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

Mayor Bill de Blasio: Everybody, this Friday afternoon, we are beginning now a race against time as we prepare for next week. I have said to the federal government, I've said to all New Yorkers that this Sunday, April 5th is an absolutely essential day as we prepare for a very, very difficult week ahead and I've called to arms all New Yorkers who can help in this fight. And I've asked our federal government to recognize, and I've told them this now over the last two weeks, that this was going to be an essential moment where we had to be supported and prepared for a really difficult battle ahead. We have to think about all of the pieces that we need to get through this important challenging moment in the history of this city. And I want everyone to understand that – it's not just one thing that we need at this point. We have to pull together all the pieces if we're going to save every life that we can save. We need the supplies. We've talked so much about that. The equipment, the PPEs, all the things that we need to get through this fight. We need more than ever, the personnel, the people, the doctors, the nurses, all of the medical personnel that will help us through this fight. We need the beds, the hospital beds, the hospital capacity, and we're going to be building it in every conceivable location to get us through.

I'm going to go over with you the details so that everyone understands what New York City is up against, what it's going to take. We've obviously looked at every piece of the equation and the PPE's, the personal protective equipment, is something that has been rightfully focused on deeply because that's what protects our doctors, our nurses, all our health care workers, who are heroes fighting at the frontline. And that matter is crucially important, but I'm going to focus even more on the pieces of the equation that we're struggling with even more right now. So, everyone understands it's been a dramatic fight to make sure we got enough PPEs. But I want to be honest with everyone that making sure we have enough ventilators is even tougher. Making sure we have enough beds is going to be an extraordinary race against time with only a month to produce a number of hospital beds. It's almost inconceivable in the modern history of the city, but we believe we can do it if we get the help we need.

Possibly the toughest part of the equation is the personnel. And we're going to need help not only from everyone in this city but from the entire country if we're going to meet this goal in time. So, I will not focus as much in this update today on the PPEs. They're vitally important. But we're even having a tougher time with the other pieces of the equation. I want to lay that out in specificity. I will say, and I always try and give thanks when people help us. I'll be critical when we don't get help, and I'll be thankful when we get it. And later on, we'll go over a number of organizations and people who step forward, but I want to give a special thanks to the President and to Jared Kushner. They told me yesterday that they would get to 200,000 N95 masks to our public hospital system. The part of our health care system that has been bearing the brunt in

places like Elmhurst Hospital and Lincoln Hospital, Bellevue, Queens Hospital – all of these places have really been the tip of the spear. And I was on a call with the President and Jared Kushner yesterday. They said they would produce these things immediately. And lo and behold Dr. Mitch Katz sent me a photo a couple of hours ago that they had been delivered to Health + Hospitals. So that's going to really help us get through a lot of the month of April. And I'm very thankful for that.

Now, what are we up against now? Well, here are the numbers. We said from the beginning, we would need 15,000 ventilators to get through this crisis. Basically, think about April and May. That's the right way to still think about this: to get through April, May to get through the worst of it, to save every life that can be saved, we will need 15,000 total ventilators, 15,000 more than we started the month of March with. We have gotten some ventilators in, but right now we're struggling to have enough for next week. We will need approximately 45,000 new medical personnel over that which we started the month with. And I'll go over those details with you as well. We will need 85,000 hospital beds beyond the 20,000 we started March with and again, I will go over those details with you. We had a presentation from Dr. Katz about that, so you've had a lot of that before.

The ventilators, why are they so crucial? Because as you'll hear from our doctors, and I want to keep emphasizing this, just think about the person in your life who you love – could be a grandparent, an aunt, an uncle, a mother, a father, a brother, a sister. Think about that person, a spouse, that person who needs that ventilator right then to live. Doctors do not have the luxury – if someone's gotten to a point where they cannot breathe out ventilator, the doctor can't say, the nurse can say, hey, could you hold on for a few hours while we try and find one? You know, could you come back tomorrow? They can't say that. When a medical professional needs that ventilator, they need it right that moment. So, the ventilators to me are one of the clearest examples of life and death. If we're going to save every single life we can save, we must have the ventilators we need exactly where we need them, when we need them.

What do we need for next week? A minimum of 2,500 to 3000 ventilators. Now we will update these numbers every single day and let us all pray that we start to see better news and we start to need less than projected, but we have to plan on the very toughest assumptions, 2,500 to 3000 ventilators more than what we have right now. That is a part of that overall 15,000 I mentioned.

Now you'll ask the obvious question, where could we get them? Well, the federal government is the single most important source. We have only an approximation, and let me hasten to say the federal government has to cover the needs of the entire nation. I do understand that. I've had this conversation with the President, the FEMA administrator, the military leadership. I understand the entire nation has to be served, but I also understand we are the epicenter of this crisis – still about a quarter of the cases in this entire country right here in New York City. And we are the tip of the spear. And everyone I talked to in Washington acknowledges it. We're about to hit a huge surge in these coming days. They all know it. There's not a single leader in Washington, whether in health care, FEMA, military, white house, no one denies that we are bearing the brunt and it's going to hit in the next few days.

So, when I talk about the 10,000 ventilators in the federal stockpile, it stands to reason that they should go where the need is greatest in our nation, and right now that's here. And the second we don't need them, we will happily work to move them to any other part of the country that does. The New York State stockpile – to the best of our information at this point, there's about 2000 left in that stockpile. Again, I understand the State has to think about every part of this state, but we are overwhelmingly the place in the state where the problem is greatest. So those are two places to turn.

Now, where else can we think about? Well, today there was something really positive that happened and that was that the Governors of both New York and New Jersey took a crucial step and that was to order private companies to release any stockpile they have of crucially needed supplies. Ventilators, obviously PPEs, we're waiting for all the details, but I want to be crystal clear. This is exactly the kind of thing we need. In fact, I would urge every state in the union to exercise the same approach. Any private medical facilities, doctors, any industries, construction, manufacturing, any place that's holding back personal protective equipment or ventilators at a moment of profound crisis. We have to be clear, this is a wartime dynamic. People's lives are at stake. There is no reason in the world to hold back that equipment. If that equipment is meant for someone who's fighting at the front line, someone who's one of our health care workers, our first responders, that's one thing. If it's part of fighting COVID-19, that's great. But we know for a fact there still a lot of equipment, a lot of supplies that have not been applied to the struggle. They are sitting in offices and warehouses and that's unacceptable. So, I commend both states for taking action and we will act in tandem with this effort. I am authorizing the NYPD, the Fire Department of New York City, the Sheriff's Office of New York City to immediately support the efforts to acquire these supplies from these private sources. I am certain many, many companies will comply with the new order readily. In that case, we want our law enforcement agencies to help make sure that the deliveries are done promptly and that they are secure. We all know how valuable these supplies are. We want them to be secured. But in the event that any private organization, any company, any individual attempts to resist this new instruction from the State and does not provide those crucial lifesaving supplies and equipment, then I'm authorizing the NYPD, the Sheriff's Office, the FDNY to use their law enforcement capacity to make sure that those items are turned over immediately and brought immediately to where the need is greatest in our hospital system.

Now, another part of this equation, and this one's tough because it's never been done before. We don't have any companies in New York City that make ventilators. It just doesn't exist. But I have asked our Economic Development Corporation to attempt rapidly to answer this call with some form of local production. They have developed a plan. We will have more to say on that in the next few days as soon as the details are perfected. But this is an important part of the equation. It has never been done, but we have to see if there's any viable way to produce ventilators locally that could help us achieve this goal.

Finally, the alternative devices. These devices, and the doctors will talk about this. Later. Dr. Katz has given me a tutorial on this. They do help, for sure. They can help in several ways as part of a variety of tools we use to save lives. They are not the same as a ventilator per se, but they are still a very valuable piece of the equation. We've secured 1,780 of these devices. We

believe there's about 3000 in New York State reserve, and we're going to certainly work with the State to maximize the use of these items as we get ready for this very difficult week ahead.

Let me now talk to you about our heroes, our health care workers. Our health care workers – I think this is their toughest hour, but it's also their finest hour. They have been going through so much the last few weeks. They've been extraordinarily valiant. We've got to make sure we protect them. We've got to give them the equipment they need to do their jobs, but we also need to give them a lot more reinforcement. Look, think about it. These folks have been working night and day through very tough conditions, seeing a lot of painful realities. A lot of them have not gotten any break at all. And they've watched as a lot of their colleagues had gotten sick and had to go offline. That just put more pressure on so many of the health care workers, they had to do even more work. We need to bring in additional personnel rapidly to relieve them, to support them, to rotate, you know, give them a chance to get a break, but also because the need is just exploding in terms of the COVID cases.

So where did we start? Well, at the beginning of March we had about 125,000 citywide clinical staff. All our hospitals combined. And just for all of us who are not doctors, and I'm constantly asking these questions so I can understand better, and I can explain them to the people of the city, clinical staff, here's the broad definition – doctors, nurses, respiratory therapists, pharmacists, dieticians for the purpose of dealing with COVID, that's the core group of professions we're talking about. So again, the beginning of March, about 125,000 folks in our hospitals, all our hospitals, public, private, every kind from those categories of professionals, about 20,000 of them – within that larger group, about 20,000 worked in our public hospitals at Health + Hospitals.

Now here's what we need to get through April and into May and to really help save lives all through April and May, we need to build out rapidly, additional staffing, and the number is really substantial and it will tell you just how tough this is going to be. We will need the additional 45,000 clinical staff. That means about 7,500 who will be in our traditional hospital buildings and another 37,500 who will be staffing all the nontraditional hospitals that are being created. You see already places like the Javits Center, the Billie Jean King Tennis Center, we're going to be in the Brooklyn Cruise Terminal, we're going to be in hotels all over our city, whole hotels converted to hospitals. All of this is going to take staffing. Now some need a lot of intensive staffing, like of course intensive care units, but others, the hotels in particular, given the patients they'll be handling can get a lot done with less staffing. And there's a phrase I've been hearing these last days that all New Yorkers need to understand: this crisis staffing, crisis protocols that we're going to be staffing these medical facilities, not in the ideal way, not in the way we all wish we could, but in the way that makes sense in battle, when we have to make smart choices and smart compromises to be able to save the most lives and serve the most people. We're asking our medical personnel right now – they don't have the ideal in terms of the kind of numbers of personnel they deserve. They don't have all the equipment they deserve. They don't have all the PPEs they deserve. We've have been now for weeks and weeks on a crisis footing and the CDC recognizes this, that there's one standard, if you will, for peacetime, there's another standard for wartime and we have to make tough, tough choices and get by with less in wartime. I keep saying to everyone this is like a war that hasn't been declared and needs to be declared by our national government because if you go to one of these hospitals what our health care workers are

going through shirt looks like a war to me and they deserve the best, but they're doing their best even with the limits that had been placed on them, and we need to recognize that and acknowledge that and say to them, we know what you're going through. We have some inkling, even though none of us are walking in your shoes, but we know you don't – being given everything you should and we're going to try and get you more and more. But even if we do, well, it's still not perfect.

But I'll tell you something about health care workers, just like our first responders, they keep showing up. They keep doing the job no matter what. We need to get them these reinforcements and we need to do it quickly. So, we will do it in a variety of manners, through contracting. We've already in recent weeks, added an additional 3,600 medical personnel. Our goal is to double that quickly through the contracting process. This means bringing in medical personnel from all over the country under contract a lot from this part of the country. Volunteers – we've been working with our own New York City Medical Reserve Corps through our Department of Health and with the State through its a medical volunteer system. Together that's almost accounted for a thousand new medical professionals. We need to get a lot more out of that. We intend to.

FEMA. I've been talking to the White House, to FEMA, to the military since last week. I request, I've said many times, I ask for 1000 nurses 300 respiratory therapists and 150 doctors by the end of the day, Sunday. I spoke just about an hour ago to the Chairman of the Joint Chiefs of Staff, General Millie. That request is being acted on actively. I'm not going to be able to tell you at this hour exactly what the numbers will be. I expect to hear that by the end of the day. My message to all of – to FEMA and everyone as we thank them for all they've done and we need more and I need as much as possible that this request be fulfilled in total by Sunday. If it is not fulfilled by Sunday, we are going to start to have challenges immediately. So, we have to get the maximum help from Washington and I'll have that report soon.

In terms of what could happen to truly enlist all the medical personnel of our country. Look, we are going to do everything the old-fashioned way, if you will, to the volunteer recruitment efforts. You're going to see an alert go out shortly asking for all medical personnel in New York City to volunteer to sign up – and I want to emphasize when we say volunteer, they will be paid for their time. I don't want anyone to get the wrong impression. We're asking them to break away from whatever else they're doing, sign up now, join this effort. So that alert will go out on top of all the other efforts to pull together volunteer medical personnel. But I want people to understand this is not what will get us through this crisis here in New York City nor any place else in the country. Again, we're in the middle of a war, a war against an invisible enemy. Look, if another country were attacking United States of America, if I told you that a country was attacking United States of America, attacking our largest city and simultaneously attacking Florida, attacking Louisiana, attacking Michigan, and that thousands of Americans had died, and I said to you, do you think the military would be called up to fight that enemy? I know you'd say yes. It would be so obvious and they would've been called up a long time ago, in fact. We're dealing with an enemy that is killing thousands of our fellow Americans and a lot of people are dying who don't need to die, who should not die if the right medical help and equipment were there for them. While you cannot say every state for themselves, every city for themselves, that's not America. America is a place where we look out for each other. When there's a disaster

somewhere in America, everyone goes from all over the country to help, whether it was Katrina in New Orleans or Harvey in Houston, or all the horrible hurricanes that have hit Florida, or even when we experienced Sandy or, or even more, 9/11, people came from all over the country to help. Right now, we have these wonderful ambulances, paramedics, and EMTs are here from around the country to help us. It's an American belief that we go to help. But usually what happens is a disaster hits one place or a few places in the whole rest of the country responds. This is something very different. We have to wake up to the reality we're facing. This is a war with many, many fronts, and we cannot ask each city to try and somehow improvise while dealing with the greatest health care crisis in a century. And we cannot ask each state to just go it alone when the only possible way of getting through this is with the full support of our federal government, our military, and the medical community of our entire country. Right now, there are doctors and nurses and other medical professionals all over the country going about their normal lives and they're doing good work, but a lot of them could be freed up in a crisis to help save lives. And the lives to be saved are right here in New York City. So, I have called for today something unprecedented – a national enlistment effort, a national effort to bring all available medical personnel into the fight against the coronavirus, wherever that fight is raging the most; to recruit doctors, nurses, and medical professionals from all over the country, send them rapidly where they're needed most, and then move them rapidly to the next biggest problem, the next biggest challenge. And what we will do, and I know every other city and state will do the same, is we will then offer our personnel to go to the next front to help as well. That's the only way we're going to get through the months ahead. It's never been done, but we know what it looks like because this country has been through war. And we know who could organize it and that's our military because they've done it before. Our military has the ability to put together a national structure to mobilize its medical personnel and ensure they get where they need to go rapidly and to make sure the priorities are right. But our military has not been brought into this fight, in anywhere near the way they could be.

And let's be clear about that. I'm really thankful that the USNS Comfort is here. I'm really thankful for all the members of our military who are here in the city, helping us. But they are few in number compared to the might of the American military. When you think about our standing military, our reserves, right now there's a very small presence in New York City. It should be a huge presence. Right now, the tens of thousands of medical personnel who are part of our military and our reserves, they have not been called up to action across the board. It's time for the Commander in Chief to give the order. If we're fighting a war, let's act like we're fighting a war right now. There's a peacetime approach in Washington and that won't cut it. So I'm urging the President to do something that no president has had to do in our modern history – to create an enlistment effort for our medical personnel, civilians all over the country, and to ensure that our military medical personnel are not left on their bases, but are brought to the front. That's what our military does. That's what they believe in going where they can save the most American lives. Well, we need them now.

Few more points and I mentioned to you there's some wonderful people who have been helping us out, but before I go to that very positive, hopeful roll call, I do want to offer personal condolences to our City Comptroller Scott Stringer. He lost his mom, Arlene Stringer-Cuevas. And for a lot of us in public service here in New York City, well, we've all known Scott and many of us for many decades and we appreciate him and the work he does for this city. But we

also have known his mom. His mom did so much, a trailblazer in public life in this city, a New York City Council member, a woman who often was one of the first women in the role she played. Someone who served in our City government, in Social Services, did so much to help others. Raised a great son and a great family. We've lost her to the coronavirus. A vibrant, amazing New Yorker, a true New Yorker with a lot of personality and our condolences. All of us here in City Hall are feeling this. And we offer our condolences to Scott and his whole family. And it's another reminder of how personal this crisis has been for all of us. Every single New Yorker knows someone who either has this disease or has lost a loved one to this disease. It's very personal for all of us. And, and we mourn with all the families who have lost a loved one.

I told you that again, in the midst of the challenge, we keep being inspired by the generosity and the good works of so many people. This gives you a lot of hope when again, I keep calling that role of heroes, when the Comfort steamed into our harbor. When we saw the amazing efforts of the Army Corps of Engineers at the Javits Center, when we saw those ambulances arrive from all over the nation, all of that has given us hope. All of that is helping us fight back. But there's a lot of companies and organizations, even foreign nations who are stepping up to help New York City in our hour of need. I'm just going to say it quickly just to give you the sheer magnitude. I want to thank Facebook, 25,000 face masks, 48,000 pairs of gloves. The UN Mission right here in the city, of the nation of Qatar, 60,000 surgical masks [inaudible] 70,000 respirators and surgical masks. The Met, 33,000 gloves, great New York City institution. The municipality of Shanghai, obviously China has gone through so much, now they're helping us – 20,000 surgical masks. Right here from New York City, New York Road Runners, that sponsors our wonderful marathon, 20,000 pairs of gloves. Rudin Management 20, excuse me, 10,000 pairs of gloves, a million masks, wonderful organization has sent us a thousand respirators. Ford has sent 50,000 face shields and they were made by Ford and delivered. And that's fantastic. American Express, 36,000 N95 masks. Louis Vuitton, 21,000 N95 masks.

I mean, this really adds up and it shows you, even when we look at daunting numbers and daunting challenges, look at how many people are stepping up and helping. And each one of those helps us and think about all the health care workers, everyone who is going to be protected because of these generous donations. I want to thank all of them and there are some more. And these are not supplies and PPEs. These are other types of things. Discovery has put up public service announcements. They did this as a contribution to the effort to make sure that our young people will get food they need for free. We've gotten some donations to our schools. Rihanna, her Clara Lionel Foundation has helped our public schools and our kids in their hour of need. Goldman Sachs the same. Uber has provided \$750,000 in free rides to health care workers and first responders. Uber Eats, \$250,000 in food codes. And one that I'll end on and it's one I'm very, very personally appreciative of. Obviously, you've heard how deeply I feel we need to get health care workers from all over the country to help us. And I think our military are about to play, I hope, a very crucial role. But you know what it's also great to see civilian airlines stepping up. So thank you. A profound thanks to JetBlue, which is our hometown airline here in New York City, based here. But thanks to JetBlue. Thanks to United, they're providing flights for free to medical workers who volunteered to come here and serve. And that really, really helps us out.

So, all of that, even against this tough, tough backdrop, all that is good news. And I want to remind everyone we need help from anyone and everyone of every kind. And if you want to help

New York City, please call this number, 8-3-3-NYC-0-0-4-0, or you can go online nyc.gov/helpnow. And I'll only finish before I say a few words in Spanish. Then we'll go to your questions from the media. That I talk to New Yorkers all day long who are fighting this fight. Their resolve is unbelievable. It is a, there's a power in the people of this city, a strength. I'm seeing it every day. I do not see people running. I did not see people letting the legitimate fear overcome them. I see people standing and fighting. That's who we are as New Yorkers and that's what we're going to do. And all we ask is that our nation stand by us to the fullest.

Few words in Spanish –

[Mayor de Blasio speaks in Spanish]

With that, we welcome questions from our media colleagues. And please tell me name and outlet.

Moderator: Hi all. Just a reminder. We have Dr. Barbot and Dr. Katz here in person and Commissioner Criswell on the phone. With that, I will start with Josh from ABC-7.

Question: Hi, Mr. Mayor, how are you? Can you hear me?

Mayor: Yeah. Josh, how are you doing?

Question: I'm well, how are you doing?

Mayor: Good man.

Question: I'm curious, Jared Kushner yesterday at the podium made the comment about the federal stockpile being "ours," you know, and that it's not really – it's there to support the states, doesn't belong to the states. And in the context of that today, you know, the Patriots are driving through the city in a big brand of tractor trailer with 300,000 masks, I think N95 and dropping them off to the Javits Center. That is, if I'm not mistaken, completely supplied by the federal government with federal health care workers. And I'm wondering if those masks for which they're taking a lot of credit for delivering to New York should instead be sent to Health + Hospitals or some other facility in New York. Your general thoughts on this.

Mayor: Josh. Yeah. Josh, let me just keep the line open so I can get clarity. Josh, I just want to make sure we're speaking the same language here. You know, I talked to Jared Kushner yesterday and that particular shipment that, you know, there was a real focus on our public hospitals. I know Jared talked to Dr Katz to get clear about the need. And the agreement that 200,000 N95 masks would play a crucial role, protecting our health care workers at Health + Hospitals. And we received that. We're very, very grateful. But I'm not clear about what you're talking about specifically. So just clarify.

Question: So, the New England Patriots just in the last hour, I think they had a big public flight. They flew to China, they got, you know, like almost 2 million masks and they apparently drove 300,000 of them according to them, into the city and they dropped them off at the Javits Center.

And there's a video on Twitter of like this motorcade, an NYPD motorcade with this truck. And I'm wondering if you know where they are really destined. Are they destined for the federal workers at the Javits Center who presumably came with their own material? Is that material that the city should be able to use or a combination of both?

Mayor: So, first of all, thank you. And there's been a lot going on today, so I did not know about that being done by the Patriots. I want to thank the New England Patriots for that extraordinary donation. As many of you know, I was born in New York City to a New York City family, but I grew up in Massachusetts, and am a fan of the New England Patriots through thick and thin. That's a fantastic donation. And Josh, I think the assumption that anyone comes with the supplies I need, I just want to challenge you on that. Everyone around the country is struggling, including those who are working as part of the FEMA response to make sure they'll have enough supplies for the duration of this crisis here in the city, which really could be as much as two full months. The worst of it. So no, when you get a huge amount of supplies like that. That's just a wonderful thing and it will absolutely be used and needed. And Javits Center is a great place for it. How it will be specifically utilized, we'll get back to you. But no, anyone who wants to show up to one of our hospital sites and has something that's helpful. We have, you know, an organized system that we obviously want people to go through. That's the best way, by calling 8-3-3-NYC-0-0-4-0 or going online nyc.gov/helpnow. But if, you know, if someone wants to show up with hundreds of thousands of masks, and I know that's happened at Bellevue in one case. And you know, of course we're going to accept them with great gratitude. So, we'll get you the details on the use, but that's a fantastic development.

Moderator: Next we'll take Julia from the Post.

Question: Mayor, how are you doing?

Mayor: Good.

Question: Good. So, the appointment of former Police Commissioner Jimmy O'Neill, just kind of begs the question about why that role is not being filled by Commissioner Criswell, who I understand she's on the call today, but we really haven't seen her and visible as we've seen say, Dr Katz or Dr. Barbot?

Mayor: So, Julia, I'm not sure I understand the question, so I'm just going to try and explain how this is all working. You know, I've been working with all of my colleagues over these last weeks, even months now. Deanne Criswell as our Emergency Management Commissioner has been, you know, with the deputy mayors, you know, and the lead organizing this entire operation. And she also happens to have tremendous relationships at the federal level and has helped us to bring in a lot of the resources we have and work out the operational plans with the federal government, the State government. She's doing exactly what you want an Emergency Management commissioner to do. She's working on all aspects of the crisis as is her team. You're seeing the health care professionals more Julia, I think this is pretty straight up, that because many, many, many of the questions and concerns that we raise in these press conferences are about the health care issues and the science and the actions that are going on in Health + Hospitals.

Jimmy O'Neill's playing a very specific role. And I asked him to play this role, which is to ensure that in the hospitals themselves, that given the dynamic-ness of what we're about to go through the next few weeks, that upon the arrival of supplies, we know that the utilization, the security of the supplies, the turnaround time in terms of what we need for resupply, that everything is very tight and there's eyes on the situation with people that he'll have in each hospital. And we've got a very, very strong coordination structure. That's a piece of a much bigger equation, but he's perfect for that piece of the equation. I'm so grateful that he's taken that on. But Deanne is one of the people who was one of the conductors of the whole orchestra. And I want to thank her for the extraordinary job she's doing.

Moderator: Next we have Gloria from NY1.

Question: Hi, Mr. Mayor, how are you doing? I want if I may, two separate questions. First, I wanted to follow up on the City's guidance yesterday about New Yorkers wearing face coverings. Will the City be providing workers and people in homeless shelters with the necessary equipment or masks? And if I may follow up?

Mayor: Yeah, just do it all at once. That one's easy.

Question: And then I wanted to ask you if there's any update on a rent freeze. I know you spoke about that this morning and I, and you talked about the role that Albany plays here. But is there anything that the City is looking at or planning? As the days continue to go on and people are having trouble making their payments and so on, what kind of power does the City have here beyond folks who live in rent stabilized apartments?

Mayor: Yeah. Gloria, thank you. On the first part, the answer is yes, we will be. It'll take us obviously a few days to fully implement, but we will be providing bandanas, scarfs, whatever kind of face covering makes sense in the facilities that we control that people live in, in our Correction system, in our homeless shelter system, et cetera. So the answer's yes there. And on the second part, and hold on, you know, Gloria, we have not enough gotten so much sleep lately. What was the second part again? Oh, you can cue me – rent freeze. Thank you. On that part. The question you're asking is the right way, which is that the City's power has to do with the Rent Guidelines Board, which I've asked in fact the State to suspend. The fact is, you know, that would create a de facto rent freeze. I think that's the right thing to do. But unless the State suspends by law, that process, we would have to go through the whole process, which would take months. So that's something we can do immediately with State support. The other thing we've done is through the power of the City, obviously anyone who was threatened with eviction originally, we were going to provide free lawyers for in this crisis. But then the, the reality, a very good reality in a sad backdrop is we got wave after wave of agreement from the real estate community, from the court system, from the State, that there would not be any evictions. Now that's for a time limited reality and we all have to make sure that that no eviction policy continues as long as it needs to. And that's something we'll be watching and acting on very closely.

But the bigger answer to your question, Gloria, is it is overwhelmingly the State's legal domain to act on things like potential, some kind of rent moratorium beyond just the rent stabilized

apartments. That's 2 million plus people, but there's obviously a lot more people who are not rent stabilized. And I really like the proposal that says for those renters who need, it's not everyone, some people do have enough money to afford the rent, but for those who need to pay the rent and can't, let them use their security deposits and then have some kind of repayment plan, installment plan or something. That also requires State action. So we're very clear as we go through this. There's certain things that only the State can do. There's certain things only the federal government could do. But we've been very clear about what we think the State can and should do immediately. I know they just got through their budget in the last 24 hours, a lot going on in Albany, but I hope this will soon be something that will be acted on.

Moderator: Next we have Yoav from The City.

Question: Hi, Mr. Mayor. I just wanted to ask about the 45,000 medical staffers you're trying to recruit to come help us out. I'm just wondering if there's, if you're going to be able to guarantee that they're going to have enough PPE to keep them safe, rather than rationing? Because they're going to want to go back to wherever they're from when this is over and take care of their neighbors obviously. So how are you going to keep them safe, given the city's PPE shortages?

Mayor: Yoav that's a very fair question. And I don't mean this in any way to be disrespectful. I really don't. It's a peacetime question and this is not peacetime anymore. It really isn't. It just isn't. People are dying and they need to be saved. And one thing I've learned about people in the health care field, like my colleagues here is they don't, they don't think the same way a lot of everyday people do. Everyday people of course have to think about all day, you know, their immediate family and protecting their health and wellbeing. And certainly, we want every health care worker protected. But I have to tell you, there's a selflessness, there's a heroism to health care workers, to first responders. They - we don't want them taking any chance they should not take, but I need you to understand what I hear all the time is that they understand - they don't like it, who would like that there's dangers lurking. But they're doing it because it's what they believe is the right thing to do. So, we will be honest with people about what we have and what we don't have. When you say will we have to be rationing? Yeah, we're already rationing for God's sakes. I've been very honest that we don't have enough ventilators for next week. We have most of the PPEs we need for next week. We're still trying to round out that supply and make sure we will have absolutely everything we need for next week. As you add more and more health care workers, you'll need more and more protective equipment. Look, I want to believe Yoav that time is a little bit on our side in the sense of there's production now happening everywhere. I mean, you know, you saw those face shields being made in Brooklyn. All sorts of production is happening all over the country trying to help us in other areas. You know, we've gone all over the country, all over the world contracting to get stuff in. It is coming in. So, I think there'll be a regular resupply. Will it be perfect? I'm sure it won't be. Will we have to ration? Absolutely because we're doing it now and we're absolutely going to have to keep doing it. And I think the doctors should speak to this, but the health care professionals will make their choices. If some ever feel it's not appropriate. That's something we will respect if they come here to help us. But I think what you're going to see is the vast majority of people who signed up for that profession intended to save lives and they didn't think it was going to be easy and nor did they even think it was always going to be safe. But they did it because they're that kind of human beings. They're just that good. Dr Katz, you want to jump in?

President and CEO Mitchell Kats, Health + Hospitals: Mr. Mayor, I can assure you, Health + Hospitals is full of heroic doctors and nurses, pharmacists and other health care workers who are doing their very best. We are definitely not in a best-case scenario when it comes to protective equipment, but we have enough to keep people as safe as we possibly can.

Mayor: You want to add, doctor?

Commissioner Oxiris Barbot, Department of Health and Mental Hygiene: Sure. And what I'll add to what both of you have said that I agree completely with, is the fact that as the Mayor said, we're not in peacetime, we're in wartime. Which means that we have to let go of that throw away culture that we've had previously. And to really think about what we use, why we use it, and how we use it. And, the guidance that we have put in place is to preserve the life of and extend the life of PPE, always keeping in mind the safety of our frontline workers. And so, I think that's important to note here as well.

Mayor: Thank you doctor. Go ahead.

Moderator: Next we have Joe Anuta from Politico.

Question: Can you hear me?

Mayor: Yeah, Joe.

Question: I was wondering if you could give us a little more detail about what types of private businesses you think might have ventilators, PPE that potentially if they don't want to voluntarily give it up [inaudible] why people go [inaudible], sort of, how do you find these people and who are they? And do you have an estimate of how much they have?

Mayor: Joe, first of all the categories. We know a lot of the construction industry uses PPE's, especially various types of masks. Clearly a lot has changed in that industry just in the last few days. I want to emphasize, I think there's a lot of people in a lot of industries who will come forward readily, but we need them to feel urgency. We need these supplies immediately, immediately. And I think it's like everything else in human life, there'll be a whole lot of people that do the right thing, there'll be a whole lot of people who follow the directive and just want to help their fellow New Yorker. There'll be some who aren't acting quickly enough and they'll be others who, you know, try to resist that. That always happens. Some people would be more motivated by greed than they will by helping others.

So, the construction industry for sure, there's different types of manufacturing that require people to have protective masks and other gear. Obviously, there's elements of the private healthcare sector that are dormant now, either entirely dormant. For example, I think it's fair to say about something like cosmetic surgery or, you know, much more limited than it normally would be. So, we need to get all that in. And what I'm trying to say is, again, I agree with Governor Cuomo, Governor Murphy, they did the right thing. I think it should be absolutely for every industry, not just healthcare, every industry that has them now. In a wartime mentality, whatever people are

doing, they should just give the supplies they have up right now so they can get to the front, they can get to those who need them. And once we have them in, I can't give you an exact estimate. I can tell you it will all help, and I think it's going to be substantial, but when [inaudible] we know the supplies are available. I'm also clear, and this gets back to the role that I've mentioned with Jimmy O'Neill, we want the supply chain to be very secure. So, if people have supplies, we want to make sure that the NYPD, FDNY, Sheriff's Office are making sure those supplies are getting where they need to go. You know, working with the state directive. And anyone who is not complying, then we'll use the power of our enforcement agencies to make sure they do, because this is about protecting human lives, I mean, this is an emergency. So, we'll have more knowledge of sort of the sheer impact soon, but I have no doubt it's going to be a very helpful amount.

Moderator: Next, we have Henry from Bloomberg.

Question: Hello, Mr. Mayor. How are you doing?

Mayor: Good, Henry, how are you doing?

Question: I'm doing well. I wanted to ask you about the status of EMS workers who are really upset that they're making salaries as low as \$16 an hour. They're risking their lives in situations that you've already described as heroic. And I don't, reading their letters, or the letter their president [inaudible] the morale of this workforce is in jeopardy. I mean, he's written you a letter or has put out a statement saying that it's shameful. That their salary of \$16 an hour for the work they're doing is shameful. What's your response to that?

Mayor: Henry, I appreciate the question, and we will get you offline all the facts about how are very brave, very strong and effective EMT's and paramedics are compensated, so you have all the facts in front of you. I spent time yesterday out in Queens with a group of paramedics and EMT's. I talked to them about everything they were experiencing, what they were feeling. I talked to them about, you know, how their spirits were after everything they were going through. And I'll tell you something. There was, they were absolutely resolute. They were proud of the job they were doing. They were certain that EMS and all the FDNY would handle this challenge. They knew that reinforcements had come in from around the country. They were very grateful about that, really happy about that. They knew more was coming.

There was not a hint of anything but a total devotion to the work and understanding this was a moment where their city needed them. And I believe that's the pervasive view in this incredibly noble workforce. We're going to work with that union going forward. Always, the doors always open. That's the simplest way I can say it. We're always going to have the conversation about ways we can support the workforce. But the big issues that are being raised now, those are long term issues that can't be decided in the middle of a crisis. We're happy to talk about them when the crisis is over. But anything we can do right now, I support the workforce, that I can do, I'm looking to, and obviously making sure this was something that Deanne Criswell worked very hard on getting those ambulances here from around the country. And I have 500 more EMT's and paramedics is a big deal. That's a big, big addition to the team, and that's a lot of her handiwork with FEMA. And we thank FEMA. That's real direct support and we're doing a

number of other things with Health and Hospitals to take a lot of those 9-1-1 calls away in the sense of peeling off the calls that really are people looking for medical advice. People are scared, people looking for guidance who really don't need an EMT or paramedic to show up and every time we can lighten the load of our EMTs and paramedics we're answering that point of how we can support them. So, we're going to keep doing that, my door will always be open to talk about what we can do for them now and then when the crisis is over, we can talk about the future.

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

Question: Hey, Mr. Mayor, quick question about the volunteers. Is the City able to use any of the 85,000 people who've already signed up to help the medical professionals, are they insufficient or unqualified? Is there any reason you're calling for an additional 45,000 volunteers?

Mayor: Jeff, right now, we've had lots of people sign up. But still as you saw from the numbers I outlined earlier, still relatively few have turned into actual placements in our hospitals where the need is greatest. Look, you're going to have people sign up who really, really want to help. But some of them because of their professional experience or background or maybe their own health reality, some of them will not be the kind of folks who could put in an ICU for example, or an emergency department. But we're going to need them in different ways and I'm going to welcome everyone that we have an immediate role for. So, we're going to keep working that list for sure like any other lists of people who come forward, some will work, some won't, but you know, that's going to be a big part of the equation. But we know right now with the numbers we're talking about and the speed that we have to achieve this, and this is unprecedented, I think, I think we've all acclimated to crisis, but we're still not really, really seeing what's happening, which is why I keep trying to say it's wartime, you know, to talk about we are trying to add on top of the 20,000 hospital beds that were the normal reality in New York City for decades. We're now saying we're going to put 65,000 more on top of that in the month of April. That is a staggering endeavor, and then they all have to be staffed and it has to be consistent throughout April and May. And in the meantime, we're losing a lot of healthcare workers to the disease for a period of time and some of them have worked their selves to the bone and they need a break. So the numbers represent an incredibly dynamic situation we need those people, we need them exactly when we need them, we need exactly the capacity and experience. And that's part of why I've had the conversations with the White House and with the military about the power of bringing in the military medical professionals, first of all. A lot of whom literally have battlefield experience and we need them, I really value the comfort, I value Javits center, I value all of these pieces. But what I have asked for directly to the President, to the Defense Secretary, to the Chairman of Joint Chiefs of Staff is people go right into the ICU and emergency departments starting with our public hospitals. That request, I put out the 1,000 nurses, 150 doctors, 300 respiratory therapists is all for our Health and Hospitals, those 11 hospitals. So we need that, but I don't believe we'll be able to make all the pieces come together as quickly as they need to and sustain ourselves through the thick of this crisis without that deeper national structure for bringing in civilian medical personnel as well, the only way we can guarantee it with this magnitude and knowing that people will be going down the whole way there. You're going to see people come in, they'll get sick, they'll be on the bench for a period of time— before we get them back. We need a much bigger apparatus that could possibly be generated just locally, that's

where I think— the military needs to work and the White House needs to create a civilian medical enlistment system immediately. Jeff, I just put an op-ed in your publication, just came out in the last hour, stating the case for something we've never had before in this nation. But if we do that, then I could see us getting these numbers to actually align in real time and again, when our crisis is over, then moving those folks on to where they're needed most.

Moderator: Next we have Brigid from WNYC.

Question: Hey, Mr. Mayor, I wanted to get an update on Rikers Island and specifically reports that there have been five corrections officers who have died from COVID-19 and many more who are out sick. Do you have those numbers? And can you confirm that? And then also when we talk about the face covering guidance that you showed yesterday, is that also going to apply to inmates and staff there?

Mayor: So, Brigid, on the first part— I've talked about the other day we were mourning the first correction officer to pass away. In addition to the investigator passed away, there's IT person for correction department. I don't have the latest update and— I care about every single one of our colleagues in public service we've lost, but I don't have the latest update. We'll get that to you right after. We have to do everything we can to keep everyone safe in our correction system, and— the thing we believed was the right thing to do. In addition to correctional health, which is run by Health + Hospitals and a very, very strong capacity, we had to reduce the population in our jail system. We had to get out inmates that were in immediate danger because of their own health conditions. We have to get out inmates with low-level offenses there was no reason to keep them there in this crisis. We worked with the States, we worked with the DAs, right now, Bridget we're over a thousand inmates who have been released there are more coming. We'll get an update to you when we have that, but that means that— the jail system now is well below 4,500 inmates and if I'm doing my math right and I think that's right now and that will keep declining at least meaningfully. And that is one of the best things we can do to just create more space, more ability to distance, more ability to isolate when needed fewer cases, fewer people obviously for correctional health to deal with. That's the strategy that we're using, obviously that'll help keep the personnel, the officers and other personnel safe as well. So that's what we've been doing and we're going to continue that.

Moderator: Next we have Anna from the Daily News.

Question: Hi, Mr. Mayor.

Mayor: Hi, Anna.

Question: Hi, I'm wondering if you guys have any update on any delays in issuing death certificates, either for people who have COVID and have died or for just run of the mill deaths that the city sees all the time? And as a quick follow up, have you guys hired any additional drivers to carry the bodies or transport bodies of those who have died?

Mayor: Anna, you know, I've said previous questions about some of this reality, I'll give you broad stroke answers; that's just something I'm going to be very adamant about. I won't get into a

lot of detail in these press conferences on that topic, I don't think it's helpful to the people in the city, but we will have the team - our City Hall team - get you detailed answers. The big strokes here, I can't answer the death certificate issue, I don't have those details. I can tell you we will hire whatever personnel we need to address this very painful reality. I can tell you that I've had extensive discussions with FEMA and the Department of Defense and to the credit of both of them they have sent in all the personnel and, and equipment that we asked for to help deal with this challenge; it's over a hundred federal personnel, including military personnel who've come in with the equipment needed to help deal with this crisis on the mortuary side. You know, we will have the ability to, to handle this, but to the question of the certificates and the timing, we'll get back to you on that. I'll take the occasion, Anna, to just clear the air on something that was raised a couple of days back when we were over at the tennis center - you know, which is being converted obviously to a non-traditional hospital - and someone raised a story, I believe from the Intercept and I said at the time, the story really seemed entirely inaccurate to me and I want to report the story is entirely inaccurate. So, going forward we're, we're going to figure out how to deal with this painful reality of those we've lost. What will happen in the future will be all based on treating each individual as an individual. We believe we'll be able to come up with a system to accommodate families over time. We will not be using any inmates from our corrections system in any way to address burial needs and so again, I'll, I'll leave it at that and say there is a plan in place, there is lot of support from the federal government, we'll find our way through and our team will get you any other answers.

Commissioner Barbot: Mr. Mayor, can I add to the burial death and the [inaudible] and the death certificates? We have reorganized our workforce to ensure that we have Health Department staff readily available to work with funeral directors to make sure that we can proceed with, they can proceed with the disposition in a timely manner. So, we've got staff at our offices at 125 Worth Street that are working with funeral directors on an ongoing basis to make sure that we get through those in a timely way.

Mayor: Thank you, doctor.

Moderator: We'll take two more today. Next up is Sydney from the Staten Island Advance

Question: Hey there, Mr. Mayor. So, I have a question more for Dr. Barbot, I talked to a number of people who have tested positive for the Coronavirus and they're recovering at home, but they feel like after they're sent home, they're not really given any guidance on what to do next. No calls from the Health Department checking-in on them, not a lot of information on how long they're contagious for, no efforts to re-test people to know whether they're still contagious and I feel like this lack of guidance is contributing to the virus spreading in the community. So first I wanted to know what your response is Dr. Barbot and second is the City doing any contact tracing when somebody tests positive for COVID-19 or working with the state or the federal government on developing a COVID tracing app like that countries like Germany or [inaudible] are on board with?

Mayor: And doctor, you'll go through those answers and then I have another update I want to give Sydney after that. You go ahead.

Commissioner Barbot: Certainly, so in terms of the first part of the question, we have lots of patient information on our website that encourage any New Yorker who has questions about their COVID-19 status, but the, the bottom line is that we have shared with New Yorkers that when we have widespread community transmission, we want people to stay home for at least seven days since the onset of their symptoms or three days after their fever has gone away, whichever is longer. And then after that period of time they are free to go about their normal routine and before we had directions on sheltering at home that would mean going about their, their normal lives. So, there is no special directions that are needed after someone recuperates from COVID-19. And it's an opportunity to remind folks that 80 percent of the individuals who do contract COVID-19 will have a mild course and they will be able to self-treat at home with rest fluids and medications if they do develop a fever. With the other question, which I have also not been able to keep in my brain.

Mayor: It's okay. We're all allowed at this point. Let's get as Sydney up for that question again. But just to say before Dr. Barbot, could you explain – you mentioned the point about people who can self-report their information, might be good to just explain that a little more.

Commissioner Barbot: Right. And so – that's right, the contact tracing. So, at this point in the outbreak when we have every day in the high hundreds of the low thousands of people developing positive tests and when we have probably that many more, if not more people who don't get tests, we are not doing contact tracing. It is not a good use of our resources. And yes, other countries are based on where they are in what we call the epidemic curve, meaning they're early on enough in their epidemic curve, there are places that are still doing contact tracing as a way to do what we call containment. And if you'll recall early on in the outbreak, we were working on containment. That was the whole investigation that was happening with the Rochester outbreak, that was what we were doing in the early part of this outbreak.

Mayor: Westchester, think you said Rochester.

Commissioner Barbot: Rochester – sorry, Westchester. Thank you. But again, at this point we are not in the containment phase of controlling the outbreak. We are in what's called the mitigation phase. And in the mitigation phase, when there is no proven treatments, when there is no vaccination, the most effective way to slow the spread of an outbreak is through social distancing. So, that's where we are right now in telling New Yorkers to stay home. If they have to go outside for essential services, that we want them to be wearing a face covering. So, we are past the point of contact tracing.

Mayor: You want it to – just the portal also, is that – people want to self-report information –

Commissioner Barbot: Yes. If they want to self-report information, they can go through nyc.gov/coronavirus.

Mayor: Excellent. Thank you. Sydney, also following up on a previous question. So, the expansion of health care capacity of beds for Staten Island, just give you a quick summary. At the two hospitals, like every one of the 56 hospitals around the city that are participating in the front line of the COVID-19 response, every single one of them is required by the State, and we

agree with this 100 percent, to maximize capacity – that basically means a 50 percent increase in beds through a variety of means. Mitch Katz early on in this crisis talked about turning a cafeteria into an ICU or putting a tent in the parking lot or whatever it takes. You know, taking – getting beds online that had been understaffed and out of commission. So, both the hospitals have to increase their capacity and constantly increased the number of beds that are being classified as ICU so they can serve the most urgent COVID-19 cases.

That's part one. Part two – and obviously, as we've talked about, we are going to constantly be resupplying both of them. Part two, the State has two locations they're working on to create additional nontraditional hospital capacity. And part three, I mentioned that the City was focusing on hotels. We have a hotel, we'll get you the details once it's public – hotel on Staten Island that we will be leasing first to provide space for health care workers who need a place to be away from their family so they can keep doing their job. But as the needs on Staten Island grow, if it needed to be converted into something where we're providing direct health care and turning into a de facto hospital, we can do that. And again, we will keep expanding into hotels and into other public spaces in every borough, including Staten Island to match whatever the need is. As it grows, we're going to keep adding. And I want to say something about hotels and public spaces. Hotels can be converted very rapidly because it's a kind of a battlefield conversion. There's not a lot of additional work done to turn a hotel into a non-traditional hospital that can serve people convalescing from COVID-19, for example. You'll need the staffing, you need some equipment, but you actually don't need as much as you might think. And there are other buildings that can also be converted rapidly. So, we're going to keep expanding constantly to meet need and the idea here is to just not stop it until we are certain that we have enough beds for everyone.

Moderator: Last question for today, we have Seth from City Journal.

Question: Looking at the data from your Health Department on new hospitalizations, it appears that the numbers have stabilized and are dropping. At peak – and this is due to the lockdown, I think – at a peak, they were 820 hospitalizations in one day. Now, your projection that will need an additional 85,000 beds –

Mayor: Total. Total. I'm sorry, Seth. Total – 85,000. 20,000 we started with, plus 65,000.

Question: Okay, another 65,000 beds. We would still really need to be past peak hospitalizations for two months with no one recovering or dying. So, it seems like your projections aren't really matching the current data. And I was wondering if I could get some clarity on that. I don't – the number of new hospitalizations appears to have peaked and is going down. It would have to be accelerating for us to need so many tens of thousands of new beds.

Mayor: Well, let me contest that. I'm going to start as layman, and then we'll go to Mitch, and then if Oxiris wants to add. So, first of all, I'm going to say, these two are much more scientific in their training than I am, but I think they'll agree with this opening statement – it is too early to make any – I'm not trying to say – I think your question is a great question, I'm not trying to say this about your question, I'm trying to say this about anybody observing, particularly in public life – it's not time to pronounce the direction that this is going in, because it's still early. And we

are preparing absolutely for worst-case scenarios. So, Seth, if it turned out, you know, a month from now, your question was, wow, you know, it turned out to be a lot better than you projected, and you had too much ready to handle the problem, I would be very, very happy with that question. But we have to plan for worst-case scenarios. We've seen this – this is a ferocious disease, and the number of cases, the way they've grown, the number of hospitalizations and ICU admissions, you know, we, again, we are projecting that at some point next week we could be as high as 5,000 people intubated simultaneously in New York City. You know, that's an astounding figure. So, I don't see it as we have any evidence yet that things are turning in our favor. The other thing I would say is, whenever you reach the peak, and certainly from our conversations I've had, at least, with a national health care leaders, that they think we're still a ways from it and that's just the infection piece – there's still a lag time in terms of how that turns into hospitalizations and particularly in the ICU. I think there's a lot tougher times ahead, as I've been saying, but, also, remember, you're talking about people who may need to be in the hospital for weeks, folks who are on those ventilators many times – that's three weeks. And Mitch and Oxiris will go into more detail. And you've got to think about the bed through the lens of a human being and what they go through, and a human being who's in that bed for, you know, a month or more, or someone who's convalescing for a period of time. All of that takes the bed and the staff, the equipment, everything. And there's another person coming in and another and another and another. So, I would argue when you look at the whole equation, we're going to need a whole lot and it's going to sustain for certainly weeks on end. You want to add, Mitch?

President Katz: I think the Mayor has characterized it correctly. The huge [inaudible] still continues to be intensive care unit. So, a good example, Elmhurst, right at the forefront of this pandemic in New York City, had an ICU of 29 beds under normal circumstances. This past Monday, they were up to 110. Today, on Friday, they're up to 150. So, these are all patients who are extremely ill. At least 85 percent of them are on ventilators. And the level of intensity of staff needed to care for somebody who's on a ventilator, often they are on also multiple medications by vein at the same time in order to maintain the blood pressure, requires an extreme amount of staffing. I think some of the overall census increases as you were asking – I checked myself in Health + Hospitals for the last three days, we're higher each day than the day before. But I do agree that the real boluses are around the ICU more than on the regular medicine patients.

Commissioner Barbot: And then I'll just add that in terms of looking at the broad trends that we're looking at data from emergency departments as well as data related to admissions. The overall trend is that this is not slowing down. And the Mayor's absolutely right in terms of the bolus to the system. The other thing that I will say is that, it's normal when you look at the upward trend to see a sawtooth pattern into that. And so, I wouldn't make too much of a curve going down one day because we're on a trajectory for it to continue upwards.

Mayor: And obviously, look, everyone, that the day that we can say – and this is a conversation all of us have quite frequently – the day that we are convinced the worst is behind us and things aren't going to truly consistently get better, we will be right here at City Hall telling you that for sure. But until that time, we don't want false hope we don't want people, you know, relaxing prematurely or losing focus. This is, we're going into the thick of battle and I think it's absolutely crucial that people that. I've had this conversation with a lot of New Yorkers and a lot of people who are really deeply, deeply involved in the life of this city. And what I've heard consistently,

and I had this conversation with one of the greatest of all New Yorkers, Cardinal Dolan, and he said, you know, tell it like it is, New Yorkers appreciate that. They want to hear the truth. They want to hear what we're about to go through, even if it's going to be tough. People would much rather hear exactly what we know and then be ready for battle than have it sugarcoated. But we know New Yorkers can get through anything, and people are really shown tremendous solidarity and strength. And we also know that this is a battle that will not go on forever. It will go on intensely for weeks, as I've said, April and May, and then we'll start to get some relief, and then one day life is going to get back to normal. It is a battle that will end at one point and then we'll all recover together. But in the meantime, we'll tell you every day what we know to keep all of our fellow New Yorkers informed.

Thank you. Everybody.

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