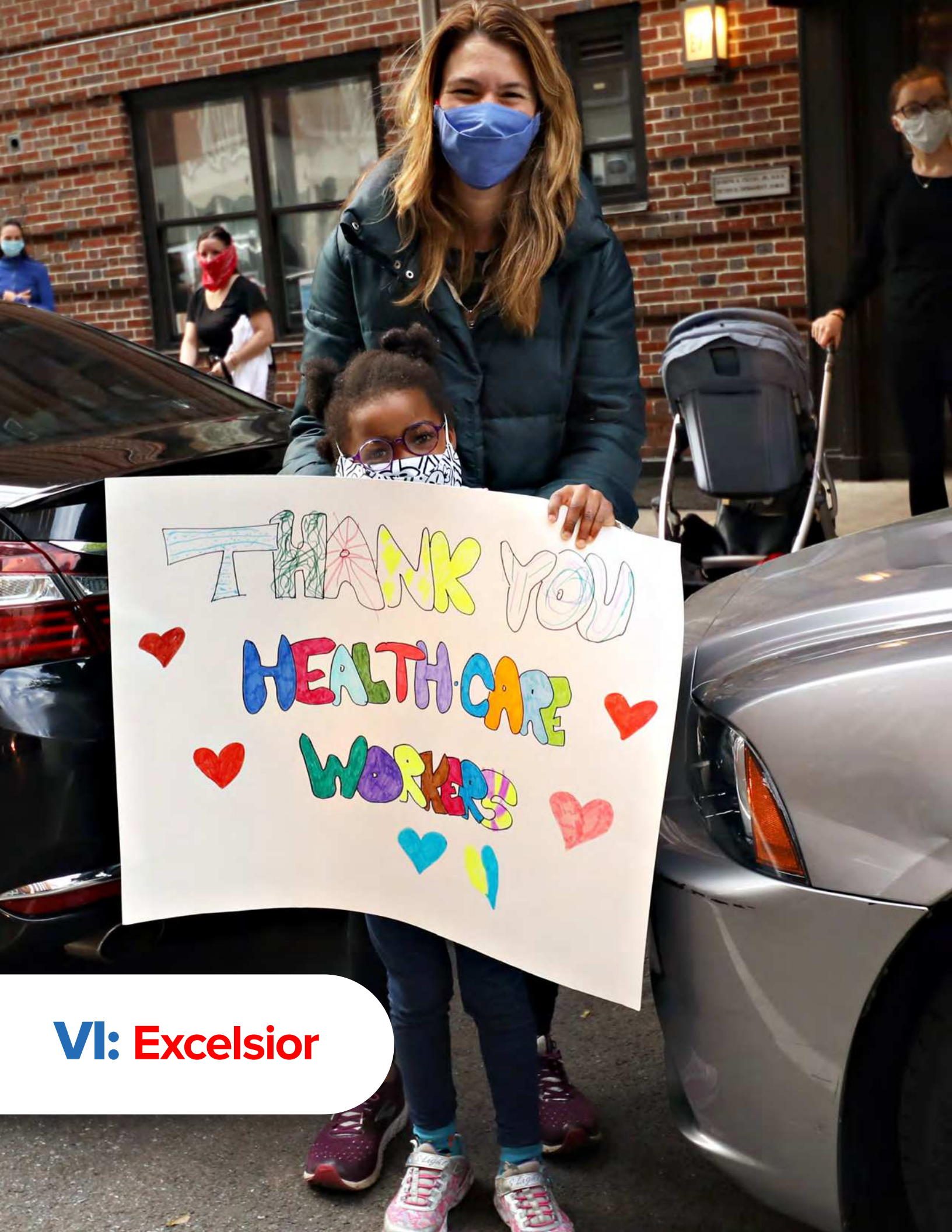
Millions of workers have spent the last two months telecommuting or working from home – policies that will inevitably need to continue and expand as technology becomes more accessible and employers grow more flexible. And because the pandemic exposed how vulnerable a supply chain that relies too heavily on foreign countries is, to be prepared for the next crisis, we must create new jobs and manufacture our own critical goods and supplies here at home.

Franklin Roosevelt's comprehensive, progressive, and creative efforts as Governor of New York and President of the United States helped lead our state and our country out of the depression following the Wall Street Crash of 1929 and laid the foundation for decades of unprecedented prosperity. Today, we again have an opportunity to rebuild a healthy, just, strong, and resilient workforce, and we must take it.

This pandemic has made many of the systemic faults across every aspect of our society, our laws, and our support systems even more clear.

The solutions won't be easy – and aren't even necessarily clear today.

But what is clear is our obligation to learn from these exposures, to think differently, and to act boldly to better ourselves and our state.



**VI: Excelsior**

***You get knocked on your rear in life. That happens. The question is, do you get up? And if you get up, how do you get up. Are you a better person for having gotten kicked on your rear end?”***

***– Governor Andrew M. Cuomo, 4/22/2020***

**T**he New York State Motto is “Excelsior” – Latin for “ever upward.” Since its adoption in 1778, it has served as a reminder of both our state’s continued pursuit of excellence, and our unwavering belief in a brighter future.

That credo has never been more important to our identity than right now.

Because while we will never forget the pain and devastation this crisis brought to our state...

While we will mourn those we’ve lost, and remember the bravery, compassion, and heroism of the countless New Yorkers who stepped up when called upon...

And while we will be humbled by the lessons COVID-19 taught us...

We can’t, we won’t, let it break us. That’s not in our DNA.

This recovery and rebuild will require New Yorkers, in both the public and private sectors, to be bold. To make decisions and act. To think big, and have the courage to make that vision a reality.

It will require a renewed commitment by government to performance and expertise. That is what we owe our citizens.

And it will require all New Yorkers to put their faith in competent elected officials, guided by facts, rather than by optics, celebrity, and press releases. That is what we owe our state.

But if we each do our part – if we’re tough, smart, disciplined, unified, and loving – then we will get through this together. We’ll learn from it. And we’ll be better for it.

***That’s the New York way.***

