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

Mayor Bill de Blasio: Well, good morning, everybody. Yesterday I talked to you about some of the first signs we were seeing of some progress of some change. And, I want to go deeper into what it means, what we know, what we don't know at this point, but also how we are going to prepare for the weeks and months ahead. Because the fact that we've seen some initial change, we shouldn't overrate it, we should not count our chickens before they're hatched. But it does remind us that if we do everything we need to do as new Yorkers we can hasten the day when a bigger change happens, when we can go even farther. What this all is saying to me, the more our team researches the situation, the more we learn from experience, the more we really understand this horrible disease through actually dealing with it here at the front line, the front line of this entire nation, what we're seeing as how much the people matter, how much the future will be determined by all of you, by the people of New York City.

What you're doing so far is absolutely on target. It's very, very tough to do social distancing. It's very tough to stay home and practice shelter in place. No one thought it would be easy. I can certainly say, I think for all of us, it's even harder than we imagined. So, for everyone who's frustrated, for everyone who's already feeling, you know, cooped up and like, it's hard to imagine doing this for a long period of time. For a lot of people, actually, one of the things I hear constantly from people is they feel bored. They feel held back from doing the things they love. Obviously, we all feel deeply disconnected from loved ones that we would normally travel to see, particularly at the holiday season. So, there's a deep feeling in this city of the frustration with dealing with all of the changes we've had to go through. And I remind everyone, it's only been in a matter of weeks that we've had to make these massive adjustments.

So, for anyone out there who feels frustrated, who feels confused or angry that all this had to happen, I share that, we all feel it. But we also know that you've been finding a way, in an incredibly noble, consistent manner. The people of this city have answered the call. You are practicing social distancing. Is it perfect? No, of course not. We're the most densely populated city in the United States of America. We've the worst spaced place in the world to try and achieve social distancing, but people are actually doing it. You know, if you wanted social distancing to be perfect, there are places where people don't live so close together. Maybe that's where it could be perfect. But you know what, it may not be perfect, but New Yorkers are doing it in an amazing way. People really are going out of their way, and you see it all the time, to find new and creative ways to live with the reality of social distancing.

Our police officers and all of the public servants who are enforcing this law are doing an outstanding job. Again, is it perfect? No. Are there problems? Yes. And everyone sees the

problem. I remind you, please do everyone a favor. If you see a store that's overcrowded or you see a line that's close together, not distanced each person six feet apart. If you see anything where social distancing is not being practiced, call 311 right away and NYPD or other agencies will come there quickly and make things right. But the fact is the NYPD, the FDNY, the Buildings Department, the Sheriff's Office, the Parks Department, they've all been out there doing enforcement and what they're finding time and time again is a very high level of compliance with the rules of social distancing. And they're finding that, yeah, sometimes people need to be reminded, particularly younger people, that's not a shock. Teenagers having to be reminded to follow the rules, for all of us who are parents, that's something we're very, very used to. That's something we did or do every single day in dealing with teenagers. I certainly did and Chirlane did when we were bringing up our children. So, it's not a surprise that all the adults in the lives of our young people have to remind them constantly to follow the rules. And that our enforcement officers go out and see people of any age, they're going to have to remind them, particularly younger people.

But what we're finding is when the police show up or any of the other agencies, the reminder is working, the warning is working. We're not in a situation where we have to give a huge number of fines, but we do need people to call 311 the second you see it. Anyone who is frustrated, angry, or they see a lack of social distancing, or they see people crowding. You know what? Don't be angry. Just pick up the phone. Now you can still be angry, but the most important is don't be angry and hold it into yourself. Act on it. If you really believe it's a problem, and you don't make that call, then I have to say, I guess you don't think it's that much of a problem. So seriously, all it takes is a call to 311 and then help will be sent immediately. This is a highest priority for the NYPD and all the enforcement agencies to get this right.

I say that to a point. Generally speaking, people have actually been following these rules. Folks have been staying home. They understand you go out, you do just what you need to do your, you get food, you get medicine, get a little exercise, get back. People have been doing that. I've been in many places in this city, and you feel like it's a ghost town. People have been following the rules and that's why we're starting to see some improvement and we are far from out of the woods. But we're seeing something because you did that, you earned that. And I want people to think about it this way. We, all of us, 8.6 million of us have to earn our way out of this horrible situation. Do we deserve what we've gotten? Of course not. No one ever heard of this disease six months ago, didn't even exist. And yet it's visited upon us in a way that's the worst in our nation, one of the worst experiences in the world. But that, when I say we need to earn our way out of it, it's not because we did anything wrong, it's actually because you're doing everything right.

New Yorkers are answering the call, but we need to understand, we have to save ourselves here. There's clearly a lot more our federal government could be doing and I'm going to talk about that, particularly when it comes to testing. But we have to fight back this virus and we have the power to do it in many, many ways. And if we do it the way we're capable of as New Yorkers, the toughest, strongest, most resilient people in this nation, we actually can push this virus back. We actually can overcome this phase we're in. And I'm going to show you what that means. I'm going to lay it out today and we actually can get to a point where we start the pathway back to normalcy and it will not be easy. It won't be like a nice straight line. I want to warn you right now. It's not like we're going to, you know, each week it's going to get a specific easy, clear

milestone and it's all going to go perfectly and cleanly. It's not going to be like that if we're not careful, if we're not strong, if we're not disciplined. In fact, this is a disease that can reassert, resurge. You should be very worried about resurgence. We all are. The last thing we can afford is to let down our guard and let this disease back in the door even more and then see the numbers spike up. The pain, the illness, the death spike up even worse because we let down our guard. So when I say earn, I'm using the phrase to make a point. You didn't deserve this, but we're in it. As New Yorkers like to say it is what it is.

But we can fight our way out, and we have been, and we have proof of it. The fact that we saw some improvement in the dynamics with hospitalization, we saw some improvement with the number of ventilators that we had to use versus the number we expected to use. That says that shelter in place and social distancing are working. And now, it's not, let's, you know, let down our guard and take it easy. No, it's the other way around. It's let's double down, let's intensify. Let's take these new standards, these new approaches we've all learned together and really tighten them up and make them as strong as they possibly can, because that's the way out of this. All of us together and everyone has to be a part of it and everyone has to help each other get better. We're one team as New Yorkers, we are one team. Think about that for a moment. 8.6 million people, we all are depending on each other now. So, if someone in your family, someone in your life, or someone on the street isn't doing what's right, you got to help them, you got to remind them. And if there's some people that are trying to figure out how to do it even better, help them too. Because the rules are out there, the standards are out there. We have to help people, literally each person do it better. Think of it this way, every time you practice shelter in place and social distancing the right way, you're literally reducing the chance of transmission to another person. If 8.6 million people do that in unison, the whole trajectory changes. Are we going to be perfect? No. But we can do amazing things together if we feel that we're all in this together and we surely are. And that's a spirit New Yorkers have shown many, many times in times of crisis. And I know, I have total faith in the people of this city that we can overcome this by helping each other to be the best we can be in fighting this disease. So, we need to win our way to the next phase. And I'm going to talk to you today about where we are now and then what it would look like to go forward.

Now, obviously we have a long way to go. Long battle. I've said from day one, this is going to be a long battle, it's going to be a tough battle. So, the first thing I'm going to tell you is to not expect instant gratification or expect something easy. I don't think you do, but I'm just going to make it plain. We still have widespread transmission, clearly. We still are seeing horrible, painful realities for so many New York families. We've got a long way to go. I don't see anything getting easier in the month of April. I think it's going to be a long, tough April. I said for a long time, get ready for a long tough May. Now, if we continue to make progress as we've seen, at least a beginning of, May might be easier than what I originally feared it would be. And I want it to be easier for all of us. But I think the way to think about this is, April and May are when we have to win this phase, we have to push back this disease. We have to open that door to the next phase where things get better. We have to fight for it. And what we're going to do, all of us, particularly our health care leadership, is constantly give you updates. More and more specific updates so you can see the progress yourself. So you can see the fruits of your labor, what you have done to help bring about the change. But the one thing I guarantee you is we will not jump the gun. Unless we have sustained hard evidence that things are getting better, we will not relax any of

the Tufts standards, the restrictions in place now. So I want us all to get to that next phase together. But it's going to be based on the facts and those facts are going to be very public.

But we can say, now that we have had a chance to see what a little progress looks like, we can say that it's time to start planning for the next phase very overtly, to talk about it, to give you a sense of what it looks like, and to make sure that we all understand together, everyone, what the common objectives are. The more I think New Yorkers understand the game plan, the better off we'll be. Look, we all understood the beginning of this crisis, no one on earth understood the coronavirus fully, and there was no roadmap. There was no playbook just sitting around for every city, and state, and country to use. But now for the first time, as we've learned more, as we experienced more, we're starting to be able to put together a game plan for the future. So, while we're in this phase, the toughest phase, is the time to plan for the next phase when things start to get better, and to lay out the goals very clearly for everyone to understand.

So first, number one, we cannot allow a resurgence. This would be the single most powerful goal. Whatever you do, don't let it get even worse. And we've already talked about, we know what we have to do to nail this down and not let it spread even further. We have to be tough and disciplined.

Second, our health care system. Protecting it, protecting it is paramount. So much effort in this last month and more went into providing the support, the personnel, the supplies, the equipment, really beefing up our healthcare system for the onslaught that we've seen in these last weeks. And our healthcare system is strong. It's holding our healthcare workers, our doctors, our nurses, everyone that works in our hospitals, they've gone through hell, but they've held the line. They've saved a lot of lives. We've got to keep the health care system strong, the one thing we cannot afford is for it to buckle. We can't afford to have a single day where a patient is brought in, his life could be saved and there's not a doctor or a nurse or a ventilator or what they need, so far, we've held that line we got to keep holding that line. And then we've got to keep ensuring that we do everything we can to help people practice shelter in place, practice social distancing and get the support they need. And one of the things we talked about yesterday, and we'll talk obviously about the clear evidence of the disparities that are showing up with this disease and I've been existent for healthcare for way too long in this country and in this City. We've got to help people who need more information, more support, whether it means doing it by phone or whether it means doing it in person, whatever it means. We've got to help people who are struggling the most with this disease and find a way to communicate more information to them, get them more support, get them the ability to talk to healthcare professionals more frequently, more in depth, whatever it takes.

Now, that piece of the puzzle, helping the most vulnerable is something that again, has been hard in an atmosphere where we're all supposed to be practicing social distancing and shelter in place. And we felt very strongly that our health care professionals, of course had to be first and foremost devoted to our hospitals, which for a period of time it looked dangerously close to being overwhelmed. I'm hoping, I'm praying that we can continue to hold line in the hospitals and free up more healthcare personnel for that frontline outreach, whether it be in person or by phone or whatever way it is to help the most vulnerable, I think we can.

And the other thing is to understand as a common objective that the restrictions, the ground rules, the guidelines that we're all living by, they can be adjusted when there's real evidence, but that evidence goes down, hopefully, meaning better progress, more proof that we can start to open up more or bluntly if we don't do it right or if this horrible, ferocious virus hits us in some new way. Unfortunately, restrictions might have to go up, meaning if things really get worse, we might have to tighten up further. It's not what I envisioned today, it's not what any of us want, but the truth is the truth. You should not, and I don't think anyone out there listening or watching wants to be told, you know, pretty lies you want to hear the truth. And the fact is, if we do things right and we get the help we need, especially including more testing from the federal government, we could make some real steady progress, not perfect, not always linear and beautiful progress, but still steady. If we don't do things right or if we get thrown a curve ball, we might actually have to tighten the restrictions further, no one wants that. But we have to be honest to that is a real possibility and what we'll tell you what's going on is the facts laying out to you the exact indicators. So you'll know, you'll see, you'll literally be able to judge all of us, not only the leaders of this City, your leaders, but all of us, all New Yorkers, we're going to be a judge together, whether we're getting it right or wrong, or whether our strategies are working or not because the numbers will be out there for everyone to see. So, it's going to be participatory, it's going to be everyone in it together, we do it right and we never have to get to worse restrictions, tougher restrictions. If things don't cut our way or if we're not tight, then tighter restrictions are an option, an option I hope we never have to use. So, let's be clear about the things that are in place now and the fact that clearly we see initial progress from them and that they are all necessary. And I don't think there's a lot of people doubting that right now but if there is anyone doubting that, let me make it straight for you, make it clear that all of these restrictions were necessary and continue to be necessary. So just to remind us all, we restricted large gatherings, restricted visits to hospitals and nursing homes, obviously all of this, a combined effort between the City and the State. Closed bars and restaurants, closed non-essential businesses, called for face coverings in public, six-foot separation, social distancing, closed things like schools and daycares, limited outdoor recreation, and of course most importantly instituted shelter in place. Now these things happen at different times in different ways according to the information we had, the evidence, we had our coordination with the State, but all of them have proven necessary and all of them will be with us, certainly in my view through April and I think for much of May. Now, it's not all or nothing in the future, it's not like you take this menu and say, okay, none of it can ever move. No, if we do things right, if we make progress, some of these pieces can start to be changed and relaxed, but again, it could go up or down depending on how well we do. So, let's talk about the phases and I've had really extensive conversations with our healthcare team and I want to thank all of them— all of them have been great. Our Deputy Mayor for Health and Human Services, Dr. Raul Perea-Henze, the team of course at Department of Health, Dr. Oxiris Barbot and our Deputy Commissioner, Dr. Demetre Daskalakis and all of their staff, Health and Hospitals, Dr. Mitchell Katz and his great team. We've had some great help in recent weeks from the Senior Advisor we brought in to advise us on the COVID-19 strategy who is an internationally recognized expert, Dr. Jay Varma, who's with us here today. Many, many people and I'm not even mentioning a lot of others who have contributed, but the constant conversations over the last few days have allowed us to want to really go into depth about these three phases of the epidemic and to help people understand it more clearly want all New Yorkers to be a part of this and to feel again invested in the solutions and the actions we have to take.

So, let's recap where we are now, again, in the first phase that we're experiencing widespread transmission. What it means you're seeing constantly new cases regularly just consistently and we're at a point because of community spread where we can't trace the origins of individual cases to their initial source. We do need in this phase the strong guidelines and restrictions and we have to ration testing, we have to prioritize testing because we have a very limited supply of testing. Where is it going? Again, testing is being focused first and foremost on saving the lives of people who are already in danger of losing their lives. Folks in the hospital in danger or people who it's quite clear are already experiencing disease in a direct dangerous way and the healthcare professionals need that testing to know what's going on. Job one, job two, our healthcare workers testing to protect them, to know who should be at those hospitals and who shouldn't to keep them in the game, all those who can be. We desperately need our healthcare workers, we've obviously lost a certain number of them temporarily to disease and— it's such a tragic, painful truth we've lost some permanently and we know it's so painful that some of these heroes are gone forever, because they sacrificed for all of us. We have to make sure they have the testing they need period, high, high priority to make sure our healthcare workers have the testing they need so they can do what they're doing to save everyone else. And then our first responders who were depending on deeply in this to save lives in so many ways, including all the ways they do that have nothing to do with COVID-19 to be the backbone of getting people to the hospitals when they need and to enforce these rules that are keeping this disease from spreading.

Those are where the priorities are, in this phase where we don't have a lot of testing and we have to think about the most basic things that we can do to make sure healthcare is— there and help is there for those who need it most. As the testing supply increases, we're looking at additional strategies that could be used with the testing here now even in this phase, but we're going to need more testing if we're going to use testing in any other strategic ways or pinpointed ways. We've got to have a bigger supply this has been— the underlying challenge from day one and we've never had a satisfactory answer from the federal government, not one single day since this began, have I felt that the federal government has proven to us they are doing everything to get us the testing we need. Because if they had done it, we would be in an entirely different situation and bluntly, I'm not going to let bygones be bygones to say the least, but I can tell you we still need them to produce in a way they have not done, because if we could get widespread testing, it would start to change the entire— strategy and allow us to do so much more. So, how do we get to the next phase? How do we get to a phase where there's low-level transmission and our lives start to get better, and obviously many, many lives are saved. Continuing to practice the social distancing, the shelter in place is the pathway to the next phase. So when I say earn it, I want people to hear this in a good positive way, we all keep doing what we're doing we actually can work our way to that next phase where things get better and our lives take a step towards normalcy and we're not talking necessarily a huge period of time. This is something, again, I don't think it happens in April, I think if we really work hard, we have a chance of seeing change in May or June so that hard work and everyone in the government has to lead the way and we have to support it in every way possible and force it in every way possible, but we need 8.6 million teammates to do it. That's what gets us to low-level transmission, what does it look like? In low-level transmission, again, I would love to believe this is something you could see later in May or going into June. You're seeing, yes, you're seeing some new cases and you're seeing them regularly, but there's a very profound difference. You can actually trace them again, what we were able to do in the very beginning of this crisis, remember when we used to talk about a

individual case and then we'd say, Oh, we're talking to the family of that person or who they worked with and we traced them, we found out these people are okay there, they tested negative. We knew exactly how to trace the map of people that they came in contact with we actually could go back in that direction, which would be a very good thing. So with low-level transmission, you're actually able to use those disease detectives again, because there's few enough cases that you can trace the whole universe of anyone who may have been exposed and get them whatever help they need. In that scenario, with low-level transmission, you can do some relaxing of the restrictions. Not all, not all at once, but you can start to make life a little more normal and people have to be smart about it, not overdue but if we're patient, if we're measured, we can actually sustain that low-level transmission phase and work our way towards the next even better phase. To do this we would need a more substantial amount of testing, if we tried to do a low-level transmission strategy with just the testing we had now, we would constantly run up against the problem of lack of testing capacity. So we need some greater capacity, it's not clear how and when that happens, it's not clear if there'll be enough technological advances or if somewhere on the international market we can get the right kind of tests. It's not clear at all if the federal government will really have the—breakthrough of that they need to, that they'll focus their energies on getting testing to all the places they need it. I think the federal government is still the single most important piece of this equation and when it comes to testing, so we would need more testing and we don't have it yet. But since that phase is not likely until May or June, there's time and now we're going to work very hard to get that testing one way or another, we've searched the whole world to find it, whatever will get the job done. And then they'll next phase is the one we all want to get to, and that phase where there's no transmission to speak of— is when we actually can get back to normal. And always being vigilant, always guarding against the resurgence, always realizing we're up against a very ferocious and clever enemy in the coronavirus. But there is a phase and we can actually describe it now, where you have the ability to see very few new cases so much so that you can basically say it's a no transmission dynamic. To get to that phase you need a lot more testing, that phase requires testing whenever needed, however needed, again, we would need that federal help to get there. In a no transmission phase, what it basically means is there's very, very few cases and essentially the cases that do emerge come from outside the City, not from within the City. So, someone travels or comes here and that's how someone contracts it, but again, rare and traceable that kind of phase means we're out of the social distancing business if we really work hard, we get to the point where we don't have to practice the same kind of restrictions that again, is months away but it is something we can at least envision. And in that phase, you do a lot of testing, you test anyone who might potentially have been exposed, even if they're not showing symptoms, you test anyone who has any kind of symptoms that might relate to the coronavirus. It's a very aggressive testing approach and it is very, very much focused on a lot of information and a lot of support for anyone who needs it. That's a phase we could get to, but it's going to take a lot of work.

So, let's go back on this whole idea of how we go from here to there, to that no transmission phase we all want to get to as soon as possible. So, this graphic is on purpose showing you that it is not a beautiful straight line. In truth, we've talked to all of our health experts and I mentioned Dr. Jay Varma, who's worked all around the world fighting the Coronavirus and other infectious diseases and he's brought back lessons from a lot of different countries and what they've seen and what is one of the most important lessons is it doesn't go in a straight, perfect line. In fact, there's always the danger that people start to relax a little bit and you see the disease start to come back

and then you have to fight it back. Our job is to try and make it as straight a line as possible; to stay focused, stay disciplined, practice whatever the standards are at that time and practice them really well and enforce them. And that's where all of us - I keep saying that this is participatory - everyone's in it, but the government, this is piece where the government 100 percent has to always create the right kind of enforcement. And that's my job and the job of all my colleagues, but we need you always. Again, if you see it, call 3-1-1. We used to talk about in the fight against terror; if you see something, say something. Well for right now the enemy is a disease; the terrorist is a disease and if you see something, call it in immediately. Crowding helps this disease to grow and where people are not social distancing, the disease grows. We need you to call 3-1-1. Just call. Don't even think about, just call, report it and help will come right away. That is something I'm guaranteeing and if there's any place where it doesn't come, I will deal with that agency or that official who didn't get the help where we needed it. So, I need the report so I can protect you. So, resurgence, I've addressed, this is a real thing, this is a danger always, this is why we have to look at this and feel it. I'm asking people to not just think about it, but to feel it. We get too loose, we loosen our grip, we get overconfident - this is what can happen. You think things are going good and then suddenly it's back with a vengeance. That does not have to happen, but God forbid it ever did happen, then restrictions go back on and in fact, restrictions may get to a higher place than we've ever seen them before. That to me is incentive to all of us. None of us are enjoying the restrictions we have right now. Lord knows we don't even want tighter restrictions. Let's get out of this phase and get to the better phase. Get up, but let's hold it. Let's stay firm with it and never let that resurgence happen.

Now, let me talk to you about the way we will be giving you the information going forward so that you will be able to watch in real time along with everyone here at City Hall, everyone in the Health Department, Health + Hospitals, Emergency Management, all the people leading this effort to fight the coronavirus, you'll be seeing the same data they see in real time and this will start on Monday. And the goal here is that everyone together, all New Yorkers can watch the movement of this data and have a common goal, a common standard. When all of the data, all of the lines move in the same direction for a sustained period of time, that's when we can start talking about changing some of the rules and making life a little easier. So the goals will be clear and the three indicators are these; we're going to show you every day the number of people admitted to hospitals for suspected COVID-19 conditions. We will also show you, second, the number of people admitted to the ICUs for suspected COVID-19 conditions and then we will show you the percentage of people throughout the city who tested positive - the specific positive tests for COVID-19 throughout the city. Now, what do we need to start to discuss moving to the next phase, that better phase and to start to discuss any change, any relaxing of restrictions; we need to see all three of those indicators move in unison in the same direction. We cannot see two of them get better and one of them get worse. That doesn't work. All three have to move together down; all three have to move in a better direction together. They have to do that for at least 10 days to two weeks -sustained, consistent. If it's one day gets good and the next day goes bad, that doesn't count. We need to see a clean, clear pattern that sustains itself for several weeks to then say it's time to even discuss some of the positive changes we'd all like to experience. So you will be watching in real time and I think it will be inspirational to all of us to realize we're all in this together. We all have agency here, we all have power here, we all have the ability to make a change. You're going to see in real time if it's working for all of us or not working or what we have to do next to drive that down- drive all three of those numbers down.

Okay, what do we need as a city? What do we need as a people to get to where we want to go? That promised land, low level transmission; that's where we want to go and want to go there as soon as we can and it's not going to be easy - long battle - we're going to be at it for a while, but we need to get to that place - all of us - and we need to sustain that. What do we need? Testing, testing, testing; number one, we need a whole lot of testing. We need the federal government to step up. We need them to do it quickly. You can't just snap your fingers, they have to work on it now so that we get more and more and more of it and we get it when we need it. We already have been suffering since January, a number of us on January 24th pleaded with the federal government to get testing in New York City in substantial numbers immediately so we could do tests here. From that day to today, there's never been a single day where our federal government has provided the amount of testing we need. That has to change if we're going to beat this disease not only in New York City, but everywhere else in the country.

Second, we're going to need to take a lot of people power. A lot of staff, a lot of human beings are going to do the outreach; talking to people constantly, primarily by phone of course and text, constantly keeping in touch with people as we get into those better phases where we want to stay in touch with anyone and everyone who either has the disease, might have the disease, needs to be quarantined or isolated. Lot of communication, a lot of follow-up, making sure people have what they need, making sure we're finding out what's going on, making sure people know how to handle things or if they need additional medical advice or care. A lot of staffing, which we will provide. We're also going to need to use information technology to constantly communicate with people in a very advanced way, constantly tracking what they're experiencing - what they need - using IT as a tool where everyone will be able to log-on and say what's going on and what they need and it will allow us to keep so much more information and get so much more information out to people. We're going to need more options for quarantine and isolation. So, we've been building out hotel capacity to create temporary hospitals. If we get to those better phases, particularly to the best phase, to the one we want to get to - low level transmission. That in the end to low-level transmission, again to no transmission I should say, that requires being able to have a lot of capacity for people, for example, say someone needs to be away from their family, from their family because they have the disease or they're symptomatic -we need to isolate. We're going to be doing that on a really big scale; someone needs to be quarantined, we'll do that on a big scale. So were going to have to build that out. Hopefully we'll need less of those rooms for hospitals, but we will need a lot of those rooms for isolation and quarantine. Either way, we have a lot of hotel rooms at our capacity and we will do what it takes to have them available.

And then finally, what we don't control, but we're trying to support with all the efforts of our health team and we're praying that the national and international medical community advances on the front of treatments and vaccines. These are two areas where there could be real progress. I think most of the professionals I've talked to, say the vaccine is probably at least a year away, if not more, but treatments, there's been some interesting efforts going on, research going on, trials going on, maybe that changes the picture and that is happening in large measure in the city of New York. So we are a part of that effort and hopefully that will help to change the whole situation for everyone for the better.

So, we understand what it's going to take and we understand we're going to need a lot of tools to get there. Some we can create ourselves, some we're going to need help from the outside, especially the federal government. So, the testing capacity that underlies all of this – solve that problem and you can solve a lot of other problems. The ability to isolate people when they need to be isolated; that's something we have more control over and we can build out that capacity. The ability to trace and quarantine folks who need that - that's something that this city does well - our Department of Health and Disease Detectives do well, when they can get to a point where they can actually have a number of cases that they could reach, not an overwhelming number like we have now. But we have a lot of that capacity and we can build more and continuing to do the right kind of social distancing when we need it. We've already proven that, people in New York City have proven they can meet that standard. We just have to show we can hold it. So, we can get to a better place - that's the bottom line - we can get to a better place. We have the ability in so many ways, yes, we need help, but we can do it. People are already showing that we can win – were going to have to do a lot more to get there and we're going to update constantly. Me and my team will update you constantly so you'll [inaudible] see exactly how we're doing and all the questions, all the concerns that New Yorkers have, you'll be able to ask those questions against all the facts before your very eyes.

As I conclude, then we'll turn to questions from the media. I want to just say, you know, we've talked so much and rightfully so about our health care workers and so many New Yorkers have poured out your hearts to our health care workers and they feel it. I've talked to so many of them; they feel your love and your appreciation. Please keep showing it all the time. Let's sustain them, let's support them, but so many individuals and organizations are stepping up to help our health care workers. I don't think I've ever seen in, in all the years of public service in the city, I have never seen more love, more support, more appreciation for our healthcare workers than at this moment. You know, they, they've been through it after Sandy, they were saving lives after 9/11, and this every day - you know - dealing with the toughest situations. But I think for a long time we sort of took for granted, we had these amazing doctors and nurses and hospital workers and they really haven't been given the thanks that they deserve for a long, long time. Finally, this horrible, horrible crisis is at least bringing out into the open just how amazing they are. So, thank you to everyone who is supporting them. Even the smallest act of appreciation and generosity towards our healthcare workers really helps and they feel it. And there's been some big acts of generosity, I want to thank Goldman Sachs, which already had been very, very helpful - made a major donation to our public schools - now have given a half million dollar grant to Health + Hospitals for staff and supplies, staffing and supplies - that's very much appreciated. And I want to thank a very civically engaged couple, Mark Gallogly and Lise Strickler, I've known Mark a long time – he's done a lot for the city. Well they've given a very generous gift to our healthcare workers to make sure that they get food and care packages to make their days a little bit easier while they're fighting this fight. So, thanks to that great couple and so many other people who are stepping-up. We're going to keep celebrating that piece of the love and generosity of New Yorkers for our health care workers.

Okay, so I think I've said it and said it again; you have the power. It doesn't always feel that way in this fight, it really doesn't, and for a lot of times I think we felt confused, pain, powerless, but in fact, you have the power in so many ways to fight this disease back. Our job is to build up a strategy, get the resources in place, get the enforcement in place, do all the things to support you.

Of course, get you the healthcare you need when you need it. Everything we're going to do from this point on is to protect you, to protect the people who do protect you - our healthcare workers, our first responders - to enforce these rules, to get you the things that allow you to get through this crisis and for so many people, that means the basics like food, make sure you have shelter protected from eviction. All the things we have to do to protect New Yorkers and also to empower you with information, with support to get through this crisis. We can do it. I wanted you to see those phases ahead, I wanted you to feel those next phases. I wanted you to see where we could go and I know we can get there together. Let me say a few words in Spanish before we take questions from our colleagues in the media.

[Mayor de Blasio speaks in Spanish]

With that we will turn to our colleagues in the media and please let me know the name and outlet of each reporter.

Moderator: Hi all. Just a reminder that we have Commissioner Barbot, Dr. Daskalakis, and Senior Advisor Jay Varma here in person to answer your questions as well. We will take one question from each reporter in order to get to as many outlets as possible. With that, I will start with Andrew from NBC New York.

Question: Hello, can you hear me?

Mayor: Yes, Andrew.

Question: How are you? Hope you're doing well. My question is, you did state the scenario where there could be a loosening of the rules by mid-May. If that plays itself out, do you envision restaurants opening with limited seating? What can you describe to New Yorkers as a good case scenario should this play out forward?

Mayor: Yeah. First of all, you've interpreted – we've known each other a long time, Andrew – you've interpreted very generously. So, I want to make clear that I'm saying from what we know today, at this hour, April, we're going to have to fight this fight the way we are now into May – and that could be a lot of May, in fact – and I would love it if some change could happen at some point in May, but it may not be until June. So, I want to make real clear, this is based on what we know today. It's always changing. So, I don't want you or anyone to hear that as, oh, we got some hard and fast date in May where things are going to start to be easy – not in the least. Let's win April. Let's go into May and try and get to the change as quickly as we can. It may be May, it may be June – I just want to make sure that that's very clear. But I would say – I'll begin and then our health colleagues will jump in – again, to see those different rules, Andrew, as like a menu, and you may relax one a little and another one not at all. There's different things you can do. We want to be very careful about letting the foot off the gas. And this is something we would obviously coordinate very closely with the State of New York. We all have to work in unison. But the point is to understand the possibility and understand we only get there if we meet some very, very high standards. So, I think what is fair to say is, you know, I'll give you an example. We, I think in any scenario, want to see the maximum people – maximum number of people work from home for a long time. So, that's something that I would say is unlikely to change

based on what we know now. We would like to keep anyone who can work at home, continuing to work at home. But there may be some other things where we can start to loosen up a bit, but still with real social distancing and real clear boundaries because we cannot risk the resurgence. So, I don't want to say to you, you know, oh, here's what it looks like and it's real easy. I want to say to you, no, let's first get there. As we get there, if we hit those three indicators I talked about, that's when we can paint a picture more of what might change. But there's some other things that will not change. The last thing we want – and this is kind of a points to this national discussion of how we get a recovery – you know what would really screw up a recovery? Is if we let everyone come back to “normal” too quickly that we cause the resurgence of the disease. That's something that would be intolerable. You can't have recovery if the disease is reasserting. You can't have recovery, if the hospitals are getting overwhelmed. You can't have recovery if, you know, your State government, your City government can't sustain basic services, which is still a challenge because of the massive budget problems we're having and that obviously must be addressed in the next federal stimulus bill. So, for all the voices out there, sort of, painting an easy way back, it's not going to be an easy way back. But what I can tell you is, you get to May, June, and you've made enough progress, you can start to make some changes. But only if we see those three indicators moving the right direction for a sustained period of time.

Any of my colleagues – and I'll open up, Dr. Barbot is here, Dr. Daskalakis, Dr. Varma if you want to jump in, because I've tried to paint the picture but now let's see if the experts want to tighten up any pieces of it?

Commissioner Oxiris Barbot, Department of Health and Mental Hygiene: No, I think, Mr. Mayor – I think you got it just right. I think it's important to also note that there is no set cookbook to this, right? We've never been here before. And so, the intent with regards to starting to loosen up some of the restrictions around social distancing is to allow the City to take early steps to getting back to a new level of normal. We don't know exactly what that new level of normal will be and so it may include loosening some restrictions so that perhaps different types of businesses may reopen so that we can maybe have some very small number of gatherings occur, all the while maintaining the preventive measures that we have put in place from the beginning with regards to hand hygiene, with regards to covering your mouth and your nose, likely continuing to recommend the use of face coverings for individuals that are high risk. But the most important thing, Mr. Mayor, I think is really critical that you said – is that we need to really take measured steps, because I think what would be detrimental to this response is to have those measures come off too quickly or have New Yorkers feel like everything goes back to normal and we have a resurgence. That, I think, would be the most detrimental to this response.

Mayor: Either doctor, you want to join in? Open chair – you're good. Okay, go ahead. Who's next?

Moderator: Next, we have Anna Sanders from the Daily News.

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

Mayor: Yes. Anna.

Question: So, you've repeatedly said that you don't want to go into details about how the City is handling the bodies of people who have tragically died of this disease. For a week now, I have been waiting for specific answers from the Medical Examiner's Office about this process and what the City is doing. I have not gotten specific answers for many of those questions. It's been several days. I've followed up many, many times and I just wanted to see if there's any way you can promise to me that all of my questions will be answered, you know, outside these public briefings because if you're not going to answer these questions then your staff certainly should and I really do think – I want to say that for people who might lose someone from COVID-19, they would probably feel a little better to find out what's going to happen before they are mourning someone.

Mayor: I agree, Anna. Yeah, Anna, I appreciate that point a lot. The reason I don't want to get into sort of deep and graphic discussion on this issue is I just don't think it's fair to New Yorkers and I don't think it's fair to families who are grieving or families who are afraid to spend time talking about something very painful. And I think the dignity that we have to give to all families who are suffering is not to make this a public issue and an issue that causes graphic descriptions publicly and blaring headlines and pictures of dead people. I mean, really, I do understand what a free press has to do in a crisis, but I also think there needs to be real sensitivity to the families that are suffering. So, I think the question – the number-one question to me is, are we able to address this painful reality? My answer to all New Yorkers – yes, because our Office of the Medical Examiner is very strong, very professional, you know, nationally renowned. We've given them every resource they need. There's still going to be challenges, there's still going to be delays, but we'll support them with whatever they need. And we've gotten tremendous support from the federal government. Of all the areas where I've asked the federal government, from the White House on down, to help us, this is one where every single request has been answered. Everything we've asked them to send has been sent. And we clearly have, you know, painful, but real contingency plans to deal with anything that might come up ahead, but with a very clear standard – dignity for the families. Every family is treated individually. God forbid we lose anyone, but they will be treated, their body will be treated individually. And specifically, that will be something we can do with each family. And some of the rumors and some of the reporting have suggested something much more horrible and inhumane, and that's absolutely false and it should not be reported. With that, to your question about specifics, I agree with you that if there's specifics that can be answered – not here, but in other setting – it is appropriate to get you answers. But I don't know every question you've asked. I can't tell you every question our folks are feel is appropriate or can answered this time, but I can tell you that our team here at City Hall follow up with you and every single answer that is available and appropriate to give and is specific we'll make sure to work with the Medical Examiner's Office to get you those answers.

Unknown: [Inaudible]

Thank you, Freddi Goldstein. Freddi will follow up with you this morning to make sure we can give you all we can. Go ahead –

Moderator: Next, we have Julia from the Post.

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

Mayor: Yes, Julia.

Question: Hi. Good morning. So, you know, you're talking about we're going to be going, you know, through May, maybe even June, so I'm wondering when you're going to make a call about schools given that, I guess, for now, they're closed through the end of April per the Governor's order. And then if you could just touch quickly on why we didn't have that real-time data that we're going to have on Monday. I know it was a wartime footing and everything, but you [inaudible] vast bureaucracy with hundreds of thousands of employees. Why couldn't we have gotten this information earlier?

Mayor: Julia, it's the same – on the first point about the schools, a series of conversations happening right now to decide do we have one last chance to open them up, you know, in person before it's too late for the school year. The school year goes to, you know, the last few days of June. Do we have a realistic opportunity to get the schools back up for a meaningful enough period of time? I think we are a couple of days away – two, three days probably away from getting to that decision. You're right that, for sure, April's already gone in terms of our in-person education. We'll decide soon if we think there's a window to still save any part of the year and we'll obviously announce that as soon as that decision is made. The question of data – look, I'm only going to keep this simple. I think what I've said repeatedly is the reality. This has been a wartime footing. We are dealing with a pandemic. We are dealing with something no one has ever experienced – any of us – in terms of how you deal with a brand-new disease, a ferocious disease that has hit us extraordinarily hard with no playbook. We're doing our damndest to do the most important things and that means saving lives and protecting the hospitals. And that's been where the energy is gone. And in some cases, there was some readily available data. In other cases, it wasn't as readily available or it wasn't as consistent as we wanted. We weren't sure that putting it out would not confuse matters. And that was a real concern, that it wasn't going to be accurate and consistent enough to shed light rather than create confusion. And when you're on a kind of wartime footing, you have to be careful about that. We're now convinced that this is the most important data, the clearest data, and that we can provide it on a very regular basis. And we think, as we've also experienced this – and the doctors – I'm taking from what I – conversations we have daily. So, I'm trying to kind of translate them from doctor into English here, but the – and you all can – anyone can add – but I think more than ever, having fought the fight – one of the things Dr. Barbot said weeks and weeks ago, it feels like years ago, when the disease detectors were dealing with the first cases, they were also getting a whole lot of information about what was truth and what was fiction or what was more true and less true compared to the international literature or experience other places. We're having our own particular experience. But we've also learned a lot about statistics, if you will, along the way, which measures are more important and tell us the most, which had been less crucial to understanding the picture, which had been more accurate, which had been less accurate. There's a lot of different measures out there, some we have found to be lagging more, others are more real time. These we are convinced are the ones that will tell us what we need to know and that we can produce for you constantly in real time. So, long answer to say, I'm just not going to go back and litigate the past, because we're fighting a war right now. But that is the truth. We now have confidence that these

are the right measures and we can provide them to you regularly. Anyone want to add, or if I have translated –

Commissioner Barbot: You got it just right.

Mayor: Okay, good enough. Go ahead.

Moderator: Next, we have Joanna from News 12.

Question: Good morning. Can you hear me?

Mayor: Yes, Joanna.

Question: So, we understand that you spoke to people one-on-one yesterday outside Lincoln Hospital, people who were demanding for more testing in the Bronx. Could you tell me a little bit about what you spoke about with people who you spoke with inside the hospital, and, honestly, just your reaction?

Mayor: Yes, absolutely, Joanna. Well, first of all, I want to thank the three individuals I sat down with. I want to thank them because it was a very important conversation. But the reason first I was up there, I want to focus on, you know, I've spoken to all of you a lot about getting military medical personnel for the city. There has been progress. I still want to see more. I've had this conversation with the President, the Defense Secretary and many others. We do have the Comfort here. We do have a military medical personnel at Javits, but now we have about 300 also directly going into our public hospitals, and I'd like to see a lot more because our public hospital, doctors, nurses, health care workers need support and the medical military folks are top of the line and they can plug in right away and we need them.

So, yesterday I was with doctors and nurses and respiratory therapists from the Air Force all starting their efforts at Lincoln Hospital, which has been one of the toughest hit in the whole city. And I've got to tell you, the health care workers at Lincoln Hospital were applauding them and the Air Force doctors and nurses and therapists were applauding back – literally applauding back. For the health care workers at Lincoln Hospital to literally see the Air Force arrive, to see the cavalry come – and it was very moving to me, dozens and dozens of health care professionals in their fatigues, people who served this nation, they were from all over the country. Literally, I asked him to call out the states they were from – California, Colorado, Florida, you name it, Michigan – it was so inspiring to our health care workers to see those reinforcements arrive. And as I was walking around the hospital to see them all over the place, like plugging in immediately to help – what a shot in the arm. But, Joanna, there were three people who, you know, when they saw I was there, they called out and they said they were really concerned and they were having problems and they wanted to talk about it. And I said, I want to hear what their concern was. And what they really talked about was a lot of the same disparity concerns that we talked about yesterday and feeling like there were a lot of people in the city who needed help getting more information, particularly if they didn't speak English. There were a lot of people who are afraid. And this – the individuals I talked with spoke a lot about immigrants, particularly undocumented immigrants who have been pushed away. And, unfortunately, this is what President Trump and

the federal government has done and ICE has done, and it's been horrible unto itself, but another thing we've been warning about for a long time before this horrible disease is pushing undocumented people away from health care, away from education, away from things that they had access to is dangerous to everyone. When we announced guaranteed health care in this city a year and a half ago, we said explicitly it was also for undocumented New Yorkers because they're our neighbors too – half-a-million people who are part of our community. But what the Trump Administration did, kept scaring immigrants undocumented and documented from getting the help they needed, like the public charge policy. There's so many things that pushed people away from care and away from help. So, this is what a lot of the conversation was about, that we have to somehow make up for that with more grassroots outreach, more information, particularly in other languages and just a recognition that a lot of people, no, they understand there's a crisis going on, but they don't have enough information on how to respond to it or where to turn for help. And that's why that telephone service we're going to start where people can reach a clinician on the phone in many languages is going to be crucial. We have some of that, but we need a lot more. So that's what the conversation was about. And I thanked them. I told them, even though they, you know, when they first met, they were agitated. I said, you're actually helping me to see things that we're feeling, but you're giving it some real specific shape that's going to help us to deepen our strategies. So, I was very thankful to them.

Go ahead.

Moderator: Next, we have Alex from Chalkbeat.

Question: Hi, Mr. Mayor. I wanted to ask a question about student attendance. Some other school districts have already started releasing some top line attendance data. I know that the Department of Education has started collecting that information, but [inaudible] we're already in week three of remote learning here, there still hasn't been any data released publicly. I'm wondering if you've seen any top line figures about student attendance that you could share or if you could provide a timeline for when those will be provided?

Mayor: Thank you, Alex. Yeah, we should provide that. I think, again, what I'll remind everyone, this is the single biggest effort, the single biggest experiment in distance learning in the history of the Republic all put together in a matter of days. So, what the folks at Department of Education are doing, what our educators are doing is really heroic in another way and it's reaching a lot of kids, but there's clearly an issue with attendance. We know a lot of kids still don't have the devices and that's been an ongoing effort. We know a lot of kids aren't logging on as much as we want them to and that's something we projected. I said it very bluntly, it's one of the many reasons that closing schools was a painful decision, is that we knew even with the best distance learning we didn't have every kid ready for it, we didn't have every teacher ready for it. And we knew – I know plenty about kids and particularly teenagers – that you were not going to get not only not perfect attendance, you going to have a real problem keeping attendance if you couldn't supervise. So, we will get your data. I imagine what it will show – and what I've gotten is really only very top line, which is it's a problem. It's a problem we predicted, unfortunately. It's problem we assumed. And I think we'll get better in the sense of more kids will get devices and in a world where kids don't have a lot of choices of what to do because they're sheltering in

place, hopefully more and more will choose to engage in distance learning. But there's an issue there and we will get you a data as soon as it's ready.

Moderator: Next we have Gersh from Streetsblog.

Question: Mr. Mayor, a very joyous and weird Passover to you.

Mayor: Gersh, I want to wish you *a zissen pesach*. And I hope – I want to see you one day throw me a curve ball and ask a non-transportation issue. I really believe it's in you.

Question: It is in me, but as you know, I cover a very narrow lane and this is a COVID related question. You know, we all know that a budget is not just numbers, but it's an agenda, a signifier of priorities. You issued some PEG cuts that were, that slashed Vision Zero programs by about \$10 million yet may have no cuts to any Department of Transportation, expense, budget allocations for road building or maintenance. So I'm wondering what that says about your priorities during this crisis and beyond this crisis, that cyclists and pedestrians are sacrificing key programs but drivers are not?

Mayor: No, it does not say that. And I'm – perfectly fair question, but it doesn't say that because – and I would contest you on your understanding of what's been put out or we'll put out clearer information. A lot of work of the Department of Transportation has to continue because the most basic maintenance like keeping, you know, the classic New York question of keeping our bridges intact and strong, road maintenance, that's about immediate safety issues. All of that has to continue. But there's a lot that isn't continuing as normal. And clearly the Vision Zero work required a certain amount of consistency in the overall work on our streets. If that was being reduced in different ways it was going to affect our ability to do as much Vision Zero work as quickly. So in truth, I think your initial assumption that everything else is the same except the Vision Zero couldn't be farther from the truth.

The Vision Zero work is continuing in many, many ways. As we get back to normal and DOT ramps up more by definition, we're going to prioritize Vision Zero. But what you're seeing in a lot agency in the budget, Gersh, is things that we care deeply about are being held off because this – normal operations don't exist. I mean, look at professional training in our schools, something that's been the absolute foundation of how we make schools better. We can't do it if teachers are not in their schools. And there's many examples like that. If you look carefully and we'll – our folks will go over it with you – a lot of things in the budget proposal that's been put out so far are about money that just can't be spent because normal operations are not going on. Hopefully that's a very limited period of time and then we can ramp back up. But Vision Zero has always been a priority, always will be a priority.

Moderator: Next we have Gloria from New York 1.

Question: Hello, Mr. Mayor. I wanted to ask quickly two things. One, do you have an update on how the city is handling people who are dying at home? And what I mean by that, I know that – I understand your reluctance to discuss some of these things in public, but what I'm simply asking is we understand that a lot more New Yorkers are unfortunately passing away at home and that

because of the system being so taxed at this time, there are delays. But I am also assuming that there is, as a result of a massive undercount that's happening. So what are the city's plans to count those people? And can you talk a little bit more about how New Yorkers will be able to access this new data that you'll start publishing on Monday?

Mayor: Okay. Yes. I'll start. And then Dr. Barbot, Dr. Daskalakis, Dr. Varma, anyone who wants to join in on any of the pieces or clarifying any of the pieces. Okay, the new data and my colleagues can talk in detail, but it, you know, it'll just be available on DOH website is the easy answer. And again, we'll be not only putting it out publicly every day, but talking about it a lot because it's going to be the prism through which we interpret everything. So again, now that we've had these weeks of very painful experience, Gloria, and we have a sense of what we really think tells us the larger truth, we're going to be putting it out and then telling you what we're seeing in it as a regular part of our discussion.

On the question of this painful reality for our families. So let me frame it this way because I think it's really important for people to understand, anything related to COVID-19, my approach to my whole team to the people in New York City is whatever it takes to help people and protect people and to support families that are going through this, if we can do it, we're going to do it. A lot of other things that we used to do in this government are going to be on hold, as you just heard, or some things we won't be able to do in the middle of crisis. But when it comes to addressing this crisis, protecting people, protecting their health, protecting our hospitals, making sure people are safe, making sure our first responders are there when people need them. All of these very basic things are going to be the priority and that's where we're putting our time, our energy, our money, everything.

So whatever the Office of Medical Examiner needs, they will get, and one of the first things they said they needed was a huge amount of federal personnel and federal support and they got it. But they'll get anything they need from us as well. Because I don't want families to go through this pain more than they already are. I want us to make sure to the best of our abilities, we can get to families quickly and provide them support. We know that'll be tough at the height of this crisis, but it has to always improve because people deserve to be treated with tremendous dignity. So that's just to let you know, my message is whatever they need, that we can get them, they're going to get so they can provide that support.

On the question of the data, absolutely, I want to say there's no question in my mind and the doctors can speak to this, the driver of this huge uptick in deaths at home is COVID-19 and some people are dying directly of it and some people are dying indirectly of it, but it is the tragic X factor here. And I want us to count it in the facts we're putting out, not because I – any of us should be involved in that morbid exercise, but we're forced to, because we have to be open with people about what's really going on. So I say, let's state what I think is the truth. Yes, those deaths overwhelming and not everyone necessarily, but overwhelmingly every because of COVID-19, we should count them towards a total as quickly as we can get the full facts about them and include them in the demographic data. We must. But we understand there's going to be some challenges and some lag in that just because of the sheer nature of the crisis we're going through.

Commissioner Barbot: So Mr. Mayor, if I can add to that, I think Gloria, the only other thing that I would add to what the Mayor laid out, which is absolutely correct, is that we are first and foremost focused on ensuring that every New Yorker who dies because of COVID-19 gets counted. I think that as a city, it is part of the healing process to be able to grieve and mourn for all of those that have passed because of COVID-19. And to date, we have only been reporting on people who have had the test. We recognize that there are many people who have not gotten a test and may have, as the Mayor said passed for other reasons, but likely in this period have passed because of COVID-19. So we are committed to ensuring that that data goes up on our website.

We anticipate that that will happen in the very near future and we are committed to also ensuring that we maximize the amount of racial demographic data that we're able to report along with that. Though, you know, we are facing some of the same challenges that we have faced with the other data that we are reporting, but the, the magnitude and the importance of having this data out there so that it becomes part of the healing process for the city once we get to the other side of this horrible outbreak, I think is going to be crucial.

Mayor: Either doctor, are we good or you want to add? Okay. Good. Next.

Moderator: Next we have Sydney from the Staten Island advance.

Question: Hey, Mr. Mayor. So, Staten Island's Political Delegation sent you a letter this week calling on you to treat the borough more equally during the coronavirus crisis after you left Staten Island out of the latest surge planning for the public hospitals and the recent announcement of more military personnel. When Staten Island hospitals need these things too, especially at the new South Beach Psychiatric Center, what is your response to the letter? Have you seen it? And do you plan to send Staten Island military medical personnel or any of the free coronavirus testing for health care workers? If so when? And which hotel have you selected on Staten Island to house medical staff and use for more hospital beds?

Mayor: Okay. On the hotel, Sydney, we'll make sure that something that's ready to be public, but we do have one hotel ready to go and we'll add as needed. So our team will follow up because we just need to confirm that that's ready to go public. Sydney, your questions always are framed a certain way, you have every right to do that, but I just want to aggressively disagree with the way you're framing it because I honestly don't think it's fair to the half million people of Staten Island. We have been supplying constantly the Staten Island hospitals. I've been constantly talking to a Borough President Oddo about what Staten Island needs and what it needs, we're getting it. When we talk about ventilators, N95s, surgical masks, everything we provide, what the Staten Island hospitals need, we are sending them. And I understand the history.

I've lived it a long time as you have of why people on Staten Island, some people are very concerned about making sure Staten Island is not ignored, but I want a protest when actual constant shipments of needed supplies and equipment are going to Staten Island hospitals that should be reported too, because it's not fair to the people Staten Island to only show one side of the picture. It's just not. All the efforts being made to support health care workers, to support

first responders, also are for Staten Island. Everything we're doing is for Staten Island, like all of the five boroughs.

So the question of the military medical personnel. First of all, what I said was the hospital's bearing the brunt of the crisis in New York City, and is true by the sheer numbers that some of the very toughest situations at Elmhurst Hospital, Lincoln Hospital, Bellevue Hospital, that the military medical personnel going right into the ICUs and the emergency departments was a high, high priority. And I think that was the right priority because those were the places bearing the brunt the most. And we've gotten some of those personnel nowhere near what I'd like to see. I am continuing to push the White House and the Defense Department for many more military medical personnel. And if we get more and more, of course we should be applying them beyond the public hospitals into places like Rumsey, for example. But we don't have that yet. I'll keep fighting for that.

The question of the testing. Yes, I think this is a very fair question. I did appreciate the point raised by the elected officials from Staten Island that because there – this is a case where I think the point about not having a public hospital is very fair, where we know that Rumsey in particular handles a big burden making sure that testing as we have it is available for health care workers in Staten Island, I think that's fair though. The point, Sydney, and I want this accurately reported is the as we have it. Right now, we're trying to take what is still too limited amount of testing, use it to address the most serious cases everywhere, Staten Island and everywhere. Save lives, protect health care workers, protect first responders. We got to keep building that out and we're continuing to deepen that. So we're going farther with that than where we were even a week or two ago. But it still has to be within the amount of testing we actually have.

So presuming we have it, I would love to see a place like Rumsey and ultimately a place like Staten Island University Hospital have that testing as well. We will work to make that happen. The whole thing hinges on increasing our supply of testing so that we can actually use it the way we want to going forward, not just for the health care workers and the first responders, but actually just start to be part of those strategies to get down to low level transmission and no transmission as well.

Moderator: Next we have Isseu Diouf Campbell? Isseu Diouf Campbell from African in Harlem.

Question: Good morning. Can you hear me?

Mayor: Yes. How you doing?

Question: Good morning Mayor. I have questions about the data that was released yesterday –

Mayor: Oh, I'm sorry?

Question: Can you hear me?

Mayor: Yeah, but get close to the phone.

Question: Okay. So I have a question about the data that was released yesterday?

Mayor: Go ahead.

Question: I have a question about the data –

Mayor: Yeah, no, I heard you. I heard you, go ahead with the question.

Question: Okay. So, it seems like it's more complicated than just checking a box to know who is dying of COVID-19. It seems like 37 percent of death wasn't clear who those people were. Would you be releasing that data soon and is it possible to make it mandatory? So maybe these types of things will not happen in the future? I had a follow up question about the juvenile centers, will youth be released also because I know that you released some people from Rikers Island but not [inaudible].

Mayor: Thank you, on the last part – and one of the doctors, whoever wants to speak to it will speak to the, the work to make sure that the information is accurate. But let me just speak to the juvenile facilities. First of all, to compare with the adult facilities corrections, we're now between 1,100 and 1,200 inmates have been released as part of the humanitarian effort to make sure we are protecting lives of everyone who's in our correction system. And obviously when we do these releases, we are looking at who can be appropriately released, particularly those who have the most serious health care conditions. We want to be very careful about any human being, even if it's someone who happens to be an inmate who has those serious preexisting conditions, particularly, they're older.

But that is also to protect everyone, to protect correction officers, to protect the inmates who remain by reducing the population overall in corrections. So that's a substantial number who have been released and some releases are continuing, in this case, we need the decisions from the DA's or decisions from the State of New York to be able to do additional releases. And, you know, we've been pushing that those answers need to happen very, very quickly because this is a crisis here and now and we need all of those other parts of the government that have to make decisions to make them right away.

On the juveniles, a very substantial number of juveniles have been released. That has happened. That work has already been done, focused on those who could be released because of lower offenses or those who had any kind of health issue that might be compromising, that has been completed. I want to thank Dr. Perea-Henze and I want to thank the Law Department played an important role, Corp Counsel Jim Johnson, our ACS Commissioner David Hansell. They did that work. They completed that work days ago. We can get you the specific numbers on that. Now to the question about how we try and make sure the information is accurate on those who have passed away. Dr. Daskalakis?

Deputy Commissioner Demetre Daskalakis, Department of Health and Mental

Hygiene: Thank you, sir. So, in an effort to get the data around race and ethnicity out, we achieved a threshold of quality data that allowed us to show an initial view of deaths among

individuals based on race and ethnicity. We continue to improve our data sources and you will see that we will have more and more available data. So, I think you were referring to the 37 percent other or incomplete. As we increase our data sources, as we're building this, those data sources will become more and more clear and there'll be fewer individuals who are in that category.

Mayor: Okay.

Moderator: Next we have Erin from Politico.

Question: Hi Mr. Mayor, on the testing. When you say we'll need to go to widespread testing, can you clarify what exactly are we missing? Is it kits? Is it the criteria from the federal government? What exactly is lacking there? And are we being as aggressive as we could be with the amount of testing we have now? Because you know, I've heard you and your administration repeatedly say, doesn't really matter if you get tested. Don't even try to get tested unless you know you're gravely ill. So can you just sort of explain the divergence between those two messages now that you're saying it'll need to be really widespread before we can start to move on?

Mayor: Yeah, this is a very good question. I appreciate it, because you're raising a couple of different points that I think make the testing discussion a little difficult. So on my colleagues here in a moment, you all will figure out who wants to jump in on, I know Jay Varma has done a lot of work on this to sort of how you get the testing and what you need for the testing. And one of the most frustrating parts, Erin, when I was talking to Jay about this last night is that it's I wish it was like one thing, it turns out that, you know, the problem with the testing is you don't just need the kits, you need the reagents. And I wish I could even tell you fully what a reagent was and there's plastics involved in all sorts of things. I've heard the phrases, but what it adds up to is a lot of component parts to be able to mix the recipe together or as Jay was saying last night on the phone, if you want a cup of coffee with you know, cream and sugar, you need the coffee, the water, the cream, the sugar and the mug to put it in and we don't have all those pieces, if you will when it comes to testing to get that cup of coffee with cream and sugar.

So the problem is the supply chain is complex, the availability is very uneven to get to the point you'd like to be at, which is what we wanted on day one is what we want today. Nothing has changed. We would like the ability to test anyone, any time, for whatever purpose and know it would be there and it would be quick turnaround. If our entire health team and I know everyone at Health + Hospitals feels this to, if we had that from day one, this would have been an entirely different reality. If we have that in the future, we will have extraordinary tools to lock down the situation and protect people going forward. But what we've been reduced to – for a lot of time, we had nothing. Then we had very little for – you know, you remember at the beginning we had to wait for stuff to go down to Atlanta and come back and it took like three days, four days. You know, we finally got it in New York City, we never had enough. It's expanded in New York City, it's still not enough, but at least we've had enough to say we can focus on the people in greatest need, that the testing is actually about saving lives. And I'm going to ask Dr. Varma to jump in on this part to help people understand that part – the sort of, if you will, the tactical use of testing in saving lives that are in real immediate danger.

Clearly the testing to help health care workers and first responders to know when they have to leave work, to know when they can come back to work, to help reassure them so they can stay on the job, which is mission critical for everyone. We're trying now to deepen that and take the testing we do have and get to more and more health care workers, more and more first responders and then ultimately if we really had a better supply to start to think about the best ways to use it strategically in communities that need it most. So that we'll get into, Jay can talk about some of that. But the other point, Erin, you put a lot into one question and I commend you, is not to see testing as a false idol. Testing is one part of the equation. It's a complex part of the equation itself, but there's only one part of the equation. Because if I tested you today, Erin, you could be a negative. And then if I tested you tomorrow, you could be positive. So the test doesn't tell you everything. It tells you a point in time.

The antibody test is interesting, which we still don't have, obviously, in sufficient amounts either. It's a little more interesting on one level that it could tell you at least historically if you've been exposed or not, and that's valuable information, but that's not perfect information either, but it is at least a little more a broader time-frame. I think the challenge is that testing helps as part of an overall strategy, but it doesn't per se save a life. If the testing is negative today positive tomorrow, the person positive tomorrow now still has the disease and our focus is on how can we help them through it. The testing can give people some valuable information for sure, and it can be part of a larger strategy, but it isn't unto itself enough to save the life. And that's where I think some of the confusion comes in. So I've tried as the layman, let's let Dr. Varma get in and Dr. Barbot, anyone could help clarify further.

Dr. Varma: Great. Thank you very much. I do think the kind of key messages to think about are that we use different tools for different types of epidemics. Right now, we're in this storm and the tools that we might use when it's just a little bit rainy or when it's a sunny day have to be used differently. So I think the Mayor has as clearly described that that testing is just a tool. It needs to be combined with the fundamentals of public health. We need to find people who are sick, make sure they're separated. We need to find people who are exposed also separate them, but also monitor them carefully so that if they do get sick, we can get them the care that they need. So I think it's very important for people to understand that during this very difficult time where there is a major storm we can't use all of those tools the way we want to, but we need to plan for that. We don't know if the technology that we want is going to be there. We don't know if all of the supplies are going to be there, but if we don't plan aggressively now, we won't be ready to turn that on the moment they are ready. So I think one of the key messages for people to understand is different tools for different times. But we also need to plan to use those tools as effectively as we can when the time comes.

Mayor: You go, and then I want to ask you both something to add to the question.

Commissioner Barbot: So what I'll add to what Dr. Varma laid out, and Mr. Mayor, what you laid out is if we look at this from the big picture, if you envision the curve of this epidemic as a rough bell shape curve, the utility of wide-scale testing in the very beginning is to contain the outbreak and to try and minimize the number of people that are affected and our efforts at that were severely hampered by what happened at the federal government and not having testing

widely available. Strategically, again, on the big picture perspective, the utility of having large scale testing as you're going the other end of the curve is to help speed that process up so that if we think back to the weather chart that the Mayor put up and, and looking at, you know, is it cloudy or is it sunny? That wide-scale testing is going to help speed that downward trend as much as possible, so that as Dr. Varma said, we can find individuals who are symptomatic, provide them the opportunities and the wraparound services for them to remain in isolation, in quarantine so that we can further accelerate having fewer and fewer infections in the city.

Mayor: So thank you doctor. So this is just a payoff of Erin's question. I think, and again, the fact that this is so for all of us, hard to make sense of all the pieces, it's not just testing everything else is because, I keep coming back to this: here's a disease – if I had said coronavirus to you six months ago, you would have any one of us would have stared blankly back and say, what are you talking about? It's a disease that didn't even exist as far as we know in this form half a year ago. And there is literally no one on the earth who fully understands it. So we're all playing catch-up here but I think what is clear, and I'm going to try it as the layman and let my two colleagues respond to it, is since we don't even have the testing on the level we want and we have had to from day one ration testing in a way, none of us wanted to do. We have that problem. But then there's also the problem of what the testing can tell you. And what it can't tell you. As I said none of it is perfect. We don't have the antibody testing on a wide scale and that will tell you something about people's past exposure, but it doesn't even guarantee you couldn't get sick again. We think it suggests it, but we don't know it. On the regular testing, that doesn't guarantee what's going to happen tomorrow.

So one of the things that all the doctors have talked about is, you know, to focus on symptoms which is least tangible. If someone has symptoms, then you want them to immediately isolate. You want them to, you know, have a different situation with the people that are living in their household with. And this is something we're going to really focus on. If you're living under the same roof with someone, a positive test tells you something for sure, but symptoms tell you something also. And symptoms are really obviously visible, and that's when you want to make sure there's as much separation as possible to help people through and make sure more people don't get infected. But now, you know, the evidence from the last week or so about asymptomatic transmission, you know, that finally now has some scientific backing. Well that's another curveball too. And the fact that someone can be on that scale of, you know, starting to, I'm going to use again my imperfect layman's words, but starting on the pathway to being infected and being able to infect others, but it might not even show up on a test. So we're constantly trying to figure out how to make this simple and common sense that people respond to that, what they're experiencing even when we don't have enough testing. But even that is complicated because this disease, it is, you know, I keep saying it's a very clever disease. It doesn't give you a clear target a lot of the time. So I'm trying to bring something out. Maybe the doctors can help me about the fact that we know testing would help, but part of why it's not a silver bullet is even with the testing, you don't get always the full picture. You want to try that one.

Dr. Varma: Yeah, I'll sort of emphasize two points. One is to remind people about – for this type of infection, there are really two types of tests that we have. One tells you whether the person has like an active infection and is likely to infect other people. That's the test that you're

hearing about most commonly. The second is a test to see whether or not you've been exposed at some point in the past. And it may also help you know whether or not you're safe and won't get infected again. Unfortunately, what makes this challenging for us and what makes this challenging for all of you is that there is a lot of uncertainty. Everything we're telling you has a but, or, except for. And so, we really need, you know, everybody in this fight. We need the scientists in this fight to help us get clarity to all of that. So, I think that's one point.

The second point is, in addition to the innovation that we need in testing, we need some innovations to our regular tools. Our normal approach, whether you have a, let's say, an STD or HIV or tuberculosis is to find the person who's infected, interview them carefully to find out all of the people who might've been exposed to them, and monitor them and inform them also. But when you have a disease like this, which is so contagious, that it spreads through everybody. We need to figure out a way to do that, not just with the people that we have, but with modern technologies. And so one of the things that we're working very actively on is trying to learn from the practices that are being used in other countries that are going through this as well as find out our own innovations that are adapted to New York. So, it's innovations in the testing and it's in innovations in the information technology as well as our tried and true experts in public health that together are going to really make us move to those first to the rainy season and then ultimately to the sunny days.

Mayor: Both of you, one more thing, I'm just playing off this. On the point that and again, I think the asymptomatic, again, another horrible wrinkle in this and still not fully understood to say the least. The guidance that was put out by the Health Department was based on, you know, initial research. But that doesn't mean we have the full picture in any way, shape, or form. But this point about – in the absence of the testing that we should have, the kind of numbers and quantity, you know, availability, that can only happen as best we understand it with a strong federal intervention, and we've never had that in the absence of it, trying our best to help people protect themselves and their families. I think the symptoms has been the one thing that's been evident and strong and a lot of people can make sense of, but we've got to keep communicating more and more what you do once someone in the household has the symptoms and how to navigate that.

I think in a world where there's not enough testing and there may be substantial asymptomatic transmission, you know, it's incredibly frustrating and challenging and difficult for everyone. But I think it's fair to say the one thing that you kind of have some consistency on is when it does manifest, there's something you can do and we've got to help everyone. We've got to keep getting more information out. We got to keep getting people in more dialogue about that. We've got to help people navigate it and people have to take that guidance and work with it right in their own home. Can either one of you speak to that?

Commissioner Barbot: Yeah, no, absolutely, Mr. Mayor. I think that we have over the course of this outbreak evolved our guidance as the science has become available and it's important for individuals to have a low threshold for recognizing the early onset of symptoms, cough, fever, sore throat. We're learning more from our frontline colleagues that you know, what happened during the allergy season sometimes got misconstrued as allergies. So things like postnasal drip may have been early symptoms of COVID-19. That being said, recognizing symptoms early,

isolating early, and ensuring that if you are unable to self-isolate at home, away from other family members, to use face coverings in the home and ensuring that if you are a caretaker of someone in the home that you are taking the proper precautions. And so I think to your point, Mr. Mayor there is as we prepare for coming over the other side of this epidemic, we will need every single New Yorker to be able to recite these recommendations in their sleep. And so we're focused through the Health Department on ensuring that we're leveraging our partners, that we're working with media and we're open to suggestions of any other ways in which we can really spread this message even further.

Mayor: I think that's very important and want to emphasize all the new ways that we announced yesterday we're going to try and reach deeper into communities, but also this point about for those who can isolate in their home and those who can't. I think one of the things we've got to keep focusing on, again – let us pray that our number one focus, which has been preserving and protecting our hospitals to save lives, that we continue to get a little bit of relief on that front and we can put so much more of our energy and resources out into communities, but continuing if, if, if that we continue to have that opportunity, this point about helping family members understand, particularly in a multigenerational home if one is sick of any generation, how to properly isolate and support that individual without creating challenges for the rest of the family members. And being able to do that with the right information and the right support and literally have someone being able to call a human being a trained clinician and talk it through and get advice on how to do it. But also, as I mentioned in the overview of where we're going to go through these phases, taking that hotel space and using it more and more to support families who need to have a loved one out of the home for a period of time to create more protection for everyone else to date the hotels, the focus again has been preserving and protecting the hospital system and being ready to address the huge percentage of people who are in life and death situations. That's been the focus on the use hotels, using them as places that health care workers could go who couldn't go home to their families, those types of things. Over time particularly we don't need the hotels as much for hospital space. We can open up more space to allow family members to have isolation if they need it. And I think to the discussions that we've had Dr. Varma on what it looks like to move into the new phases, you use things like hotel rooms and quarantine and isolation more and more in that kind of strategy. That's something that could relieve pressure on folks who are in really tight quarters.

Dr. Varma: Yeah, absolutely. I think the, the experience from around the world has been that until you can stop transmission from one person to another, you're never going to get a hold of this. And a lot of that transmission does occur in homes. And New York City is similar to some very, you know, large East Asian cities where we all live in apartments and we live close together and we live with multiple family members. So we need to be able to create opportunities not just for the public's health to be protected but for your family's health to be protected. And so that means if you develop symptoms and there is no way for you to safely be kept in your own apartment in a way where you're not infecting others, we have to create those opportunities. And, and I think as the Mayor has highlighted those opportunities are often a privilege. And we need to recognize that there are so many communities that are so vulnerable to this disease not just because of existing disparities, but also because they don't have the opportunity to do these things in their home. And so it's really incumbent upon us to not just have a strategy that innovates, but also that really addresses the equity issued as well.

Moderator: All right. We're going to finish up there for today.

Mayor: Okay, good. Yeah. Thank you. And everyone just to finish to say this I said the other day, but I want to keep emphasizing this is a long, tough battle. But there are a lot of heroes. Health care workers have been heroes. Our first responders have been heroes, but really everyday New Yorkers, you've been heroes too because you've really done an amazing job practicing social distancing, handling shelter in place, making it work. God bless you all. It has not been easy, but you're doing it. You're the heroes in this fight too. And we can get to that better place. We really can, but it's going to take a lot of hard work, lot of devotion. Keep doing what you're doing. Simple message – keep doing what you're doing, double down, and that's the way we get to a better place.

Thank you all.

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