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FOR IMMEDIATE RELEASE: March 27, 2020, 4:45 PM

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

Mayor Bill de Blasio: It's Friday – what feels like has been an endless week. I know so many New Yorkers have really felt this week. It's been very, very difficult. We've lost a lot of people. It's been a tough slog already. We've also seen just so many examples of heroism and strength, and the very best in New York City. And particularly from our frontline health care workers. And I want us to, just from this point on, understand how much our nurses, our doctors, everyone in the hospitals is going through. What a shock this is to them to go through what is basically battlefield type conditions compared to just a few weeks ago. What was a lot more normal life in their hospitals. Now, they're dealing with very, very painful realities all the time, but they're doing it with skill and with passion and with compassion. And we really need to thank them always, and we need to support them, and we need to get them a break, and reinforcements, and all the supplies they need. And we're going to be talking about that today. The things we're doing to try and reinforce, and support are noble, extraordinary health care professionals.

And what's abundantly clear to me is we've all been focused so much on, on supplies, on equipment, on ventilators. We need to focus increasingly on our health care personnel, both everything they're going through and how we help them now. But the fact also we're going to need a lot more people. We're going to need a lot more highly trained health care professionals to get us through this in the coming weeks. I spoke a few hours ago with President Trump and Defense Secretary Esper, and over the last few days I've been talking to White House and the Department of Defense about the personnel needs that are facing our public hospitals in particular. And I have asked them for help with additional medical personnel as quickly as possible from our military all over the nation, from the civilian sector around the nation. I have made very clear we're going to mobilize everybody in the health care community in New York City, but we're going to need help from outside to get through the sheer magnitude of the crisis ahead.

The day that I've identified to President Trump and Secretary Esper and other federal officials that I think is the crucial date to think about is Sunday, April 5th. Meaning, as I've said, we're getting through this week. It's tough. We have what we need for next week, but it will definitely be a very hard week. But after next Sunday, April 5th is when I get very, very worried about everything we're going to need. The people power we're going to need, the equipment, the supplies, obviously the ventilators. I'll keep updating you regularly about what our situation looks like, but I want to put down that marker right now. And I've put down that marker to the White House that that is a decisive moment for the city of New York. We need to make sure that we can get to that day ready to face the week after that, and the week after that as well, and right now we're not there.

So, look, I've been trying to work with the President and his team. We obviously have to be, at this moment, working in common cause on behalf of New Yorkers. That doesn't mean we agree on everything to say the least. But I will always say when the White House does something to help us, I will be thankful and I'll give credit when due, and when I think they're missing something, I'll say that too. I do think the notion that any, any messages being put forward, that this will be over by Easter. It's just unfair. It's not true. It's not accurate and it's going to mislead people and raise false hope. I've been honest as I know the facts to be – that April will be tougher than March. May could even be tougher than April. And if that becomes less true, if things get better, I'll be the first to say it. But I don't want people to think this is going to be easy when it's not going to be. I think people need to be ready for battle, and the hard truth helps people gird themselves for what's ahead. And it is a battle, but it will be over. It will be over at some point in the coming months. And then we'll start that, that long recovery. But we will come back strong.

The numbers, every time I have to tell you about this, it's human beings who are afflicted, the people we've lost, it is painful and it's shocking. 25,573 cases in the City of New York. We remained the epicenter of the COVID-19 crisis in the United States of America. I look forward to a day when I can tell you that's no longer true. But today that is true. 366 New York City residents have been lost. 366 of our neighbors have been lost. And I want to note that this is becoming personal for all of us in our neighborhoods. All of us have experienced this pain, and it's coming home certainly to our city government, to our agencies that are out there serving people every day. I think you know, just in the last few days, we've lost a principal in our public school system. We've lost a custodian who works at police headquarters. We've lost a member of our Department of Transportation team, a member of our Department of Corrections team. And sadly, we are sure to lose more of our colleagues, and that's painful. Some of the most senior members of the NYPD leadership have been afflicted by the disease and are fighting it now.

Want to take a moment to just offer my sorrow and condolences to the families of some of our public servants that we've lost. Dennis Dixon, the custodian I mentioned at One Police Plaza; Irene Weiss, a community assistance in the Parking Meter Collections Department at Department of Transportation; David Perez, an investigator at the Department of Correction; Kious Kelly, a nurse manager at Sinai West – this is not one of our public sector organizations, but obviously our voluntary hospitals to us are our brothers and sisters in arms, and to have lost a nurse on the front line of this struggle is very painful for all of us; and Dez-Ann Romain, principal at Brooklyn Democracy Academy. Everyone's feeling these losses deeply. We look forward to the day when we don't have to talk about falling comrades, but that day is still a way off and we have to be clear about that.

The human toll is what matters. And for everyone who says it's about the economy, and getting the economy back up, that's just wrong. It's about saving lives first. That's what we believe here in this city. And it's about keeping our hospitals going and keeping our health care system going. I want to remind everyone, you cannot have an economic recovery if our health care system isn't working. You can't have an economic recovery if hundreds or thousands of people are dying. You can't have an economic recovery. If city governments and state governments are going bankrupt. That's the reality we're facing right now. So, I want economic recovery. You want an

economic recovery, but we better deal with the problem first. And that's my message to the president and everyone in Washington.

The stimulus bill voted on today, an important step forward, but we sure as hell need more if we're actually going to stave off the full extent of this crisis. If we're going to keep our city running all our vital services, our health care running, our state running, our ability to keep our health care system intact, our ability to save lives. We are not where we need to be yet in terms of the support we need from Washington. And if that support doesn't come, then anyone who harbors the illusion that we can have an economic recovery, is putting the cart before the horse to say the least. Recovery only comes when our people are whole, our people are safe, our health care system has recovered, our city and state governments are working. We're a functioning nation again, that's when we go into recovery.

The economic impact already vast hundreds of thousands of New Yorkers already unemployed. When all is said and done, I think soon, unfortunately we'll find as many as a half-million New Yorkers might've lost their jobs in recent weeks it's inestimable. My parents who were from the World War II generation, they would tell me stories of the Great Depression, and my older relatives would as well. The only thing that I can compare these last weeks to is that time. And I don't say that with any joy, it's just a fact. In the Great Depression, there was unemployment as high as 25 percent. In this city, in this country, we're seeing that level begin to be approached. Right now, that's the extent of the economic crisis. We have to be honest about it. The fact is that people are being hit real hard. And yes, the stimulus bill does provide some crucial direct relief to working people. That's very important, and I commend everyone in the Congress, the House and Senate who did that. But that impact that people are feeling right now, it is vast. It's why we're preparing right now to make sure that people can't afford food, will have food. And we're working every day to make sure that whatever those basic needs people have, they're going to get them, even if they don't have any money left. But we've got to take another step to recognize just the sheer extent of the pain, the suffering, the challenges that New Yorkers are going through as we suffer this massive fast economic decline.

I think if ever there was a time, there should be a rent freeze, it is now. So, for the millions of New Yorkers who live in a stabilize rent, stabilized housing in this city, normally you wait until later in the spring for the Rent Guidelines Board to make its decision on what rent levels should be for the upcoming leases. What we've seen here, to me, makes clear that we need a rent freeze for everyone who's rent stabilized and we have to talk about all the people who are not rent stabilized as well. But for everyone, who is rent stabilized, since we have a mechanism, we need to have a rent freeze. But the only way to do that is with the help of the State of New York. And I would like to see the state immediately join with us and they've been very cooperative on so many fronts. We've worked on so many issues together and come to a common agreement on the way forward. So, we will be working with the State starting immediately, requesting the opportunity to suspend the rent guidelines process for calendar year 2020. If we are able to get State agreement to suspend the rent guidelines process for this year that will effectively create an immediate rent freeze for new leases, that's something I think we have to do given the sheer severity of this crisis.

I want to go back to the topic that's been on people's minds so much and it should be, which has all the equipment and supplies we're going to need for our hospitals to get through this crisis. As you know, on the crucial lifesaving issue with ventilators. We do have some progress and I do want to give the Federal Government credit and thanks for having gotten us 2,500 of ventilators in the course of the last week or so. Each ventilator at any given moment can save a life, keep someone going who can find their way to recovery with the help of our extraordinary medical professionals. But we have stated from the beginning that the number we need in New York City is 15,000, 2,500 helps a lot and it helps us right now until I see evidence to the contrary, I am sticking to this number because I believe is based on fact. 15,000 is the number we need,

I have reiterated that to President Trump and other key members of the administration. The President made a comment about New York State I think it was last night questioning the number of ventilators needed. I think New York State has been exactly right and asking for the number they have, which they've said is at least 30,000. When you look at the growth of this disease, not just in the City, but also in the suburbs, in other parts of the State. Governor Cuomo was exactly right to identify that number of ventilators we need them here in New York immediately to stave off this crisis. We are clearly in this city, in this state the very, very center of this national crisis. And the Governor said, and I've said once the crisis starts to pass, we will absolutely make sure that ventilators and supplies and personnel we'll get to all the other places in our country that need help.

But I want to be clear those ventilators, we are not kidding about that number, that is about savings lives right now. I spoke to the President earlier this afternoon about not only the medical personnel but also the situation at Elmhurst hospital. And we spoke about this on Wednesday night as well. I wanted him to understand very personally just – how hard it is for our health care workers, what they're dealing with, why we need so much more in the way of personnel and equipment and supplies. And I do want to say the President knows that area, his family coming from Queens and he made very clear, he's familiar with Elmhurst Hospital and the area around it. I want to keep asking the President to keep Elmhurst Hospital in mind and realize that today it's Elmhurst Hospital in Queens, tomorrow it's going to be other hospitals in this City and soon it's going to be hospitals in other parts of the country. And since he can understand and relate to the borough Queens let that be the touchstone, let that be the example that moves the President and the Federal Government to maximum effort immediately. Now, today we saw some progress and again, I will always praise progress, the President put out the statement having invoked the Defense Production Act related to general motors. That's a step in the right direction, I'm very happy to see it, but now we have to go a lot farther. And I would urge the President to use the full power of the Defense Production Act to mobilize industries across America to produce the maximum number of ventilators and other crucial medical supplies. It's quite clear this crisis is spreading rapidly around the country.

We as a nation did not have the supplies and equipment ready. It's not just this crisis it's whatever happens in the future we should produce now while we have the chance, all the ventilators possible to save our people. Obviously to make that happen, the military will be needed in every sense, the logistical capacity, the ability to move material without question, the finest ability in the nation to get things where they need to go and to deal with the toughest conditions that's our military. In addition to the extraordinary personnel that can bring to bear, the military needs to be

mobilized fully our standing members of the permanent military reserves national guard this – has to be the ultimate team effort. And there's no Americans more ready to serve than the members of our military, the commander in chief now needs to make that call and get them into this fight, immediately.

Questions has have come up this week, rightfully about – Personal Protective Equipment, the PPEs that our health care professionals need, our first responders need I've talked about the amazing effort at the Brooklyn Navy yard. You're going to see a lot more of those homegrown efforts to create a lot of the supplies we need, but obviously what we need most is to help with the Federal Government and the supplies to come in from all over the country. Even in some cases from outside the country, the mass, the gowns, the gloves, the face shields we need them in huge quantities going forward. We have enough of the personal protective equipment again to get us to that crucial day of Sunday, April 5th. I will update you constantly if that crucial demarcation line changes, but right now we must keep getting more to make sure we can get passed Sunday, April 5th.

Here's the distribution that's going on as we speak, just to give you a sense of the sheer magnitude. And this is all what's being done by the City of New York and our agencies right now, our Department of Health, Emergency Management, Health and Hospitals, all our agencies working together. As we speak 20 trucks are on the road delivering to our hospitals this includes a grand total of 1 million surgical masks, 200,000 N95 masks, 50,000 face shields, 40,000 isolation gowns, 10,000 boxes of gloves this is all happening right now as we speak. Tomorrow trucks will be delivering 800,000 more N95 masks and 2 million more surgical masks, and this is going to be constant from this point on. We've had a really amazing outpouring of offers from New Yorkers and people all over the country offering to get us supplies like this who have sources of their own companies that they can draw on.

We need it all is the answer. And everyone who wants to help us anywhere can call this number and let us know what you can get us and how soon, and we will follow up immediately. The number to offer supplies and equipment to help the people in New York City is 833-NYC-0040 again, 833-NYC-0040 and we appreciate the help and we need it now. A few more updates, Elmhurst Hospital, as I said, we all understand has been a hit so hard, it's been the epicenter of this crisis. The doctors and nurses, all the staff fighting so hard and they need reinforcements and reinforcements keep coming each day. Today the Health and Hospitals ascent 64 additional clinicians to Elmhurst hospital that's registered nurses, nurse practitioners, physician assistants and physicians. 64 more clinicians sent today within the hospital, 45 members of the ambulatory staff have been moved over to work on urgent COVID cases. Tomorrow 105 additional nurses will be sent to Elmhurst hospital. So this is what we're going to be dealing with in the days ahead. Moving people, moving materials moving equipment where they're needed the most and trying to get more and more brought in all the time. But Elmhurst is the first in everyone's mind and we're making sure that reinforcements are sent constantly. Obviously yesterday the ventilators that were sent the 40 ventilators to back up, additionally their supply needs we will keep doing that. So, everyone, Elmhurst you will always get resupplied with everything that we can get you. We've talked recently about where what we're seeing around the City what information we have about the spread of this disease.

Our Health Commissioner will be part of this press conference, so she can certainly speak to as many of the details we know. But what we know for a fact is the disease is widespread around New York City, all five boroughs across the board community spread means community spread everywhere. What we also know is testing patterns have vary deeply around the City it's really been different depending on where you are and some parts of say there's been a lot more testing and other parts less testing. And some parts of the City testing has really been focused on folks with the most severe cases, in other parts of the City testing was done on a lot of people who now we would say would not be priorities for testing that will affect the rates of positive cases in each neighborhoods because the testing patterns have been uneven.

We're always looking to figure out what is the exact truth and what do we need to know strategically. But the information we have now is skewed in some ways of course by the realities I just explained to you. But we are going to try and put out information, we put out the borough numbers. Now Department of Health has put out a map showing what the pattern is, and this is on the Department of Health website, what the pattern is around the city. But again, this information only tells you part of the picture because the testing patterns have been so inconsistent. We're going to keep digging down to figure out if there are any particular areas that need particular strategic approaches. We know what's different around the city is that some areas have a greater concentration of hospitals others have less. That's part of what's going on in Queens for sure with Elmhurst, whether there's fewer hospitals that people are going to, but we've got to get to the bottom of any deeper trends that we can act on and we will keep doing that and then keep reporting the facts as we know them.

Couple of other quick points, our jail population we will continue to reduce our jail population to address this crisis to ensure that any inmates who can be appropriately released, particularly those with real health concerns that we act on we know we have to do this quickly. I mentioned that because of all the efforts over the last few years, but also this recent release effort that we now have for the first time since 1949 under 5,000 inmates in our jails, that number will continue to go down in the coming days. As of last night, 375 inmates had been released, by tonight that number will be at least 450. We are working with District Attorneys and the State to additionally work on release of the appropriate inmates that they have a specific jurisdiction over. So, we'll constantly update you on what's going on with that situation. But again, as of tonight, at least 450 will have been released.

Related to our parks and the question that's been on everyone's mind about what's going to happen going forward with our parks and the question of whether we're seeing compliance and commitment to social distancing? Overwhelmingly, the answer is yes and this is coming back from the NYPD, Parks Department, and many other agencies. We're seeing the vast majority of New Yorkers do the right thing, observe social distancing, take it seriously, spend only the time that they have to be outdoors, outdoors, and then get back indoors. But we are seeing in the last day or so, we have seen some noncompliance that is really a concern. We obviously have to think about the warmer weather coming ahead and we need to make sure that people understand this is really, really serious. So, the NYPD has been instructed, of course, to educate people, warn people, move along if people need to be moved along, break up groups and make sure there's no gatherings. I want to be very clear that at this weekend we're going to make a decision on whether we need to start instituting fines for anyone who is noncompliant. We have not made

that decision yet. We'll make it this weekend. Fines of up to \$500 per incident are being discussed right now. This means if any of our officers – NYPD or Parks or any other agency tells you, you need to move along, you need to move along. If they tell you to break up your gathering, you need to break up your gathering. It does not mean you can break it up for a few minutes and then come back. It doesn't mean you can tell the officer you're not going to do it. We're going to start to bring heavier enforcement to bear if people don't pay attention to the nonstop guidance that we've all been giving, and our officers are giving, and our health experts giving, and the national news media has given. Come on, you've gotten enough information to know you have to practice social distancing. I know it's not easy. I know it goes against everything we're used to doing. No more team sports, no more social gatherings in the park, no ganging close together, unless it's your own family members or the people you live with under the same roof. Those are the rules and people really need to follow those rules. If you don't follow those rules, then what it's going to say to me is we start to have to use much more serious penalties. I don't want people to be penalized in a time when there's so much economic distress. I don't want people to be penalized who are trying to make sense of a new painful reality, but I need people to listen and understand this about protecting yourself, your family, and all the rest of us. So, we'll have more information on that over the weekend, but I am asking my fellow New Yorkers to take it seriously or else there will have to be more severe measures. Obviously, the same point about playgrounds. After tomorrow night we're going to make a decision on whether to keep playgrounds open. It will be directly related to the level of compliance we see, whether we can keep them open or not.

Another area, and it pains me to say this and it's probably a pretty limited phenomenon, but it has to be addressed. I've spoken to religious leaders of all backgrounds and I want to thank them. So many of our religious leaders have really taken a lead and said to their congregation, said to members of our faith communities that we have to act differently now. A vast majority of houses of worship have stopped their traditional worship service. If they could, they went online, they went on the radio, whatever they could do, but they've stopped gathering people, understanding the nature of the crisis. We've had extraordinary support from the leaders of major Christian denominations. We've had extraordinary across the board, rabbinical support from all the different elements of the Jewish community, and the same is true other faiths as well. A small number – a small number of religious communities, specific churches, specific synagogues are unfortunately not paying attention to this guidance even though it's been so widespread. So, I want to say to all those who are preparing the potential of religious services this weekend – if you go to your synagogue, if you go to your church and attempt to hold services after having been told so often not to, our enforcement agents will have no choice but to shut down those services. I don't say that with any joy. It's the last thing I would like to do because I understand how important people's faiths are to them, and we need our faiths in this time of crisis, but we do not need gatherings that will endanger people. No – no faith tradition endorses anything that endangers the members of that faith. So, the NYPD, Fire Department, Buildings Department, and everyone has been instructed that if they see worship services going on, they will go to the officials of that congregation, they'll inform them they need to stop the services and disperse. If that does not happen, they will take additional action up to the point of fines and potentially closing the building permanently. Again, that will begin this weekend. Again, I'm sorry I have to tell you this, but anyone who's hearing this take it seriously. You've been warned, you need to

stop services, help people practice their faith in different ways, but not in groups, not in gatherings that could endanger people.

Finally, on remote learning it is a huge new endeavor. It's a challenging effort. Yesterday I have to say, I was really upset when I heard from one of our reporters that a couple of major broadband providers apparently were making it more difficult for certain households to get the internet service they needed so that our kids could participate in distance learning. I made very clear we would act if Charter Spectrum and Altice did not resolve these issues. I do want to give you good news and I do want to give these companies credit for acting quickly. Both have now said they will waive the rules that were the problem. They will not hold back service from families with students who need to learn online. And now more of our students will be able to learn. So, that is a good step and I want to thank our colleague in the media who brought that forward, so we could act on that.

And finally, just to say to another group of people, I've tried to really take time to thank people and then I'll say just a couple of quick words in Spanish. You know, there's so many people to thank and I've talked a number of times and I'll keep talking about our doctors, our nurses, our frontline medical staff, but there's another group of unsung heroes who are the clinicians who are staffing our 3-1-1 Health + Hospitals hotline. That's more than 750 clinicians, they work at literally all hours of the day. This last week already, they've taken 23,000 calls just in a week and what they're doing is helping New Yorkers to understand what they need to do in this crisis, how they can address whatever they're experiencing. And what's in fact the case is that 90% of these calls, the answer is hearing from a medical professional, understanding what's really going on and how to handle it – 90 percent of these calls, the advice was to stay home, see it through or see it through to another point in time and then call back if the situation got worse. For those who needed additional care immediately, our clinicians were there to direct them immediately to where they needed to go and make sure they had the information they needed. Those clinicians are doing something crucial and they've helped give people the confidence that if they did need to stay home, it was after having talked to a capable medical professional to get that advice. That's really crucial because that's been helping people to feel that peace of mind. To do the right thing, to be able to make the right decision cause a public servant, a professional was there to help them. So, thank you to those 750 clinicians, you're doing something very important for all of us.

Finally, just a few words in Spanish –

[Mayor de Blasio speaks in Spanish]

New Yorkers are always at their best, at their strongest, in moments of crisis. We saw it after 9/11, we saw it after Sandy, we're seeing it again now. With that, I want to turn to our colleagues in the media and Dr. Katz and Dr. Barbot will be available on the line as well. And we welcome media questions now. Please proceed, Olivia.

Moderator: Quick reminder that we're going to do one question per reporter to get to as many outlets as possible. And with that, Erin Durkin is up first. Erin?

Question: Hi, Mr. Mayor. I just have some questions about – there have been reports of overwhelming numbers of 9-1-1 calls and they're telling people, you know, even if you're having trouble breathing, go to the emergency room by yourself. I guess I'm just wondering sort of on a practical basis, we're also hearing that emergency rooms are turning people away if they're well enough to walk or talk on their own. So just on a very practical level, if you need care, how are you supposed to get to an emergency room if you're not supposed to call 9-1-1 and you can't walk on your own. I assume you don't want people in cabs and subways. And related to that, just with the guidance to stay home, if at all possible, and people being turned away, is there a concern that people are going to end up, you know, deteriorating getting into really serious conditions, possibly even dying without getting into care?

Mayor: So, Erin, I'll start and our doctors will jump in. Look, I'd say to you, I'd say to your colleagues, every time you raise an issue we're all following up on it right away. But I also want to be careful that sometimes the issues raised are based on either rumors or very, very narrow circumstances that don't reflect the reality. You're asking a very important question. I want to thank you for the question, but I want to be careful that the opening assumption of the question that people don't hear it and think, suddenly, you know, everything that we knew before is gone because it's just not true. We have some hospitals that have been particularly stressed. We have a number of other hospitals that are in much less of a situation of overload. Of course, all of our EMTs continue to do their work.

I will look into everything happening with FDNY, EMS, 9-1-1 – but the basic rules that have always applied apply. If someone's in urgent need we get them, we give them help. Now you're right to say that people have been walking up. It's true. A lot of people have been walking up, particularly in the case of Elmhurst and we said days ago, that every emergency room now has outside medical professionals who are screening to see who actually needs to go into the emergency room and who does not, who needs testing, who does not. In this crisis, there's so much fear. There's so much confusion. Of course, people are going to want to, you know, get as much testing as possible. It's natural. We kept telling them who really needs it, who doesn't? But I understand that that message is hard for people to hear.

So, the fact is that the emergency rooms, those decisions are being made outside. But anyone who needs immediate care is getting immediate care. We're not telling people if you're in immediate danger, stay home. That's not the message at all. The message has simply been, if you have cold or flu-like symptoms, stay put to begin, give it three or four days, if you're not getting better, call your doctor and your doctor will direct you from there. Obviously, if you have anything that's an emergency, we treat it as an emergency. But what we didn't want was a lot of people – and we know this about this disease, 80 percent of the people who get it are going to have a pretty mild experience. We don't want those people flooding the emergency rooms and the hospitals. We need them to have the confidence that the pattern is so consistent that they can stay home and ride it through unless something changes for the worse, in which case, of course, we want to get them to more care.

So, no, I do not have reports of people not getting care who need care. In fact, I think, Erin, it's been the other way around. A lot of people still kind of understandably rushing to the hospital even though they're only having those very initial symptoms. And we're trying to get people to

understand they don't need to do that. They can call those clinicians, as I said, and call 3-1-1. You can get connected to a Health + Hospitals clinician if you need to confirm how to handle your situation. So, there's always help out there. But FDNY, EMS, they continue to do as they always have and address people who have real emergencies in real time. To Dr. Katz, Dr. Barbot, you want to add?

President and CEO Mitchell Katz, Health + Hospitals: I would just add – I think Mr. Mayor did a great job. As you said, 90 percent of the calls to our clinicians have resulted in people being advised to stay home. But that means 10 percent of the time we're telling people they need emergency care. And the biggest distinction is shortness of breath. So, people who are short of breath are much more in danger and do need to be seen as rapidly as possible. Part of your good advice about people staying home that three or four days is we don't want them to expose – to be exposed and we don't want them to expose others. So, it's also part of our preventing disease transmission.

Mayor: Mitch, can you just dwell on that for a moment? Hold on one second.

Commissioner Oxiris Barbot, Department of Health and Mental Hygiene: [Inaudible]

Mayor: I'm sorry, Oxiris. Mitch, just stay on that for a moment because I think this is really been under-discussed. You know, a lot of people I think understand that there are times when you have to go to the hospital and how hard the people at the hospitals work to protect you. But there's also a lot of truth way before coronavirus that a hospital is an environment that's not ideal either. And, Mitch, you know, talk about the fact that if someone might have very mild symptoms or a mild experience with this disease, that it actually could create more danger to go to where there's a lot of people trying to get into a hospital. I think if you play that out a little, it'd be helpful for people.

President Katz: Thank you, Mr. Mayor. You know, I've been advising my own primary care patients that they need to stay at home unless they develop shortness of breath because I don't want them to be exposed to other people who might have COVID. So, I think it is part of our social distancing. I think one of the common conceptions that's wrong in this disease is generally we teach people come early, come early. So, I've already heard people say, you know, I'm trying to come early before this gets bad and I'm being told to, you know, not leave my house. Part of the difference is, we don't have an effective treatment for this disease. So, it's not as if we want people to come early and start a medication. We want people to stay in their homes, we want them to drink lots of fluids to get lots of rest. But if they do develop shortness of breath then we want them to come forward.

Mayor: Dr. Barbot.

Commissioner Barbot: Yeah, so, I was going to add that certainly if someone feels like they are unable to get to see their physician and they're getting worse and they're having symptoms where they're not sure that they're going to be able to make it through the night and they're not getting better, of course, we would encourage people to use the 9-1-1 system. That's what it's there for. But I think it's incredibly important to really emphasize the fact that 80 percent of the folks will

have mild illness and that if someone is not getting better, we want them to reach out to their doctor first and to use EMS as a last resort.

Mayor: Thank you. Go ahead.

Moderator: Matt Chayes is up next.

Question: Hey, guys. I hope you will indulge me. This is a question for Dr. Barbot or Dr. Katz. Can you tell me how quickly people are going from initial onset of symptoms to a more serious situation? How long to recover? Do fever and cough appear together or one after the other? Do symptoms come and go or do they escalate? Do they disappear permanently and how long is recovery usually?

Mayor: Okay, Doctor?

Commissioner Barbot: Do you want me to take that or do you want to take that? Why don't I start?

Mayor: Okay. You start and Mitch will join in.

Commissioner Barbot: Absolutely. From the onset of this pandemic, we've been saying that we're learning more and more every day about how this virus behaves. And generally, we know that individuals can develop symptoms anywhere from two to 14 days after being exposed. With that – as we learned more, it became apparent that people would generally develop symptoms somewhere around five to six days and that individuals would present with symptoms of fever and a cough, fever and shortness of breath, but that it didn't necessarily mean that they would develop the fever first and then the cough. Oftentimes what we've been finding is that individuals may start off with a raspy throat, with a runny nose, and then develop a cough, and then progress into fever and more severe symptoms. And that course is generally dictated by someone's underlying health conditions. And so that's why it's really important to focus on those five chronic underlying illnesses as potential risk factors for having a faster progression to more severe illness or unfortunately worse health outcomes in terms of needing intensive care support or unfortunately dying as a result of the illness. And so, the thing that I will say is that as we've learned more, what we've generally learned is that children tend to have a much milder course than adults do. And so, there's large variability in how someone progresses along the spectrum of COVID-19 infection. But the bottom line being that what we've seen still roughly born out is that 80 percent of individuals will have a mild course of illness.

Mayor: Do you – Dr. Katz, do you want to add anything?

President Katz: I think Dr. Barbot did a great job.

Mayor: Alright.

Moderator: Reema from Chalkbeat is up next – Reema.

Question: Hi, Mr. Mayor. So, I have a question about the regional enrichment centers – we've heard and now we've seen a statement from the Speaker's office and a few other elected officials that the City is deciding to close some of these centers. Can you give me a number of how many are closing or consolidating, and can you explain why that's happening?

Mayor: Yeah, what we are doing at this point is recognizing that the – and I'll get to the exact, I don't have the final numbers in front of me here, but I can give you the basic approach. We are looking at the sheer number of students signed up and then the sheer number of students showing up. And we need to be mindful that to have one of those centers up, which are there for one purpose only to ensure that our essential workers can get to work – Health care workers, first responders, transit workers, grocery workers, pharmacy workers, and others. That's why they were created. If it weren't – I want to be real about this – if it weren't for that purpose, they would not exist because we shut down the whole school system, which I hated doing. But we did that. And this would have been true for all those kids, too.

But the essential workers, we all understood – the City understood, the State understood we needed every single one of them, and if not having a place for their child was a possible impediment or a problem for them to get in the way of them being at work. We needed to make sure we addressed that. So, we set up a really substantial capacity. And then we opened up the opportunity for enrollment. We got a decent amount of interest, but nowhere near what we thought might be based on projections. We continued to add additional categories of essential workers and the numbers have not moved much, but even more important, not just the enrollment numbers, but the actual attendance has been very strikingly low. Now, what we want to do – and we can expand and contract depending on the situation, but if we're talking about thousands of students, if it's single digit thousands or even a little more than that, we can certainly, you know – 10,000 kids or 15,000 kids, we could handle in a lot fewer centers.

And that means we don't need as many staff to be there. That means that we're freeing up school nurses who can go and do other important health care work. So, this is a fluid situation but fluid, not just because of circumstance, but because of a strategic decision that we want to only have the number that we truly need and then maximize the use of those precious health care personnel in other ways. So, you will see this number potentially go not only down, it could go back up if real enrollment starts to move. If we really start to see more and more interest in kids being there.

Moderator: Yoav is up next – Yoav?

Question: Yeah. Hi, Mr. Mayor. I wanted to ask you about a tweet that Representative Grace Meng tweeted. She said she talked to a nurse at Elmhurst who said that they need vents, but “more so we need doctors and also doctors who are ICU trained”. I know you've moved a considerable number of staff over at Elmhurst, but my question is are these people ICU trained doctors? And the same would go for nurses because I've heard they're using floor nurses who don't have a lot of ICU training in the ICU. So, is the hospital still short of that experienced personnel and is that part of your plea to the federal government? Are you looking for folks typically who have that ICU experience?

Mayor: Let me it's – there's a couple of points there and I'll start and obviously, Mitch will jump in, Yoav. Mitch and I talked about this in detail earlier today. To the last part of your question – absolutely, positively, yes. I have said to the President of United States, the Defense Secretary, the Chairman of the Joint Chiefs of Staff that the military medical personnel in the standing military, in the reserves – these are folks who in many cases literally have battlefield experience and even those who have not served in battlefield conditions have trained to be able to handle those conditions. And the military leaders have been very clear that that's a true statement about the nature of military medical personnel, that they are trained for the toughest conditions. So, I think calling them up and sending them to the new American front, which is New York City right now, to fight this battle the same way we would fight a battle or a war if we were being attacked by a foreign invader, I think that makes all the sense in the world. Because not only do we just need additional numbers of personnel, they would bring some of the very best skills and most pertinent skills for this situation.

The second thing I want to say to you is, no one, no one, expected to go from relative normalcy just weeks ago to this totality that we're going through now with so much stress, so much difficulty, so many people suffering, so many people dying so quickly. Of course, the human beings who are our health care professionals are feeling that strain. Everyone would feel that strain. I think it's true to say that some people have had the kind of experience that prepares them more for it and others less so. But that's true throughout our entire health care system. You cannot say that a health care system that's made up of folks who, some of whom have had a lot of ICU experience, some of whom have not, that suddenly they're all going to instantly understand things the same way.

That's just not realistic. And we're going to need all hands-on deck. We do need to be mindful of ensuring the maximum number, sort of, battle ready medical professionals in each of the key locations, especially the ones going through the most. And I think in part that is the folks who do have that experience, in part, that's just having enough personnel, just a sheer number of quality personnel of different kinds of experience together to support each other. We got to think about all those factors. But where we are going in this crisis, we don't have the luxury of saying, well, the only people who are going to be around to help are those who have, you know, the most perfect experience. In fact, we're going to have to use every single health care professional we can possibly get into this fight. We're going to have to get people who have been trained in one background to learn to do things very differently in another background because it's going to be a war-like dynamic.

So again, I'm sorry for the long answer – and Mitch will jump in – but I'm sure I'll get other questions like this. I want to appeal to my colleagues in the media. You can ask anything and everything that's absolutely your job and I will honor it. But I need you to understand that some of the questions sound like the kind of standards we would hold in peacetime and why are we not reaching the kind of, you know, ideal situation we would normally aspire to in a peacetime dynamic. This is no longer peacetime. I'm not saying that to be melodramatic. This is a wartime dynamic already and this is just the beginning. We're going to have to make all sorts of tough choices and do things very differently and, you know, fight each day to get through this. So yeah, there'll be imperfections for sure, but our job is to make sure that the people we can save, are saved. Mitch.

President Katz: You said it very well, Mr. Mayor and I think all of the hospitals in New York City will be like Elmhurst in the next week or two. Elmhurst is just ahead of the curve. As New Yorkers we're used to subspecialists. That's our tradition. And I certainly understand that given that I have doubled the number of ICU beds at several of our hospitals, it would be ideal if I could double the number of ICU intensivists – that's a sub specialty function. But if we went to other parts in rural America, we would find that there was a family practitioner doing an excellent job in the ICU at his or her hospital. So, we can teach people to do these skills and we have the advantage of having amazing intensivists who can teach generalists how to function in the ICU environment.

Moderator: Kevin from the Brooklyn Paper is up next. Kevin, can you hear us?

Mayor: Kevin? Kevin?

Moderator: We'll come back to Kevin. Sydney is up next. Sydney?

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

Mayor: Yeah Sydney.

Question: It's a weird echo. Do you have any figures on how many coronavirus patients are in recovery or have recovered? If not, why don't you have that information and does the city – sorry, I know does – sorry about the ICU beds. Why don't you guys keep track of the number of ICU patients who are in the ICU.

Mayor: So, again, couple of different points there. There definitely are people recovering all the time. I think you make a good point, Sydney, that in a perfect world we would get to the point where we could say we have, you know, confirmed that this individual is recovered and we would keep a running list of folks who have recovered. I think it would be reassuring to people. It'd be helpful. The doctors will know better than me what it would take to achieve that. Obviously, there are a lot of people, Sydney, who contracted disease, never go to a health care institution, go through the whole course of it in seven to 10 days and come out okay, that's that 80 percent. Obviously, that's overwhelmingly folks under 50 and folks who don't have those preexisting conditions. But I think that's the fundamental challenge in giving you a number like that is that so many people consistently are going through the whole course of the disease and they never are in direct connection with the city or the health care system. There is no way to track that number. We could track I guess for the ones we know for sure, like we will – start to talk to the Police Commissioner yesterday and Dermot said, you know, he will start identifying the number of officers who come out of being sick and come back on the job. We can do that certainly for public agencies and to our colleagues from our communications team, that would be a very valuable number to start putting out from each agency as they start to accrue those numbers. But I don't think we can do it entirely accurately for the larger population. I want, I'll answer the other part of your question, but doctors – to the two doctors online, am I in the ballpark there that we could only get a very partial sense of that? Do you agree?

President Katz: Yes sir. I'm not – the happy part is people are recovering. And we do see people leaving the hospital who had shortness of breath. We even see a few people being able to get off the ventilator.

Mayor: Good. So, on the other part of the question what we are trying to do here, and I said it to you yesterday to everyone – we want to make sure if we give you numbers, they are accurate numbers. We are constantly changing the number of ICU beds because we are honestly going to convert a number of our major hospitals to all ICU or primarily ICU rapidly over the coming days. So, when I feel we've got stable, consistent numbers we can give you and we're sure they're accurate, we'll happily put that out. But, right now, it's very much in flux. The number of patients is constantly changing. The question I always keep coming back to is, do we have the capacity to handle the patients we have? That's really the measure I'm looking forward. Not what is today's number or this hour's number or the next half-hours' number, but are we able to serve the people we have that comes down to beds staffing ventilators, et cetera.

As we are able to get to a situation where we feel we can give more real time updates that are absolutely accurate. Again, I'll happily do more as we go along, but right now the priority has been just setting up this infrastructure, getting it to be able to handle what's about to hit us and again, that's why I'm using that date, Sunday, April 5th. We are not thinking about what happened, you know, at four o'clock today or five o'clock today. We are trying to build enough capacity to get us to Sunday, April 5th and then beyond and that's my obsessive focus right now.

Doctors, you got anything to add?

President Katz: We opened up, I see us in all, in three of our hospitals last night, which I think again goes to what you're saying Mr. Mayor that our job is to meet the need for ICU.

Mayor: And we will. Okay, who's up?

Moderator: Alejandra from AM New York is up. Alejandra?

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

Mayor: Yes, indeed. Alejandra.

Question: Okay, thank you. These fines for religious institutions that keep having services, how large would they be and is there going to be any sort of a warning system before they're shut down permanently? And how is this going to be enforced?

Mayor: Okay, so – make sure I got this in front of me. Let me emphasize, Alejandra. It is a small number of institutions, meaning the vast majority, and again, I've had calls with a lot of the senior religious leaders of all the faith traditions in recent days. What I'm hearing really consistently is the decision they've made and they've communicated, they've acted on it to shut down their houses of worship and to send a message to their faith communities that it's actually consistent with their faith to keep people safe. What we're seeing is a small number and I don't have a perfect number for you. I think it could be you know, only a few dozen that you know,

maybe it's a storefront church, maybe it's a small synagogue, but we are seeing in certain communities, smaller religious institutions that despite everyone around them acting, they still are refusing.

So I'm being really clear about the fact that we are telling them right now do not hold services this weekend period. It goes against everything that we've put forward in terms of this state of emergency. And what will happen is if there is any report and obviously anyone who sees such a service can call 3-1-1 and it will be acted on immediately. It begins with a warning to disperse. If they disperse immediately and obviously our enforcement agents would watch that happen, make sure that happens. That's fine. We just want to address the issue. If they refuse to disperse, there would be a fines that could be levied. I'll get you the exact dollar figure. I don't have it in front of me now, but we could do a fine further, if we see any recurrence, we would move immediately, or refusal, we would move immediately to have the Department of Health issue in order to have the building shuttered, so that could not be used for those services. Again, no one wants to see this happen. No one wants to see us ever have to take an action like this. So the word to the wise is just don't hold services this weekend. And if anyone tries to and our officers arrive and say it's time to leave, they have to honor that request or we will have no choice but to ensure there are consequences.

Moderator: We're going back to Kevin from the Brooklyn Paper. Kevin?

Question: Hi. Can you hear me?

Mayor: Yes, Kevin.

Question: Okay, great. Thanks so much for taking the question. Mr. Mayor. I'd like to go back to the neighborhood breakdown that you provided today and thanks so much for providing that. I know you mentioned that, you know, the numbers vary on testing patterns and all that, but for our purposes at the Brooklyn Paper in Brooklyn, I'm seeing a large concentration, you know, starting in Greenpoint, going down along the east of prospect park to Midwood, and Borough Park. Do you have any idea of why there could be a large concentration there and are, you know, sending out a targeted response to these areas of high concentration?

Mayor: I'm going to turn to Dr. Barbot because the Health Department assembled this information or is part of that process of assembly. But I just would say at the outset, we are – just everyone is day to day, hour to hour, constantly responding to new information and trying to dig down and figure out each trend. We see we're obsessed right now, that is the right word, with building out the capacity to save lives. But obviously if we saw something we could act on in the nature of the disease or how it's manifesting, or where it's manifesting. If we saw something actionable, we would immediately move. The concern here, and the Health Commissioner and I have talked about is that this information, although it gives you something, it gives you unfortunately a very incomplete picture because it was not based on a uniform testing standard.

If we had said, okay, every one of these you know, specific subset areas of the city, we were going to do a thousand tests in each one with the exact same criteria who gets tested and you know, you had perfect consistency and then you saw a really big variation between

neighborhoods, that would tell us potentially something very real. This doesn't tell us something as easily understood and acted on because the testing standards and amounts were so different in each neighborhood. So, the Health Commissioner will tell you if she sees more in it, that can be acted on and we are looking for something we can act on. But I'm not sure this information tells us enough. Dr. Barbot?

Commissioner Barbot: So, Mr. Mayor, I think you've got it exactly right. This map tells us about testing behavior. It doesn't tell us anything about how the virus is being transmitted. For that, we know and we've been sharing that we have widespread community transmission, which in essence means that New Yorkers are more likely to be contracting COVID-19 from their fellow New Yorkers than from travel. And that the guidance and the treatments if you will for this community-wide transmission is for people to stay home. What the map shows is the variability in terms of if you could think about it as hit rate, meaning that there are some parts of the city, Brooklyn and Queens where providers are being more judicious in terms of who it is that they're testing and that in other parts of the city you still have a-ways to go in terms of ensuring that we are reserving testing for those individuals who are not getting better and who fall into those chronic underlying illnesses. So I wouldn't make anything more of the map other than it reflects testing behavior of providers. It doesn't tell us anything about community transmission because we know that there is widespread community transmission in all the five boroughs and what will help prevent or help slow the spread of this virus is again New Yorkers adhering to staying indoors.

Moderator: Bridget is up next. Bridget.

Question: Thanks. Hi, Mr. Mayor. I wanted to follow up on the April 5th date and your comments talking about how you think the city is going to have enough equipment through that date. Just wanted to clarify, when you say that, are you only speaking about hospitals or does that extend to some of the city's frontline workers? EMS NYPD, FDNY, and you know, we're seeing – I'm seeing a lot of folks talking about being out there without any protective gear. So to what extent are they part of how you assess whether the city has what it needs and when it will be at this April 5th sort of shortage point?

Mayor: The – I want to be really clear and I understand there is real fear and anxiety among all of our public servants. And we're all getting used to a new reality. So I think some of our public servants, even some our first responders are trying to figure out when you're supposed to use what form or protection when you're not, et cetera. The message I've given the Police Commissioner; Fire Commissioner is whatever they need, if we have it, they're going to get it. And I think I've said publicly with major shipments of masks, for example, were presented to the PD when they needed them. We sent the last one I think was half a million masks a few days back. Whatever our first responders need, they're going to get whatever we have. But I know of at this point, no shortages in getting those protective gear to our first responders. I do think we have to constantly make sure that each and every one of them are getting the information about when to use them, and when not to use them, and we have to make sure that it's being done properly. So, the answer to your question is yes, we are taking into account the whole picture. The first consideration you'll understand is to ensure that we can save lives. In our hospital system. The measure Bridget, and I've said this very bluntly, publicly, constantly, and in the

conversations with everyone in Washington. I have a very simple sad, painful but common sense measure – are we going to be able to save every life that we can save? We know that our doctors, all our nurses, our medical personnel are working nonstop and we are all able to honestly acknowledge that sometimes despite their very best efforts with all the equipment they need with all the supplies, sometimes they cannot save a life. And we mourn when that happens.

I'm worried about a life they could save and they would have saved if that ventilator had been there in time or if that equipment had been available, that supply had been available. That's the standard I'm holding. Right now, from everything I've seen from, from Mitch, from Oxiris, from every part of our team and the amount of supplies being delivered. There are clearly enough supplies, enough equipment in New York City to meet that standard this week and next week. After Sunday, April 5th. I'm not yet ready to guarantee as we go into that following week that we'll be able to say that across the board. Just being fairly, bluntly honest. And I want everyone in Washington to hear this point. And that's the reason I'm making the appeals I'm making.

Now help keeps coming in from some places we expect and sometimes from places we don't expect, and that's very good news. And if at any point that estimate changes and improves, I'm going to be saying that too. It's going to be constant updates, but I needed to give everyone a clear understanding of – we need help by that date. We need to make sure that we have in place the ability to respond on a much greater level. You heard what Mitch said, I thought it was very painful but poignant that what's happening in Elmhurst today is going to be happening in a number of other hospitals starting next week. So that's what we're bracing for. But we're going to of course include our first responders and everything. But the first thing on our minds is making sure that we can actually save every life with everything we have.

Moderator: Julia Marsh is up next. Julia.?

Question: Hey, Mr. Mayor,

Mayor: Hi, Julia.

Question: So just back to the personal protective equipment. You know, this morning on ABC, George Stephanopoulos showed you the Post cover with the nurses wearing trash bags. We've heard similar reports of lack of supply that Elmhurst, the nurses at Jacobi are having a press conference tomorrow morning saying they don't have proper equipment. You said that we have the supplies this week and next yet you're, you know, you're kind of wondering why maybe the hospital management isn't pushing it out to the nurses and you yourself are going to push out millions of pieces of equipment over the next two days. So can you just kind of explain like why you and other officials are saying there's plenty of equipment and yet all the frontline workers are saying there isn't.

Mayor: Yeah, Julia, respectfully, I think you, you often ask very intelligent questions, but I want to just watch you on that last “everyone is saying there isn't” You mentioned three instances. I take them all to heart. I know all those folks are going through a lot. We would never belittle anyone or underestimate the challenge, the fear, the difficulty that people are going through, when they get to the point of reaching out to you or any other reporter or having a photo go out,

that represents real pain and real fear. I get that. That's a different question than whether a huge amount of supplies had been sent to each hospital. I want to understand that better for sure. When it comes to Health + Hospitals, Mitch is the person that can always answer that. And when it comes to the rest of the health care system, Oxiris works on that all the time to understand if those hospitals are getting everything that we've sent, if there's some issue of why they may not be reaching everyone who needs them, or is there something happening internally? Is there some miscommunication? Is there – I don't know the answer. I don't want to assume the answer, but I do know what we've taken in and I do know what we've sent out. And what I want us all to understand is that we will absolutely try to get to the bottom of any situation where our health care workers feel there's a problem. We have to take that on face value and believe it and act on it. But you know, we've also got to acknowledge, if the materials had been sent out. Then there's something happening somewhere along the line that needs to be addressed. Mitch, you and I have talked about the situation at Elmhurst. I know there's tremendous fear, anxiety. I know a lot of those really noble health care workers were shocked by just a sudden change of events.

The ventilators is a good example. There was a real desire, a real fear about the lack of ventilators. We kept sending more and more shipments. But I think it's important for you to this point, because again, we can't speak as well for Sinai West or for Jacobi. Well, I guess you could speak to Jacobi but I can't speak for Sinai West, but in the case of Elmhurst, could you just clarify this point of what you know personally – and you visited – about the supplies that had been sent?

President Katz: Yes, sir. And I do think that it's a very emotionally difficult issue and that's why communication is so hard. In the public system, we have not run out of protective equipment at any point in this pandemic. You've been very clear though that we do need to be resupplied to go beyond April 5th. I think a lot of the concern that providers are saying is they know that this is going to go on for weeks. They know the supply that we have and I think they are calling out to say we don't have enough supplies. They don't mean we don't have enough supplies at this moment. They mean we're not going to have enough supplies to get through this unless there are major restocking. So, I think distinguishing between, do you mean we don't have enough supplies this minute, or do you mean we're not going to have enough supplies as part of this?

People are used to a previous day where you could just open a supply closet at Health + Hospitals and there would be as much equipment as you could possibly need. Right. That's very different than now where we keep the supply to several days' worth. I think the other complicating issue that we need to be transparent about in the way you have is that as we've learned more about the virus our advice has changed. And we try within that change to also recognize that our providers who are on the front line and are doing different work have different arrangements that make them feel more comfortable. So, for example, in some settings in the emergency room, we would say that the appropriate PPE necessary on your face is a surgical mask. But if you feel more comfortable wearing an N95 mask, we're good with that. And we give you an N95 mask, you wear it during the day, which is actually safer because you're not taking it on and taking it off and you wear a surgical mask over it. So, without going into all of the various details, I'll just say that as a way to say it's complicated and it's been changing. And I think that's a second feature of why this has been so difficult.

Mayor: And to both doctors – Mitch just said something really important. So again, to all my colleagues in the media and all the New Yorkers who are out there watching this and listening to this, we used to be in a time of plenty. I mean, let's just be honest about how much of a shock to our system this is. We're Americans, we're New Yorkers, we're used to an abundance that most of the world still can't dream of. And that was true weeks ago only. And Mitch is saying something very important. The supplies that used to be plentiful and people would use them, and doctors explain just how often people would throw away different supplies after even a single use. And now there are cases where we're saying you need to wash them and reuse them, or whatever is the specific guidance to keep the – extend the life of a certain product for a day or multiple days. And that's been a shock to people. It used to be, you know, that they just knew they could use anything and throw it away. In previous generations, people had – you know, any possession they had, they had to hang onto and try and preserve and people had very few possessions. In our time, we're used to a culture where you could get anything you want anytime and it's going to replace instantly. So, I think that's as a one of many, many things going on here. But doctors, could you just explain, because I think it would help our colleagues in the media, which of these items can be reused and what the basic guidances in the health care community about how you do that?

President Katz: Sure. So again, because I know Mr. Mayor, how you value transparency, we don't ask anybody to wash anything.

Mayor: I used a bad word, Mitch. I'm sorry, that's a layman's word. Let me rephrase, I'll let you used the right word.

President Katz: So, what the issue is that an N95 masks, which is, right now, our most protective device and it has been in short supply worldwide, once you put it on, if you're staying in an area where all of the patients are have COVID-19, it's okay to keep wearing that all through your shift. And what you do is you wear a surgical mask over it to make sure that it doesn't get splattered. And if you do feel it any time that it did get splattered, then we would want you to change it. But it's perfectly safe to wear that N95 mask all day long on your shift as long as it's not soiled.

Mayor: Any other examples Mitch? Or, Oxiris?

Commissioner Barbot: I could add to what Mitch said because I agree 100 percent with him. The other thing is that we have – we want to emphasize that the way in which this virus is spread is through droplets spreads and so that there are places and times when an N95 is certainly indicated, you know, high risk procedures like suctioning someone who may be on a ventilator. And then there are other parts of providing care where a surgical mask is equally protected. And so part of this evolving nature has been spending the time to talk with staff and showing them what the evidence is and what the evidence isn't, answering questions that may come up, but really keeping front and center the fact that we want to make sure that all of our health care workers are maximally protected and that's why we, and especially the Mayor, have been so forceful in asking the feds and demanding of the feds that we get the supplies that we need because certainly as the doctors and the nurses are sounding the alarms and the hospitals were

doing similarly that may need ongoing supplies because we're at the very beginning of what will be a very challenging can weeks and months ahead.

Mayor: I just want to – one last quick second, we'll keep moving after that. Doctors, besides the N95, is there any other example of reuse among the sort of crucial we keep talking about?

President Katz: Yes, sir. Some of our health care workers have chosen to wear helmets that come with filters and this is a kind of protective equipment that someone owns themselves, that is to say it's going to be there as for a period of as long as a month and it has air filters. It looks a little bit like you're wearing a Darth Vader mask, if people want a visual. But it's one of the pieces of equipment that people are allowed to reuse for a long period.

Mayor: Thank you very much. Go ahead, Olivia.

Moderator: Jeff Coltin is up next. Jeff?

Question: Yeah, sure. Right. Mr. Mayor, this City did a pilot program this week of [inaudible] for seniors –

Mayor: We lost you for a minute, Jeff. Start again –

Question: Sure, I've heard that the City did a pilot program this week for a meal delivery for seniors, but I'm hearing a lot of complaints about seniors being left off the list among some other issues. Is that still planning to go to a citywide on Monday?

Mayor: Jeff, I need to get our folks to update you on that. I spoke to our Commissioner for the Aging, Lorraine Cortes Vazquez, just a few days ago about all of the efforts we're trying to do to expand access to meals for everyone and for seniors in particular, because, again, we know a lot of people are really being challenged now in terms of food supply. But I don't have the specifics on what's going on with that and we'll make sure – in terms of the pilot, we'll make sure to get those to you right away. Everything in the area of food now is going to be not just what each agency does, what DFTA does, what Human Resource Administration does, what the traditional food banks do. But now, again, under the leadership of Kathryn Garcia, there's going to be a much bigger strategic look at food supply and getting food to folks who don't have the money to pay for it in the weeks ahead on a much bigger scale. And we'll have a lot more to say on that as that plan develops.

Moderator: Bobby Cuza is up next. Bobby?

Question: Hey, guys. This question is for Dr. Barbot and maybe Dr. Katz also wants to chime in. There's been this, sort of, experimental treatment that has come to light in the last couple days of using blood plasma from those who have recovered from the disease and giving it to those who are hospitalized and, sort of, in a serious, or maybe even critical stage of the disease. I believe it started Mount Sinai. I'm wondering what the City's view is. Are we even participation on this? I don't know if the City is involved. And what is the message to those who have recovered? Should they be looking at going and donating blood – and why or why not?

Commissioner Barbot: So, I'll start and I'll let Dr. Katz weigh in. I'm not familiar with this particular instance. What I will say is that, again, we're learning new things every day and there are certainly new experimental treatments using established medications, but this is a particular area that I have to admit I haven't heard, but I will certainly look into it.

President Katz: I can provide a little bit more information because our hospital is participating in doing this. The basic idea is that part of how we get over this virus is that our bodies create antibodies and it's been found that those antibodies seem to help some people to get over this disease more rapidly. The way that – it wouldn't be someone giving a blood donation. It's a specific procedure that would be done at a blood donation center, but where we harvest those antibodies and then give it to another patient. And the city hospitals are part of a group of hospitals in the city that are pursuing this. I think it's something that you will hear about more in the coming weeks.

Moderator: Last two. Jennifer, from the AP. Jennifer?

Question: Hi. Can you hear me?

Moderator: Yes, we can.

Question: Thank you very much. I'll be switching back to the topic of 9-1-1 calls. The EMS unit I believe was reporting the calls hits something like 7,100 yesterday, the highest level since 9/11, perhaps. I'm wondering what you knew about that and whether it was having any effect on response times and whether there was a plan to reinforce capacity since these calls will probably be up for a while.

Mayor: Yeah. Jennifer, thank you for the question. So, the bottom line is that we know – we've been saying that the call volume has been going up. It's a real serious issue. But also, we know – and we've talked about the staffing levels at FDNY in general, and Commissioner Nigro has been very confident he can keep ensuring that he has the staffing he needs to respond. So, I can get you the exact – our team will get you the exact statistics on what we know about response time so far. I think the central question is, can we handle a greatly increased call volume? Yes. Will we have the personnel? Yes. We can keep making adjustments. You know, all of our first responder agencies are used to making adjustments in real time to keep staffing levels high. We are in a crisis. The crisis is clearly going to have an impact. Our job is to either ensure that it doesn't affect response time or affects it as little as possible, but I want to be real about the fact that if we are ensuring, you know, we can get the person out where we need it to the maximum time possible, but we have a constantly growing volume, of course that's going to create challenges. And it gets back to the answer I gave earlier about the reality we're going to experience in our hospitals, in our ICU's – it's going to be different than what we're used to and it's going to be a challenge and we'll throw everything we got at it. But, again, we cannot do everything alone. We are going to need a certain amount of outside help in general to keep this whole thing moving and keep people safe.

Moderator: Last call, Jeff Mays. Jeff?

Question: Hey, Mr. Mayor, you gave this very ominous date of April 5th. Is there any way other than what you explained – do you know exactly what that is going to look like if the city doesn't get what it needs? Does that mean hospitals will have to turn people away? Will there not be protective gear? You know, what exactly – and maybe Dr. Katz can weigh in as well. What exactly does that look like?

Mayor: Okay, Jeff – no, I appreciate the question. I want, I want to flip the question other way to make sure you understand what our game plan is. By being honest about the threat we face, it is not to us, you know, that we are going to leave that reality the way it is. In fact, the goal is to not allow that day to come and be a day where we run out of supplies. It is to, in fact, ensure that we get the maximum help we need from the federal government, from all other sources and everything we can create here in New York City. It's to be clear – it's an act of clarifying that, you know, 10 days, including today, to brace ourselves for a new and more challenging reality and do everything we can to get ready and to get ahead of it and to stave off the problems that I'm addressing. So, I've got to be really clear, there's still a lot of time on the clock to get ahead of it and we intend to. But look, I think the simple definition – I don't want to paint pictures of horrible things happening when we're trying to ensure they don't happen. I think the simplest way to say it, Jeff, is we don't want to have a situation where someone dies who didn't have to die. And that means we want a ventilator available where it's needed every single time. We want to make sure that every health care professional has the protection they need and the confidence they can go to work and have the protection they need. We want to make sure there's sufficient personnel at each of these ICU's, each of these hospitals that need it. That's the crucial issue, is to make sure that we can hit all those milestones and make sure people are safe.

So, you know, I could try and paint you a picture of what if everything went wrong but it's just not the way we operate and I'm not going to do that. If it started to happen in any way, shape, or form, if we felt things were clearly not working, we would tell you bluntly. But I want to be clear about there is still time to prepare and get ahead of that date, and, in fact, get it to be a very different day, a much later day in April when we might be facing these challenges. If we get the help we need.

Very good. Thank you, everybody, and we will give you more updates soon. Take care.

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