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

**Mayor Bill de Blasio:** Well, everybody as usual, there's a lot to go over here and we are all going to be in this together for a long time here in the City. And that's something I want to start with, we talked about this yesterday. We're starting a very new reality this week, something we've never experienced before. As I've gone around the city today, I've seen places that, you know, usually you think of as really, really crowded— totally empty, literally streets where you couldn't see anyone walking down a sidewalk. Places that are normally very, very crowded in the City absolutely empty or only a few people. Obviously, what's happening now is our lives have been changed profoundly. People are recognizing and dealing with this new reality, making the tough choices and the sacrifices. I want to thank all New Yorkers, no one, not one of us wants to go through this. None of us asked for it, but it's our reality and I think New Yorkers are handling it with a lot of strengths, a lot of resilience, a lot of creativity working together, supporting each other. That's what I expect and I've always seen from my fellow New Yorkers. I want to thank you, I know it's not easy, but I really appreciate everything that people are doing to get through this together.

I have to be honest about the fact that we do not expect this to go quickly and I wish we did, but we don't. I've had several conversations this week with President Trump and I respect his office for sure and I'm trying to work with him to ensure that we get support in this City, but I have to respectfully disagree with him. When he says, as he said earlier today that he's not looking at months for this crisis. – I have to say Mr. President, I wish that was the case for New York City, I hope that's the case for other parts of the country. But, right now, we are looking at months and I'm going to say it again because people deserve the honest truth that we are doing all we can just to get through March right now, particularly in terms of our health care system. April will unquestionably would be worse than March, and right now my fear is that May could be worse than April. That's the reality we're facing, I think the notion that we could be quote unquote back to normal in the month of April is absolutely inconceivable at this point. So, I want to give people the truth because I think it helps us all to just, you know, really get our expectations right. Really know how to plan, really know how to kind of gird ourselves for battle; this is a battle we're all going to be in together. Again, no one is tougher than New Yorkers, so we will get through this.

The people we'll depend on, I want to thank again our extraordinary health care workers who every hour of every day are doing amazing work, protecting all of our first responders; they're heroes to us all the time. They're renowned all over the country, all over the – world, and they're doing amazing work right now. Our educators are so proud of the amazing work that's been done just over a days to create – an online learning distance learning program for hundreds of

thousands of kids, never been done before in the City. It's amazing what's been started already as well as those learning centers for the children of essential workers. I mean, this kind of improvisation, this kind of speed and an intense teamwork. This is the mark of New York City and this is something we should be proud of. But I also want to thank other heroes I'll keep mentioning different people each day, but there are some unsung heroes out there that really deserve our thanks because they're keeping this whole place running in the most basic ways.

When you think or you turn on that faucet, you turn on the tap and you get water. Let's thank our department of environmental protection workers for getting us clean water, the best water in the nation every single day despite this crisis for making sure our water system, our sewer system works. Thank you to all of them. Thank you to our department of transportation workers who continue to do vital work to keep us safe, to keep all those vehicles that are moving around and that we depend on for essential service, make sure that they can keep doing all of their work. So, thanks to the DOT workers, thanks to the sanitation workers, continue to do all of that possibly could be done to keep the City clean despite all the challenges we are facing. And there are many, many other public servants—folks who work in non-profit organizations, folks who work in the private sector, all of whom are chipping in.

So, I'll say thank you many times during this crisis, but a special thank you to our City workers from all those agencies I mentioned who are doing extraordinary work right now. And I'm going to keep telling all my fellows, New Yorkers say thank you when you see one of them because we are depending on them right now. So, what I am seeing again is despite the intensity of this crisis, despite the growth of this crisis that New Yorkers continue to make the changes necessary to follow the rules to step up. And that's against the backdrop of really just staggering numbers, now again; every number represents a human being. And I'm going to tell you about one human being, I know who we've just lost, we just heard about in the last hour. But first, the overall situation, amazing—horrible number, almost 15,000 cases confirmed positive.

Now, in New York City as [inaudible] – I'm sorry, 14,776 is the exact number, but that number keeps changing obviously throughout the day. So almost 15,000 cases, we're now about 58 percent of the cases in New York State and still about exactly a third of the cases in this entire Nation. So, we are the epicenter, I don't want us to be the epicenter, but we are the epicenter of this crisis for this Nation. And obviously as we discussed this each and every day, because we are the epicenter for this Nation, because we are the Nation's largest City, because the entire Nation depends on New York City we need more federal help and we need it quickly. The number of deaths related to coronavirus is 131, as of this moment, 131 New Yorkers, we've lost, the breakout by borough 4,364 cases from Queens, 4,237 cases in Brooklyn, 2,887 cases in Manhattan, 2,328 cases in the Bronx and 935 cases in Staten Island.

We've lost a great New Yorker— one of the most really renowned members of our cultural community, the great playwright, Terrence McNally. Someone who epitomizes so much about this City, came here from Texas as a young man brought all of his talents wrote some of the greatest plays of recent memory, but also someone who worked so hard for a better New York City and a better America for everyone. I had the honor of knowing Terrence because he ended up marrying one of my college roommates, Tom Kirdahy. And you know, I went to NYU, my roommate and I stayed friends over all the years and I got to know Terrence once they married.

In fact, once marriage equality was finally the law of the land, we held a ceremony out here right in front of City Hall in our Plaza and performed a marriage ceremony for Terrance and Tom to mark that historic occasion – an amazing, amazing New Yorker who did so much good. So, we all should have Terrence McNally and his husband, Tom Kirdahy in our thoughts and prayers. And Terrance rest in peace, and thank you for all you did for this City and this nation.

And you can see this crisis again, it's not— it's not just numbers, it's not just something happening somewhere else or to somebody else. This is going to be something we all will feel very directly in our lives before it's over. Our job is to do everything we can to save lives, to protect lives, at this moment, it's going to take everything we've got. This morning I spoke with Governor Cuomo, we agreed on the most central fact, the most central need; and that is ventilators that right now and our efforts to save lives. The City must have the ventilators we need they are all over this country we've got to get them here. We have to be a priority for this Nation because we're the epicenter of the crisis. It has to be clear to all New Yorkers, and I'll talk about a visit I paid to our emergency management warehouse earlier talking with doctors from Kings County Hospital one of our great public institutions about why ventilators are so crucial. I think for a lot of us, you hear the word ventilator, unless it's been something you experienced in your own life or with your family, it probably sounds like – a word you can't really make sense of. I can tell you having seen one of the ventilators a machine that literally could fit in – in a big suitcase it is something that literally is going to be the difference between life and death for thousands upon thousands of New Yorkers. A ventilator and the doctors from Kings County Hospital made this so clear today if a ventilator is available for a patient stricken with coronavirus patient gasping for breath, fighting for their life, if that ventilator is available exactly when it's needed, that patient can stay alive so the doctors can do their work and in many, many cases that patient will live and resume their life. But it's as plain as this if a doctor cannot get a ventilator to that patient, literally the minute they need it, if too many minutes pass, that patient will suffocate, that patient will die a horrible death and they'll be gone forever.

That is what a ventilator should mean, it's not a technical term anymore, it means life or death, and we need as many ventilators as we possibly can get right now in this City. At our warehouse, our emergency management warehouse in Brooklyn, I saw 400 ventilators that arrived from FEMA, from the Federal Government. And I am thankful for those, but I have to be clear. So long as there is a single ventilator sitting in a federal warehouse that could be here in New York City saving lives, something's wrong. We must get the ventilators to where they're needed most. And I'm not saying we're the only place in the country, we know how much Washington State has suffered, we know how much California has suffered. And unfortunately, more states ahead will suffer and my strong view is we need the ventilators and all those who are at the front line need the ventilators now.

And as soon as we no longer need them, we will be the first to say, let's make sure they get to where the need is greatest elsewhere in the country. We're asking for help – supplies, we're asking for help getting medical personnel, but we need as Americans to be ready to contribute back to all the other States, the second the crisis comes to some kind of end here in New York City. So, we stand ready to support our nation, but now we need our nation to help us first because we are the front line of this fight.

At the warehouse today. 400 ventilators from FEMA, as I mentioned, that are being distributed and they have been distributed already this morning. 100 going to our public hospitals, 300 to a variety of other public, private excuse me, and nonprofit hospitals around the city. To make sure that no hospital gets into that awful situation that I just described where they need a ventilator immediately and they don't have it. So that 400 will help us a lot. And just a short time ago, I got the very good news that we got an announcement from the federal government that 4,000 more ventilators are on the way to New York state in the next 48 hours, and half of them will come to New York City. 2000 more ventilators for New York city, and that's great news. But I need people to understand that is only the beginning of what we need. The speed with which this disease is growing, the human impact. The fact that we could lose a life in minutes if there is not a ventilator. Even with the new supplies we have received and will receive this week, what does it tell us? It tells us we can get through this week. It tells us we can get into next week, maybe even get through that first week in April. But with the rate of increase of this disease, we need ventilators to be constantly plugged into New York city, constantly supplied to New York city until we get to the point where we're absolutely sure we have an ample supply.

I don't want to see a single person die who could have been saved. That's my standard and that's why we're going to need many more ventilators. We asked the federal government days and days ago, we made the formal request for 15,000 ventilators. Again, I'm very appreciative of the progress. I want to thank the administration for what has begun to happen, but I need everyone in Washington to understand that'll just get us to the first week of April and I'm very worried about the first week of April. Even with this new supply, it doesn't guarantee we'll get through April that first week. This is a race against time. This is a race against time and every one of us here at City Hall and Emergency Management, all of us who are in charge of fighting this battle, and I know our colleagues at the state level feel exactly the same way, we are all racing against time. We need our federal government to join us in that race against time.

Again, I'll always tell you when I think there's progress and I'll tell you when I think there's setbacks. There is another act of progress today and we heard it from FEMA and I'm very appreciative for all FEMA's doing, they have been difference maker in the days that they've been on the playing field since the president signed the emergency declaration. FEMA is making a huge difference already with a lot more to come. So, I thank them. We heard the news earlier today that for the first time that defense production act had actually been activated in the real world conditions we're talking about where it actually needs to be used to guarantee that companies will produce exactly what is needed to protect the American people, and that those goods will be distributed to where the need is greatest. We are finally beginning to see the defense production act being implemented. It will have to be used on a much bigger scale to produce not only what New York city and New York state are going to need. I am trying to tell people all over this country, it's coming to you next. This will be a national crisis – all 50 States. We must get the maximum production immediately. So, I am pleased to see progress, but we have a long way to go, and the defense production act needs to be used to the maximum.

I will say in addition to the good work of FEMA the good work we're seeing from the federal administration getting us some new supplies, the good work of course from the state of New York, which has done extraordinary work to help us. We are seeing more and more private

corporations step up. We're seeing more and more individuals come forward. Philanthropies have come forward. A lot of people are helping.

Last night I had a very encouraging conversation with the CEO of the 3M Corporation in Minnesota, which is in a position to give us some of our most crucially necessary supplies, including N95 masks, which are those very high-quality masks. We need a lot more of, to the tune of millions. CEO, Mike Roman and I spoke at length. It was quite clear he's very committed to New York City. I want to say thanks to Mike and your entire team. And we talked about a very large order we need help with and he was ready to help. So, thank you to everyone at the 3M Corporation, and we're going to be having that conversation with a lot of other CEOs, a lot of other people in a position to help real quickly, because we're going to need it all.

I want to make clear to everyone who wants to help, especially if you have even a single ventilator that you can get to New York city or if you have a supply, even more of a bigger supply of ventilators. If you have surgical mask, if you have N95 mask, if you have face shields, gloves, gowns, anything that could help us, we need it. And the simplest way to let us know about what you have and your willingness to help is to go to [nyc.gov](http://nyc.gov). It's right there on the homepage. It's got a long title for this section. It says produce or donate supplies to fight coronavirus. I assure you we will come up with a simpler title, but right now anyone who can help us can go to [nyc.gov](http://nyc.gov), that homepage. It's really clear where you click to let us know about what you can give us to help and we need it. And I am so grateful to all who are helping and I assure you, I guarantee you, we will return the favor to our fellow Americans, to other states and cities as soon as our crisis abates. We have to be ready to say thank you and mobilize to help the rest of our fellow Americans.

Now I want to talk to you about some of the issues we're dealing with today out on the streets of our city in terms of our parks and playgrounds. Places that we are concerned, obviously to make sure that people practice social distancing. That people don't congregate. Don't live the way we used to just weeks ago but live in this new reality. And I spoke several times to our police commissioner, Dermot Shea. He has been out checking. I've been out checking. He has patrols out all over the city and getting constant feedback. And what we're seeing in many, many places is that people are truly abiding by these rules. A lot of our parks and playgrounds, actually I've had very limited activity today. Others obviously might have more, but what we are seeing broad adherence to the rules and we're going to make clear through NYPD enforcement and enforcement by many other city agencies that we must have a real respect for these rules. And anyone who is not following the rules will be quickly corrected. They'll be warned, they'll be educated, and NYPD will be out making very clear to people, using our patrol officers and with messages that'll be electronically transmitted all over parks as well as all the person to person contact that we need people to deal with this new reality of social distancing.

We have been working closely with the state of New York and with the city council to make sure that we are able to maximize the education, maximize the enforcement, maximize the chance that people can continue to enjoy our parks and in particular our playgrounds. But it's also clear, as I said just a few days ago, that if that is not working out, if people are not abiding by the rules, if they're not listening to the warnings, we may get to the point in just days where we have to close the playgrounds for the duration of this crisis. It's not something I want to do, but it's something

I'm ready to do if needed. We have agreed with the state of New York and the city council that we will give this process until Saturday evening. So, we'll have some warmer days coming up. We'll have a chance to see if people have gotten the message. We will be doing all the enforcement, but if by the end of Saturday, it is not sufficiently clear that New Yorkers are following these new rules, at that point we'll be prepared to shut down playgrounds for the foreseeable future. So, to everyone out there, to all the parents with kids, and again, I've made very clear, if you're living under the same roof, social distancing is different for you. Obviously, people who live under the same roof are going to be in close proximity all day, all night. You don't need to do the six feet apart out on the playground if it's a mother with her child, for example. But you do need to keep your distance from everybody else, and your child does as well. So, the rules are pretty straightforward. If people follow those rules, my hope is the playgrounds stay open. If they don't follow the rules, most assuredly, the playgrounds will be shut and we will make that decision by Saturday evening.

Also, in terms of our streets, we've worked with the state and with the city council on an initial effort to ensure that we can enforce a limited number of streets that will be opened up. This will be a pilot program. We'll do up to two streets per borough. And everyone wants to make sure that there are spaces for folks to get their exercise, to get fresh air. We also are quite clear there must be enforcement, so it has to be places that the NYPD and the other agencies can enforce effectively. We came to, I think, a very smart, workable agreement to do a limited number of sites around the five boroughs. See how it goes, see if the enforcement works while we're trying, of course, to do the enforcement everywhere else. We're going to, our goal is to get these up and running by Thursday at the, again, up to two sites per borough. Details will be announced, but the one thing for sure, every site can and will be enforced by the NYPD and other agencies. That obviously underlies our entire approach. So, you'll see that up and running in the next couple of days.

Let me turn now to something that there's just, I have to be very clear. There is no good news at all when it comes to the topic of our budget, our city budget. And I always say, you know, a budget reflects priorities and values, and the budget really means what we can do to serve people, what we can do to employ our public servants who do so much good for everybody else. How we can make people, can make sure people get what they need. Well, as I said yesterday, unfortunately I've had to instruct our Office of Management and Budget to immediately initiate a savings program, what's called a peg program, which requires agencies to have to, in a mandatory fashion, come up with savings. That goal. I want to use these words very, very specifically. That goal will be at least 1.3 billion dollars. And everyone who's listening knows that is real money. That's a huge amount of money. And that process has begun today with city agencies. And I say at least because that number may have to grow in the near future as we continue to lose revenue and see massive new expenses because of this crisis. But I wanted to give you that update. It's an unfortunate update, but it's the truth.

Something that is also related to the crisis we're going through, but I imagine people will be a much happier about, is that we have paid very close attention to parking on our streets, in particularly alternate side parking. The issue that is one of the things that New Yorkers feel very deeply, very personally. I know from my own experience in my own neighborhood trying to find that parking space and circling the block a lot of times over the years. We gave it a week to see

how things would go and I'm happy to say that the results were very good. Even after a week we found that our city remains sufficiently clean, so we will extend for another week and now alternate side parking will be suspended through next Tuesday, March 31st. So, alternate side which has been suspended for the last seven days will be suspended for another seven days through Tuesday, March 31st. We're going to look at the situation week-by-week; we might do more extensive time periods depending on what we see. But I think the thing to expect right now is we'll try and deal with alternate side in chunks of time, at least a week at a time. But again, always watching to make sure that our city stays clean for everyone's benefit and it's important against the backdrop of something like this disease that we maintain real cleanliness in the city. So that's some good news, that alternate side is suspended through Tuesday, March 31st.

Now want to just speak proactively to an issue that might come up. I know our colleagues in the media have a lot of questions and I'll be turning to them in just a moment. But one issue has come up, which is very, very emotionally important, humanly important, important in terms of health. And that is the question of, for folks who are giving birth, families that are giving birth what are the protocols about whether a partner of the woman giving birth can be in the hospital room at that moment? This is a medical decision obviously. It is something where all of us who are not doctors need to defer to the medical community. The decision made by our public hospitals – our Health + Hospital system – is that partners should be allowed in for the process of labor and when a woman has given birth that is the official policy, but with some very clear guidelines that any partner in the hospital room when a woman has given birth must be wearing a surgical mask and that there is a clearance procedure to ensure that if any partner is symptomatic with the symptoms of coronavirus or of course if they have tested positive, then they would not be allowed in the room. So, I think that's very straightforward. If someone is healthy, then that partner is allowed in. If the partner is symptomatic or tests positive for coronavirus, they are not; we certainly hope and pray that happens to nobody or very few people so that partners can be there for that amazing life moment. To me, there's just no more important moment in your life than when a child is born, obviously. But we do need to protect the health of the mom and, and really make sure we handle that. Right, so that's the way our public hospitals will be going about it.

Another topic, and this is again, I'll often have tough updates for you, but this one is good news and this is related to transportation and all the critical essential workers who need to get around. Very happy to say that our colleagues from Citi Bike are offering them – folks who are essential workers – a free 30-day membership and the owners. Citi Bike, Lyft, I want to thank them and all like so many other private sector companies that are stepping up, thank them for that effort. I know they're going to extra effort to make sure those city bikes are stationed in the right places particularly for health care workers and [inaudible] extra effort to make sure the seat bikes are sanitized frequently. I want to thank you for all those efforts, everyone at Lyft and Citi Bike that really, really helps a lot.

Now, to a very important issue that has come up a number of times and I understand why it's a hugely important issue, which is our jail system. We have important and very sensitive and very complex decisions to make related to those who are incarcerated at this moment. I remind everyone the number of people in our jails right now is just over 5,000 as compared to over 11,000 when I first took office. So, thank God, it's less than half of what we used to have in

terms of people incarcerated, but it's still a lot of people. My strong view is at this point, well I want to follow the exact same categories that I heard from Dr. Anthony Fauci in terms of those who are most in danger and obviously Dr. Fauci has done an extraordinary job during this crisis leading this country with the best information and guidance on how to address coronavirus. Dr. Fauci told me last week that anyone over 70 years old or anyone one of those five major preexisting conditions, those were the people most likely be in danger. This is my view, no one over 70, no one with any of those five preexisting conditions should be in our jail system right now. We have -to work through some very intense complicated legal issues case-by-case. In the case of those individuals, some I have the direct power to release. In other cases, that can only be done with the approval of the State of New York or a District Attorney. But that category of people, those in immediate danger because of the specific nature of coronavirus, I strongly believe they all should be released and we are working through those details immediately. I believe some have been in the group that's been released already – there's 75 that have been released already - but we want to identify anyone in those categories and get them out immediately.

Now, to the bigger picture – the reality is of the over 5,000 people in our correction system different inmates are in different statuses. There's been, I think some information put out that is not accurate about which are the group that I have the direct ability to release into a work release monitored and supervised program versus those who could only be released with the approval of the State of New York or a District Attorney. The group that I have direct ability to act on is those who are serving a city sentence and that means that they have gone to trial, they've been found guilty, they've been sentenced, and the sentence is under one year and they would serve that sentence on Rikers Island rather than serving that sentence in one of the upstate prisons, those of course are meant for people who did more serious offenses. Folks who are serving a sentence of up to one year on Rikers are individuals convicted of offenses such as misdemeanors and nonviolent felonies. So, when we looked at that category of people there's over 500 inmates in that category. There is a substantial group that because of very specific legal issues I'm not able to immediately release, we would have to work through those case-by-case. There are some who have domestic violence charges or sexual offenses charges who I have determined we are not prepared to release at this time, although we'll continue to look at cases individually – I'm not comfortable releasing those individuals at this point. The remainder, are individuals who have been convicted of misdemeanors, nonviolent felonies, have less than a year left on their sentence - some have many months, some have only a few months, some have only weeks. But I'm going to treat this category across the board, it's approximately 300 inmates, and we will move to release those 300 inmates immediately. The other categories that I think are immediately areas to focus on in terms of potential release. In addition, as I said to those over 70 with preexisting conditions and those in the city sentenced category, there are those awaiting trial. There's a particular group of them about a hundred who should be considered immediately, but that will require actions by the district attorneys. We will work with them to determine the proper outcome quickly. And then there's another group of about 700 that are technical parole violators. We will be working with the State of New York that has to ultimately give approval. We'll be having that conversation to see if that is a group that can be acted on across the board or that needs to be handled in a more a specified manner. But certainly, that is an area where we think we could find a number of people who may be able to be released quickly. And we'll work closely with the state on that.



Okay. Just a few words in Spanish and then we will start taking media questions. I know we're going to have Dr. Oxiris Barbot, our Health Commissioner on the line and Dr. Mitch Katz, CEO of our public health hospitals – Health + Hospitals. And to our colleagues in the media, if we need to get other Commissioners on the line, just to let you know, we may ask you to pause your question while we get the appropriate Commissioner on the line and we'll come right back to you after a one or two of your other colleagues has gone.

With that, just to say in Spanish, just a few sentences –

[Mayor de Blasio speaks in Spanish]

**Mayor:** We will now turn to questions from the media. Go ahead. Thank you.

**Moderator:** Hi, all. Just a quick note at the top, we ask that everyone limit their questions to no more than two, including follow-ups. This allows us to be fair and try to get to as many people as possible. We're going to start off today at the top of the list with Alex from Chalkbeat.

**Question:** Hi, Mr. Mayor. I'm curious about two school principals. One passed away this week at Brooklyn Democracy Academy, another principal in that building and Kappa V appears to have been hospitalized. Can you confirm that? And do you know what the last time those principals were in the building?

**Mayor:** Alex, I heard from Chancellor Carranza last night and we were – he was very, very sad and very pained, and I was too to here we lost the principal at Brooklyn Democracy. Someone who obviously gave his whole life to try to help kids, but I do not have the details of any connection to other DOE members. So, I want to make sure I don't give you anything that's inaccurate. We can get that to you for sure later on today. Is there a follow up?

**Question:** Yeah, I mean, I'm also just curious like what is going on in those –for the people who are connected to those buildings now? I mean, I know that the DOE has said they're not confirming cases, but is the City doing anything to try to connect to people in those buildings who may have been exposed to either of these two educators?

**Mayor:** Look, I think right now – I'll start and then Dr. Barbot will certainly, I'm sure, join in and go over again the reality we're in now – I think when you're talking about 15,000 cases and community spread, we're in a new reality. I mean, the truth is out so you know better than anyone. The vast majority of our school buildings are shut down now. Some are only doing food operations, pick up, but no educators there, no students there. Others, a very small number, compared to all the buildings we have, a very small number of being used for our enrichment centers for the children of essential workers. So for other folks the school has been out since last week obviously. But we take each of these cases seriously. If there's something specific that we know that we can act on, we will. But with community spread there's unfortunately many different sources through which someone may have been exposed. And the most important thing is for folks to follow those basic rules in terms of what to do if symptomatic. We're just in a whole new world now. So, Dr. Barbot, can you hear me?

**Commissioner Oxiris Barbot, Department of Health and Mental Hygiene:** Yes, sir.

**Mayor:** Well, I think it's a good time to go over once again that, you know, we've – once upon a time we were able to trace very specifically with a very small universe and act accordingly. We're now in an age of rapid advance of this disease, community spread dynamic where the broad guidance that you are providing as a city's doctor is what really governs everything we do. So, I think it would be great if you would just review that again.

**Commissioner Barbot:** Absolutely, sir. So, as you say, when we have broad community-wide transmission, it is virtually impossible to trace back to a “point source.” And so that, on top of the fact that schools have been closed for over a week really speaks to the importance of New Yorkers self-monitoring. And so, what that means is we need New Yorkers to pay attention to symptoms they may be developing that are either fever and cough, fever and shortness of breath or any other symptoms that might make them feel out of the ordinary. And the most important thing to do overall is to stay home, but that if they're not feeling better within about three to four days to reach out to their doctors. But again, when we have widespread community transmission, the best thing we can do to break the cycle of transmission is stay home.

**Mayor:** Thank you doctor. Who's next?

**Moderator:** Next up, we have Alex from the Daily Beast.

**Mayor:** Go ahead, Alex.

**Question:** Hi, just a little more clarity around the inmates being released, but as far as the 100 people that are awaiting trial, what exactly is the process with those people? What is this process that you mean by the DA's? Because it's been a few days now and I'm just curious what exactly do they have to do to release them?

**Mayor:** Yeah. Alex, I'll always tell you when I have the chapter-and-verse and something and when I don't, I don't know the exact technical and legal approach. Our team can get you that right after this. I do know that it requires action by the DA's. I think – I remember we got five DA's. Each has their own view on the specifics. All of them are united as are we, as is the Police Commissioner. I am certainly in trying to strike this balance between the humanitarian need to get everyone that we can get appropriately out of our jail system out and be mindful that there are also real public safety concerns here. It's not just one thing or another. It's a really tough situation. I've talked to a lot of people who are dealing with this issue. There's not a single one of them who thinks it's simple. We're pained by both sides of the equation, the health concerns and public safety concerns. But my understanding, Alex, is that that is a situation where I know broadly what I'd like to see happen, which is for folks who have more minor offenses certainly and/or people that don't have much time left to serve. I want to see the maximum number of people that we can have safely get out, out. But I also know there's a lot of extenuating circumstances. There are some cases that are much more complex than meets the eye. And the DA's have real concerns that have to be addressed and by law they have to sign off.

**Question:** And just another quick question, is there going to be any change in enforcement for the city's sex workers? Are we going to – like stop arresting them, I guess is the most blunt way I can ask that?

**Mayor:** No, it's a good question. I – obviously the Police Commissioner needs to weigh in on this and if we can get them on the line, we should. I think we've said very clearly now over the last few years our goal is never to focus on the worker, but to focus on those who are profiting off that worker and exploiting that worker and sometimes trafficking in that human being. So last thing we want to do is you know, have a situation where the worker is put into jail, if there's any way to avoid that. That's generally our view before all of this. So I know there's sensitivity on that front but the Commissioner can speak better to it. And why don't we – oh, he's on, okay. Commissioner Shea, let me just summarize the – can you hear me okay, Commissioner? Let's try again. Dermot Shea, are you out there?

**Police Commissioner Dermot Shea:** Yeah, I hear you.

**Mayor:** There you go. The question from Alex at the Daily Beast is given the coronavirus situation, has there been a change to approach in terms of the decision to arrest and potentially jail sex workers? And I said our overall approach for quite a while has been to focus on those who are profiting, those who are behind the “business,” those who are exploiting rather than the worker themselves. But I want to turn it over to you to talk about any particular changes or approaches that you're using in this crisis.

**Commissioner Shea:** Yeah, I think you've summarized it perfectly. And that was in place before this crisis. Certainly, this crisis is a challenge for all of us in city government. All of us as New Yorkers. But well before we had ever heard about coronavirus, the NYPD had shifted its policy in terms of dealing with certain types of arrests in New York City. And going back a couple of years, we made a conscientious effort to really go after people that traffic and are predators and victimizing women and forcing them to take part in activities such as that. Our arrests in – for people that are forced many times to partake in these types of activities, has plummeted over recent years. We continue to work with nongovernment organizations and our partners and our Vice unit to really work with and go after really the source: people that traffic, whether it's from state to state into this country or homegrown here. So I am comfortable where we are. That's been taking place for some time now. And I think that with the prior question, I would be shocked if you found any people currently on Rikers Island that are on Rikers Island for prostitution. I just don't think that's accurate.

**Mayor:** Okay. I appreciate that, Commissioner and Commissioner, if you can bear with us for a little while, you may have got other questions, so stick around if you can. And let's go to the next question.

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

**Mayor:** Go ahead, Yasmeen.

**Question:** Mayor, can you hear me okay?

**Mayor:** Indeed.

**Question:** Okay, great. I do have two different questions if I'm allowed. One about jails? Aside from releasing inmates, I'm wondering, are there more aggressive measures that the DOC can be taking to prevent the spread of the virus in jails? I feel like yesterday in your opening statement, you alluded to perhaps more social distancing measures. I'm not sure. I don't know if there's any talk of potential widespread testing soon of a contained population like a jail population. Are there other measures that they can be taking?

**Mayor:** Yeah, Yasmeen – best of my knowledge – I think Dr. Mitch Katz is on, I'll get him in this answer in a second. Look, here's the reality. We've said again, thank God we have, you know – we've got a jail system that was built out for over 20,000 inmates. That's where we were in the 1980s. And some pieces have been closed down, but a lot of our jail system remains intact. Even though we went from, as I said, over 11,000 inmates when I took office. We're now just around 5,000. So, we have space and we're using the space we have to create some distancing in general. So, certainly, be able to isolate anyone who needs to be isolated purposefully. And there's a much stronger health provision in the jails now because of the role of Health + Hospitals than what used to be there some years ago. So, there's really intense focus to keep making adjustments and keep protecting people and anyone who needs special care there's ways to provide it. We're going to keep refining that. Obviously now that we're talking about starting to release hundreds of people, that will open up even more space. And we'll see how far we can appropriately take that. Dr. Katz, do you want to talk about the health strategy in the Correction system and any changes that you're making, adjustments you're making?

**President and CEO Mitchell Katz, NYC Health + Hospitals:** Yes, sir. I think you've explained it well. We make a lot of effort to isolate anyone who is symptomatic or anyone who is known to be positive. We've opened up additional spaces so that we can do it. We encourage social distancing throughout the jail and most importantly for this disease, our clinicians are alert to people who may get sick quickly. This is a disease where people can deteriorate in a matter of hours. And anyone who gets sick, we are able to swiftly reach them and take them to one of our hospitals.

**Question:** As just a follow up to that, we have heard though from even jail employees from corrections staff that or at least their union that represents officers that they are not getting information on who has the virus so that they can take proper measures to distance themselves.

**Mayor:** Yeah, Yasmeen –

**Question:** Would you like to be more transparent there?

**Mayor:** I want to just be careful. I'm going to bring Mitch in. But we work with all the unions, all our different departments. You sometimes get information from a union that is more or less accurate than – obviously anyone who is symptomatic is treated differently in terms of health care. So I think it's, that's pretty obvious that someone is being treated differently and, and there's not going to be a case where there's lack of transparency because action will be taken. And Dr.

Katz, we all agree there's not been enough testing in general since the beginning of this crisis and we're trying to deal with how to prioritize going forward. But I think Dr. Katz, if I said a simple sentence, anyone who is symptomatic alone, even before a test is going to be isolated and treated differently. It's going to be self-evident that someone who there's a concern about is in a different category. They're not going to ignore – no one would ever be allowed to ignore someone symptomatic. Dr. Katz, is that all accurate?

**President Katz:** Absolutely true, sir. Right now, while there are delays to getting test results, we of course assume that the person does have COVID-19, and we isolate them and put them in masks appropriately.

**Mayor:** Okay. Thank you, doctor. Next question.

**Moderator:** Next up, we have Amanda from Politico.

**Question:** Hi, how are you? You said earlier today the hospitals are going broke. Does Health + Hospitals need a relief package and how will they get help from City Hall when it's also facing a budget shortfall?

**Mayor:** I'm very, very concerned about that, Amanda. That's – look our hospitals are being asked to do everything right now. And the course, the message to them is do everything you can to save human lives. And you know, throw in the kitchen sink, you know, so that no one is sitting around saying, oh, no, you can't do that thing because even though it would save a life we're having a budget crisis. No, we're acting like right now we have only one imperative: save lives. And we know right now the city's losing billions of dollars and that includes the budget that supports Health + Hospitals. So, my comment this morning was directed specifically at our colleagues in the Congress who are making a decision as we speak. And I have not gotten an update in just the last few hours to be honest, what I was basing on is what I knew this morning, where we still did not have confirmation that public and private hospitals will get direct immediate relief in the stimulus legislation. We must have that. My point this morning was if you risk our health care system collapsing financially, not only in New York City, but all over the country, we're not going to have an economic recovery, which I know the president rightfully wants to see, but we're not going to have an economic recovery if our health care system collapses. The dominoes that will fall from that will be extraordinary. So, my point was that the Congress right now needs to provide direct, immediate financial relief to public and private hospitals alike.

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

**Question:** Good afternoon. My question is for the Police Commissioner, as always. I would like to see if he could, you could explain, Commissioner, today what the NYPD's role is in reviewing inmates for release and what you think of this policy of releasing some Rikers inmates. Are you supportive of that? Do you have some objections and what those are?

**Mayor:** Let me start before the Commissioner and he will fully answer. So, actually, I have never taken offense at you asking the Commissioner directly, but you should start I think with

the person who's making the decision, which is me. I have been consulting regularly with Commissioner Shea and my team has been consulting, not just with him, but other key leaders in the NYPD, with our Mayor's Office for Criminal Justice, with Department of Corrections. We've obviously been consulting with DA's. It is a very complicated dynamic. It's one we've literally never dealt with before any of us. But I'm listening to all the input. I spoke to the Commissioner detail earlier this morning. We're making these decisions in an entirely new atmosphere. So, the Commissioner will offer his views, but I want to make very clear that I'm making the ultimate decisions, taking in the advice from all these different sources and doing what I think is the right thing for this city. Go ahead, Commissioner.

**Commissioner Shea:** Thank you. Mr. Mayor. I'll start with the first part. In terms of the types of information, there's many things that we're looking at. We were asked to look at a list of individuals, for example, that are incarcerated on Rikers Island, that are due to get out in a certain amount of time. One of the basic, I think, things that would paint you a good picture is, for example, are we releasing, I'll give you an example, individuals convicted or awaiting trial on domestic violence and think of a situation where we would be releasing them to a location and the victim of that domestic violence would be at the premise. Are we, do we have open cases on any of the other individuals that we would be releasing them on, that we would then be in a position to make a determination, would they be arrested on a different case? There's many variables that we're looking at. But as the Mayor, said – ultimately, we're working together. My personal opinion on it. I've spoken to the Mayor many times on this, so we're in lockstep. It's a very difficult decision, but I think any decision you make, you have to start with what's important, and you have to be a realist and you have to be humane. And I don't think anyone wants to be in a position where we're doing the wrong thing, where we're, we have individuals incarcerated – that their lives are on the line because of an illness. It's a very difficult decision. We're trying to weigh all factors. I know that I've worked – conversations with not only the Mayor, the prosecutors, as well as the members of [inaudible]. And I think we're all united on that. It's a very difficult decision. Let's try to do what's right. Let's try to do what's humane, but let's also remember we got to do this right and we have to have a plan. And some of the examples I gave you I think make sense. So, we're releasing people that could be infected to a location, where there's an elderly aunt, where there's somebody with an active order of protection, whether that's the victim of the crime where they went in. So that's all the type of stuff we will look. Again, thank you for the question.

**Question:** Thank you for the answer. Also, overall, since the pandemic has hit New York, are you seeing any emerging trends in crime, whether they be good or worrisome? What are you seeing as far as the – I guess regular crime?

**Commissioner Shea:** Yeah. I think I hit this yesterday. Very, you know what, I don't even I don't think I've released this tidbit, but I will to you so you can get the scoop here. We just had the day yesterday, with the fewest crimes. We'd have to go back to two other dates, and the other two dates we had that few crimes were three feet of snow in New York City, Ashley. So that gives you an idea of what we're seeing. From March 12th, when we started this journey and it seems like a lot longer ago, but when really all of New York City workers, frontline hospital workers, police, fire, schools, everyday New Yorkers, when our lives were turned around about a week or two ago, we immediately saw what the steps put in place by both the Mayor, the

Governor, businesses close, parks close, school playgrounds closing, and everything else that we see every day. You know, you never seen Fifth Avenue so open, you never see crosstown streets so open. We saw an immediate drop in most categories, I would say, of crime. Is it universal? It's not universal. We still have some shootings that we have to address. You know, we're much more concerned about everything else that's going on. But we're not taking our eye off crime either. I can tell you that arrests have dropped significantly, you know, in the last week or two. We managed to be up in robberies in New York City last week. That's a little troubling. We've been having significant increases in robberies last week. It's not a huge increase, but it was still up. And that tells you a little bit about what we're facing in robberies, that it's still up and the [inaudible] are still a problem. And Ashley, you and I have spoken many times about sexual assaults. We would down dramatically in sexual assaults last week, and I'll tell you that that really worries me. And maybe I'm just glass half empty here. But I can't imagine that you know, the crimes aren't happening. I'm sure that there's many crimes happening. So that's, I think it's something that everyone, we should just continually get that message out.

**Mayor:** Dermot, I'm just going to jump in –

**Commissioner Shea:** [Inaudible]

**Mayor:** Dermot, I want to just say that real clearly to all New Yorkers, what would you just said, that your fear is that crimes particularly crimes like domestic violence or sexual assault could be happening and not being reported. And I want to emphasize this is something that NYPD has been working on intensely over the last few years. And our message is always clear. It is crucial, God forbid anyone is the victim of domestic violence or of a sexual offense, it is crucial that it be reported to the NYPD so we can ensure justice is served and we can ensure that the offender never hurts anyone else. And I would say another very, very obvious area that we're dealing with right now – we've seen an immense number of bias incidents, some that rise to the level of bias crimes, some that are verbal, some that are physical, certain acts of discrimination that are clearly illegal. We've seen that in a number of areas, but particularly in recent weeks directed at our Asian community – that's thoroughly unacceptable. We will not stand for it. We'll ensure there's consequences for anyone but we need the reports to be able to have the NYPD do the investigation and follow up and ensure that justice is served. So, to your point Dermot, it is especially important at this moment that anybody who is a victim of crime, the survivor of one of these situations reports it right away. Go ahead.

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

**Question:** Hey, Mr. Mayor, I wanted to follow up on the PEG program announcement, just to clarify – \$1.3 billion, that's over this year or what's the timeframe for that? And then –

**Mayor:** So, Bridget, let me just let me answer that out. We'll let you continue in a sec. Bridget, it is at least, and I'm underlining the words 'at least' \$1.3 billion. That number could change at any point in the budget process that's going to play out over the next four weeks leading up to the executive budget. We're going to go to each agency. They will have a specific dollar figure that OMB will give them that they must hit, they can offer different ways of achieving it, but they

have to hit the dollar figure in time for the executive budget. And it will be savings from the current fiscal year and next fiscal year combined to achieve that dollar figure.

**Question:** And obviously this is a time that is difficult for everyone in New York – is the guidance coming from OMB, you know, trying to keep layoffs off the table?

**Mayor:** We've had – in the midst of all this other challenge that we're doing with the coronavirus, we've had budget meetings. We would have been already, you know, in the budget process normally getting ready for the executive budget. In this case, we've had essentially emergency budget meetings. And the first goal, of course, is we just – we, by law, must have a balanced budget by the middle of June, and legally by the end of June. And we need to do the things necessary to achieve that. We need to make sure that we can protect the resources to fight COVID-19. That is, you know, non-debatable at this point. We must make sure that every resource we need to fight this battle is available. And to this hour, Bridget, we don't know at all what's going to come from Washington in terms of any financial relief.

It keeps changing it seems like, you know, multiple times a day. So, we are on our own at this moment trying to sort it out. We know the State's going through a real tough time and so, we have to take actions to prepare to protect our most vital services. I'm not going to say anything at this point about what the ground rules will be going forward. Certainly, right now it's just a simple instruction to agencies to achieve a dollar goal. And I don't think any of them has to think in terms of layoffs to do that. But we have a very, very tough road up ahead and we'll – you know, I'll keep being very honest with you and all your colleagues about what's on the table and what's off the table as we go each step through the next few months of what will be an exceedingly difficult and complex a budget process.

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

**Question:** Hi, can you hear me okay?

**Mayor:** Yes, Bobby.

**Question:** Okay. Couple of things. First on the street closings, I know you said a lot of the details are still TBD, but can you give an example? Like if we're talking about Broadway in Manhattan and what is the thinking here, is there any concern that opening streets could actually incentivize people to get outside and congregate in a way that you're actually trying to discourage?

**Mayor:** Bobby, that's exactly – you know, Commissioner Shea and I have talked about this repeatedly. I've talked to the Governor several times about it, including this morning. We want to strike that balance. So, what we decided was to have a very limited number on a pilot basis, certainly a number that the NYPD and other agencies can account for in terms of enforcement. But the ground rule was we had to be able to enforce it or else it was going to be counterproductive. So, the streets will be selected for where they'll have an impact, obviously, where people do need that – they need space exercise, I believe in that to say the least. But



there'll be where, working together with the City Council, where we think there'll be a positive impact, but where we can guarantee enforceability.

**Question:** Okay. And this might be more directed at Commissioner Barbot, but given the spike that we're seeing, the daily increases in positive cases and in deaths, you know, we've seen these social distance measures in place now for a few days, I mean, going back a couple of weeks even – how will we know and when will we know if they're working?

**Mayor:** Dr. Barbot?

**Commissioner Barbot:** Yes. So, it will take at least, I would say, a good 14 days for us to start seeing a potential change in the trajectory of new cases. But the concern is that the more that we get New Yorkers adhering to our guidance of staying inside, the faster that that trajectory will change. But at the very earliest, I wouldn't anticipate seeing something before 14 days. And certainly, it will last, as we've been saying, at least the peak into sometime late April, early May. So, we are nowhere near getting a good sense of what our efforts are yielding. And until that time, we need New Yorkers to really take to heart the importance of staying home. And I know it's not easy. But it's something that is our best chance at turning the tide because otherwise, you know, we're facing an onslaught – a potential onslaught of thousands of people coming into our health care delivery system, into our hospitals, and many of them requiring a higher level of care. So, the best chance that we have against this is people staying home.

**Moderator:** Next, we have Chip from [inaudible] –

**Question:** – Wanted to ask about the PEG program and I was wondering if you know, Mel is going to be able to get those numbers in time for the executive budget at the end of April. And [inaudible] –

**Mayor:** No, no, we are committed to the current timeline. That's why we instituted this PEG program immediately. Conversations – you know, the program was based on obviously OMB's intimate knowledge of each agency and providing goals that they thought were absolutely attainable. And we're on the same timeline. The agencies have been informed today. And so, we will stick to the schedule and everyone will have to deliver the results in time.

**Moderator:** Next we have Christian from Bloomberg.

**Question:** Hi, two questions for the Mayor. The first is last week you talked about trying to increase bed capacity on an emergency basis, sort of, surge capacity, if you will, around New York. And you talked about several different sites where you hope to add various numbers of beds including nursing homes, hospitals, medical facilities, and also some small hotels. Any update on that effort in terms of where we are on that?

**Mayor:** Yes, absolutely. We're working very closely with the State. The specific instruction the Governor gave, which I think is absolutely the right one, is that each hospital has to create a 50 percent expansion plan. That's what we're doing with Health + Hospitals. Look we're going to need, before this is over, a huge additional amount of hospital beds. We're going to need a lot

more of them in April and I think we're going to need even more going into May. So, that expansion plan is moving very rapidly. I use the example of Coler Hospital on Roosevelt Island yesterday, a hundred beds will be up this week, 240 next week. But many, many other examples already of that rapid expansion going on. But I just need to be clear that, you know, it's amazing that we have the Javits Center – and I commend the State and FEMA and Army Corps. Everyone is doing that. That's going to be, I believe, a thousand beds, a USNS Comfort will bring 1,000 beds, but we have to never stop expanding because of the sheer scope of what's about to hit us. So, we're confident that we can hit the initial targets, but there's going to then have to be a lot more after that.

**Question:** Okay. Other issues – question in terms of the borough breakdown, for the last few days, the numbers have been running highest in Queens and Brooklyn obviously since they're the most populous boroughs. It sort of tracks the density there. Is there any sort of specific help being done for those areas? I think the Brooklyn Borough President today asked for something along the lines of Javits. Is there anything sort of being done to ensure that the capacity they get or the services they get are on par [inaudible] populations in those areas?

**Mayor:** Look, of course we have to make sure the care is where it's needed most. And I would let in a moment, Dr. Katz or Dr. Barbot can speak to this or both. But here would be my immediate answer. You know, what we hope to do is build capacity where the hospitals are first, both the public and the voluntary hospitals. So, that's just proportionate to wherever they happen to be. And, obviously, you know, they're going to be the linchpin to this, those existing hospitals, which as Dr. Katz has said, will be in many cases, you know, will be primarily ICU units across the board to deal with coronavirus and then build out in their buildings, their campuses, build out in nearby buildings to really focus the attention first and foremost, where there are existing health care facilities.

You'll have exceptional situations like the Javits Center and the USNS Comfort, which are very, very valuable. And then we'll look constantly to see where we need expansion the most and where we can get it done the best. So, to some extent it will be as much a question, not just of where people are, we always will think about that, but where we can very, very quickly turn a building into a working hospital facility. That speed, I cannot emphasize enough – the kind of speed we're going to need here is unprecedented. It has to happen with lightning speed or it will be too late. So, it's a variety of factors, but you know, we're obviously going to get a patient wherever the health care is. That's going to be the imperative. Dr. Katz or Dr. Barbot, you want to answer further?

**President Katz:** I think, Mr. Mayor, you've explained it very well. The hospitals are best suited to be ICU beds because people who are critically ill need a lot of services from the pharmacy, from nursing, from physicians and equipment. And so, what we've been doing is constantly expanding the number of intensive care unit beds in our hospitals and looking to take patients who are not as sick and place them in other environments such as skilled nursing facilities or residential hotels.

**Commissioner Barbot:** And I'll just add that, you know, while we are anticipating a large influx of thousands of patients who have COVID and need to be hospitalized and who will require

intensive care support, there are also those people that will continue to come in for other non-COVID related illnesses that will also need hospitalization. People, unfortunately, are still going to have heart attacks, they're still going to have appendicitis and they will need to be served. And so, that's why it's so critical for New Yorkers to stay home. If they don't need to go to the doctors, if they don't need to go to the hospital or the symptoms that they have that are likely mild COVID symptoms, they should stay home. We need to protect our health care system to ensure that it is not only strong for the people who are going to be developing COVID, but for everyone else who will still have a need for a strong health care delivery system. And we're looking at this as a five-borough strategy. And right now, though we're seeing the greatest activity in Brooklyn and in Queens, you know, we have to look at activity all over the city – and so, we are putting into play all of our resources in all five boroughs.

**Moderator:** Next, we have Gersh from Streetsblog.

**Question:** Hi, guys, how are you?

**Mayor:** Hey, Gersh.

**Question:** So, I mentioned this yesterday as an anecdotal story – so, the question is for the Commissioner we've actually crunched the numbers on [inaudible] –

**Mayor:** Commissioner Shea, I take it.

**Question:** Sorry. Yes. Commissioner Shea. We've crunched the numbers and found that New York City's speed cameras have issued roughly the same number of tickets over the last eight days as they did during the comparable eight-day period in January when we all know there were tens of thousands, if not hundreds of thousands more cars on the road. So, I guess the question I'm asking first Commissioner, can I get your reaction to that fact? And since those are just the camera tickets, I'd love to get the comparable numbers of tickets written by NYPD officers themselves.

**Mayor:** Yeah, I'm going to jump in just for a second, Gersh. I want to make sure – I haven't seen those statistics. I'm sure the Commissioner, who's Mr. Statistics himself, will be able to speak to them or get them. But I just want to make sure we are very clear that we're dealing with a crisis dynamic where obviously a lot of people, for example, are being brought to hospitals. I want to make sure that that number is excluding emergency vehicles that are speeding for a reason and we're just careful that we're actually getting a true filter on what's happening here. So, I just had to mention that to begin, but go ahead, Commissioner.

**Commissioner Shea:** Yeah, Gersh, I heard most of the question. Are you saying that in general or are you saying emergency workers getting captured on the camera? Because I wasn't familiar with it.

**Question:** No, the vast majority are normal drivers. It's the same statistics that would have been during January, in March. I guess the reason I'm asking is because there's so many fewer cars on the road right now, so that the idea that the speed cameras would be catching basically the same

number of speeders is amazing because it suggests that, as I mentioned yesterday anecdotally, people are driving way too fast. And, as you know, when people drive fast, there's more crashes, which puts people in hospitals, which is what we're all trying to avoid.

**Commissioner Shea:** Yeah, it's a point well taken, Gersh. I mean, we'd have to look at the data. It's a little preliminary. You know, I can certainly pass it on to Billy Morris, our Chief of Transportation who works very closely with DOT. And again, we're in the middle of uncharted territory here, but we have not taken our eye off traditional crime. We haven't taken our eye off many of the things that we do with communities throughout New York City and we haven't taken our eye off Vision Zero either. So, if we have to reassess it and move resources around, we certainly will. I'll have Billy Morris take a look at that and reach out to DOT. But thank you for bringing it up.

**Mayor:** Yeah. And Gersh, I also say thank you because, look, I want to say, having raised my concern about the consistency of the statistics, I'll now go the other way and pick up on your point, which is, hey, everybody out there, if you're an emergency vehicle, that's one thing, but all other New Yorkers need to take to heart the point that Gersh made. The last thing we want is any additional crash that harms your fellow New Yorkers and takes up yet another bed in a hospital. And my number one reason we don't want the crash is because it means a human being got hurt. But we also cannot afford our already struggling hospital capacity to be further strained. And it's about to get really, really bad. I have to be blunt about that. So, even though the streets are more open, everyone still has to slow down and be careful and not act like, you know, we're in a different situation where it's open season if you want to speed. It is not and we will make sure the NYPD is vigilant and that there's real enforcement because we have to keep people safe.

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

**Question:** Mr. Mayor, there are 300 inmates that you had said that are going to be released immediately today. And the other inmates you're working with other agencies to help move out, are these people that only fall into the vulnerable population? And are you working with – is there any plans to get a COVID-19 testing center on Rikers?

**Mayor:** Craig, on the – I'll let Dr. Katz speak to the testing center point. I'll speak to the first point. I've given the instruction today. I'm sure the process of release takes a little bit of time, so I don't expect all of them to be out today. On the specific question, the folks that I released, again, are in the category that I have the power to release in. I think, with all due respect to some of our colleagues, elected officials, advocates, etcetera, I think there's been some misstatement out there of which people I have that direct power to act on and who I don't. So, the category that I have the power to release from is those serving a sentence on Rikers Island of less than a year. And again, those are for lower level crimes. Within that population, we screened out anyone with who had done a domestic violence crime, anyone who had done a sexual offense crime, and anyone who for other legal reasons and other factors in the criminal justice system, there was a legal prohibition on me acting alone. And that number, when you take out those exceptions, you get about 300 and that's what we're acting on now. Separately, I am saying across the entire population, that it is imperative to me that anyone over 70 and that anyone who has those preexisting – one of those five preexisting conditions, or more than one, should be released as

well. But I know that will mean in many cases – probably the vast majority of cases – some additional sign off from either the State or a district attorney. So, we are going to aggressively move that. They have to make their own decisions. We're all working together, but they have to make their own decisions. But I'm going to argue to everyone that those categories at this moment need to be acted on. And in terms of whether there will be a testing center on Rikers – or, for Rikers, Dr. Katz, do you want speak to that?

**President Katz:** Yeah, so, we follow for inmates the same protocol that we follow in general, which is to say that if people have symptoms, then we test them, or if there was a close contact that required testing, we test them. We don't test asymptomatic people. But we do constantly do symptom review and we will make sure that at the time of release, if people have symptoms, we will get them to the appropriate medical care.

**Question:** Can I ask you a question of Commissioner Shea before we get off? Commissioner Shea, could you give us an update on the number of officers who have contracted the virus and the percentage of officers and civilians who have called out sick or are out on sick leave?

**Mayor:** Could you hear the question, Dermot?

**Commissioner Shea:** Yeah, I did. So, the most recent statistics, which are, you know, fluid, to say the least. Unfortunately, we've had 211 members of the NYPD test positive. Of those 177 of the 211 are uniformed, 34 are civilian members. We have a little over 27 to 2,800 members currently out sick. So, that is an increase. I mean, it's just a trend that, as you talk about what we've seen and what we've tried to do with social distancing and lowering the curve, essentially. What we're seeing internally as an agency on the front lines is, we are still on an upward [inaudible] –

**Mayor:** And, Craig, look, we are – this is something we're going to be dealing with across all our agencies to say the least. We know certainly with NYPD, but other agencies as well, that there's been a lot of adjustments made to ensure we always have the personnel we need when we need them. But also want to really emphasize what Dr. Barbot has said many times, for the typical, healthy person under 50 years old, the recovery time from the time they get symptoms to the time they're clear to go back to work is essentially seven to 10 days. So, I know a Commissioner Shea and I have talked about keeping track of who comes back on duty after they have been out. And that number will start to grow soon too. It'll always be a juggling act, but this is what we all do for a living and certainly we're going to make sure we have the capacity we need when we need it.

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

**Question:** My question is about the ventilators. I'm curious, do you know where they're going to go yet? Will they only go to H + H hospitals? Will they be distributed to private hospitals that are in need? What's the process for that? And I have another one.

**Mayor:** Yeah, the process through our Emergency Management – Emergency Management will determine, obviously in consultation with the Health Commissioner, in consultation with the

CEO of Health + Hospitals what the needs are. The group – the 400 I mentioned earlier today, a hundred went to Health + Hospitals, 300 went to a variety of voluntary hospitals across the five boroughs, depending on need. And we'll make those adjustments each time. So, our job is to make sure that there's no hospital of any kind in the city that hits that – you know, that crucial point where they don't have a ventilator when they need one.

**Question:** Thank you. And my second question is, I know for the past week there's been discussion about testing sites set up at Citi Field, or even utilizing Citi Field [inaudible] the parking lot by Yankee Stadium for other uses. Is that still in the works for either a testing site or [inaudible] earlier, you know, Queens has some of the most [inaudible] had the most amount of cases? Would it ever be used for secondary hospital sites or anything like that?

**Mayor:** I'll start and I don't know if – Deanne is on? Okay, I'll start and our Emergency Management Commissioner Deanne Criswell will jump in. Look, this, Katie, obviously, ever-changing. Testing – it would have been so valuable in the beginning to do it on a really, really broad scale. It's now, as you've heard from Dr. Barbot the realities of testing have changed over time. We certainly need it for folks who are most vulnerable and to keep emergency rooms from being overwhelmed. That's where the focus is. So, we'll be making those decisions, those adjustments, Emergency Management, working with Health + Hospitals, Health Department, FEMA, they'll be constantly figuring out where the adjustments are. But in terms of expanding hospital facilities and capacity, we're absolutely going to constantly look for additional space. Those obviously have to be either indoor spaces or places where we could best set up tents. And we are always in touch with the federal government trying to see if we can get additional military support in and that's something I sure hope will be coming over time. But the focus will be again, wherever possible close to existing health care facilities. That's the ideal, to put any new capacity near existing health care facilities to maximize the way you use it. Commissioner Criswell, do you want to add?

**Commissioner Criswell:** Yes, thank you, Mayor. Regarding the site that we were looking at Citi Field, that [inaudible] one of the places we had identified to use the FEMA drive through sites, but we have [inaudible] and I think we briefed this yesterday or the day before, decided to co-locate all of those FEMA testing sites with our current Health + Hospital sites. So, our supplies have all gone over there and they are being cold located and we're working with FEMA right now to finalize those sites. I think just to add onto what the Mayor said about them possibly using it for other types of operations, you know, I have been in touch with several members from DOD today about some of the resources that they're looking at bringing in and we're working with them to identify if they do and when these resources do come in, you know, what would be the best locations that they could set up field hospitals if that's what they are going to bring in or other types of equipment and supplies that they might be bringing. So, there's a lot of spaces out there. There's going to be a lot of, at least we hope, equipment and people coming in and all of these spaces are going to be needed to help us support the bigger picture in the bigger response to this COVID crisis.

**Question:** Next we have [inaudible] from Crain's.

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

**Mayor:** Yeah. What's the name again? I'm sorry.

**Moderator:** Janon Fisher –

**Question:** Yeah, hi, this is about the small business loan program. Wanted to see how many businesses have applied? How many grants have been issued? And how much money has been dispersed so far? I also wanted to see how much money is in the pot to disperse the grant money. I have similar questions about the loan program – how many applied, how many loans have been

**Mayor:** Hey, I appreciate it. Let me just give just a helpful ground rule. I've said it to a number of your colleagues and I want to keep repeating, even though it's – we're trying to keep everyone to a two-question allotment, if you could split it up, it really helps me to just be able to follow it all and give you accurate information. So, on the question of the small business loan and grant program – applications have come in and large number as I understand it. I know we are hitting some limits in terms of that, but I want to get you the exact details. I don't have them at my fingertips. We will absolutely be able to get them to you right away. I think it was back on Friday, I was giving details about when money would flow. If my memory serves, some of it already, some of it by the end of the week for the two different programs. Both definitely have limits. I'm certain we will max out both of them. But I hope it will help a number of small businesses keep going. Of course, the big question will be, does this stimulus bill focus where it should on working people and on small business in addition to our hospital system and our local governments and state governments – you know, will that be really the focus? Or, will it be a corporate bailout more than an actual relief program for people in need? So hopefully, hopefully you'll see some relief for small business in this next stimulus. I think it's fair to say there will be at least one or two more stimulus bills after this one given the magnitude of the crisis. So, we hope there's going to be help there, because the real help the small business needs is far beyond what the City government can do. But we will get you the answers on our program and what's happened with it.

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

**Question:** Good afternoon, Mr. Mayor. I'm wondering, you've talked a lot about the ventilators. Are you at all satisfied with the amount of other supplies that you've received from the federal government? And what else are you in need of at this point? And I have a second question.

**Mayor:** Yeah. Deanne might be able to do the chapter and verse. My memory is, the overall requests that we documented time and time again to numerous federal officials over the last two weeks – 15,000 ventilators, I think it's 50 million surgical masks, if I remember correctly – Deanne can fill in some of the other blanks. But Jeff, no, of course I'm not satisfied. I am pleased that there's finally a flow of real resources for New York City. I mean, literally a week ago at this time we had seen essentially nothing. And now, you know, there's an actual constant dialogue going on. A week ago, I believe there's only one federal secretary who, despite letters, phone calls, everything, really gave me any answer on anything. Since then, I've been talking constantly to federal officials and they have been much more responsive and much more detailed that are

actually providing answers. And we saw obviously today some real progress on the ventilators. But no, the day I will be satisfied is when we have such an ample supply that I am certain we can get through April and May. And I mean, we are far from that moment. What we have right now – I'm going to be blunt as I can be – I said it earlier, I'll say it again – right now, I am satisfied we can get through this week in New York City in terms of our health care system. And even with that, I think some of our hospitals are going to be very stressed. I am hopeful we can get through the week after that, but I'm not convinced. And when I say get through, I mean be able to ensure that every single patient who can be saved is saved who has coronavirus, while also addressing all the other patients with all the other serious conditions that have nothing to do with coronavirus. So, because we got an infusion of help – we got a lot of help from the State, we definitely got some good help from the federal government. We've gotten a lot of help from just individuals and companies. We're going to get through this week and we have a strong chance again through next week and that's all I can guarantee you right now. So, we're going to need a huge amount more. Deanne, are you able, again, from memory or maybe you have the letter in front of you – was I right? It's 15,000 ventilators and 50 million surgical masks? Am I right so far?

**Commissioner Criswell:** Yes, Mayor, those numbers are right. We also asked for 3 million N95 masks and we are starting to see some of these supplies trickle in and we did get a truckload, or several truckloads that were delivered to the Javits Center today. Some additional PPE, I don't have exactly what arrived yet, this is just a late breaking news. But really want to expand on something that the Mayor said, and that is, while all of these items are really critical in order for us to be successful with this, our number-one most precious commodity and all of my years of disaster experience is time and you can't get time back. And every day that goes by that decisions aren't made supplies don't come in are going to cost people their lives.

**Mayor:** Well said. Very, very painful reality, but very well said, Commissioner. Okay. Who's up?

**Question:** Secondly –

**Mayor:** Oh yes –

**Question:** [Inaudible] Mr. Mayor about the street closings. Why only do two streets per borough? And do you have some sort of resistance to the idea of closing streets to open up more space? Why start with so few streets?

**Mayor:** Jeff, I'm going to very respectful answer, but I'm also going to refer you to what I said earlier in this press conference and what I said in detail at yesterday's press conference. I think I've been real clear about it. Enforcement, enforcement, enforcement – if you open up a bunch of streets and you cannot enforce because you're spreading out our resources too much into places we haven't normally had to enforce, you're going to have a problem of gatherings starting to happen and people not observing social distancing because there's no enforcement mechanism. So, what I – right now, we have a huge system of parks and playgrounds people are used to going to and we know where they are and we know how to enforce them and that's what we're doing. But we're going to work to set up a select number of other locations, but with enforcement



attached. The only way we can expand in my view is if we keep proving that we can enforce. So, think of it as toeholds – like, first you get one thing done, then you climb to the next level and next level. If you cannot get regular presence from City agencies that are being stretched all over the place right now, if you cannot get regular eyes on and regular enforcement, you run the risk of exacerbating social distancing rather than reducing social distancing. And we do have a lot of places for people to go right now – parks, playgrounds – that's where we think the focus should be because we can monitor and we can enforce properly.

**Moderator:** Next we have Matthew Chayes, from Newsday.

**Question:** Mr. Mayor, Dr. Katz – gentlemen, when I asked you a week and a half ago you said the City didn't have a triage plan recommending like who's gets care when there are limited circumstances. When I cited Italy, Mr. Mayor, you call that country a hot mess and you said we're nowhere near that. But when I asked, there were 15,000 cases in Italy – that's, kind of, where we're at now. Other jurisdictions – Washington State – have disclosed their plans, They call it – I think it's something called like a crisis standard care for these very difficult circumstances. So, just to be clear, I'm not asking whether the plan is in effect right now. But I am asking, yes or no, does New York City have such a plan? And, if yes, who gets priority and who doesn't?

**Mayor:** Matt, I'll start and Dr. Katz can jump in. Again, I couldn't be clearer about what we're trying to do right now, what we – and until I got to the point where we can't do it. If I ever – if we ever get to a point where I have to say to all of you, we cannot keep up with the number of cases, we'll say it. But the very blunt, detailed conversations we're having every single day with the people of the city is to say exactly where we are on space and personnel and supplies and equipment. And as I said, today, we have what we need, going into next week, so that we are not making the kinds of decisions that you're talking about. And when I referred to this situation in Italy, I was also referring to a very different trajectory than we went through, very different level of preparation. So, I think you have very honestly – you have creatively reinterpreted what I said and you have not accurately portrayed it. We, of course, know that we might get to a triage situation, but I don't think it's appropriate to start talking about not just a theoretical, a very painful theoretical that I don't think is fair to people to just lay out there as something that might happen when we're being real, real honest about the fact that if we don't get more help and we're going to be in a situation where not everyone can get what they need. I think we have to keep fighting to get the help we need to keep innovating, to have the space, to have everything we need ready, and we ever feel there's going to be a problem beyond that, we're going to be honest about it. And, of course, our hospitals know how to handle a situation like that as difficult as it may be. So, I'm not going to lay out some plan in advance because we are not at that point. Dr. Katz?

**President Katz:** I agree. I think to lay out a plan is to accept that we're not going to have the resources that we need in order to take care of everyone. And you've been very forceful about getting us those resources and I think we have to keep pushing for the necessary resources and believing in our amazing health care workers, who I can tell you, Mr. Mayor, at Health + Hospitals have just been phenomenal and doing things that would have one seemed impossible to

them, such as doubling our ICU capacity. So, we are actively innovating and I'm not at all prepared to say that we can't meet the needs of everyone.

**Question:** Also, for Dr. Katz and potentially for Dr. Barbot, how many ventilators approximately does New York City have at this moment? And how many approximately, again, are in use for coronavirus, but also for other reasons – and ditto for hospital beds. Same question.

**Mayor:** Yeah, let me jump in and then they can jump in. Again, respecting the question, but this is – one of your colleagues, Henry, asked a similar question. We're just not going to be giving specific answers to something that's a constantly moving target. It's not fair to New Yorkers to constantly say one thing when it could be moving a course of hours. We said earlier in this trajectory that the estimate was somewhere in the neighborhood of 5,000 ventilators in the city. That number has grown markedly in the last 24 hours with the shipment from FEMA and the announcement of the 2,000 more that we hope to receive as early as tomorrow or the next day. And there's lots of other sources being acted on. It will be changing all the time. The way we can interpret all of this to you, and the best way and the most honest way in the most effective way, is to talk about overall capacity with that simple standard – can we serve everyone who comes in with the coronavirus and give them the care they need? That's what we're going to be reporting on constantly. But I guarantee you, the number of masks, the number of ventilators, the number of hospital beds, the number of people admitted are going to be varying by the hour and we are just not going to be in the business of updating people on that, because it's not going to be sufficiently accurate. It's not fair. It's not a good use of our time. Our job is to give you the overview and be very, very honest where we are at any given point with that overview report. Doctors, do you want to add?

**President Katz:** I think you covered it. We have enough resources, as you've said, certainly to get through March and to get into April, and we have confidence in your abilities and FEMA and the federal government to bring us – and State government – the resources we need to go beyond that.

**Commissioner Barbot:** I don't have anything to add. You covered it, Mr. Mayor.

**Mayor:** Thank you, Commissioner. Okay. Who's up?

**Moderator:** Last two – we'll take Yoav next.

**Question:** Hi Mr. Mayor. I'm just wondering – or maybe one of the doctors can answer this, but are there specific hospitals, either public or private, that are already or close to being in serious trouble? And I wonder if there is any value of making at least that information public, because perhaps that might change public behavior. Maybe somebody who's sick can avoid hospital that's overrun currently and try another one?

**Mayor:** It's a fair question, Yoav, and I appreciate it. I don't like the word overrun because I don't – I'm not trying to be semantically difficult, I'm just trying to be honest – I don't think it's a helpful word because I don't think it portrays reality. For example, Dr. Katz has been very open about the fact that there's been a disproportionately high number of cases at Elmhurst Hospital in

Queens, and yet, at the same time, it's an extraordinary facility that's very well run and they've been making constant adjustments to deal with it. I think we need to be careful. I agree with you, if you had a perfect world where you could say, hey, you know, everybody, let's move over here, move over there, that would be a wonderful, but I think what I've learned from the doctors is that's not the way health care works. If someone's in an emergency situation location, location, location becomes the issue. And also, our ability to communicate to people down to that kind of micro level of here's the hospital usage levels at any given hour, I just don't think it's going to get through to people. We'll say, certainly, especially for our public hospitals, if there's something shift situation that we think is particularly troubling we'll be open about that. Elmhurst has gone through a lot, Queen's Hospital's gone through a lot, but they are keeping it together, particularly as we get them more supplies and personnel. But I don't think it's really easy to say, go here, don't go here, go to this other place. It just doesn't strike me as a realistic. Doctors, tell me if that's accurate or not.

**Commissioner Barbot:** [Inaudible] add here, I would say that, you know, I've been the first person to say, people stay home, stay home, stay home, and that's for two reasons. One is, we want to make sure that people are socially distancing. The other one is, we want to maintain the capacity of all of our health care delivery systems and our hospitals because we don't have to travel any longer [inaudible] not only for COVID-related, but for, as I said earlier, you know, heart attacks, appendicitis, other things that they might need to have urgent care for. We don't want to extend the period or the length of time that they have to – or space that they have to go get care, we want to relieve the congestion of what we call the [inaudible] well, meaning people who have mild symptoms, may have, you know, a certain concern that they may have COVID. The reality is, as the Mayor said earlier, and I've been saying, 80 percent of the people who get COVID will be able to ride it out at home for three or four days, and if they're not – excuse me, seven to 10 days – and if they're not better in three to four days, that's when we want them to reach out to their doctors. We need to reserve the capacity of our hospitals, not only for COVID, but for all of the other things that need to come in as well.

**President Katz:** I would add on the hospital capacity that it's more appropriate for us to move resources than it is for patients to go elsewhere. Part of why people come to Elmhurst is because it has an excellent reputation as a hospital and it's really well trusted by the immigrant population that surrounds it. So, rather than directing patients away from it, I keep directing resources of additional nurses and additional equipment and additional physicians to the hospital.

**Question:** Thanks for that. And actually following up on that issue about the distribution of resources, if we – if the city does get to a point where all the ventilators have been distributed and other supplies, is there a going – is there going to be a sharing of resources for whoever needs it at that point? I guess I'm wondering if there's going to be kind of no distinction between private and public hospitals at that point if the materials that are in short supply need to go, you know, to a particular facility.

**Mayor:** Yeah. This is something that talked to the Governor about. We are absolutely united in that point that there are no lines at this point between the public and the private hospitals. As I mentioned, our Emergency Management warehouse had 400 ventilators. We didn't say, oh, we're going to just, you know, keep them just for Health + Hospitals. We made sure they went where

the need is greatest – Health + Hospitals has close relationships with a lot of the hospitals and the voluntary system. And the doctors can speak to this, but the anticipation absolutely is that you'll see equipment moved among them if needed, because what we cannot have is a situation where any hospital doesn't have the basics. And so, we'll keep mixing and matching literally day by day, hour by hour to stay ahead of the situation. Dr. Katz, you want to add?

**President Katz:** No, I think you've covered it, sir. Thank you.

**Mayor:** Okay, who's left?

**Moderator:** Last question is Julia at the Post.

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

**Mayor:** Yes, indeed. How are you doing?

**Question:** Good. How are you? So, two quick questions here. Can you tell me when the city was notified that they'd be getting be getting half of the 4,000 new ventilators? Specifically, I'm wondering if was if it was before or after the Governor's press briefing discussing the dire need.

**Mayor:** Yeah. Julia, I want to just caution you. You've been, I've noticed, asking these very fine tuned, like who knew what, when questions. They are perfectly fair questions, but I really am trying to be as honest as I can be about how things are changing by the hour or even by less, constantly. I heard the confirmed information that 2,000 would get to New York City just before coming out here. So, sometime, you know, maybe 3:15-3:30, something like that, because we at first heard the State allotment, we did not hear if a certain amount was being determined specifically for New York City. So, that's my impression. It only came into us after 3:00 pm.

**Question:** Okay. Thank you. And then a second question – I know you and Dr. Katz have said that you could make any hospital bed into an ICU bed. Given that our ICU cases are escalating the city, can you just give us a sense of what the current landscape looks like in terms of ICU beds? I've seen reports out there that range from 1,000 to 2,000.

**Mayor:** What do you trying – I'm sorry, I want to make sure I understand your question. What is – when you say 1,000 to 2,000, what are you trying to say?

**Question:** What is the current number of ICU beds in New York City?

**Mayor:** Similar point, again, I'm going to be very rigid about this, which is, we have an ever-changing situation. The way we are grading this is overall capacity. This is so fluid, I cannot even begin to describe it to you. So what Dr. Kat said from the beginning, he could take any part – or, almost any part of his hospital and turn it into an ICU. And what you're going to see is the hospitals more and more will expand ICU capacity. A lot of other types of capacity will go over into other places, whether it's the Javits Center, whether it's hotels, whatever we're able to stand up, but I'm not going to give ever a number that is a moving target. I'm going to talk about what we can do to serve people. If we're confident we have the capacity to serve people at any given

hour, that's what I'll say. If we are not confident of that, I will say that too. If we're not confident at any particular place, I will say that. But I'm not doing a running count. It's just not responsible or fair given the ever-changing situation.

**Question:** [Inaudible] supplies –

**Mayor:** Again?

**Question:** But you can do a running count of medical supplies but not beds?

**Mayor:** Again, I'm telling you that we – I got the question on medical supplies a moment ago too and I said we'd give very broad figures, but we're not – those figures are changing all the time too. We have determined this is just the way we're going to do it, that we're not going to say something that could easily be misunderstood and that's ever-changing. We're going to talk in terms of ability to serve people. Everything is changing by the hour.

Thank you very much, everybody.