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

Mayor Bill de Blasio: Before we get started, I just wanted you to see this. This is what one of the hospital beds will look like here in the center opening today. And again, a lot of you were here eight, nine days ago – it was all tennis courts. And I want to just thank everyone who did this work so quick. I'll talk about some of them in a moment, but this is an amazing transformation. When we were here, it felt like, you know, normal times – a sports facility. I heard they were going to change it and get it ready quickly. I didn't expect this much to happen so vividly. I mean, this is amazing that this was all here now, ready to see the first patient coming in today. It's going to build out quickly. I wanted you to just see that out of a tennis court suddenly we have a hospital and it's a testament to everyone who has been doing this work that they could do this so quickly and so effectively.

I also want to say meeting the medical personnel was very, very moving. These are folks who reminded me of the experience I've had in the last few days meeting the military medical personnel. These are civilians, but they came here because they love New York City and they wanted to help New York City in our hour of need. They came here because they knew this was the epicenter of a national crisis. And in fact, the group that is joining us here, the doctors and nurses, all the medical personnel that are here, they understood exactly that they were coming here to relieve Elmhurst Hospital and Queens Hospital that had been through the toughest stuff of any hospitals. And they wanted to be a part of that fight, they wanted to help where the need was greatest. And I went around and asked people where they're from and we have a lot of people from Florida, South Carolina. We had folks from Oregon, just talked to the guy from Omaha, Nebraska who said he left his wife and three children because he knew – he told them this was something he had to do for his country and for the country's largest city, and he'll be back when this fight is over. But he did it because he cared about saving lives here. And the most interesting of all was a woman from Anchorage, Alaska, who has come all the way here to help folks in need in Queens. So, it was very, very moving.

So, everybody, let me start – there we go – let me start by saying obviously today on Good Friday, it's a very holy time of year for so many New Yorkers. People are celebrating Passover. Today, Good Friday, Easter is this Sunday. For so many New Yorkers, it is a time of year that in normal times we look forward to, we plan the whole year around, and what do we think of, we think of not only faith and not only tradition and things that guide us in good times and bad, but we think of our families. We think of those gatherings that are some of our fondest moments every year. The things we really remember and feel throughout our lives. Every one of us. When I say to you, think about Easter, think about Passover, you have memories going back your whole life, your childhood, and for the first time that I can remember for so many families, we

can't do that. And thank God people are using, you know, FaceTime and Skype and Zoom and whatever they can get their hands on to connect with each other. But it's not the same. It's painful to not have that closeness to each other the way we're used to. But there's something about this time of year that I believe is fortifying and strengthening New Yorkers because we're listening to the meaning of those stories, of scripture, and of all the traditions, and of all the family rituals, everything that we've known all our lives in some way prepared us for today. And when you look at faith and when you look at the lessons, so many of them are about people fighting adversity, fighting overwhelming odds, trying to find something in themselves that was strong and good even when faced with massive challenges. And the message through all of our faiths is to love each other, to support each other, to be charitable to each other, to understand each other, to feel empathy for each other. All of the faiths come back to that.

So this is a time that we could be angry. We have every right to be angry and frustrated. We can't do the things we're used to and we need our families right now so much and we can't have that connection the same way and yet all that we've learned from our families, all that we've learned from our faiths and our traditions was telling us exactly how to persevere in a moment like this, to dig deep and find that wellspring of hope and belief and that ability to be there for each other. And that's what New Yorkers are doing. I keep saying the heroes are everyday New Yorkers who are finding a way to do things I think we would have thought literally impossible. The people who turned this tennis center into a hospital in a matter of days, the people who every day are protecting and serving us. The first responders, the health care workers, all these people going so far above and beyond, but it's the everyday people who are helping us turn the tide and fight back this disease. The everyday people deserve credit, to everyday New Yorkers who are taking to heart this common mission, 8.6 million people, the most diverse place on Earth with one goal in common to fight back this disease and save each other. That's what I'm seeing every day. And then to know that help is always coming from the rest of our nation, that only reminds us further that our faith is well placed in each other.

So, here we celebrate against the backdrop of pain, the goodness in each other. And it brings us right back to this place that was a tennis center and now is a hospital. So, we're right here in the epicenter of this disease and we've learned a lot in the last few days. Sometimes we face a challenge or crisis and we say everyone is equally affected. Sometimes a crisis is the great equalizer. Well, that's not true with the coronavirus. Yes, every community is affected. No doubt, every ZIP code, every neighborhood, so many families of every background. True. All of New York is suffering. We all know someone who has been lost. We all know people who are sick. We all know families that are suffering. But in the last few days, the disparities are sharper and clearer than ever before. And unfortunately, this disease has found every problem in our society, every inequality and gone right deep into it and exacerbated it. And so here in Queens we see that folks who are low income are suffering. Folks who have not had enough access to health care because health care is still given out according to how much money you have in this country, and especially immigrant New Yorkers have suffered some because of language barrier, but many I am convinced because they've been pushed away in recent years from the support that they deserve just as human beings and New Yorkers, they've been told to be afraid because of what's happening all over our country. A lot of them had been so fearful, whether it's an ICE raid or any effort to take away their rights, their benefits, the things their family depended on. A lot of

folks have turned inward out of fear. There's no question in my mind that's part of what's happening here and part of why this part of Queens has been hit so hard.

Everyone at Elmhurst Hospital, Queens Hospital have been just amazing heroes in this fight. We need to support them all the way through. No one thinks this is going to be over soon. It's going to take a lot more fight but getting them some relief, a place like this, to draw off some of the patients, getting them the military medical personnel who have served so nobly already, all of that is helping us against the backdrop of those horrible disparities. It's helping us to make sure that one thing is fair and equal, that every New Yorker will be treated the same. When they come to get health care, they will get it regardless of ZIP code, regardless of background, regardless of ability to pay, no one will be turned away. That's what we believe in. That is what we are doing.

So here, this originally was going to be a 350-bed facility. The team here has done an outstanding job. They are now going to create a 470-bed facility. Last week we believed there would not be capacity for ICU beds. Now they are adding ICU beds – 20 to begin with. As I said, first wards, beds opening today, first patients coming today, and then they'll build out in the coming days. I want to thank everyone, all the good working people who did the work to get this ready. All our good friends at the Department of Parks and Recreation, a lot of parks workers while being careful and practicing the right distancing, they did the work. A lot of work was needed around the site to get ready and they did it. I want to thank all of them and I want to thank them for also helping all of us to stay safe by the work they're doing in the parks to keep everyone enjoying them, but the right way. I want to thank Danny Zausner, the COO of the Billie Jean King Center who's been a fantastic partner in this and his whole team. Billy Sullivan, the CEO of SLSCO, the contractor that's worked to put this together. Thank you to Billy and his whole team. Obviously, Commissioner Deanne Criswell and everyone at Emergency Management, Dr. Mitch Katz and everyone at Health + Hospitals, and the Department of Design and Construction that jumped in here to help make things happen quickly and they're doing the same at the Brooklyn Cruise Terminal. Thank you to Lorraine Grillo and Jamie Torres Springer and everyone at DDC.

So, New Yorkers have watched as we've transformed – all of us, the City, the State, FEMA, everyone together transformed sites that we think of in everyday life and now they're all turning into medical sites. The Javits Center, of course, up and running the Coler Center on Roosevelt Island, that was a medical site, but one that was not full, now filling up rapidly, relieving the pressure on other H + H facilities. This site in Queens, the Brooklyn Cruise Terminal next week. All of this is building capacity. Now I want to emphasize, even though we are seeing some progress, and we are, we don't know what comes next. With this horrible disease one thing we've learned is to expect the unexpected. So I warned yesterday, you never know when you get a resurgence, you never know if it doesn't move in a straight line. So, we want capacity ready, no matter what and let us pray we don't need some of these facilities to be as much for medical use. Where are we going ahead to those phases I described yesterday with low transmission or no transmission, you need a lot of capacity to quarantine people and isolate people to make that work. So facilities like this, if they're not needed for medical, will be turned into quarantine and isolation facilities to help people get through their own experience with the disease while making sure we don't infect the other members of their family or the people in their life.

So this good work is going to help us hopefully only for a limited time on the medical side, but very much in our progress in fighting this disease as we go into the next phase of low-level transmission. Again, we're not there yet. We're not going to ever suggest we're there until we're there, but we're going to be planning for that phase and this facility will be a part of that phase too. It was said throughout, the goal is to always make sure if we need to, our hospitals can keep building out more and more ICU capacity. They've been doing that. They're going to keep doing that until we're sure that it's not needed. And other kinds of patients would come to places like this.

Now, yesterday I talked about the fact that if we're going to make that next big move – maybe it starts in May, maybe it starts in June – to that low level of transmission, we will need testing and we will need a lot of testing and we'll need more testing than we have right now. And the federal government must step up. We must have not only the antibody testing, which is certainly valuable. We need the traditional coronavirus testing to be able to really implement a strategy to achieve low level transmission and start to get us back to normal. So, I'm going to keep calling on the federal government to focus and produce large scale widespread testing for this country so we can get to the next phase, so we can really start to normalize over time.

But once again, while we're waiting for the federal government to act, we see others coming forward. We've seen private companies come forward in an amazing way. And we're also seeing our colleagues around the country in public life come forward. And this is a beautiful story – a guy I've gotten to know, he's part of the leadership of the U. S. Conference of Mayors, so I've worked with him on the leadership body of the conference of mayors for years now and really like him and really respect him. Mayor Jim Brainard of Carmel, Indiana – this man has been mayor for a long time in Carmel, Indiana. He's someone I respect greatly for what he's achieved. I've been to his city. He's done amazing things there. In the spirit of bipartisanship, I will let you know that he is a Republican and someone who, as we talk together, our partisan differences melt away all the time. He's someone that I just respect as a good public servant who cares about people. Well, he made the great decision to make sure that his city would help New York City. And we've seen that before, we saw that the Governor of Oregon, Kate Brown; the Governor of California, Gavin Newsom, helped make sure that more ventilators would be available for New York. Well now, Carmel, Indiana steps up and they're sending us some of the components that will be needed to provide 50,000 coronavirus tests to New Yorkers that'll be coming over the next few weeks. We're going to need other components to make it work, and we talked about this yesterday, used the analogy of making a cup of coffee with cream and sugar – we're going to need all the different pieces. But what Jim is sending us is going to help us immensely. And with the other pieces in place, we'll be able to reach 50,000 New Yorkers. So, Jim, and everyone in Carmel, I want to thank you. It is wonderful to see the support from the heartland of our country. You're doing something really important for New York City. We're all feeling it, especially at this holiday season. We are so appreciative for your wonderful kind gesture and it's going to help save lives here in New York City. So, God bless you all. Let's see if our federal government can be as effective as Mayor Jim Brainard in Carmel, Indiana in getting us testing.

Another important piece of the puzzle will be thermometers. Going forward, as we move into lower-level transmission thermometers are big part of it, because you will do a lot more monitoring of people. But in the meantime, we are delivering more and more thermometers to

our agencies, our city agencies to make sure we're constantly testing. Folks are on the front line, doing such vital works – so there's thermometer's now that have been delivered to our Department of Education enrichment centers for the children of first responders and health care workers. Thermometers have been delivered to the Department of Corrections; to the Administration for Children's Services for the work they do, including the juvenile detention work; to our 9-1-1 call centers, which is so important, because they're keeping so much running; obviously, for first responders as well – a central goal to make sure they get whatever support they need. So, today we're delivering thermometers to every NYPD precinct and headquarters and command office, to every firehouse at the FDNY, to every sanitation garage. And we'll keep delivering more and more as we get them. We're getting in a big supply, going forward, and we've got to keep getting them out around so we can maximize that kind of monitoring and support people.

One other point, and this is about – I've talked about the way the coronavirus attacks our health, but also hurts us, fights us in another way. It's taken away our livelihoods. So many New Yorkers are struggling right now. I hear from people all the time who are, right now, running out of the little money they had. The last paycheck is long gone. So, we must protect people. We must protect people when it comes to their health and we have to protect them when it comes to just being able to live life, to have a roof over your head, to have enough food to eat. We've got to protect people in every way and we will in this city. We will not let any New Yorker go without the help they need. So, I have to say, when you think about the reality of people just not having enough money for food, for medicine, for the rent, and this many people, hundreds of thousands, unemployed at the same time – my heart goes out to every family dealing with this pain, because just weeks ago your life was pretty normal and then bang, it's gone. And the shock, the pain, but also the fear – I'm hearing the fear everywhere. People are literally wondering, am I going to be able to stay in my home? Am I going to be able to get enough food? So, my message is we will keep everybody – keep a roof over your head, protect you, make sure you have the food to eat. We will do that. The City of New York will have your back. We're making sure there's no evictions, and that's a start, but we have to go farther. So, I had asked the State of New York to consider for over 2 million New Yorkers who are in rent stabilized apartments, and that's governed by a Rent Guidelines Board – I asked the State as a legal matter to suspend that board so we could achieve a rent freeze. There were complex legal matters and the State wasn't sure if that was the right approach, so I have made the decision that we will proceed with the Rent Guidelines Board process. We'll do it all remotely. We'll do it quickly in the coming weeks, but I am calling upon the Rent Guidelines Board today to issue a rent freeze to ensure that New Yorkers that are going through the greatest economic crisis since the Great Depression and were covered by the jurisdiction of the Rent Guidelines Board – again, that's over 2 million of us – that all of those good New Yorkers who are struggling right now get a rent freeze, because, Lord knows, people do not need another burden at this moment. And I want to see the Rent Guidelines Board act quickly, to say the least. If you look at the facts – and I do give the board credit, they've always looked at the facts, the objective facts – look at the facts, the greatest economic crisis in generations and hundreds of thousands of New Yorkers with no livelihood overnight. I think the facts are clear and we need that rent freeze and we need it now.

I also say again to the State of New York, please act quickly. Let New Yorkers who can't afford the rent pay it with their security deposit. That's going to take a legal change. I'm asking the State

to do that right away, so folks who have no money can draw upon that security deposit to pay the rent right now. By the way, for a lot of landlords, they would applaud that too, because if the tenant has no money, they have no money and, therefore, the landlord can't get the money they need to pay the bills either. Let's unleash those security deposits for the good of all.

Let me close, and I'll say a few words in Spanish, and then we'll take questions from the media, but close with this. And we talked about faith in the beginning, I talked about what the season means to all of us, people of different faiths. But it's also clear, it's a moment that tries us and challenges us so deeply and makes us fearful and makes us doubtful. It's a moment that tests our faith, but whatever your faith is, whatever you believe, whatever your values, it's a moment to lean into them even more strongly. This is a week where we reach milestones we could never have imagined – 5,000 New Yorkers lost – so many more than we even lost on our worst day of 9/11 – a number we literally can hardly imagine. And every single one of the people we lost, a human story, a family grieving. At some point today, we will get to the point of 100,000 cases that have occurred in New York City – 100,000 cases of coronavirus, a disease that literally did not exist six months ago in the experience of human beings all over the globe, and now 100,000 New Yorkers infected. And that's only the ones we know about. It's likely that hundreds of thousands more have already experienced this disease that we don't even know have gone through it. But, thank God, so many – the vast, vast, vast majority survived. So, it's a moment where we could be doubtful. No one could be blamed for being doubtful. And we don't have a roadmap here – there's no one who has a roadmap, this is the great unknown. But our faith, our belief, our values, our humanity should continue to guide us. And what I've seen these last weeks, I don't think New Yorkers could have done anything better or more heroic than what they've done. I think every one of you should be proud of how you all have answered the call in one way or another. I think people all over the world are looking at New York City with renown – with renewed admiration. People all over the world are feeling a new respect, a new admiration, a new love for New York City. I think we've always been a place that people felt something special for. There's always been a sense that New York City was an expression of the best of humanity, but what all of you have done is proven even more deeply and the world watches with admiration, the world is applauding. Let's show the entire world that we will complete this mission, that we will stay true to the lessons we've learned, we'll go even more intensely into the work we're doing together to protect each other, and that's how we'll come out of this together.

In Spanish, just a quick summary –

[Mayor de Blasio speaks in Spanish]

With that, let's turn to our colleagues. And I know you're far-flung, but I'll do my best to see you and just speak loud so we can all hear you.

Question: Two questions there. The first is this flood of volunteers of health care professionals from around the country. We've heard that many have not been assigned to do anything. They're sort of just waiting on the sidelines. And then another complaint they have voiced is that there's no one coordinating where they should stay, where they should live. Should they be paying out

of their own pocket? Is the – are you – is your office coordinating all that? What can you tell [inaudible]?

Mayor: Yeah, Andrew this is obviously a rapidly moving situation. So the bottom line is this: everyone who comes to help us, we will make sure that they have accommodations and have support and Lord knows, we'll make sure they quickly had an assignment. I'm going to let Mitch, Deanne can speak to pieces of this, but look, when folks come in, it takes sometimes a few days to make sure that they get the right place, they're trained, they're oriented, et cetera. But that's what I'm seeing – only a few days to get them from arrival into action, overwhelmingly. Anytime there's someone who is not being placed quickly that I don't want to see that, I won't accept that. So, I've charged my team repeatedly in the last few days to go back, call through everyone who's volunteered, make sure they've gotten their assignment, make sure it's moving quickly. Talked to Mitch and Deanne numerous times these last few days about making sure that the folks who are coming in to Health + Hospitals are quickly being applied to the task at hand, and Mitch can describe to you what that process has been, but anyone who's coming in, we want to get them accommodation make sure that what they need is covered or anything that they pay out that we need to get reimbursed. We will. So, no question the world, again I'm sure there's some growing pains and something being done this quickly, but everybody needs to be applied quickly and get the support they need. Let me let you go. I'll come right back to you. But Mitch, why don't you talk about your experience and Deanne, you want to –

President and CEO Mitchell Katz, Health + Hospitals: Thank you, Mr. Mayor. Certainly, at Health + Hospitals we've been able to bring along more than 2,000 doctors and nurses who are currently today working in our hospitals. So, we've been able to deploy them. We have a pretty much an instant credentialing system where they basically show their ID and we sign them up. So we've had a lot of success.

Commissioner Deanne Criswell, Office of Emergency Management: And the one thing that I'll add is that we had a number of volunteers that were part of our Medical Reserve Corps. Again, they are volunteers. Many of them could not volunteer for this because of their own circumstances, but we have placed, I think as of this morning's report, over 900 of those volunteers out of our initial pool into the system. And that's just a great success.

Question: My quick second question, why is it that other cities like Minneapolis have been able to close so many streets to allow safer social distancing, but your pilot program ended. As the weather improves shouldn't you be doing more to give New Yorkers the space to socially distance outside?

Mayor: It's a very fair question. We're going to keep looking at it, but I want to tell you what – certainly NYPD felt strongly after – we had a very initial experience. And I want to say it was an initial and also affected by weather. So it wouldn't – didn't give us the clearest example of what would be achieved, but NYPD, everyone knows has lower staffing right now than normal – guys I'm going to come to you just don't, don't worry. They have lower staffing than normal. They're very concerned about being able to enforce in all the places that already exist and do it effectively. And I've talked to Commissioner Shea daily about this, that, you know, all the places we – the supermarkets, the pharmacies, the parks, every place where we're depending on PD and

other agencies that get out there and force and really make sure there's social distancing. The concern consistently from Commissioner Shea is, if you open up a lot of those spaces where people can congregate, they're not going to have the ability to monitor all that and do enforcement. I understand the very logical point, well if you open up spaces, it's easier for people to walk around each other, one thing, another. The concern so far has been, yeah, but there's a real unintended consequence about gathering. Think about a block. If you close off a block, people have that impulse to come out and gather. We want to be really careful about that. And then there's also the question of being able to get emergency vehicles around and deliveries and everything else. So we'll keep looking at it for sure. But right now I will think that makes a lot more sense when we have more of our enforcement personnel back than it would right now. So we'll look at it, but we're not ready now. Go over here. You can take it down. You're just, just enough. I can hear you if you choose to.

Question: Khristina Narizhnaya from the New York Post. I have a few questions about Hart Island. So burials, according to the Department of Corrections, burials increased by five times from one day a week to five days a week. To what do you attribute this increase?

Mayor: Okay, so I'm going to look to Freddi. I think we put out very detailed tweets to make sure that this was all clear, because I think this is an area, and again, I'm very careful to speak broadly about this whole topic because I think it's a very, very painful one for New Yorkers. And again, for the families who have lost people. This is not, you know, a policy matter. This is their lives or family members or loved one's life, and we want to speak very respectfully about it and keep it a very broad, respectful conversation. So what we have seen is an increase in the number of people passing away overall. And what it means is there are more people who are passing away who just, we unfortunately we've seen this throughout our history, but it's being made deeper by the fact that more people are passing away because of this disease.

That there are people pass away and there is no family member, no loved one, no friend, no one who we can find, who our Office of Medical Examiner can find who has a connection to that person and is going to take responsibility for their burial. So this is something that has existed for generations in this city. When that is the case, the City of New York steps up and says, okay, that person will be buried at Hart Island. But if a family member comes later or a loved one comes later, that individual, that body can be returned to that loved one. So because there's just been unfortunately more people passing away, including those who are not claimed by any family. That's what's been happening at Hart Island. But that's the only thing that's been happening in Harlem.

Question: Are these COVID victims that are being buried there?

Mayor: It's any kind of person who passes away. This is not a new procedure is what I'm trying to make clear to you that this is, it's a sad topic. Imagine anyone who passes away and there's no one there to claim the body. This has been the truth for generations. So anyone who was passing away now from any cause, that's what's happening. But more people are passing away obviously in large measure because of COVID.

Did you finish?

Question: I have another question.

Mayor: Okay, go ahead. Finish it.

Question: So I mean these people, are they – is it possible that they're COVID victims temporarily buried there because funeral homes are overwhelmed or you know –

Mayor: No, this is not what I'm saying. I'm going to – I thought the tweet was clear so let me just answer it really clearly. No, these are people who no one after a period of time has claimed them and not just COVID victims but victims of all diseases, all reasons for fatality and they are being buried. But if at any point a family member returns or shows up, they will be, you know, the body will be given to the family as we would always want to do. That's all that is happening. And if you – you choose if you want to, if you're going to keep that on, just speak even louder. No problem. Just speak loud so I can hear.

Question: So, can you give more details on the quarantine and isolation facilities and is it an acknowledgement that perhaps the earlier hospital bed estimations were off? And then I have a second question.

Mayor: Sure. I would love nothing more than for the hospital bed assumptions to be off. We, Katie, we're 100 percent clear. I gave this order to the team. We were planning for the worst-case scenario. I did not want to have a single day where a New Yorker couldn't get a hospital bed or there wasn't a ventilator, there wasn't a doctor nurse. So I said, show us the modeling and I want to see the toughest version. I want to see the one that we believe is the worst-case real scenario. And particularly at the Department of Health as they looked in the models around the world and looked at what was going on in New York City early on, we saw the ferocity of this disease and thought we're going to need an extraordinary amount of beds and medical personnel. Even last week – sadly last week for the pretty much the whole week it looked like those projections were tragically on target. And then only in the last few days have we seen something very different.

I hope this is sustained, but I need people to hear there is a profound danger of resurgence if we all don't handle this right and we've seen it in other parts of the world. So, we're going to be in a stance of having lots of capacity ready and lots of capacity that we could turn on quickly even if we don't fully activate it, that it's in reserve and ready. And we're going to be ready to convert it to a different use, which is that isolation and quarantine use if needed at any point. So, the bottom line is I'd love the initial projections to be wrong. I'd love it to be that this disease is causing much less damage. I love to see that we can move into the next phase, the low-level transmission phase in May or June. And as we move into that phase, we're going to need a lot more space for isolation and quarantine and these spaces would be perfect for that.

Question: My second question is, I know you're talking about freezing rent. You're a landlord, have you frozen rent for your tenants in Brooklyn?

Mayor: So, our tenants all are employed and are all able to pay.

Question: Mayor, you mentioned it this morning on the radio. I just wanted you to clarify if you could, you were asked if mid-May is the goal, I think getting things back to normal to get to the low-level trends, but anyway, if you could clarify and also what is mid-May, that we would – what would happen mid-May, and are we talking June, July?

Mayor: Right. That's – Dave, it's a really fair question, but I remember when I gave that I tried to give a very complete presentation. I know it was long yesterday, my apologies, but I was really trying to, I had talked to so many health care people and tried to distill it down into one thing. Now what I was saying is this: let's start with April. April is going to remain tough. The fact that the number of additional hospitalizations lowered and the number of additional ventilators we needed lowered still doesn't mean we're not seeing new problems every day. We're just seeing fewer than we expected. So there's a lot of people coming in who need a ventilator. Fact that's still more each day in recent days. It's still been overall more each day than the day before. And a lot of what we're experiencing in our public hospitals and independent hospitals is not, I don't want anyone to think there's a decrease in the number of beds, we've actually seen, unfortunately an increase but less severe than what we saw before.

So there that tells you that April, do not for a moment imagine April is going to be easy. We thought it was going to be absolutely, positively hellish everywhere. It's less bad, but it's still bad. When you go into May, we start to have an opportunity to have that moment where we can say if we do enough – if all of us together do enough of the right things that we could, and again, those three indicators I talked about, if they all move together for 10 days to two weeks, that's when we start to talk about some changes in restrictions but only changes, not like on-off switch. It's like careful, smart changes always guarding against resurgence. So there could be a point in May where we can start to make those moves. It may not work like that. Remember my chart that showed the bumpy ride, the kind of roller coaster up and down. It could be that we get better for a while and then get worse for a period of time. So that's where I don't want anyone thinking there's a magic date or, you know, a guarantee. We've got to all fight for it. But it could be May or it could be June. But at that point you get all the indicators moving the right direction. We then would decide here's some changes we can make. And then when we make those changes Dave, we have to prove that we're still able to drive down cases. So you wouldn't want a situation where you're saying, okay, we lighten up a little bit. And then suddenly there's a resurgence of cases, you have to constantly sort of, it's like the foot on and off the gas. You have to sort of constantly figure out how much pressure to apply and if it really works then you're starting on the pathway starting on the pathway to normal. You get to the point where you have very few cases and you can trace them and contain them, which is where we were at the very beginning. Again, you know, getting back to where we were those first days. And then that's the pathway to the eventual day where there's effectively no transmission. Go ahead.

Question: Mayor, [inaudible]?

Mayor: Belt it out. If you have the mask on.

Question: I have a follow up with the Hart Island question and then I have a separate question. On Hart Island, the Medical Examiner's Office says on their website, it still says right now that they will hold a decedent for up to 14 days. You sit your tweets, it doesn't matter if it's weeks,

months, you know if you have family to [inaudible] the body we'll hold it. So can you clarify which of those is correct? Are they changing their policy or what is it?

Mayor: Okay. I'll give you the best I can give you and we can always get a clarification later. Again, here's the bottom line. And again, this is a topic I just don't, I'm not going to be able to dwell on with you guys. There's other people who can give you more detail on this is we're really need to focus on saving lives and respecting the dignity of each family. Any family member, any individual who's passed away and no one claims, they can always be claimed at any point in the future. That's the bottom line. And any individual who, even if they individually are temporarily buried, they can be brought back to their family member. It's as simple as that. So we will, that's open-ended, Erin. That's – it's anytime the family shows up after this crisis, we will work with them and we will support them. But it's all individual.

Question: Yeah, because in your tweet you say we will hold the remains and until they're ready days, weeks, month. It doesn't matter.

Mayor: The point I just made, that they will be available at any point for family members.

Question: [Inaudible]

Mayor: If they have not, if no one has claimed them, no one has communicated, no one can be found in any way, shape or form, they will be very temporarily awaiting to hopefully the day when we can find the family members or loved ones. If family members and loved ones communicate, even if they can't come now that will be handled differently.

Question: Okay. That makes sense. And then my second question. In regards to the distribution of meals to seniors, a number of seniors are reporting that they're not getting the meals they're supposed to be getting. Can you address that?

Mayor: Yeah, I'd love – I need to make sure that every senior who needs a meal gets it. Period. So, this – you're literally the first person who has said that and I've been talking to, and I'm not belittling or disagreeing, I'm saying I've been talking to our folks who are at our Department for the Aging, our commissioner. I've been talking to the community leaders, I've been talking to clergy, I've been talking to elected officials. I've not heard a single person say that a senior who needed a meal delivery is not getting it. If you know of someone, I want to make sure that person gets a meal immediately. And anyone who needs a meal can call 3-1-1. If anyone is vulnerable, cannot get out, cannot get to a meal, they call 3-1-1, we will make sure it is delivered. I appointed the Food Czar Kathryn Garcia to set up a huge feeding program to support all New Yorkers, to make sure no one went without a meal. So anyone who's not getting it, we need to fix that today.

Question: One in particular, Independence Plaza Towers, they say that all of the seniors there who have signed up haven't been getting their meals.

Mayor: I couldn't hear the last part. Independence Plaza.

Question: Yeah.

Mayor: And what did they say?

Question: That more than two weeks ago people at their senior centers signed up and the shipments have not come. A few dozen members have not received their meal shipments since they were signed up.

Mayor: Alright, we will get those done today. We'll go. That's, that is unacceptable. I'm going to assume what you're saying is accurate and it's unacceptable. People must get their meals. I'll talk to the Commissioner today and we will make sure that happens.

Go ahead.

Question: Mr. Mayor, early on the White House, criticized the projections from New York in terms of how many hospital beds that they would need. Do you think, were you guys using the same models as the White House and can you go into a little detail what the models were that you were using? Did you guys hire a consultant? How are those models created?

Mayor: So, I guarantee you we were not using the same models as the White House. And with all due respect to the White House, I think for much of this horrible tragedy we've been through, there's been a constant underestimation of this problem. So I think that's the story of January and February in the United States of America, that the President did not acknowledge the fullness of the threat and we didn't get the testing we needed.

The team here at our Department of Health, at Health + Hospitals, all of the people they consulted with around the world, they consulted the World Health Organization, CDC and many others. A composite of a lot of different sources. And I'll have my colleagues follow up with you because it's a very extensive effort. But the modeling was sobering and I encouraged people to give me the sober, you know, version. And I kept saying to people, you have to plan for the worst-case scenario. That's the only way to do planning in a crisis. So a lot of times I feel like the White House has been pushing for the best case scenario. Remember the famous statement by the President, that we would reopen by Easter. How off-base does that look now?

So definitely in that sense, a conservative model that was preparing us for the worst. And I'm glad we did that. And I don't know at this moment, no one doesn't. I don't know if Mitch has a view on this as someone who's done so much in his field, but we're not out of the woods, for all we know. This thing could surge again and we'll be very happy we have a very conservative approach, but we'll get you, you know, folks can follow up with you directly on all that modeling and how it was created.

President Katz: I would agree with the Mayor's assessment. While things are definitely flattening, meanwhile the hospitals keep growing because what's flattening is the amount of increase every day. So the need, and that's why at facilities like this are so important to create.

Question: City Council Health Chair says that very sick people are being turned away from—

Mayor: Very sick people what?

Question: Very sick people are being turned away from the hospitals, people with pneumonia, who need oxygen and other issues. Do you know if that's the case?

Mayor: Who are you referring to?

Question: The City Council Health Chair.

Mayor: Who is that?

Question: Mark Levine.

Mayor: I want to make sure we're [inaudible] same thing. I know who it is, but I want to hear you say the name. Listen, with all due respect to the Council Member, who is someone I actually appreciate and admire over years, but I was very distressed by his statements earlier in the week that were patently inaccurate and actually very unhelpful to the City of New York, and I had a very blunt conversation with him about it. So, I don't know what is going on with him, but saying that our hospitals would turn away someone with pneumonia is irresponsible, inaccurate, and unfair. Mitch, would you like to comment?

President Katz: We are not turning away anybody with pneumonia who is short of breath. We do tell people who have mild symptoms that they are safest and most comfortable at home, but anybody who has shortness of breath needs to be in the hospital.

Mayor: Yeah, I think it's really an insult to our health care professionals. I would ask the Councilman to think about the import of his words. He is suggesting that doctors and nurses and clinicians would not care enough about a patient, pneumonia for God's sakes. These people are working night and day, giving their heart and soul to save everyone, of course, if someone has pneumonia, they're going to help them. And if he has evidence of a specific case, I want to hear that evidence. I want names and dates and places. Not this madness. It's irresponsible. Wait, who hasn't gone?

Question: [Inaudible] first one is, have you spoken with MTA board about [inaudible] –

Mayor: I've spoken to Pat Foye earlier today of the question of overcrowding. I told him I was very distressed that I keep getting reports. I will give him credit that he was responsive and he went into detail with me about why he believed that any such situation was very rare and unexpected, if you will, that they were trying to keep as much service going where they'd seen a lot of need. Obviously, we all understand the MTA is suffering in every way including a number of MTA workers who are suffering and out. But Pat felt strongly that those situations were rare. I want to make sure that there's anything that – any evidence of where it's happening or how it's happening, that we address it urgently. And one of the things we've talked about is the need to have bus service as an alternative and he said that something the MTA has done and will do more of whenever they need. So that's about the overcrowding.

I'm very concerned about anything involving our transit workers and their safety. And I would say simply if there's actions that the MTA still needs to take to ensure their safety, there should, because that's a morally right thing to do, these were hardworking New Yorkers who need to be kept safe, but also if people are out in our subways and buses continue to provide less and less service. But still so many essential workers have to get around, it's just going to create a worse situation for everyone, more overcrowding, fewer people can get to their work that we all desperately need. So, I would ask them to keep putting those protections in place.

Question: Also, the Spanish language and multi-lingual campaign [inaudible] New Yorkers who learned English as a second language, how is that going? [Inaudible] –

Mayor: Yeah, you're going to hear in the next few days the specific elements, the media piece of it, the advertising and TV, radio, digital, 14 languages, we'll unveil that in the next few days. The tele-health, if you will, element of it, the ability of New Yorkers to call clinicians, and again, this is predicated on continuing to see the relief so we can free up some of our clinicians to do that tele-health work and thank God, let us pray, they don't need to be in the hospitals. That was our first concern. Hopefully we're going to be able to free up more of them to do that ability to call – you know, have people call them and talk through what's going on, get support, get advice, get guidance. That we will announce in the next few days and then the grass roots piece. This one's a little more complex where we're going to really try and maximize the use of community-based clinics and send the health workers out in the communities with protections, of course. That's going to take a little more organizing and obviously a little more security in our supply of PPEs just better but not where we need it to be. So we'll have more to say on that next week, but I think it's going to be a little slower rollout because we have to guarantee we'll have the personnel and the PPEs for that.

Question: [Inaudible] workers that will be sent out into the field, so to speak, are they volunteers or [inaudible]?

Mayor: I know we have community-based health clinics that are offering their employees and do this work already that are very connected to their communities, trusted, speak the language in their communities. Obviously, people would do it who are willing to do it. We're not going to ask someone who works for a non-profit to do something they're uncomfortable doing. And again, as we can free up any other health care workers or folks who are used to being providing health care information and guidance, we will. So my details to be announced, but I would say it will be heavily grassroots. So, it's people serving their own community, not needing to commute obviously. And obviously those who are willing, this would be something people would do who are willing to take on that kind of work, and it would be careful. We can do a lot by phone, we can do a lot with digital and advertising. There are certain things you just can't, and I think that's particularly true in immigrant communities. Some of it has to be in person, but still with careful protections and social distancing. Go ahead.

Question: You mentioned 50,000 tests coming to New York –

Mayor: Components for 50,000 tests. Not the whole thing, but go on.

Question: Can you talk about how many tests are available now and what does widespread testing look like? How many tests do we need to, you know, for it to complete widespread testing?

Mayor: We needed a lot more. I can – we're working right now on the exact numbers to talk about how to get into that second phase. But you know, we're talking in that case, not the ability to do thousands a day, but you know, tens of thousands, even hundreds of thousands a day. So we can give you a clearer outline as we prepare for that phase. But right now testing is still a rarity and it needs to be much more widespread to get to the next phase. And then really what we'd like is universal capacity, meaning that anyone who needed a test at any time could get it. Anyone. Because when you think about what we've learned from other parts of the world, and no one has a perfect solution, but what we have seen is when you can test people, anybody, anytime and when there's lots and lots of follow-up, lots of communication with people including people need to be isolated or people who are trying to figure out if they might have the disease, you want a kind of ubiquitous-ness of the approach, which has been done to a substantial degree in some of the Asian countries in particular. We want to emulate that within the context of our society. But that requires a huge amount of testing capacity each day.

Question: Do you have an update, I guess for all the students, parents, caretakers and teachers listening in at home for what's going to happen? Will school return for the school year and if any update on that?

Mayor: Between now and Monday I'm going to make a final decision with the Chancellor and we'll announce it. Did you have a follow up?

Question: Is it possible at this time to have the person cremated, COVID victim cremated, or [inaudible] funeral homes having issues?

Mayor: Yeah, I'll again, I'm going to stay broad on this and then we have to move on to other topics. The most funeral homes are still operating and they're operating the way they have. Okay. Last call. If there's anything else. Yes?

Question: On the quarantine centers. Is there a timeline for when your current space might be available either in the hotels or in this type of foster the facilities people want a place to go?

Mayor: So, there's a lot available right now in terms of first responders, in terms of – but I mean just to sort of show you the segue – first responders, health care workers and as we've talked about folks who need it if they're living in facilities that are run by the government or sponsored by the government, supported by the government, we have folks in isolation who have come out of Rikers, for example. We have some homeless folks in isolation. There's different people already in that kind of model. But to build it out much further, we clearly have a huge amount of hotel capacity and we would use it and we have the spaces like this that could be converted. So capacity is strong. We are still, you know, for sure weeks away from that kind of moment in this – hopefully in a trajectory towards a much better situation. We're still weeks away from being able to do that wide-scale. Okay. Please, go ahead, Deanne.

Commissioner Criswell: Just so you know, for today we had just about 2,000 people in hotels, in isolation, in the categories that the Mayor mentioned and we still have capacity to use that space if the need does get any larger.

Mayor: Okay. We're going to shut down. Did I see one back there? I see one there. Okay. Last call.

Question: How far are we from widespread testing?

Mayor: It's a great question. I don't think anyone has the answer. I think it is, and I put aside the antibody, which is a different thing and a valuable test and the things that Mitch and I have talked about is antibody testing is particularly valuable for helping our first responders, our health care workers, to have more information about their situation and more confidence in going about their crucial, crucial work. But antibody testing is not enough. We need the coronavirus testing itself. We need it in a vast scale. I've not heard any estimate of that being less than a month or two, but that's very broad answer. We just don't have a clear answer from Washington and we don't have an easy way to get on the global market. So this is one of the big X factors, one of the great unknowns in figuring out how we get to that next phase and then ultimately back to something like normal.

Okay. Everybody, I want to thank you and just to say to all New Yorkers as you look around this facility, a lot of people coming here to help us, folks from all over the country, making a big difference to protect us. We want to do everything we can do to make sure that this hospital is one of the last ones we need to set up. The more New Yorkers do the great, great work you're doing with social distancing and shelter in place, the fewer of these new hospitals we're going to need, the quicker we get back to normal. So, thank you for what you're doing and let's do it even more to get to that day where things get better.

Thank you.

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