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

Mayor Bill de Blasio: Today is Sunday, April 5th. And this is a day that we have talked about now over the last week or more as a crucial day as we prepare for an even tougher battle next week against this virus. This is a day that I called upon our nation to help us, coming forward to this day, I said to the President of United States and all the leadership in Washington that they needed to focus on Sunday, April 5th, to help us prepare for the onslaught next week, obviously to the State of New York, to so many organizations and companies around the country, around the world that came forward wanting to help. This is the day we focused everyone on and I think that was the right thing to do because the facts demanded it and I think it was also the right thing to do because it helped to focus attention and action. There is nothing more powerful than giving people a deadline in life.

And this was an honest deadline given everything that we have seen. The deadline referred to the whole range of needs that we had. Ventilators. We've all come to know how crucial those are to saving lives. Personal protective equipment, personnel – all the pieces of the equation necessary to be able to address this crisis. So, what I can tell you now that we've gotten to this crucial moment is there is definitely some good news. Our call for help, our call for people to focus on the needs in New York City, we're the epicenter of this crisis, but people in this city are doing everything possible to fight this virus, to do the right thing in terms of shelter in place and social distancing. The people of this city are doing the right thing, helping their fellow New Yorkers – our first responders, our health care workers are acting heroically in this crisis. I called for everyone else to come to our aid. And the good news is that our call was heard and acted on in so many ways, but that does not mean we're out of the woods for next week. There is still real help we will need to get through the week. And I'm going to go over that with you now.

So, first, let's go over how we got to this moment and what we saw coming. I gave people the honest truth about what we were seeing all through last week and this week as we led up to Sunday, April 5th, to today. And a quick summation is that we thought as early as tonight there was the possibility of running out of crucial equipment like ventilators – and ventilators, I keep saying, when you need one, when the doctor needs one for a patient, there's no time to wait. It is needed that exact moment to save a life. That's why we've been so precise about exactly what day, what hour we will get to that point where the city might run out. Well, now I can tell you, and this is certainly good news, we have bought a few more days here. We believe now we can get to Tuesday or Wednesday with the supplies we have.

We're going to update the numbers constantly and update the projections. But in human terms, this is very important. It means that the ventilators that we've gotten are going to stretch farther

than we originally projected. And I want to be very clear. I want everyone to understand this. My order to my entire team, to all my commissioners, everyone who's doing this crucial work dealing with this crisis, my order is always to prepare for the worst-case scenario. Not the best-case scenario, not what you think might be an average scenario, but to get ready for the worst case because God forbid, the worst case happens, we can't say at that point, 'oh gee, we underestimated'. We have to be ready for everything and anything. New Yorkers think that way. We're ready for anything and everything in our daily lives. That's part of what makes us great. But I've said to all my colleagues, we're preparing for whatever is thrown at us. So, it's good in one way that the original projection was cautious and that we have a few more days, but I want to be clear, it only means a few more days. Nothing more I can guarantee beyond that. And we have real work to do to fill that gap going forward.

On personnel, I've been saying, increasingly sounding the alarm that we're going to need more and more personnel to deal with the growing number of cases and also the growing number of hospital – alternative hospital facilities that are being created, more and more beds being created. That's a good thing. We have a very, very ambitious plan to create more beds, but we're going to need the medical personnel to go with it. The overall goal is 45,000 additional doctors, nurses, respiratory therapists, dieticians, pharmacists, you name it. This week we need to keep adding to our total. The good news is that we are seeing a real important surge of military medical personnel. This is something I've been calling for over these last two weeks vehemently and pointing out that this is necessary to help save the people in New York City and it will be necessary beyond in all the cities and states that will experience this crisis up ahead. We are now starting to see as of today a real sharp increase in the number of military medical personnel coming to New York City. That's a very good thing.

And then on PPEs, we all know how important it is to protect our heroes. That's everything from N95 to masks, to surgical gowns, gloves, eyewear, a whole host of things. The good news is there are several categories where we do have enough PPEs to get through the weekend. I want to emphasize when I say enough, that means on the crisis standards we're working with. I want to be very clear to all the health care professionals out there, all the first responders, I'm not saying this is the ideal we wish we were dealing with. I'm not saying we had the kind of supplies we're used to when we're in peace time, but by the crisis standards set by the CDC, we have enough of most items to get through this week ahead for our health care workers, for our first responders. There are two areas where we need additional delivery during the week, that's N95s and surgical gowns. We do have orders in. We're reasonably confident about the timeline of that resupply. But we do need it to happen on a timely basis. Let me go over some overall numbers with you now and I'll start with ventilators.

So, what's happened so far, in addition to the ventilators that hospitals had, we have delivered 2,865 ventilators to hospitals throughout New York City in addition to 1,780 BiPAP machines. And these are machines that can be very helpful. As I discussed with the CEO of our public hospitals, Dr. Mitch Katz, they are a part of the puzzle. They don't do the same thing that ventilators do. But they can be helpful in dealing with some patients in some ways and relieve some of the pressure on the overall situation in terms of ventilators. That said, we still need the number of ventilators we need in any event. So, having distributed those 2,865 ventilators, having now stated that we can get through to Tuesday or Wednesday, what's left? We have 135

ventilators in our reserve. We are holding those for very rapid deployment to where they're needed most around the city. And that obviously can happen in a matter of hours, but that's the entire reserve we have left for all of this city of 8.6 million people.

I want to tell you why these ventilators, the supply of ventilators is so crucial in particular at this moment because what we're seeing lately is between 200 and 300 more patients needing to be intubated every day lately, just specifically patients related to COVID. We believe at this point, as of this morning, that the approximate real number of patients, COVID patients who are intubated in New York City, we believe that number is actually approaching 4,000. When you add up all the information we have and information that's coming in – and everyone understands this is a rapidly changing situation – we think that number is about 4,000. The math is clear between today, tomorrow, Tuesday we could add almost 1,000 more in that timeframe. That's why we believe we will hit that 5,000 mark in truth on Tuesday or Wednesday.

Again, I would love it if it proves that our projections were too cautious. That would be a very good thing, but we are bracing for the reality that that's the number we could hit. It's a staggering number. And remember for so many of those patients, we've got to fight hard to save their lives. Our health care professionals are doing an amazing job, but it's a tough struggle and a lot of those patients will be hospitalized for many weeks. They could be intubated for two, three weeks easily. Once someone needs a ventilator, they need it for as long as they need it. And that's another part of this equation we have to keep in mind.

So, to get through next week, based on these updated projections, we believe we will need between 1,000 and 1,500 more ventilators for the period roughly Wednesday to Sunday. Again, those dynamics will change daily, hourly even. So, we will keep updating the assessment. But that's the plan that we have going into this week to find 1,000 and 1,500 more throughout the course of this coming week to make sure that there's always a ventilator for every patient who needs it. Now, as you see on this chart, this is the whole health care system in New York City. And this composites what we're seeing against – across, I should say, a variety of health care providers. This includes our public hospitals. It includes the major – five major hospital systems that are part of the Greater New York Hospital Association, it includes the smaller independent hospitals. When you look at the whole system, some specific hospitals and systems running out quicker than others, we're working to make sure that everyone who needs resupply gets it promptly. But what's true in every single case is that every hospital system in a matter of only days faces the danger that they will run out. That's what we have to stay ahead of.

So, where would we get additional ventilators? Well, there's two obvious places right now. The federal stockpile, which our understanding is numbers of about 10,000 ventilators, and the New York State stockpile, we've heard that number is roughly 2,800. Obviously, we are the epicenter of this crisis. So, I would certainly appeal to both the federal and State government to help us get the ventilators we need rapidly. We will get them in place and remember, everyone, we need them in place before that new patient comes in, who a doctor has no choice but to put on a ventilator. That ventilator has to be there, has to be up and ready in time for that one next patient. So, it's not a matter of them just arriving in the warehouse. They have to be in the hospitals and ready. We're going to ask, certainly, our federal and State colleagues to advance more of a supply to us so we can be ready for this onslaught next week.

I've said it many, many times. When New York City is done with these ventilators, when the crisis starts to pass, we will happily send them wherever they're needed in this state or in this country. And we will work hard to help everyone who needs our help and to thank all the people who have come forward to help us by actually giving them the aid and support they need in their hour of need. But those are the two obvious places to get what we need for next week. We're continuing to look on the private market. We're continuing to hear from some people who are making very generous offers of contributions of ventilators, we're talking to companies all over the world. I, myself, have talked to companies all over the world to try and get us additional ventilators on the open market, but right now for the immediate needs next week is the federal government and the State government that we'll focus on and certainly we'll be talking to all of the appropriate federal and State officials to get this going quickly.

Now I want to talk about our public hospital system and specifically the personnel that I've been requesting for it. Everyone knows there are so many hospitals out there that are fighting so hard, the health care workers fighting so heroically. But everyone would agree that amongst the toughest battles have been fought in our public hospitals, our Health + Hospitals system. So many people in this city but also literally around the world have watched with admiration the really noble health care professionals at Elmhurst Hospital, which has borne the brunt more than any other hospital in the city. We've seen an extraordinary surge in the number of patients at Lincoln Hospital in the Bronx, at Bellevue in Manhattan, and many, many others in our public health system. So, I have been, for the last two weeks, fighting to get direct federal support for our public hospitals.

We have the biggest public hospital system in the country and we are the epicenter of the coronavirus crisis and our public hospitals are bearing the brunt. You've seen the information recently put out by the Department of Health. That makes very clear that so many of the challenges that we're seeing from the coronavirus track very, very sadly with where we've seen historic health disparities, where we've seen historic problems with communities whose health profile really suggest really, really tough situations, even in peacetime. In this crisis that's only amplified the reality. Where are there the hospitals that deal with those communities and deepest need? Well, those are our public hospitals, so they're at the frontline of this crisis. Absolutely the front of the front line. I appealed to the President of the United States, to FEMA, to the Defense Department for very precise support. I asked for 1,450 medical personnel from the United States military, specifically 1,000 nurses, 300 respiratory therapists, 150 doctors.

I've repeated that request publicly in writing, in numerous conversations with the president and many others in Washington. What we have as of today, literally just coming in now at this hour of the day, for the first time, a response. I asked that those personnel be in place by today, Sunday, April 5th. At least today we are seeing a down payment. That's the way I would phrase it – 291 medical personnel from our military dedicated specifically to our public hospital system arriving now in New York City. That's 174 nurses, 104 doctors, 13 respiratory therapists. That's a very good start. We have bought ourselves a few more days, so we have a little more time and that's great. But I want to say to everyone in Washington, that's a start. It's nowhere near what I requested for our public hospitals. I know other medical personnel coming from the military to

do other important work in New York City. And I say amen. Thank you. That's tremendously helpful for all our people. We need that too.

But part of why I've called for the military to be fully mobilized and for national enlistment and system for our health care professionals is our needs are growing in this city and they'll be growing everywhere else. So, this is great news, but it doesn't end here. I'm going to go back to the president, to FEMA, to the Department of Defense, and let them know we need a lot more help for our public hospitals as they continue to bear the brunt.

Finally, I want to say there's some, as per usual, we've seen New Yorkers step up in amazing, amazing fashion. But it's also great to see the stories of those who step up for us. And it – this one warmed my heart because our friends in the State of Oregon, they are starting to see a crisis there, although much more limited, thank God than what we're seeing here. I spoke to Governor Kate Brown yesterday. Everyone knows that she did something just extraordinary, an act of kindness and generosity, that really should make all Americans feel very good about this country. But all New Yorkers should feel a great sense of gratitude and appreciation to the people of Oregon and particularly to Governor Kate Brown for, literally, spontaneously stepping up and offering 140 ventilators for the people of this state. That's a selfless, powerful act. I talked to her yesterday and said, we're going to remember what Oregon did for New York State and New York City and we're going to return the favor and then some, because this is going to be crucial in our hour of need. So, it's something people should really feel good about. People are seeing what we're going through and they're really trying to help. And I want to say to anyone who wants to help, whether you're a New Yorker or you're from any other part of the country or any other part of the world – please, we need your help. We need supplies. We need medical personnel to come forward to volunteer. We will compensate them, but we need them to come forward and give us their time and energy where it's needed most. We need so much help to get through this crisis. Anyone who wants to donate can go to nyc.gov/helpnow or call 833-NYC-0040.

Also, another really wonderful story – and again, amidst the pain and the challenges, there are some beautiful stories. Two hospitals, two of the most renowned hospitals, not just in New York City, but anywhere on the earth, they have stepped up to help our public hospital system. Sloan Kettering, Memorial Sloan Kettering, known as one of the greatest hospitals on Earth dealing with cancer patients and supporting them and saving them, and a hospital for special surgery, which is unparalleled anywhere in the world for what they do. They have agreed to take non-COVID patients in their specialty areas from our Health + Hospitals institutions to relieve pressure on them so our Health + Hospitals hospitals can focus on COVID patients, particularly those who need ICU care. This is a kind of act of partnership, collegiality of kindness that's a game changer. It's going to save lives because it's going to allow Health + Hospitals to focus on those in greatest need while these other patients will get great care in the meantime. So, it's another example of hospitals – some New Yorkers have been to these hospitals and, you know, and including in their hours of greatest need. A lot of New Yorkers have only heard the names and know they're extraordinary institutions, but wouldn't have necessarily assumed they would form this partnership with our public hospitals. And they have, and it's incredibly powerful. I want to thank both those hospitals for really, really stepping up in a crisis.

Just a few more things I want to talk about. Some more unsung heroes. I like to always remind us of the people who are doing amazing things for us. And in this case, it's our social service workers. Don't forget what they do in this crisis to ensure that the families that don't have food get food, that families that are in crisis get support because their crisis doesn't pause for the coronavirus. It continues and they still need help. Children who are in danger get support. The folks who are homeless get help, you name it. Our social service workers have been extraordinary in this crisis, stepping up in so many ways. They deserve our admiration and our gratitude. And, of course, I, every single time will talk about our doctors, our nurses, our health care workers, our first responders.

This last week, or in the course of this week, I should say, I've spoken to literally tens of thousands of health care workers on tele-town halls organized by the unions representing our health care workers. I expressed my appreciation on behalf of all New Yorkers and talked about the ways we're going to give every conceivable type of support to our frontline health care workers, what we're doing but what we have to do even more in the weeks ahead. I want to just recognize a really beautiful moment this last Friday night where a group of firefighters went to an NYU Langone Hospital in Kips Bay and they went there specifically to cheer on the doctors and the nurses and all the hospital staff. And that's a really, really beautiful thing. Our firefighters are so admired. And to see the first responders show up, not because there was an emergency, but because they wanted to pour out their hearts to our health care workers to thank them, that is a really beautiful New York City moment. So, I want everyone to recognize that.

Let me just say a few words in Spanish, just a quick summary and then we will take questions from the media. I'm joined by Dr. Barbot here in person and we have by video Chancellor Carranza and our Emergency Management Commissioner Deanne Criswell. But first in Spanish

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[Mayor de Blasio speaks in Spanish]

With that, we're going to take media questions and please let me know the name of the reporter and the outlet. Thank you.

Moderator: Hi all. Just a reminder, as the Mayor just said, we have Dr. Barbot here in person, Commissioner Criswell and Chancellor Carranza on the phone. With that, I will start with Samantha from 1010 WINS.

Question: Hi, Mr. Mayor, there are some reports that you took a walk again in Prospect Park yesterday, but not seen wearing a face mask. Are you going to be wearing a face mask? And also, why so far to take a walk when you're – Gracie Mansion is right in a beautiful park?

Mayor: Yeah. Samantha, look, I think we have many, many things to talk about today that are about saving lives. I think what – everyone who needs some exercise should get the exercise for the amount of time they need and then get back to home or work if they're doing essential work. That's what I do. And I was using a scarf as a face mask and following the exact instruction – face covering, careful that I use the right phrase, face covering. Thank you, Doctor. I could see you were thinking it. Face covering, a scarf that I had on – and exactly the rules if you're distant

from everyone, there's no one near you. there's not a specific need. If you think you're going to be near people, you bring it up and cover your face. That's what I did. Go ahead.

Moderator: Next we have Shant from the Daily News.

Question: Yeah. Thank you, Mayor. Governor Cuomo this morning said there's reason to think the State might be approaching its peak or peak that's plateauing. Wanted to get your assessment of that both at the state level, and if you think at the city level, the city is nearing a peak.

Mayor: Shant, although I want to say that – I'm going to be really careful because the last thing I want to do is say, you know, we're turning the corner and then we get surprised. I see some positive indicators. Clearly the fact that we thought we could run out of ventilators as early as tonight or tomorrow morning and now we believe we're going to get to Tuesday or Wednesday. That's a good sign. And the number of people being intubated each day additionally is high, for sure. It's nothing to treat as a minor matter when you have 200 or 300 more people per day getting intubated. But it's actually less than we feared it might be in terms of the increase each day at this point. So, my simple answer to you is I see a few signs that are a little hopeful, for sure. And as soon as we get to a point where we think they are consistent enough, if they remain consistent, Shant, if we really see the kind of progress that Dr. Barbot and Dr. Fakelakis and Dr. Katz and Deputy Mayor Perea-Henze and others, like, can have a consensus that, hey, this is sustained progress, we will say that for sure, but I think it's early to be able to declare that. Let's hope and pray, but we're not quite there yet. Doctor, did I summarize well?

Commissioner Oxiris Barbot, Department of Health and Mental Hygiene: Absolutely.

Mayor: Okay, go ahead.

Moderator: Next we have Todd from AM New York.

Question: Hi, Mr. Mayor, my question is about the release of prisoners from Rikers Island. Some the probation union members say they don't have enough people or resources or PPE to work with, with the release. Some law enforcement sources are saying many of the people being released have drug problems and are returning to crowded homes, and some have no housing whatsoever. What follow up is the City doing with the people who are being released from Rikers?

Mayor: Todd, thank you for the question. It's a good question. From the beginning, look, we saw as this crisis emerged a very particular challenge, thousands of individuals incarcerated, obviously, by definition in limited space. And there's been concern not only in New York City but all over the world about incarcerated people in the midst of the coronavirus crisis. So, what we did was we looked at a couple of things who had minor charges that they were in our jail system for, who had very little time left on their sentence, who had health conditions, preexisting conditions that put them in particular jeopardy according to Correctional health, who, because of age, you know, very advanced age might be in jeopardy or both. So those were the criteria we worked with as did the State of New York and the District Attorneys. The release was engineered to ensure that anyone who needed a supervised release, which across the board there

was some kind of supervision structure for everyone, but those who needed particular intensive supervision that that was created.

So, right now, over a thousand individuals have come out of our jail system. That obviously means for correctional health, they're dealing with fewer inmates. That's good. There's more opportunity to socially distance. There's more opportunity to treat people and isolate those who need isolating. Those are good things. The specific individuals who need follow-up are getting follow-up. And remember the way the release worked for those awaiting trial, when the crisis is over if the DAs deem inappropriate, there's a process to bring people back to jail awaiting trial. And equally if someone needs to continue further, a sentence. So, this was calibrated to be a humanitarian action and I think has been done in a careful way. And again, we have gotten to a number based on a careful process as has the State and the DAs. On the concerns of the probation union, I'll check on that. I don't know the exact amount of how much of the follow-up is being done by their members versus other elements of law enforcement, but we can give you a more detailed follow up on that soon.

Moderator: Next, we have Brigid from WNYC.

Question: Mr. Mayor, I wanted to ask a question about the data the City is releasing related to people who are diagnosed with coronavirus and the deaths. We know that there are inequities built into our health care system, other cities that are releasing more information specifically around the racial breakdown of some of the diagnoses and the deaths. Why isn't the City releasing that information?

Mayor: I'll start and Dr. Barbot can add. You know, Brigid, look, I said at the beginning and I stand by it. In the first days we had, first of all, a central concern to set up all the systems to protect people's health and save lives and get supplies where they were needed. I mean this thing went from zero to 60, very, very fast. Getting out the public data was not the first concern compared to, you know, rapidly mobilizing and ensuring that those who need health care were getting it. Second, when we started to put out data, we were concerned to make sure it was accurate and not a constantly moving target. I think you guys would have every right in the media if you got a piece of information that was invalid a few hours later to say, wait a minute, why have you given us this information? So, we were trying to figure out how to give you information that would be more consistent and that sort of was keeping up with the numbers more effectively. I think that situation has improved. That's why the Department of Health has started to put out more and more. We want to go from here and go farther now – put out more fine-tuned data, more per capita data, sort of showing the real specific impact on all communities, certainly demographic breakdowns to the extent we can. I've certainly – I've had this conversation with Dr. Barbot and her team. I think we're going to be able to do more and more with every passing week. But what we do know from what was put out just recently is and we had a long discussion about this with our whole team, a striking overlap of where this virus is doing the most damage and where we've had historic health care disparities – a very, very strong overlap. And again, that overlaps also with where our public hospitals are in particular. So, we will keep getting out more and better data as we go along, but I think some of the conclusions are already becoming clear.

Dr. Barbot.

Commissioner Barbot: So, yes, Mr. Mayor, to add to what you said, which I completely agree with – you know, I couldn't agree more that it is important to also report on the racial demographics of the individuals that we're seeing who are diagnosed with COVID, who get hospitalized, et cetera. But the reality of the matter is that our ability to report accurate and consistent data is only as good as the data that we get in. And so there have been significant challenges in consistently getting that complete data from laboratories and from our health care delivery partners. But what we're doing is we're working with those partners to try and to tap into other electronic sources so that we can augment the data that we get. So, we are working on that. We've been working on that and I am hopeful that we will get to a place where we can consistently and completely report on the racial demographics, because again, we're very much committed to the transparency of our response and we are very concerned as the Mayor mentioned about the inequities that are getting magnified with the severity of COVID-19 and we want to make sure to address that in its totality.

Mayor: Yeah. Just to finish on that, again I think no one should underestimate what it means to be the epicenter of this American crisis. Being the epicenter meant for us, extraordinary, extraordinary, huge number of cases out of nowhere. And again, that's – other cities are doing other things, but by and large, you know, not dealing with the whole onslaught we are, but we are absolutely devoted to getting better information out.

The other follow-up just on Todd's previous question because I realized Todd also asked about masks. Todd, any probation workers, any of our workers who need to do work that involves any kind of personal protective equipment – we're devoted to getting it to them. We're finally starting to get a better supply, as I mentioned just days ago, we were not sure about the PPE supply for this coming week. And again, I'm saying that based on the crisis standard, not the ideal standard, but the crisis standard of what people need to be able to keep functioning in their jobs. We are encouraged, I'm encouraged to see the supply start to increase, start to improve. We're getting some new types of PPEs in that previously were not approved by the FDA, now have been approved. So, there's a lot going on that's given me hope that we're going to be able increase that supply. But definitely if our colleagues at Probation need them my team will be following up to make sure we can get them to the appropriate types of PPEs. Go ahead.

Moderator: Next we have Yoav from The City.

Question: Hi, Mr. Mayor. We reported on the Bronx having a higher rate of hospitalizations and deaths for coronavirus relative to its population than the rest of this city. Some of the elected officials we spoke to said there's no testing site in the South Bronx where a lot of these more serious cases are suspected to be. You know, like a public or a big testing site there that would allow people to know to self-isolate and also to communicate to others, you know, that they've tested positive. Why isn't there a large testing site in the South Bronx, and has the Department of Health taken a look at the Bronx statistics and come up with an explanation for the discrepancy?

Mayor: So, I'm going to start and then pass to Dr. Barbot who importantly grew up in the Bronx and is very attuned to the needs of people in the Bronx. I think we're in a moment where the

testing dynamics are starting to change, but we're certainly not all the way there. I mean, Yoav, I think if we could replay this entire horrible history we've gone through, we would say what differentiates us from some of the places that actually were able to really get ahead of this is that there was not testing available when it was needed early on, when it could have been strategically crucial. And that's obviously at the feet of our federal government that as we know now had a lot of information about the danger of this crisis and the ability to mobilize and get the testing out and they didn't do it. So that's where we could have had the strategic opportunity to potentially change the trajectory. Once it was already a full-blown crisis with a community spread and all, we got very clear about the need to focus the testing on health care workers, first responders and people with the most severe medical problems to help save their lives. We're starting to see signs of greater testing supply coming into play, but I don't, that changes the core reality that as there's more testing, we still have to first and foremost make sure that we're maximizing the impact on health care workers, first responders and those in greatest need. And remember the numbers are continually climbing in terms of cases, in terms of number of people in the ICU. So, we can't act for a moment like any one piece of this equation is static. The crisis keeps growing. Even as we're getting more testing supply, we kept to keep applying it to the highest priorities. If one day it was truly, truly abundant, I think we could have a different conversation, but I don't think it changes the guidance and I suspect you're going to hear this from Dr. Barbot. If someone's not feeling well, we want them to isolate and go home and they don't need a test to follow through on that. And that's still the thing we have to get really, really across to people. That's the most valuable thing, it's responding to what their body is telling them.

Doctor?

Commissioner Barbot: Yes, Mr. Mayor. So to add to what you correctly laid out, I think there are a number of different issues happening here and really we can't overemphasize the fact that we've been telling New Yorkers that if they have developed the symptoms of fever or cough, any other sort of feelings of malaise, if you will, that they should assume at this point in time that they have been exposed to COVID-19 and that they have COVID-19. And what we want them to do is to remain home, if their symptoms are not getting better, to then reach out to their health care provider. And so again, as the Mayor mentioned, whether or not a test is done doesn't change that guidance. The important thing is for self-isolation and to seek care if they are not getting better. I think specifically in the Bronx, what we're seeing is the reality of unfortunately what happens when we have a high density of individuals with lots of chronic underlying illnesses. And you know, we know from historical data that there are high percentages of individuals in the Bronx with heart disease, with diabetes and the like. And so unfortunately when you have a virus that tends to affect those with chronic illnesses more severely, we have what's playing out.

That being said, we are working very closely with our health systems partners in the Bronx including H + H, including Montefiore, to make sure that those who are in need of care certainly have access to it in a timely manner. I think the important thing for us to be mindful of is again, for folks to be staying home and especially those who have chronic underlying illness, not to go out if they don't have to have someone else can buy their groceries, get their medications for

them. And if they do have to go out to ensure that they are wearing a face covering when they're unable to keep six feet from their fellow New Yorkers.

Mayor: Thank you.

Moderator: Next we have Gersh from Streetsblog.

Question: Mr. Mayor, how are you?

Mayor: Hey, Gersh, how are you doing?

Question: You know, the playgrounds are closed and parks like Prospect Park as you know, are overflowing as the weather gets better. Now, you've experimented with four short car-free streets, but they expire today from what I remember. You've said you're limited because of the need for police enforcement, but Streetsblog's own review plus conversations with residents in those neighborhoods show that this experiment is actually working and could be done with far fewer cops. So will you expand this popular street safety strategy as you've been urged by people such as Dan Rather, and New York City Transit President Sarah Feinberg?

Mayor: Yeah. Gersh look, we're very interested in seeing what can be done with that strategy. What I think you would agree, we ran into an unusual situation that just as we started it, we had day after day of bad weather and folks just didn't show up. So, I'm certain they want to see us continue to experiment with it going forward, but we have to figure out the right way to do that. It does take a lot of personnel. Like I keep saying, you know, you've got to be clear that when you do this, you have to create enforcement or it could end up being another place, unfortunately where people gather. So, we're going to look at that again. But right now, my concern is this, the first and foremost concern is that we focus the NYPD and other enforcement on ensuring there is social distancing in all the places that people have to go. They have to go grocery stores and supermarkets, pharmacies, the places that we know are really essential. Our parks are a place where people are going, they're getting their exercise, but they're also does need to be enforcement. Generally, what I hear from Commissioner Shea and other key leaders of administration is they've seen a lot of compliance, but there's still areas where we need to do better and we're going to continue to deepen the enforcement. So, looking at those streets, that's still an open question because we didn't get a great control model, but we did end up using up a lot of NYPD personnel that we don't have to spare right now. So happy to look at it again. But I think we first have to focus on job one, which is making sure all the places we know people are definitely going have the enforcement they need.

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

Question: Hey, everybody. This question is for Chancellor Carranza and it's about the DOE's decision late Friday to prohibit the use of Zoom and Google's video conferencing. Spoken to a lot of teachers, parents this weekend who are really disappointed and I'm curious from them and then from myself, you know, why hadn't the DOE looked at some of these privacy concerns before setting up this program? And are there concerns that particularly students with special needs who got related services and rely heavily on Zoom for them, that they won't get these

services – I mean some people are upset that Microsoft Teams is very confusing and they don't even know if they can download them. So, if you could speak a little bit about the DOE's process. Thank you.

Schools Chancellor Richard Carranza: Yeah. So, look, we are very concerned about all students getting the support they need. Does anybody really think that we want students' personal information out there for anybody to see? For anybody to access? That's absolutely unacceptable. So, we put out guidance and it doesn't go into the effect – it doesn't go into effect tomorrow. We want people to gradually transition to another format. Zoom – and we've been working with Zoom – is unwilling and unable to meet the security needs of our students. We will not put our students' information out in cyberspace for anybody to access – that is unacceptable. So, the notion that we would let that happen is just not – it's not reality. Now, that being said, we want students and all of our families to get the support that they need, so we're going to transition. It's not going to happen tomorrow. It's a transition to another format. The good thing is we have teachers that have bachelor's and master's and doctorate degrees that can figure this out. But we're going to make sure that our students' information is not out there for everybody to access. So, work with us. We're going to do this, you know, in a very, very thoughtful manner. But that being said, we also want to be very clear that we're going to keep our students' information safe and secure, and when this was brought to our attention, like it's been brought to everybody's attention across the country – I'm in conversation with colleagues across the country that [inaudible] school system. This is not an issue in New York City. This is an issue across the country. We are going to make sure that our students' information is safe during this time period and going on. So, it's not going into effect tomorrow. We're going to have a time to transition. Listen to our guidance. We're going to help you make the transition, but we don't want students to go without the services that they need.

Mayor: Thank you, Chancellor.

Moderator: Next we have Harry from the Daily Beast.

Question: Hi, Mr. Mayor. Understanding the stress on saving lives, what is the City's plan [inaudible] for burying bodies as needed? Is there land identified? Are there City workers who be digging those graves? Thank you.

Mayor: Thank you, Harry. Look, I know the questions I asked in goodwill. It's a painful topic, it's one I've said repeatedly I won't go into great detail on. The bottom line is there is a plan. One of the key elements was to get support from the federal government, from FEMA, from the Department of Defense, from all of the parts of the federal government that had expertise in this area. They are providing all the support we're asking for. Yes, we will have available places to deal with this. I'm not going to go into detail now. I'll just say to you, we do have the capacity. We sure as hell hope we don't go anywhere near as our worst-case scenarios. Think of all the human beings, think of all the families that that would mean have lost someone. But we will be ready in any eventuality and we're getting exceptional federal support.

Question: Last two for today. Next, we have Jeff Mays from the New York Times.

Question: Hey, Mr. Mayor. I'm wondering if you guys could talk a little bit about how you came up with the calculations for the number of ventilators you need. Is there, you know, are you guys like crunching actual numbers? Is this projections? Maybe you can go into a little more detail. And then in addition, I'm wondering about whether you have any concern about being seen wearing a mask at all? Or, a face covering?

Mayor: On the second point, Jeff, again, my doctor is sitting right there and I asked because this decision came out of several studies, most especially the one from Singapore a few days ago, which, any of you, if you haven't seen it, should look at it, that led our health team to decide that they had evidence that should change the guidance we provided. Obviously, shortly thereafter, a day or two later, the CDC did the same thing. So, I think this is smart guidance, but it's something we all needed to get used to. And I, like every other New Yorker, had an opportunity – every New Yorker is asking, what does it mean? And I had the opportunity to ask the City's doctor directly. And I said, what does that mean for anyone, you know, going outside? And what she said was, you know, you use it when you're near people. If you might get less than six feet from people, that's where it matters, because you're trying to protect everyone else. Again, I think it's understandable folks hear it and they think, oh this is something that will protect me from COVID-19. That's not the way it works. It is an abundance of caution guidance based on new evidence, really new evidence that led to the conclusion that it's a smart effort to prevent the spread in the community. It is not the only strategy. No one is saying it's perfect. It's a thing we can do that's helpful, but it only is pertinent when you're near other people. It's not pertinent if you're with the people you live under the same roof with, because you're in so much contact with them anyway. It's not pertinent if you're out there alone on a street, for example, because there's no one else to experience you, you know, within six feet. It just doesn't matter. So, what I've done the few times I'm out is, I take a scarf and I have it ready, and if I'm getting near people, if I think I might get as close as six feet or less, I bring the scarf up over my mouth and nose as I was trained to do. And I think a lot of people will do that. You'll have it available. You don't have to wear it every minute if there's no one near you, but you bring it up if you need it. So, I'm going to answer the second part of your question. But doctor, for the record, did I summarize your instruction properly?

Commissioner Barbot: Absolutely correct, Mr. Mayor. Thank you. I've passed the test today. Thank you, doctor. So, on the very good question about the ventilators. So, Jeff, we've been scrubbing this equation for weeks and weeks and it's constantly getting updated. So, it is based on specific reports from each and every hospital against a base of 56 hospitals in the city that treat adults. That population of hospitals, consistently surveyed to determine the number of ventilators they have working ventilators that they have – crucial point. And we separate in that number ventilators, we do not count the ventilators that are being devoted to other types of non-COVID patients. So, I want to remind people, there are – you know, we only heard about the coronavirus just a few months ago. Before that, there were obviously lots of people who needed a ventilator because of their own health conditions. They still do. So, a certain number of ventilators already were devoted to non-COVID patients. They must continue to be a devoted to non-COVID patients. So, we continually, literally daily, weekly are looking at the numbers and how they're moving, taking every hospital's report on what they got that's working and, obviously, how many people are intubated, how many people need a ventilator and projecting, of course, how long people will be on ventilators, because we have a lot of information on what

those patterns have been. That's how we got to a sense of what we were dealing with. And then, of course, the other factor was what was the growth pattern, the number of cases, and what it meant for more and more people needing ventilators. So, what I mentioned earlier that we are lately in the last days seeing an increase each day of about 200 to 300 patients per day more going on to ventilators. Now, we had feared that that number was going to go up, that that 200 to 300 could be more like 300 to 400 growth per day. We're not seeing that yet. I'm knocking on wood. I'm praying that we have a level off here. But we don't know that yet, it was just too early to tell. For the last days, that 200 or 300-person increase is holding. We believe based on all the information we've gotten from all the hospitals that when you really get to what's happening, real world conditions and look at the trends and everything, we believe we're somewhere in truth around 4,000 people intubated right now. And again, with that 200 or 300 person per day growth, that will get us to Tuesday or Wednesday when we'll cross that 5,000-person mark. And then, as I said, we're assuming the same kind of growth pattern that would require us to come up with another 1,000 to 1,500 in the course of the week ahead to make sure we got to Sunday, April 12th with everyone having a ventilator who needed one. Jeff, I hope and pray that in the next couple of days as I'm reporting that that number not only stays stable but actually might decrease. But until it happens, I can't bank on it. As I said, I've told my team work from a worst-case scenario because we cannot ever have a moment where a patient needs a ventilator and there is not one available. So, that's how the numbers were put together.

Moderator: Last for today, we have Aaron from the Post.

Mayor: Aaron? Aaron's not there. Do you have another? Aaron, can you hear us okay? Okay, do you have another lined up?

Moderator: I think that's all for today.

Mayor: Okay. That's all for today. Well, everyone, thank you, and we will continue to give you updates. And, everyone, keep fighting.

Thanks so much.

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