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**TRANSCRIPT: MAYOR DE BLASIO HOLDS MEDIA AVAILABILITY ON COVID-19**

**Mayor Bill de Blasio:** Well, everyone, there's a lot to report on and a lot to tell you about today. But the first thing I want to talk to you about is something we all need to focus on this crisis – and that is hope. And I'm going to be talking about it a lot, because there's a lot of reason to hope. No matter how tough it's going to get, there are so many reasons to be thankful for all of the people who are helping our city, all the good people around the city, all the good people around this nation who are helping us. We are not alone in the least. And I got an incredible, incredible experience today this morning in Queens. It was two parts, really. The first part was visiting our EMS Station 50, meeting some of our extraordinary EMT's and paramedics. They have literally in the last few days gone through the biggest surge in 9-1-1 calls in the history of New York City. And I've got to tell you, these brave individuals, they were so strong in the way they were dealing with this crisis. They were confident. They believe that their training and their partnership, their comradery, were going to serve them in this crisis no matter what. They let me know they were up for any challenge and they were also very grateful that help was arriving.

And that's the second part of what I experienced this morning at Fort Totten in Queens. It's a FEMA staging area now. And I met EMT's and paramedics, came from all over the nation to help us in our hour of need – folks from states all over. You know, at one point, I was talking to these EMT's and paramedics. I was thanking them on behalf of all 8.6 million New Yorkers. I was telling them what it meant to us that they had driven from all over the country in their ambulances and how powerful that was to us and how that gave us such a good feeling in this city – what it meant to our brave EMT's and paramedics that this help was coming. And at one point I said to them, please call out the states you're from. And I just had – a shiver went up my spine. I felt this sense, this really profound sense of appreciation and faith as I heard this roll call of States. You know, Kentucky, and Alabama, and Indiana, and Illinois, and California, and Michigan, one after another, people called out the names of their states with pride, and they were so proud to be here in New York City, and they knew that New York City had often been there for them. The FDNY have been out many times around the country helping other parts of this country during natural disasters and that is appreciated, and people wanted to return the favor.

So, it was really something stirring about our nation at this moment that people are rising to the call in such a powerful way. And that helped, those hundreds of EMT's and paramedics, and the 250 ambulances that are coming or here already. And I got to watch so many of them roll out of Fort Totten. That's amazing what that's doing immediately to help us to deal with all the emergencies we're facing around this city. Want to give a special shout out to two guys from Kalamazoo, Michigan. I had a good talk with them, Andrew and Jeff, and they literally gotten their rig and had gotten their ambulance in Kalamazoo and drove all the way to New York City,

and they were just ready to go to help us out. And so special thank you to our friends from Kalamazoo for being a part of this.

I spoke earlier today with the President and a group of key members of his administration that he had gathered. They were having a strategy session and they called to ask me what was going on in New York City and how the federal government could continue to help. So, it was the President, Vice President Pence, the FEMA Administrator Pete Gaynor, Dr. Deborah Birx, the Coronavirus Response Director, Admiral Giroir, who's the head of the Public Health Service, the equipment czar, Peter Navarro, the President's senior advisor, Jared Kushner, who's obviously a New Yorker, and knows a lot about the city and cares about this city. So, we got into a very detailed conversation about where we stand. First of all, I thank them deeply for what they did for the NYPD and they called it operation blue bloods. I think that's a great name. Helping the NYPD to have the protective gear they need at this moment. Deeply appreciate that special effort the White House made. But the real difficult part of the conversation was talking about the days ahead.

We went into great detail about a number of New Yorkers in ICU's. The number we projected coming up this Sunday and Monday. The facts that were so powerful and challenging about what we're going to face next week. I talked to the president about the need for ventilators. I talked to them about the need for N95 masks and other PPE's. I talked to them in detail about the personnel reality, and the whole group of leaders assembled, the fact that even with the equipment, you always need the personnel all these doctors and nurses and extraordinary healthcare workers, we need more and more help. I talked to the president about the expansion of beds, and I will say the president knows something about real estate in New York City. And I talked to him about the fact that we had 20,000 hospital beds just a month ago, and we're going to be adding up to 65,000 more to handle this crisis. And that's going to happen all in the course of about four weeks. And I think he understood that that will be a herculean effort. But I said to him, we believe we can do that, taking a huge number of public spaces, converting them, hotels by the dozen, that we can actually build out that capacity, but it won't save us unless the personnel is there.

So, we had a very good conversation. I was thankful for the help we've received, and I immediately told them just how much more we're going to need. And I told them we will fight every minute of this crisis to get through it, and then we will turn around and give everything we have and send our heroes to other parts of the country to help. And I really appreciate the conversation because it was detailed, and it was sober about the facts. But I was also clear with them that I believe at this point we have to come to a recognition that anything short of a full mobilization of our military will not serve this nation sufficiently. Just going over the situation in New York City and pointing out, imagine for a moment we had 20,000 hospital beds, we're talking about needing three times more that, just to get through the next four weeks or so. Imagine that pattern in other parts of our nation. What that's going to mean for the ability to build out our healthcare system and protect our people in many places simultaneously. The only way that can be achieved is with the leadership of the United States military. They have the talent, the logistical capacity, the professionals that can play a crucial role. There's no other way it will happen.

So, I had a good and respectful conversation with the President, but I also had an urgent conversation with him. I told him, I just think this is the only way we're all going to be able to get through this and save as many lives as possible is to use the military much more deeply. I reiterated to the President what I talked to him about several times last week. The fact that we need personnel right now, and we need military medical personnel right now. And that I had asked repeatedly, and in writing many times for help by this Sunday. We had asked for military medical personnel, 1,000 nurses, 300 respiratory therapists, 150 doctors. These numbers, I've been over with the President, with the Secretary of Defense, and with General Milley numerous times. They are quite familiar with request. I had a follow-up conversation with Secretary Esper, and General Milley again this afternoon. I'm going to be talking to the FEMA administrator again to reiterate that this is crucial, and he will have the ultimate say over whatever military medical personnel are made available.

But again, it comes down to this. This is a wartime dynamic, and everyone in Washington has to understand that right now, too much of what's happening is on a peacetime basis. There's a disconnect, and I want to just be blunt about that. We're in the middle of a war. We can feel it here in New York City. I could feel it this morning when I stood with those good men and women, those EMT's and paramedics went all over the nation. It didn't feel like business as usual. It felt like we were in a war and people were coming to save us. We need a lot more of that, and other parts of the country will need the same. It's not going to happen unless we get on a war footing. So, it's the mobilization of the military for sure, but I also think we have to remember in the wars of the past when we were really fighting for the survival of our nation and our ideals, we called upon all Americans to serve, and I think it's time for that in a different way now. I think it's time for our nation to enlist our medical personnel on a national basis. We don't have the same kind of draft we used to have, but we're going to have to create something new right now at this moment in history to enlist all available medical personnel around the country, and I mean civilians. Anyone with medical training anywhere in the country who can be spared by their city, their town, their state to come to the front. And right now, it's New York City, and we see it starting in some other cities as well. But I guarantee you, all 50 States will have their own battle. The only way we're going to get through this truly, if we're going to save every life we can save, it means taking health professionals of every kind with every skill, every training, no matter where they are in their career, and enlisting them in a national service, creating something we just don't have right now, but we could have, and we need to have.

So, that's what I talked to the President about it, the secretary of defense, General Milley, going to a place we've never been before, because we are actually dealing with a crisis we've never experienced before, and we have to innovate. We have to see possibilities that we just didn't see before, if we're going to really protect and serve the American people. So, I hope these conversations will lead us to another place, because right now I've been really honest about the numbers. I do want to give the president credit. I told him the numbers, and I could tell there were some real silences during the conversation, and some real acknowledgement of just how tough it's going to be in the weeks ahead in New York City. But we know there's other places about to face this same reality. If we're all starting to fully, deeply recognize the extent of the crisis, then let's act like one nation. Fight this crisis together, enlisting everyone possible into this cause whether they be the men and women of our military and our reserves, or whether it be

civilians who could bring their extraordinary skills to bear where needed most, it's time for that in this country.

I did talk to the President about the ventilator situation, as I mentioned, and the 400 ventilators that we found out late yesterday would be coming in time and be in place by Sunday morning. That was the number I mentioned yesterday that we absolutely have to have to ensure we could protect everyone in need. Those ventilators came out of the federal allotment that went to New York State, I want to thank both the federal government and FEMA and New York State for quickly making those 400 ventilators available. So, the good news is we will get through Sunday, but the tough news is what I told you yesterday is still true, we will need 2,500 to 3,000 more ventilators next week, during next week to get through next week. I explained this to the President and his entire leadership and everyone heard it and everyone took it seriously and I said, I'm not going to sugar coat this, it's a very tough number to reach. I know everyone's fighting to get more ventilators, create more ventilators, and manufacture them. But for all those folks who are about to arrive in hospitals around the City whose lives we must save their simple need is not for us to talk about it, but to find those ventilators somewhere, somehow. And I put that clearly on the table and said to the leadership of our Nation that it is, I think a National priority to find those 2,500 to 3,000 ventilators and get them to New York City over the next seven days. So, we talked to also here in New York City about other tools we're going to use the BiPAP machines, which are something that could be really helpful ensuring that for some patients they can be kept off the ventilators or at least for a period of time. We're getting some of those in, we're training staff and how to use them – that will be a part of the equation that will help as well. The fact is people want to help us, as I said, from all over the country. If you can help anyone out there, if you can help please go to our website, [nyc.gov/helpnow](https://nyc.gov/helpnow) or call 833-NYC-0040. Folks all over the nation that want to help, we're particularly – if there's anybody anywhere who has a ventilator they can get to us that is particularly important to anyone who's a medical professional wants to come here and help us, we have the accommodations, we will immediately plug you in, we need your help right now.

Now, I want to talk about some new guidance. And I want to emphasize that I start and— we'll talk more about it with the questions with the media, with our Health Commissioner, Dr. Barbot – but I want to emphasize that we, throughout these last few months, this city, this state, this nation, the global community of nations, the global medical community, everyone has been trying to learn as rapidly as possible everything they can about the coronavirus. And we still know there's a lot we don't know, and that's a really challenging reality one of our heroes at this moment, our Nation, someone I'm very, very proud of as a New Yorker is Dr. Anthony Fauci. And even with that wonderful, reassuring voice and that knowledge and that wisdom, he's first to say there's a lot we don't know, but we are learning every day and every week more. We're trying to act rapidly on what we learn, sometimes you reach that point when there's just enough confirmation, enough new information to say, okay, it's time to do something different. So, there've been studies recently on people who are asymptomatic or pre-symptomatic and whether they could transmit the coronavirus to others. One particularly important study coming out of Singapore yesterday, our Health Department, our health care leadership have looked at these studies. There's been several in the last week or so, and I've come to a conclusion that it's time to advise New Yorkers to do something different. I want to emphasize what I'm about to tell you is very, very important, but it does not in any way change the basic guidance that you've received

now over many weeks. The most important things are still the basic hygiene covering your mouth when you cough and sneeze, wash your hands a lot, use hand sanitizer still that's the frontline way to protect yourself. The social distancing that's the way to protect yourself and everyone around you and that must be observed no matter what. And we've obviously put shelter in place here in place in New York, and we have strong enforcement through the NYPD and other agencies and we're even now at the point of finding people who do not abide by social distancing. So, all of that is just as important as it was before, but now we're adding a new important point we're advising New Yorkers to wear a face covering when you go outside and will be near other people. So, let's be clear, this is a face covering, and again, we'll talk about the details in a moment, but it could be a scarf it could be something you create yourself at home, it could be a bandana, it does not, not need to be a professional surgical mask. In fact, we don't want you to use the kinds of masks that our first responders need that our health care workers need. Don't use those can't be clearer, leave those alone, leave those to the people who need them the most who are saving lives. But you can create a face covering with anything you have at home right now any piece of cloth— and that will give the protection to others. And I want to emphasize this I think there's been, you know, a certain amount of misunderstanding and we're all dealing with so much information and so many things that are kind of tough to understand and confusing. The reason for this guidance is because the studies are showing that some asymptomatic people, some pre-symptomatic people appear to actually be transmitting this disease. We don't have perfect evidence it doesn't conform with what the initial showed us weeks ago, but it does seem to be more and more evident. What that means is when you put on that face covering you're protecting everyone else. You're making sure that, you know, you don't inadvertently, if you happen to have this disease and you may not even know it, you don't end up giving it to someone else. Now, remember, with community spread with the projections, we've told you over half New Yorkers will contract this disease for everything we know. It means that a lot of people are out there right this minute don't even know they have it, we want to make sure that anyone who doesn't have to get it doesn't get it. So, face covering is just a simple way to protect other people and to reduce the speed of that community spread, and hopefully keep a number of people from being affected who don't have to be affected. Again, you can create your own version you can be creative and put whatever decoration you want on it. It can be as homemade as you want, but that's what we want you to do something homemade, not something professional, not something from the supplies we need for our heroes and that's going to help protect everyone.

And a few other updates, we've talked a lot about the fact that there are more and more people need food because let's face it, even though thank God there is some federal help coming now through the stimulus bill, there's still so many who people lost their jobs, lost their income, don't yet have that help, are struggling to pay for food. We can't have that in New York City we have to help people more and more, I named a few weeks ago our foods [inaudible] Kathryn Garcia who's done an amazing job for the city on many other crucial missions. And her job is to make sure that food is available to everyone who needs it and to build out a bigger plan for the weeks ahead. She's working, especially now with Department of Education that had feeding sites up for our students, even though there weren't schools the way they've normally been, they were turned into sites to provide meals to kids in need of them.

So, we've got about 435 sites around the five boroughs where young people can go and get meals for free. They can get breakfast, lunch, and dinner all to go, grab and go, and they can bring them home and eat them when they're ready. If other people at home need food, they can get it for them as well. So what we're doing starting tomorrow is we're welcoming adults, anyone who needs food, anyone who's hungry can come to these 435 sites— you can get all three meals for yourself and your family for free. No one will be turned away, I want to really emphasize that there's no charge and no one will be turned away. You can go online [nyc.gov](http://nyc.gov) and get the sites you can call 311, 24 hours a day and get the sites. But we know people are hurting, we don't want anyone to go hungry in the City, so there's 435 places starting tomorrow, not just for kids, but for adults as well everyone, everyone who's hungry, has a place to go to get food. Just to tell you for kids and for families with kids, we're going to do the, the early morning hours for pickups at 7:30 to 11:30 AM and then from 11:30 to 1:30 for any adults who don't have kids with them you can go in that timeframe. So again, 7:30 to 11:30 AM for children and families with children, 11:30 AM to 1:30 PM each day for adults. And if you want to find a school in your area, you can text the word FOOD or if you speak Spanish, the word COMIDA to 877-877 and they'll get you to location.

Okay, couple of quick things. Small businesses this is a heads up to all the small business owners that starting tomorrow, the Federal Paycheck Protection Program opens up is a key part of the stimulus \$350 billion loan program. It's for businesses and for nonprofit organizations that have employees up to a number of 500 people. So, it's a lot of businesses will qualify and we know how hard hit our small businesses and our nonprofits have been these last weeks – it's been horrible. You deserve this opportunity to get these loans to keep afloat - build for the future. But here's the punchline; this is a first come first serve basis. So, first come, first served. Therefore, you need to apply as early in the morning tomorrow as possible. So, New Yorkers, the early bird gets the worm here – go to [sba.gov](http://sba.gov) – [sba.gov](http://sba.gov). And these are loans on very good terms and they are forgivable loans and there's specific categories that you can get going online. They'll talk to you about all the ways that these loans had been made flexible and forgivable, and they cover a lot of different things, not just costs related to your payroll, but also interest on mortgages, your rent, your utility payments, a very flexible program to help people through this crisis – so please sign up immediately.

I'm going to close now and I talked to you about a lot of reasons to hope, but I also always owe it to you to tell you when we've lost a friend and, and to mourn with. Particularly all of us in public service, when we lose one of our own, it hits home, especially. Our Department of Citywide Administrative Services, they've been doing so much work these last few weeks to help everyone else to get the help they need. Well, now, they've lost a dear colleague and a leader in that agency, Lenin Fierro, Director of Safety and the Vision Zero Director for Fleet Management at DCAS. This is an amazing story – he immigrated from Ecuador, a total New York story and American success story – immigrated from Ecuador, served 10 years in the United States Navy joined our team five years ago, helped get Vision Zero off the ground in its beginning to protect people and save lives; personally trained thousands of city drivers on how to drive safely – amazing contribution. To his wife, Brenda and his two daughters – we grieve with you and we have truly lost a great man.

And every New Yorker right now, we all have a story. We all know someone who we've lost or someone who's sick. Pretty much everyone could say that right now. We are doing all we can to help those who are sick and we are grieving for those we've lost and, and mourning with their families. But, as much pain as we're going through and, and even though the worst weeks are ahead, we, we just don't give in in this city; it's not who we are. I have to tell you with those EMTs and paramedics today I saw a resolve, I saw a toughness, I saw a belief that we were going to get through it and the same is true with our frontline heroes, our healthcare workers, same is true with the folks who work in the grocery stores and the pharmacies to make sure their communities are safe and have what they need. So many New Yorkers – by the way, the vast, vast majority of New Yorkers who are practicing social distancing, who are doing it right, who are looking out for each other – everyone has shown an incredible spirit of perseverance. I'm very, very proud of all you. I have no question we will see this through together. I have no question, in the end, New Yorkers will watch out for each other and every time that someone comes to our aid from around the country it's going to give us that boost we need to fight our way through this crisis and come out together.

A few words in Spanish –

[Mayor de Blasio speaks in Spanish]

With that, we will turn to questions from the media and please let me know each name and media outlet.

**Moderator:** Hi all, just a reminder that we have Dr. Barbot here in person, and on the phone we have Commissioner Shea, Commissioner Garcia, Chancellor Carranza, Deputy Mayor Been, and Dr. Katz. With that, we'll start with Erin from Politico.

**Question:** Hi Mr. Mayor, I'm, I'm wondering if you can just go into a little more detail on this mask or face covering guidance? You know, if you have old masks sitting around, paper ones, can you use those? Do you need to use them once and then discard them? How can you sanitize cloth - you know- homemade masks? Just kind of the practicalities of how this is going to work if everyone's supposed to be covering their faces now.

**Mayor:** Thank you Erin. I'm going to ask obviously Dr. Barbot will go into the details, but just, I think you raised a really, really helpful set of questions there. Reminding everyone - face coverings - so I want to actually not use the word masks because I want, when you think of masks, you're talking about what our healthcare workers and our first responders need and those precious supplies that we keep bringing in - those PPEs. That's for them; that's for all the people at the frontline that need it. If you've got something around the house already, Dr. Barbot will talk about how to deal with that, but I'm talking about face coverings to distinguish, things you can create yourself – like I said, scarfs, bandanas. I think Dr. Barbot will be the first -she's a good New Yorker, grew up in the Bronx - she'll be the first to say it doesn't have to be fancy to work. It can be real homegrown and it will still help protect others. So, Dr. Barbot.

**Commissioner Oxiris Barbot, Department of Health and Mental Hygiene:** Yes, I think that's a good thing, the less fancy, the better. So again, these face coverings are intended to do two

things. One, is for individuals who may be at the very, very beginning of an illness and don't yet know it and so they're pre-symptomatic; to ensure that they don't transmit infection to other people when they have to go out for essential activities. The other thing that these face coverings do is again - if someone has to go outside - I want them to be a reminder for anyone that they may come in contact with to keep the distance of six feet. These face covering shouldn't be seen as an invitation to come closer. They should actually be an indication to keep six feet distance. And so, in terms of the materials for these face coverings and the upkeep, et cetera, if someone has a paper face covering that can cover the mouth and the nose, then certainly what I would recommend is that they use it when they go outside and that they can continue to reuse it as long as it doesn't get wet and as long as it maintains its integrity. I would remind individuals they shouldn't share these paper face coverings and that when they are done using them, they should store them in a place where no one else can touch them.

What I would actually recommend is that individuals use cloth [inaudible] face coverings and that they can use old bandanas or new bandanas, they can use a scarf and again, the important thing is that it covers the nose and the mouth. What I recommend is that for these face coverings to be used for a day, and then you can hand-wash them in soap and water, just regular soap and water, nothing fancy and that the important thing is that they dry completely. And so, you know, we would recommend that you have more than one face covering so that you can alternate them. The important thing to note is that there are a number of different potential designs if you will, that individuals can use in terms of these face coverings, but again, you know, remind - thinking back to when we were kids and, and playing games and/or Halloween and covering our faces with a cloth, it really is as simple as that. And again, one of the reasons that we want to make it as basic as possible is to remind folks that these face coverings are not a substitution for all of the layers of prevention that we've been talking about since the beginning of this outbreak, which are hand washing with soap and water, hand cleaning with alcohol based hand sanitizer, covering your mouth and your nose when you cough with your elbow, and the most important and evidence based intervention is the social distancing. And so, these face coverings are just one more layer to those layers of prevention. None of them will work a hundred percent in isolation, but all of them together, I think provide the greatest opportunity for us to slow the spread of COVID-19.

**Mayor:** Thank you, doctor.

**Moderator:** Next, we have Rich from the Post.

**Question:** Yes. Hi. Could you just explain, Mayor, is spring break on or off and why haven't parents been formally told? Can you clear this up and what are your feelings on the subject? The DOE website still has it listed as from April 9th to April 17th. Why wasn't it updated?

**Mayor:** Yeah, it's a great question, Rich. So, there's been a back and forth with the State. We're all trying to figure out the right way to handle, you know, the really, really unusual situation here. The Chancellor will jump in if he has anything he wants to add after I've gone over this. But here's the deal. We said originally, of course, that our hope was we could bring school back up by April 20th, after the spring break. We all understand how tough that looks right now and we'll have more to say on that as we figure out what the future looks like. But originally people



were thinking of spring break in traditional terms. Well, guess what? There are no breaks at this point. There's no vacations. There's no place to travel. You know, our kids, we're asking them to stay indoors all the time with – you know, except for a little bit of exercise each day.

It's a whole new dynamic. So, the more people thought about it, both at the City and State level, the more they realized, wait a minute, that idea doesn't make sense anymore. We're kind of in a very, very different environment. There are obviously, you know, crucial religious considerations if you're talking about a religious day, a day of obligation for people are truly devout, but we've got to rethink that week and we're working with the State on how to do that right this minute. And then the second that that's all confirmed, it will be updated. Chancellor, you may have more breaking news than I have on that, but obviously whatever the final decisions, we will update the website for sure. Chancellor, you want to add?

**Schools Chancellor Richard Carranza:** Yes. Mr. Mayor, thank you. So, we will update our website. This is obviously an ongoing conversation. We just want to – you know, all of the projections say that this virus is going to be hitting its peak around the time of spring break. So, while we want to be optimistic, we also have to be very, very grounded in what we're doing. So, we want to make sure that students are actively academically engaged. And Mr. Mayor, I know that you and I have had many conversations about this. We really appreciate how above and beyond our teachers, our administrators, our food service workers, the custodians have gone to make sure that our students and families are being served. We honor that work. But we also know that we need to flatten the curve and in order to flatten the curve, we want [inaudible] indoors and we want our school communities to be actively engaged at home. So, we're working actively with our labor unions around finding a way to honor their contracts, but at the same time, making sure that we're also taking care of the [inaudible]. So, we will have more information as soon as we can get that out. But at this point we want everybody to understand we're going to be actively engaged and we want to make sure that academically students have opportunities to be engaged as we go through next week.

**Mayor:** Thank you.

**Moderator:** Next we have Debralee from Manhattan Times News, Bronx Free Press.

**Mayor:** Debralee, can you hear me?

**Moderator:** We'll circle back next. Next, we have Yoav from the City.

**Mayor:** Yoav?

**Question:** Hi Mr. Mayor. How are you doing?

**Mayor:** Good.

**Question:** Just wanted to ask you on a host of issues we've confronted with coronavirus, your administration has taken some steps that you've described as being out of an abundance of caution. And I'm just curious now with, kind of, the change in the advice on the masks, why a

more cautious approach wasn't taken when clearly there wasn't a lot of evidence one way or the other? And it seemed that the message coming out of the administration was that the prime concern is symptomatic transfer. I guess what, why on that issue wasn't more caution kind of voiced?

**Mayor:** It's a fine question. And I've obviously had this conversation repeatedly with my team every step of the way to determine what we think would make sense. So first of all, the first answer is there just wasn't evidence. And for the first time, and you know, we obviously have a great Health Department and they've been scrubbing evidence from all around the world for weeks and weeks. And for the first time in just the last days, there have been studies that actually started to show some meaningful evidence about asymptomatic transmission. By the way, those were some studies. That doesn't mean everything is known about it. It just, for the first time, gave our health leadership a sense that there was something more tangible here than they'd seen previously. Second, there was a real concern all along about focusing people on the most important things. And that really is the basic hygiene that we talked about. The shelter in place, the social distancing, those are still the most powerful elements of the strategy. And to make sure that we did not send a message that made people overconfident the other way. Because, Yoav, I think there's a real balance always in this that you don't want people thinking, 'Oh, I put on a face covering and now I have nothing else to worry about in the world'.

No. In fact, the face covering idea is just to help make sure you're protecting everyone else around you. The ways you protect yourself and everyone else are those basic hygiene practices, the shelter in place and the social distancing. So, it was really about making sure that the most important messages were being acted on, the most important strategies were being acted on. But once people felt, look, there's something here, there's some evidence at least, that's when it made sense to put it out there to folks but in a way – and this is the last point, Yoav, and I'll see if the doctor wants to add – we were very concerned all along about the supply. And this was really – again, Yoav, you've watched the work of the Governor for a long time – this was really a big factor as well. We've been fighting for those PPEs.

We're finally starting to get a better supply, but we've got a long, long way to go. It was very important not to give the impression to people early on that everyone should go grab everything and hoard everything when we knew that there was no way lives would be saved if our first responders and our health workers didn't have the personal protective equipment they needed. So, without a lot of evidence we didn't think it made any sense to suggest to people something that for some people might be interpreted as, you know, go grab those supplies, in fact, deprive others of them. That's why we're saying face coverings, homegrown, make your own. You can make it with stuff that's already in your house. You don't need something that a first responder or a health care worker needs. Dr. Barbot –

**Commissioner Barbot:** Yeah, Mr. Mayor, I think you got it just right. So, I'll add just a couple of other things. One is from the very beginning we've been saying that as the evidence grows, because it is a new virus and there was very little known, as the evidence grows, we will adapt our guidance. And so specific to masks, you know, I think we have seen a progression on our guidance as the evidence has grown, but it has always been based on the evidence. And so, we've also tried to sort of measure that with, although the evidence isn't there, if New Yorkers want to

wear masks, as we were saying at that time, then we're not going to stop them. I think the shift now is twofold. One is there's scientific evidence that people can transmit infection before they realize they are symptomatic. And then the second one is that we are at a different point in the curve, meaning that with widespread community transmission and the new evidence that people can transmit when they are in their pre-symptomatic phase, makes the extension of our message of, wear a mask if you're sick, a logical step, meaning that don't wait until you're symptomatic. Now assume you've been exposed and use a face covering to ensure that you don't contribute to the ongoing acceleration of this spread. That along with physical distancing and staying home, a face covering can be an additive measure.

**Mayor:** Go ahead.

**Moderator:** Next we have Katie from the Wall Street Journal.

**Question:** Hey. Mayor, I just wanted to ask – Mr. Mayor, sorry, I wanted to ask you, you know, kind of bouncing off of Yoav's question. If you're just asking people, you know, to recover their faces with scarves and pieces of cloth, couldn't that directive be given sooner? You know, I mean, [inaudible] on bandanas necessarily, but you know, I guess the question is on March 15th you said asymptomatic people don't transmit, which didn't turn out to be true. When did the shift sort of happen, recognizing this as an evolving thing [inaudible] shift really happened for you?

**Mayor:** In the last 48 hours really is when our health leadership, our Health Department has gotten information and analyzed the information and provided this specific proposal. So, literally just in the last days, but I want to emphasize, and again, you guys, you know, we're going to go through a long difficult journey where we don't know everything we want to know and need to know. We're always going to be doing our best with the information we have. But what's abundantly clear is literally only in the last day or two did our health care leadership come to the conclusion that the studies were finally providing some evidence that face coverings helped prevent the spread. And again, I'm going to say it very clearly and bluntly. This is not, put on a face covering and you can't get the coronavirus. That's not what we're saying.

We're saying put on a face covering, abundance of caution to help prevent further spread. But the evidence just wasn't there before. And I explained a moment ago with Yoav, the other reasons, the other factors in the decision that we were evaluating a lot. We've always valued in this discussion protecting our health care workers and our first responders. And what they needed, that was a big factor here to always be cautious about that. Because that piece of – if that piece isn't right, nothing else is right. But now that we have some evidence, it was time to say, okay, we're giving advice. It's an advisory based on new evidence – March 15th or whatever date you said, we just didn't have the evidence.

**Moderator:** We're going to circle back to Debralee, Manhattan Times News, Bronx Free Press.

**Question:** Hey there, Mr. Mayor, how are you?

**Mayor:** Good.

**Question:** So, I want to ask – it's sort of a tangent but a related question about testing. You know, we're having reports that frontline workers, including transit workers, including nurses and doctors and folks that are out there every day who are actually essential workers, are just unable to access these tests. They're being rerouted to their primary care physicians who are overwhelmed. They're being rerouted to testing of sites and it just seems to be not enough. And yet we've got enough boldface names reporting that they have been tested positive and within hours we know it as well. So, you've spoken about there being this ending of this divide between public and private care as regards the pandemic, what exactly can you speak to? And I'd also toss this to a Commissioner Barbot. What is the directive now from the City and medical guidance as regards to testing? What is the point of testing? And in fact, if anyone seeks out a test, are they just wasting their time?

**Mayor:** I really appreciate the question, Debralee. I'm going to start and pass too – I want actually Dr. Katz to jump in and then Dr. Barbot. And the reason I want to go to Dr. Katz is that Health + Hospitals has now changed its approach now that it does have sufficient testing, its approach to its own health care workers. I want him to talk about that because I think it's a valuable example for the whole city. But look, to answer this properly, we've got to go back to the origins and I know my colleagues feel this deeply. We started on January 24th calling on the federal government to give us testing here in New York City. It took weeks and weeks and weeks to even get the beginning of the ability to test here. And by the time it was here, it was already bluntly right on the verge of having community spreads.

So, all of the virtues of testing that could have been strategic to help us address this crisis more fundamentally like a few other parts of the world had done, that window was lost and the federal government just didn't act. But then we went through a phase over weeks now where there wasn't enough testing available anywhere and we kept trying to say the priority needed to be for people who are really sick and for first responders and health care workers. And to some extent that has happened, but you're right, Debralee, there've been some exceptions that make me very angry when I see folks who use their wealth and power to get a test who didn't even need a test. Rather than all those tests going to people who are really in danger and particularly they're a – those tests being available for health care workers and first responders.

I mean, it just makes no sense for someone who's privileged to look out for themselves ahead of all the other people who need it more. But now we've got a phenomenon of more testing coming in – more capacity, I should say, coming in, new interesting possibilities now starting to finally take root like the 15-minute tests, like the antibody test. There's a lot coming together that could revolutionize the approach and make it much more widespread and much more effective. And what I want to see is that it be as widely available to first responders and health care workers and any other essential personnel that, that be the first thing we do – really make sure that anyone who wants that test among those crucial, crucial workers we're depending on, that they can get it when they want it. So, that's where we're trying to go rapidly. Mitch, would you talk about what you're doing with testing for Health + Hospitals workers?

**President and CEO Mitchell Katz, Health + Hospitals:** Absolutely, sir. So, starting today, any of our frontline workers can be tested at their facility in occupational health. And we're doing that because we recognize the tremendous heroism of our doctors and nurses and other support

staff. We want to make sure that they have the ability to get a test when they want to have a test. We recognize that many of them worry about the possibility that they will bring the virus home to their spouses, to their children. We feel strongly that people have the right to know. We appreciate all the work you've done to give us enough access so that we can now do this. Thank you.

**Mayor:** And Dr. Barbot –

**Commissioner Barbot:** So, in terms of testing, as we've said many times before, in a world where we have widespread community transmission, for the average new Yorker, 80 percent of people will have a mild course and having the results of a test aren't going to change the recommendations that your doctor is going to give you, which is stay home and call me back if you're not getting better. I think the situations for health care workers are different because from the beginning we've also been saying that all of the measures that we've been putting in place are to slow the transmission and reduce the burden on health care delivery systems because we need them to be whole in order to take care of the vast number of New Yorkers that can get sick from COVID-19. We've also said that in a clinical setting, the most useful way in which a test can be helpful is if it's going to help a doctor make a treatment decision about his or her patient. And so, those recommendations remain.

**Mayor:** Okay. Who's up

**Moderator:** Next, we have Jill from NY1.

**Question:** Hi, Mayor. Can you hear me?

**Mayor:** Yes, Jill.

**Question:** I wanted to ask you about the death of Sandra Santos Vizcaino. She was a teacher at P.S. 9 in Prospect Heights and I believe she may be the first teacher to pass away from the coronavirus. I wanted to see if you or the Chancellor had anything that you might want to say about her, but also wanted to ask, you know, as far as we know she was the first teacher to pass away because the City has not been tracking or publicly releasing any information about how many teachers have become ill. I understand the teachers aren't reporting to work in a school right now, but obviously some of – they're all still teaching. Some may be ill and calling out [inaudible] why that kind of information has been made available or haven't been tracked. And then a somewhat related question just are you also recommending face coverings for children?

**Mayor:** Okay. Let me let me have the Chancellor speak to the first part and Dr. Barbot will speak to the second part. I mean, look, I just want to say as a parent whose kids went through our public schools there are so many teachers who I can right now name, you know, dozens of teachers who had just a profound impact on my children's lives and the notion that we've lost, you know, a teacher, it's very painful. These are people who devote their lives to our kids. And you know, losing someone who's that good a person who's giving that much is just very, very painful. We lost a principal last week, a young woman full of extraordinary promise. This is, you know, I wish I could say we were not going to have to tell these stories of these incredible people

anymore and it was all going to be over tomorrow, but it's not, we're going to be at this for a while and we're going to lose some really good people and we have to fight to try and save every single life. So, Chancellor, why don't you take it from there?

**Chancellor Carranza:** Thank you, Mr. Mayor. I just want to say this is a devastating tragedy. And Sandra was a beloved teacher at P.S. 9, and our heart goes out to P.S. 9 and that community and her family. As you said, Mr. Mayor, this is not going to be the first or the last of beloved community members that are going to succumb to this unfortunate tragedy of a virus. This is the first teacher death that is self-reported by a family that is being linked to COVID-19. We are working on a protocol to capture these kinds of informational strategies. We know the NYPD and the Fire Department, these are first responders that are out in the community right now serving our community. We know that our teachers are at home but serving our students. So, it's a little more complicated for us to get those numbers. But the other thing is it's important to understand that we have to respect and recognize the wishes of families during these trying times. Some families don't want us to publish the names of their family members that have been afflicted by COVID-19. So, we want to respect the wishes of the families, but we also want to be transparent as much as possible. So, I will just say that to Sandra and her family, we are incredibly – just incredibly thankful for her service. And we are devastated by her death.

Sandra Santos Vizcaino, we know that she's made a lasting impact on her community and her family, and we are going to work to make sure that we honor her work with her students and we will be there to support the family and the community of students and colleagues at P.S. 9 with this devastating news.

**Mayor:** Dr. Barbot?

**Commissioner Barbot:** So, on the question about whether face coverings should be used for children, I would say yes, and I want to go a little bit further than that. I think that in engaging children in making these face covers, I think it's an opportunity to teach them about COVID-19 and, beyond that, to really instill in them the role that these face masks play as part of our civic responsibility in ensuring not only our own health and the health of our family, but really the health of our communities and that when we are sick, or potentially symptomatic, it's our responsibility to take definitive measures in order to protect those around us. So, I would really encourage parents to take this as a teaching opportunity for all of the city's children.

**Moderator:** Next, we have Jennifer from AP.

**Question:** Hello? Can you hear me?

**Mayor:** Yes, Jennifer.

**Question:** Thanks very much. I was wondering whether the city has had any discussions with the federal government about the potential of switching the Javits Center and Comfort facilities to take COVID-19 patients rather than only others of which there may be some [inaudible]?

**Mayor:** Yes. I had that conversation with several of the admirals in the command structure and with, as I talked to you earlier, I talked to a Secretary Esper, I talked to General Milley. So, it's a conversation that's been going on over the last 24-48 hours. I know we are all trying to figure out the right balance, but I think what makes sense is to – because the number-one, biggest community of patients we have to deal with are those who have the disease but are not in ICU. The ICU patients are most sensitive, by far, and those are the folks that are going through a life and death struggle, but there's many, many more who are not in the ICU. So, I think it's smart to say let's use those facilities in whatever way makes sense, whatever proportion makes sense for COVID-19 patients who are not folks who are going to be in ICU.

**Moderator:** Next, we have Shant from the Daily News.

**Question:** Yeah. Thank you, Mayor. On the face coverings, just wanted to ask if you're contemplating any kind of enforcement there. Is it possible there could be fines or maybe just police officers or others encouraging people to cover their faces?

**Mayor:** I'm going to start and want to certainly let Dr. Barbot add. No, I am not anticipating enforcement at this point. This is an advisory. We – you know, we're very, very clear when we're giving you an order, when we're giving you something that's required in this city under our emergency. We're very clear when something comes with penalties and when it doesn't. This, right now, is an advisory and I would say to you I think it will remain an advisory for the foreseeable future because we have much more important things to achieve with enforcement. Enforcement, right now, has to be focused on, you know, shelter in place and social distancing, ensuring that people only go out when they have to go out only for the time they need to and that there's not gatherings, there's not violation of social distancing. So, that's where I want to see the enforcement go. This is about giving people some helpful advice based on new evidence we think will help protect other people.

**Commissioner Barbot:** I agree with that, Mr. Mayor. And just to add, you know, 11 years ago when we had H1N1, before that no one ever really coughed into their elbow and it was a huge cultural shift and now it's the norm for most people to cough into their elbow. And so, I see this as a similar sort of cultural shift so that giving New Yorkers this advice, giving them opportunities to reinforce that with their own loved ones, with their neighbors, I think will be probably the best way in which we can have an opportunity for this to really take hold and become part of the cultural shift of more civic accountability for our community's health.

**Moderator:** Next, we have Jeff Mays from the New York Times.

**Question:** Hey, Mr. Mayor and Dr. Barbot, just a quick question about the masks. The CDC, I guess, is issuing similar guidance today and I'm wondering about the timeline. Dr. Barbot, did you ever think about doing this in advance? Was there a time where you thought about issuing this guidance and, you know, how much of your guidance is related to the change that the CDC is making? And for the Mayor, just wondering, when you talk about the, sort of, guidance, can you talk about how your language, whether it's couched in a way that tells people that this may change eventually. How do you go about doing that? Because there have been, you know, a few changes in guidance over the past few weeks.

**Mayor:** Yeah. Jeff, first of all, I just want to keep saying, everyone, face coverings, because I want to strongly differentiate from the surgical masks, the N95's, all the things that must be protected for our health care workers and our first responders. So, I just want people out get a real clear line in the sand there. A face covering, you can make out anything you've got home and Dr. Barbot gave you the news you can use about how you take care of it. A facemask, to me, is something that, you know, is for professionals and the people who protect us. Jeff, I think – Dr. Barbot will talk about the CDC element. Jeff, I don't know how to say it more clearly than this, we have said from the beginning, and anyone who's honest to send from the beginning, we're dealing with a disease that the entire global medical community still does not fully understand. We said that back on January 24th, and we're still saying it today, because it's true. There is no cure. There is no vaccine. And new information is coming in. I remember sitting here weeks ago when we talked about the study from China, that was the most definitive study to date, saying it was not airborne, it was droplets. You know, now these studies have come in, including in particular study from Singapore, saying, look, we don't have perfect evidence – we don't have exhaustive evidence, but we have some meaningful evidence that there could be a symptomatic transmission – doesn't mean that's what's happening a lot, doesn't mean that it's happening most of the time, but it's saying something different than what we've seen before. So, guidance will change, Jeff. I just want to be as blunt as I can be and I need people to understand that, that we are on the ever-changing situation. And if we're used to – all of us, I understand that we're used to a world that was very, in many ways, you know, clear and straight forward and certainly was a lot more comfortable a few weeks ago than what we're dealing with now, and we all strived to want everything to make sense all the time. We're dealing with something that unfortunately is a bit of a great unknown. The honest truth is to say, this is what we know now and we're going to act on what we know now and we're going to tell you how to protect yourself and your family with what we know now. And we're also telling you all the time, it could change if we learn something new. That is the honest truth. Anyone who wants, you know, the perfect definition of everything related to coronavirus right now – if anyone tells you they can tell you everything about coronavirus and know it perfectly, they're lying to you, because I have not met a single person, starting from Dr. Fauci, who will tell you that they fully understand this disease at this point. But we're always going to get in the information we have when we think it's a confirmable and real, we'll say it – when we think it determines actions we need to say, need to take, we're going to tell you.

**Commissioner Barbot:** Yes. And to add to what the Mayor just laid out. I have scientific advisors on staff at the Health Department and we have scientific advisors in the academic community all of whom have been, since the beginning of this outbreak, really scouring the medical literature to learn as much as possible on an ongoing basis. And so, I think this evolution of this guidance is an extension of that. And, as the Mayor mentioned during his remarks, there was a study that just came out yesterday in terms the – what was found in Singapore. And we put that together with a study that Dr. Daskalakis, who's been leading the day to day operation of COVID-19 was actually a part of reviewing. So, we are intimately involved in the scientific community to make sure that whatever guidance we bring to New Yorkers is based on the best science available and is done in a timely a manner as possible, because in this fight, you know, hours and days really make a difference.



**Mayor:** Amen.

**Moderator:** Next we have Sydney from the Staten Island Advance.

**Question:** Hey, Mr. Mayor, can you hear me?

**Mayor:** Yes, Sydney.

**Question:** So, today, you made the announcement that the City's public hospitals are going to be getting 3,000 ICU beds by March 1st – sorry, May 1st – more doctors and nurses are going to be going to the public hospital system, there's going to be free COVID testing, and you keep talking about how you're going to be adding more beds on Staten Island – it's not part of the public hospital system – and sending more supplies there. But the only problem is, you know, there's no – these beds haven't come online yet. You haven't identified any sites, Staten Island's two [inaudible] hospitals are nearing capacity. We don't know if [inaudible] after two fields of hospitals are going to be ICU beds, and the Health Department doesn't disclose how many supplies it sends to local hospitals. So, there's really no way of knowing if the hospitals are getting what they need from the City. So, I just want to know is that an Island going to be getting the ICU beds, the free COVID testing, doctors and nurses like the rest of the hospitals, and, if so, like, when? And do you know if the two field hospitals are going to include ICU beds or a mix of both? And since you're –

**Mayor:** Sydney – Sydney, wait a minute – too many. You've just got to stop there. I cannot keep track of so many different pieces, and, you know, what you've said is very important questions. Let's just stay on that. Our team will follow up on anything else you need. Okay. The central – I think you've asked the question before. It's a very important question. And this is part of a build-out plan I talked about at length yesterday, Dr. Katz talked about – every part of the city, I'm going to keep saying it to you and you will see the evidence through the doing of it – every part of the city is going to be reached in our hospital build-out plan. Now, remember, first on the ICU issue, because I think you – respectfully, I'm not sure you're remembering the original plan that the City and State agree on, on ICU's. Hospitals are going to be converted more and more to ICU. RUMC is going to be converted more and more to ICU with the existing beds that has, the same with Staten Island University Hospital, and all hospitals public and private have to have an expansion plan – a 50 percent expansion of their capacity within their building, within their campus, again, for the purpose of expanding ICU beds. So, I think your question suggests that we're looking for ICU beds out of our main hospitals. That's just not a fact. We've been talking about this over and over again. The hospitals – there's three areas to think about and I really want people to feel this. ICU is for the people in the greatest danger, the lives that we're fighting to save. That work will be done in hospitals, public, private, voluntary, independent, whatever words you want to use, in existing hospitals in the city. That means initially about 20,000 beds, but with the order to build out capacity by 50 percent, it means almost 30,000 beds ultimately will be ICU. That includes every single hospital. Those two Staten Island hospitals have to do that by State mandate, and I'm certain they are doing that. But what will happen every day in all sorts of hospitals is, it doesn't matter what the ICU capacity was a month ago or a week ago, what Dr. Katz went over in great detail yesterday was how a lot of his hospitals are blowing by any numbers of ICU beds they've ever had, and they're expanding daily into numbers of ICU

beds they never had in their entire history. Every hospital's going to do that. Then, there's the question of the COVID convalescent folks, folks who have the disease but do not need ICU. And then, of course, there's a question of everyone else who needs hospitalization for, you know, a car crash or trauma or a heart attack, you name it. So, the division of labor is the hospitals – first and foremost, ICU, and then these additional facilities that are being built out, whether it's a field hospital, whether it's a college dormitory, whether it's a hotel, will be for the other types of medical needs – that will be done all over the five boroughs. The goal always be to keep people in their home community to the maximum extent possible. So, that's how the build-out plan is going to go.

**Moderator:** Next, we have Brigid from WNYC.

**Question:** Hi, Mr. Mayor. I think the face covering guidance, I think, it's fair to say, is going to be jarring to a lot of New Yorkers. And it's hard to think that with some of the additional guidance that, you know, including among the essential activity, the ability to go outside for exercise. And so, I'm wondering if you and Commissioner Barbot can speak to, you know, how much time is it really safe to be outside? And what we say that now we should be [inaudible] covering that all times? You know, if someone goes out for a run, should they be wearing a face covering? If someone brings their child who's under two years old is outside, you know, are they safe without a face covering? [Inaudible] the CDC recommendations are expected to be not for children that young to wear them?

**Mayor:** So, I'll start and pass to Dr. Barbot again. Brigid, the first thing we're saying is this is based on new information. The second thing is, this does not in any way replace the much more foundational protections for yourself. To protect yourself is the washing the hands, the hand sanitizer, the way you take care of your own hygiene. Obviously, protecting other people too with the way you cough and sneeze in the right way. The social distancing, the shelter in place are about protecting yourself and other people. That face covering is about protecting other people. So, I really want to make clear – that's the what the studies are telling us. It's not that the face coverings will miraculously keep the disease from reaching you in your life. It's about making sure if you happen to be affected by this disease, even if you don't know it, that you're not going to inadvertently spread it.

But I think you're right, it will be, in one way, jarring. But I would also say to you, Brigid, again, I got to say this, honestly, I think there's a disconnect that I see. And I don't mean any disrespect to anyone. I think the media's job is to look at the problems, look at the challenges, you know, portray what people are feeling and their fears. But I also think what I'm seeing is everyday New Yorkers are making extraordinary adjustments. Everyday New Yorkers are incredibly resilient people. I have been through everything and with my fellow New Yorkers, 9/11 and Sandy and everything – what I constantly see is – I never fault the media for talking about the pain or the difficulty or the anxiety or the fear. But then what I see in everyday people is much more of the resilience and much more of the sense that they're going to find a way to get through and they have to find a way to get through and they're going to make those practical adjustments and they just go on with their lives. That's who New Yorkers are. Even after terror attacks, people go right back to business.

So, this has been extraordinary and more difficult and more painful in many ways and more jarring. But I still think people can keep up with these changes. They've been doing it. We've seen a hell of a lot of compliance with the new rules that have been put out. I think people are, you know, to some extent you got to respect everyone's definition, but I think the definition is pretty clear and it's like if you go outside, you go outside for enough time to do your shopping, get your medicines, you know, the basics you got to do, get some exercise. You know, get done what you need to get done and get back inside. And that's what I see people doing. So, I think what you're going to see in the coming days is more and more people in face coverings doing exactly the same things.

**Commissioner Barbot:** I agree, Mr. Mayor. It is a message that we have been sort of conveying to New Yorkers in terms of the physical distancing, in terms of all of the other preventive measures over the last couple of weeks. And yeah, I think, you know, each time we've given new guidance, it's another thing that people have needed to get adjusted to. But like the Mayor says, I think New Yorkers are incredibly resilient and adaptable and people have been rising to this unprecedented situation. And so, with regards to face covering, it's not so much the time but physical space. And so, I would focus on ensuring that even with a face covering, people are adhering to the six-foot distance. And you know, in the past we've also said that if a parent and their child go out, we're not expecting the two of them to adhere to a six-foot distance because they've already been in close quarters. And then to answer the question about whether someone should wear a face covering during exercising, the recommendation would be again, if they're able to keep six feet of distance between themselves and everyone else. There's no need to wear a face covering.

**Moderator:** Last two for today. Next up is Henry from Bloomberg.

**Question:** Mr. Mayor, can you hear me?

**Mayor:** Yes, Henry.

**Question:** How are you doing?

**Mayor:** Good, how are you doing man?

**Question:** Okay. My question is whether or not you knew whether this company in Texas that's going to be building out these temporary hospitals is also building the Mexican wall at the border.

**Mayor:** Yeah, I heard that after. I think it was – we did the event with them a couple of days ago and then the next day I heard it. I don't agree obviously with what the President has done with the border wall. I think it's a mistake. I think it's was a waste of money, but I also think all of the soldiers involved in anything involving the building of the border wall should be at the front fighting coronavirus, I've said that before. But it's immaterial to me, honestly, if the company was doing that work on a federal contract, they also, I know they've done disaster relief work and set up shelters after hurricanes. I'm not really worried about which federal contracts they've had previously. I only want them to create hospitals for us here in places like the Billy Jean King

Tennis Center and the Brooklyn Cruise Terminal. Right now, what I care about is, are they going to help save New Yorkers lives? The answer is yes.

**Moderator:** Last for today, we have Jeff Colton from City & State.

**Question:** Hey Mr. Mayor, there's an ice cream truck in the background. Sorry about that.

**Mayor:** Okay. That's a good thing. That's a positive sign, Jeff.

**Question:** Absolutely. Just one of the – in the previous months you were really worried that the State would try and balance the budget on the back of the City. Have you had a chance to review the State budget yet and do you think the City is getting screwed?

**Mayor:** Well, thank you for your clear question, Jeff. I have been worried about that and I was worried about that obviously in normal times and we're not in normal times. Look, I think the most important thing that happened in Albany was that because of the actions federally to support states and cities with the Medicaid money, and I give a lot of credit to Senator Schumer for that, the State was able to take that money and tide itself over. And then what we need to focus on is that fourth stimulus and making sure that that really helps states and cities fully address their lost revenue and fully address the extraordinary expenses that we have from coronavirus. So that, to me, is really the essence of what happened. That's the big story. And the big next step will be the stimulus, getting that done.

Look there some cuts in there I don't like one bit. We're still toting them up, but you know, we don't have another, \$100 million to give for example, to Access-a-Ride. And I've expressed real concerns about how that program is managed. I would like to have clearer goals for reform of that program before we ended up being put in a situation where we have to spend a lot of money. But, you know, the Governor and the Legislature in their wisdom, did what they did. We will deal with it. I think in a perfect world it would have been, you know, the State holding the City harmless. We were not held harmless, but we will live to fight another day. That's the way I look at.

Okay. Thank you everybody, and we will have more updates for you soon.

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