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

Mayor Bill de Blasio: Welcome everybody to our temporary home for these press briefings. And, again, we'll start with this and we probably are going to go to a calling system soon for obvious reasons. But for now, we are here and I have a number of updates to share. Let me start by saying, of course there was a lot of new information every day that's sobering – thank you – and troubling. But there's also a lot of people stepping up, a lot of people helping out a lot of people really coming to the defense of New York City and the people of New York City. And so, there is some good news and I'm happy to announce one piece of good news as we fight this virus and this challenge. Last night, Health + Hospitals, our public health care system reached an agreement with BioReference Libraries and BioReference Libraries, one of the largest testing companies in America.

This is an example of a real public private partnership at a time of tremendous need. This agreement will allow our public healthcare system to ensure that up to 5,000 coronavirus tests per day can be done. I want to say that again. We will have the capacity in our public health system, just our public hospitals and clinics to perform up to 5,000 coronavirus test per day. That capacity will start to come online on Thursday, it will ramp up in the coming days until we reach that daily total. This is a huge increase in testing capacity for the City of New York as a whole and specifically for Health + Hospitals. You're going to hear a little later on from Dr. John Cohen, who is someone I've known for a very long time and have tremendous admiration for the Executive Chairman of BioReference laboratories. I want to thank you Dr. Cohen and your whole team for working so fast and so effectively with our team to come to an agreement and to put this testing capacity online.

So, I'll give a number of other updates and then you'll hear directly from Dr. Cohen and we will start the Q&A with questions specifically about testing and this agreement before we go to other matters related to coronavirus. Once the testing capacity is up, starting on Thursday, the tests can be processed in one to two days. So that's a strong turnaround time, and the focus will be, and we'll say this throughout on those who are currently hospitalized and who are medically in danger and those who are, in general, the most vulnerable, but we're going to be very careful about the prioritization of these tests. Even with this substantial new capacity, this will be a highly prioritized approach to testing. I want people to be very clear that our healthcare professionals are determining those priorities and we're going to stick to those priorities to ensure we can help those who truly need the testing most and to protect our entire healthcare system.

So, want that to be clear. We'll clarify more as we go through the Q-and-A. We're going to – I'm going to say, and I know my health care colleagues are going to say many reminders throughout this press conference that the guidance remains for those who are sick with the cold and flu type symptoms and only have mild or moderate symptoms. The guidance is to stay home, do not go to the emergency room or a clinic, and remember that there are those who are immediately in real danger, who need those facilities to be available to them. The goal for everyone is wait three or four days, if your symptoms improve, then you're good, if they don't or get worse, that's when you need to contact first by phone your healthcare provider. And this has evolved over the last few weeks as this crisis has deepens. So, this is what we need people to do. If you're sick, stay home, do not go to work, do not go out, do not come in contact with other people and then give it three or four days to see if it develops further. So, that's about the announcement today of the 5,000 test per day capacity going to Health + Hospitals.

I want to go to another update, very different one, but very much about how we have going forward, how we'll have the capacity, the medical capacity and all the capacity, logistical support that we need to protect New Yorkers in a growing crisis. About an hour ago, I spoke with the Chairman of the Joint Chiefs of Staff of the United States armed forces General Mark Milley. We had a detailed conversation about the capacity that the armed forces could bring to bear to address a crisis like coronavirus and we went over details in terms of different options of what the military

might be able to provide. I want to thank General Milley for his willingness to provide assistance and it is quite clear that our military is in a high state of readiness and we agreed to continue to communicate and to work closely. So very, very much appreciate the update that I received from General Milley. And even though we are waiting for a lot to happen particularly decision making in Washington to happen it is comforting, it is definitely comforting to hear of the extraordinary capacity of the United States military and that the military isn't a high state of readiness to be able to provide support to not only New York, but other parts of the country as well.

Now, I want to talk about a question that's on everybody's mind, and that is the issue of shelter in place. This is a reality that is being talked about because this crisis continues to grow. We are all deeply concerned about the direction and the trajectory even as we get new information daily and hourly and we're trying to better understand the specific trajectory. It's quite clear this is a fast-growing crisis. In my view, I think the right guidance to give all New Yorkers is, even though a decision has not yet been made by the City or by the State, I think New Yorkers should be prepared right now for the possibility of a shelter in place order. It has not happened yet, but it is definitely a possibility at this point. I believe that decisions should be made in the next 48 hours and it's a very, very difficult decision.

I want to emphasize that it is difficult anywhere in the United States of America. It is particularly difficult in a city with such a large population so densely populated together. But I think the point is come with that decision does have to be made. We will be communicating closely with the State. Obviously, it's a decision we want to make in common. And I think it's just right to let people know that there is that possibility. To be clear, if that moment came, there are tremendously substantial challenges that would have to be met. And I don't take this lightly at all. Folks have to understand that, right now, with so many New Yorkers losing employment, losing paychecks, dealing with all sorts of stresses and strains, I'm hearing constantly from people who are tremendously worried about how they're going to make ends meet. And that scenario a shelter in place begs a lot of questions. What is going to happen with folks who have no money? How are they going to get food? How are they going to get medicines? How are we going to ensure in a dynamic like that, that supplies are sufficient for our population? What role does the government need to play to ensure that the proper distribution occurs and no one gets left out? There's a lot of unanswered questions and I dare say those are particularly difficult in a City as large as New York City, but I believe we have to quickly come to grips with those questions and determine different contingency plans while deciding if this is the right strategy to move forward with.

And that statement obviously connects with the update on the number of confirmed cases. Now we have information that is updated since the Governors earlier press conference today and you will see you that the numbers continue to grow rapidly. So as of this hour, and this is again our two hour changes now, as of this hour, the number of confirmed cases in New York City is 814, the sad reality, the prediction I made last week that we would hit a thousand cases this week is obviously about to come true and I'm very sorry to say that. Now, the borough breakdown I will give you now I believe, I think we can confirm this is directly connected to that 814 number. So, the borough breakdown as of this point 248 cases in Queens, 277 cases in Manhattan, 157 cases in Brooklyn, 96 cases in the Bronx, and 36 cases in Staten Island. And again, very sorry to say we have lost seven of our fellow New Yorkers to coronavirus.

We will need quickly support from the federal government. Everything I've talked about so far keeps coming back to the federal government. There's more of the federal government can do to help us expand testing. There is obviously much to the federal government could do to ensure that the military is brought to bear to the fullest extent to help New York City and other areas that have been hard hit by the coronavirus. There is so much the federal government can do to ensure that people have income. Right now, although there are some promising elements of the stimulus bill, there is nowhere near the kind of income replacement that people need in this kind of crisis. I mentioned earlier today the parallel to the new deal. We've got a crisis on the scale, obviously, on the trajectory of both the epidemic we saw in 1918, not the exact health trajectory that, as Dr. Cohen and I were discussing earlier, there was a lot less health care available to New York – I mean, to New Yorkers and Americans in general a century ago. But in terms of the sheer reach of this disease, the only parallel will be the 1918 influenza epidemic.

In terms of the economic dislocation, I think it's fair to say we are going to quickly surpass anything we saw in the Great Recession, and the only measure, the only comparison will be the Great Depression. Hopefully not as bad an overall impact, but I think in terms of the sheer reach, again, that will be the only comparison in the Great Depression. The federal government focused on creating jobs to put money in people's pockets. We can't do that

now because there won't be scenarios where people can work in congregate settings. There's so many ways we cannot repeat the model of the Great Depression and the New Deal. It's going to take direct income support on a vast scale. And I have said very clearly, the federal government found a way to come up with vast amounts of money to bail out the banking industry a few years ago, to bail out the auto industry, vast amounts of money for a tax cut for the wealthy and corporations, even vaster amounts of money for endless wars that have yielded little for the people of this country. Clearly, the federal government knows how to spend money quickly and on a huge scale. It should be spent on the American people right now, working people who are suffering. They don't have that income replacement. They will not be able to afford food and medicine and the basics. We are sending today additional requests and there's been a nonstop stream of requests to the federal government.

Three letters going out today, one to the veterans administration and to HHS requesting that unused beds in veterans administration hospitals in New York City be freed up for the battle against coronavirus and requesting that medical supplies be expedited and delivered to New York City, including surgical masks of all the different kinds, surgical gowns, all the elements we need to protect our health care workers and allow them to do their work.

Sending out an additional letter to Secretary Azar, HHS, on specific medical supplies that had been provided, but are insufficient uh in previous shipments we've received. And we're sending a letter to the leadership of the United States House of Representative and the United States Senate imploring them to use their power to ensure that the military will be activated in this crisis and that aid will reach New York City and other parts of the country.

Some quick additional updates and announcements. In terms of food provided through our schools this week – this week, as we've said, all schools will be providing breakfast and lunch grab and go options at each school. Next week we will be opening up an enrichment centers, learning centers for uh children of essential workers that'll be providing breakfast, lunch, and dinner. We are also determining a methodology to provide breakfast, lunch, and dinner at additional pickup sites around the five boroughs for young people who need them. This will not, at this moment, be at every school. This will be a more concentrated approach, not exactly what we do during summer, but closer to that than to every school building. But there will be ongoing sources of food for students that who need them in a new form starting next week.

I'm going to go through different items. They don't necessarily all connect, but they're all pertinent. There's been questions previous last few days about our budget process update that we intend to continue the city budget process on schedule, according to the law, and our office of management and budget is continuing to do its work to prepare the budget on time. And you should know that the office of management and budget is working remotely already.

An update related to for-hire vehicles, and for this one I will be signing an executive order right now for for-hire vehicles. We want to protect drivers and we want to protect riders alike. This executive order will ban a ride shares and a pooling of customers. This has been done in agreement with a major for hire vehicle companies such as Uber, Lyft, and Via. And the rule will be a one individual customer per vehicle to of course create social distancing as best possible within the vehicle. This does not disallow a couple that is together already, and actually a real couple. I want to be clear with people, a married couple, for example, or people who live together, or a family that lives under the same roof. Those folks obviously have had deep exposure to each other. It's appropriate for them to share a vehicle but not people who don't know each other. So, we will formalize that now in this executive order.

Related to the health and human services field, we have a huge number of nonprofit workers who play a crucial role in providing health and human services to New Yorkers. They're almost 40,000 nonprofit workers who've been under contract with us. A vast majority right now are in a situation – or, I should not say a vast majority – a very large number of them are in a situation right now where their work places may be closed, but their work is still crucial and we have a variety of things we need them to do. So, for approximately uh 40,000 nonprofit workers already working under contract with New York city, we will designate them as essential workers.

Next topic is, one, there's been a tremendous amount of interest in alternate side parking. Starting tomorrow, Wednesday, March 18th and continuing through Tuesday, March 24th, we will suspend alternate side parking. This is for one week, for seven days. This will give us an opportunity to evaluate the impact and see if it's something we want to do on a longer term basis. I want to just to help all New Yorkers to know, these are discussions we have all day long trying to make the right decisions, doing it for a week to see how it goes, makes all the sense in the world.

Doing it throughout a crisis that could easily reach months upon months is a bigger question mark because what our Sanitation Department does related to alternate side parking is actually to keep our streets clean, keep our neighborhoods clean. There is a real connection between clean streets, clean neighborhoods, and overall health care. So, we have to be smart about keeping the city as clean and sanitary as possible. But let's do this first suspension, see how it goes. We'll update you as it gets close to next Tuesday on what we're going to do next. But again, alternate side parking suspended tomorrow through, all day tomorrow, and all the way through Tuesday, March 24th, and then we'll get you an update.

In terms of the criminal justice system, there've been some very fair and important questions about what is going to be done differently. First of all, anyone who is arrested and has flu like symptoms uh will not be taken to a precinct, will not be taken to central booking. There will be a specific methodology limiting their contact with our first responders and using a video conference system uh to immediately provide for the workings of the criminal justice system and our first responders being trained in how to appropriately handle that kind of circumstance. That's if they have those symptoms.

Now, another question has been about the number of people in jail and will there be some alterations. We are evaluating right now working with the Mayor's Office of Criminal Justice and the NYPD, the number of people in our jail system who might be particularly high-risk in terms of vulnerability to the virus and another category of people – those who are incarcerated but are at low-risk of re-offending. We're going to evaluate those numbers and the details and determine if case-by-case any of those individuals should be taken out of our jail system. We don't have a final decision or final numbers, but that evaluation is happening today.

Question came up about business taxes. Here is the instruction – everyone, business owners – everyone should file their taxes on time as normal. We understand some people have obviously a hardship situation. If you have a hardship, you can apply for an extension and if you can prove that your business has been disrupted, we would waive any penalties that you might incur, but the request is that all business owners file taxes as normal to the maximum extent possible and indicate specifically and with a proof if there is a hardship.

It's very important to note that this crisis certainly puts a clear light on the fact that the city of New York does not have unlimited resources. We have a lot we need to cover and we do not have unlimited resources. We need the federal government to play a much bigger role and we don't see enough evidence of that yet. So, our concern is overall when we think about revenue, the impact, all this is happening of course, but we're also concerned we do not see that massive federal stimulus yet. And we do see a lot of volatility in the stock market. So, we are very concerned that we keep our revenue picture as strong as it can be in light of those realities.

Now, very important issue, everyone understands we're going to be massively building out our health care system. We're going to be creating a new health care capacity in our hospitals, but we're also going to be creating health care capacity where there's never been a hospital before because we're going to need this massive mobilization to be able to address this crisis in the weeks ahead. As our health care leaders have said, the physical space in many ways is the easy part. Getting the equipment and supplies, which we do not have enough of for the long haul, we must have federal support for that. But maybe even more challenging – the personnel, the glue of the health care system is the people, the experts, the medical professionals of all types. So, we're launching a citywide campaign and it will look and feel like a war time mobilization message. And the message will be simple; if you are a health care worker, you have any appropriate training, we need you and we need you right away. It's going to be crystal clear. This is so far from business-as-usual, there's no words for it. Anyone who brings health care skills to the equation, your city needs you now.

Now, couple of key categories – there are about 9,000 licensed and retired health care workers who are registered in what is called the Medical Reserve Corps. That corps is managed by our Department of Health. We're going to work to mobilize that corps immediately. It is on a voluntary basis, but we're going to ask all those who are part of our Medical Reserve Corps who can come forward to help, we need you now. Also, licensed workers who aren't in the Medical Reserve Corps can be added to it and that means a number of folks in health care right now could be people in private practice, for example, who are not connected to a larger institution – we are going to need you and we're asking you to sign up for the corps.

The website where you can sign-up is live today. Go to www.nyc.gov/HelpNowNYC. Again, nyc.gov/HelpNowNYC. We need everyone who's able to come forward.

Few more updates. We had enforcement activities this morning by the NYPD, FDNY, Department of Buildings, and the Sheriff's Office out at bars and restaurants to ensure they have closed their in-house dining and have converted to delivery and take-out. We have had a very high level of compliance. There were instances where warnings had to be given and reminders had to be given that initial, and this is initial information, said that was around ten percent of the cases, but overall high compliance and we believe that will only deepen up-ahead and that enforcement will continue so long as we see any lack of adherence.

Few final points, today at 6:00 pm there will be an alert sent to all New Yorkers with an appropriate device. Some of you will remember this has been the same approach that has taken place in the middle of a major weather events, blizzards and hurricanes, or major police activity. You will get a loud audio alert and a vibration. This is happening today at 6:00 pm. We'd like everyone in the media to please let all those who follow what you put out there know. This is to alert everyone to the fact that as we move forward this type of alert will be coming and that we want everyone who can to sign-up for the proactive information; there's still a lot of misinformation out there. So, one, what we're going to say today at 6:00 PM is how important it is to text C-O-V-I-D to 692-692. Or, if you're a Spanish speaker, C-O-V-I-D-E-S-P to 692-692." The more people who do that – and it's hundreds of thousands already – but the more people who do that, the better off we'll be in terms of ensuring that people are getting real accurate information quickly. But it's also a heads-up. The alert will send at six o'clock, which will be in both English and Spanish, is a heads-up to people that given the severity of crisis, they can expect those more serious alerts from time-to-time and to get ready for them.

Before I turn to Dr. Cohen and Dr. Katz, just a few reminders again, if you are sick - stay home. If anyone in your family is sick, they need to stay home. If you're sick, take those three or four days. If you don't get better, call a doctor. Do not go to the emergency room unless it is truly an urgent and immediate emergency. We have to protect the ability to help those who are in greatest danger and everyone has a role to play in that.

And again, the current rules in effect always potentially subject to change. We want as many people in general to stay home as possible. We want everyone who can telecommute to telecommute and when you're trying to figure out what's an appropriate activity or not, the general rule is stay home - when in doubt stay home. But there are exceptions, Dr. Barbot delineated them yesterday. Obviously, if you need to go out and get groceries, that makes sense. If you need to get to the pharmacy for medicine, that makes sense. If you need to get clean clothes, that makes sense. If you need to get some exercise or take your dog for a walk, that makes sense while you're doing all these things, practice social distancing. Keep three to six feet apart from everyone around you to the maximum extent feasible and when you don't need to be outside, get back home and those are simple rules and we'll keep updating people on them as we go along.

There's a big share of personal responsibility in all of this is not going to be easy. This is going to be a long battle, but New Yorkers are the toughest and the most resilient people in this nation. If any place can handle Corona virus, it's New York City. But I always say behind our tough exterior's beat hearts, gold. New Yorkers are very compassionate people. Look out for those in your life – seniors - look out particularly for those over 70, if they need food, if they need prescriptions, if they need help, let's be there for them. Look out for folks who have those preexisting conditions. If we help each other, we will get through this. I'm absolutely convinced if New Yorkers do what we did after Sandy after 9/11, so many other times, we will get through this, but we all have to do it together.

A few words in Spanish –

[Mayor de Blasio speaks in Spanish]

With that and I just want to thank you, Dr. Cohen and everyone at BioReference laboratories. I am I literally want to thank you on behalf of 8.6 million New Yorkers. You are the cavalry who has rode to the rescue here and we are eternally grateful. And Dr. Cohen, I'd love you had talked to everyone about the new capacity you're bringing online and the work we will all be doing together. Thank you.

Dr. Jon Cohen, BioReference: So, thank you, Mr. Mayor, first off for your leadership and the privilege actually to serve. I can assure you that the folks at BioReference I can tell you have been working 24/7 for literally the last ten days to get up to capacity for what we think is going to be needed and beyond. So first you know, we take this responsibility incredibly seriously and believe that the private sector is here to assist government and government agencies to combat this epidemic. Second, in particular supporting the Health + Hospital Corporation as the largest public health system in the country. And, of course, serving New York City, serving the most vulnerable and at risk populations in this city is something we think is incredibly important for the private sector to step up to and be part of. Third finally as a physician I take this personally. And what I mean by that is I want to make sure that every one of those front line physicians, nurses, health care workers that are actually putting their lives and their risk in the front to get these people done, to get these people healthy, have everything that they need and in our case, the testing ability and to bring that testing ability to them in the most timely fashion so that they can take care of their patients. We will, as we've stated, we have committed to testing 5,000 patients a day and as a result of that, we will ramp up for them as needed in the next couple of weeks.

Mayor: Doctor, thank you again. We really, really appreciate the collaboration and the partnership and we've got a long battle ahead, but it is great to have you and your colleagues on our side. I want to turn to Dr. Mitch Katz, CEO of Health + Hospitals. And obviously he will describe what this new testing will mean for all of the people who work in Health + Hospitals and their ability to serve people in greatest need.

President and CEO Mitchell Katz, Health + Hospitals: Thank you Mr. Mayor and thanks to you and Dr. Cohen for providing us this capacity for testing. For people who need to better understand why this is so important — remember that not everybody who has respiratory distress has COVID-19. Some people may be suffering from heart disease with it worsening. Some people may have bacterial pneumonia. These are illnesses that typically affect hundreds of people every day at hospitals that we run. What we need to be able to figure out is which seriously ill people have COVID-19 and as quickly as we possibly can. This capacity will assure that we're able to test all seriously ill patients and equally important, it will cut in half the wait time to a final response. So, we will know for sure that the patient is COVID-19 positive or negative and that will greatly improve our clinical care. Let me just say though that while this capacity is wonderful, it is meant for people who are sick and need services at a hospital. The City is working extremely hard and the Mayor's done great efforts on being able shortly to massively expand capacity for testing people who are not symptomatic at other facilities that will be created in non-hospital spaces so that people can be tested in the safest place possible as quickly as possible.

But I'd like to ask all my fellow New Yorkers on behalf of their parents, on behalf of their grandparents, on behalf of people that they know, who have serious health conditions, that right now we need people who are asymptomatic to stay home. We need people with minimal symptoms in the first three days to stay home. We are preparing to take care of anyone who has serious symptoms, people whose symptoms have not gone away after three or four days. And that will all be helped if people who are currently without symptoms or with minimal symptoms will await the greater expansion of testing for them. Thank you.

Mayor: Thank you Doctor. So just want to ask of our colleagues in the media, if you have specific questions about the testing announcement with BioReference and H + H, we can just get those questions up front. Dr. Cohen may have to leave at some point. So, I just want to give him an opportunity to answer anything you need from him while he's still here. Please.

Question: If it's not automated [inaudible] tested?

Dr. Cohen: So, the original CDC test, as you probably know, was manual and it was manual for the extraction of the virus, the RNA, and then was put on a platform. So, the platforms we're now running, we have four platforms that we've brought up. Each one of those platforms have essentially a slightly different, what we call recipe, but the end result is they all diagnose to a very high sensitivity and specificity, the coronavirus. Those platforms are all automated. And what that means is that when you get the sample, you can put the sample right onto the analyzer and then it takes it through the entire analysis.

Question: In a best-case scenario, what does this additional testing, 5,000 per day at city hospitals supposed to yield for us? Once we've had that kind of increase in data, why is that a good thing?

Mayor: Well, it's not just about the increase in data, it's about the ability for all of our health care professionals, at Health + Hospitals to actually do their job more effectively, to understand who needs what help and prioritize it. Dr. Katz is going to explain it, I'm sure more eloquently than I. But it is a sea change to go from having minimal capacity to have a reliable capacity daily which, we're talking about the entire Health + Hospitals system. The largest public health care network in the United States of America went from, you know, a very tenuous situation to now having its basic needs guaranteed for the foreseeable future. That's a huge deal. But Doctor, maybe you can make it a little bit more day to day. Explain the reality?

President Katz: Sure. Three things - we will cut the time it takes to get a result in half. Which is very important for me to be able to correctly manage patients with serious disease. It will ensure a sufficient capacity. So, right now, I have been able to get test results more in the three days or four days, now I'll be able to get in much shorter. But also, there was no guarantee as our numbers grew that that would be able to be continued under our current lab arrangements. And third, while this arrangement is just for Health + Hospitals, it really helps everyone because it means if I'm sending my specimens to Dr. Cohen's labs, it opens up capacity at the other commercial labs to be able to provide rapid responses for their hospitals. So the more labs that come online, the more help it is to everybody no matter who has what arrangements.

Question: A quick follow up Mayor. Since you were accurate or likely to be accurate about the 1000 cases probably as soon as tomorrow. Are we still in an exponential situation where by next week you're looking at 10,000 cases or even more?

Mayor: Look, we're certainly going to have thousands of cases next week. I don't want to give you an exact number yet, but you know, it's conceivable to be in the, you know, a number of thousands, so we'll get to a better guess. It's not that long. I can say it this way, it's not that long until we hit 10,000 cases. That is a true statement. Whether it's next week or some later period is not that far off. But that's why we are racing against time to set up the expanded medical capacity in this city and to ensure — coming to you — and to ensure that we have the testing capacity we need. I'm going to ask before going to the Deputy Mayor, I'm going to pass it back to Dr. Katz in a moment on a practical point, but I want to just make an obvious statement. New Yorkers are self-reliant. New Yorkers are resourceful. This is what we do. We have not been sitting around crying about the fact that the federal government never really showed up. Once we understood there was an opportunity to work directly with Dr. Cohen and his company we just went and did it. And we're going to do this all along. Look, I am praying our federal government will actually come into this crisis and help us. But I don't sit around as assuming that. We're going to build our own new health care capacity. We're going to recruit our own professionals. We're going to find our own supplies, whatever it takes. It would be a lot nicer if we didn't spend weeks and weeks, even now almost months, pleading with the federal government on testing only to get very mixed results. But here we are. So, from this point on we're going to be absolutely self-reliant. God bless the child that's got their own and maybe one day we'll be pleasantly surprised and the federal government shows up. But Dr. Katz, I think it would really help everyone, all of us lay people to hear you say the difference when you're in the middle of all the work you're doing, especially in a crisis, you have a patient, you get that test back. The difference for the health care professionals, if it's positive or negative, what it helps you do and adjust. Just help people vividly understand that.

President Katz: Sure. So, I think the easiest way to think about it is that just because we're in the midst of the COVID-19 pandemic doesn't mean that anyone has cured bacterial pneumonia, tuberculosis, congestive heart failure. We're doing our very best to keep people who are minimally symptomatic away from the hospitals, but we have people with serious respiratory diseases that are not COVID-19 and I need for any of those patients to be able to know whether I'm dealing with COVID-19 and I should treat it as COVID-19 or whether I'm dealing with a bacterial pneumonia or tuberculosis or someone with congestive heart failure because the treatments differ. It also affects our ability, right — the person with congestive heart failure needs to be kept as far away from possible from patients who have COVID-19. Right. And increasingly in our hospitals, we're now, because we have so many cases, we are dedicating wards to people who do have COVID-19. By having accurate testing, I can put those people who have serious respiratory diseases that are not COVID-19 as far away as possible and with different health care providers, then those people who have COVID-19.

Mayor: Deputy Mayor?

Deputy Mayor Raul Perea-Henze, Health and Human Services: I think that was the first part of my response. You asked, I was going to try to answer your first question in two parts. One is the test is very important for the individual patient's management. Dr. Katz just explained all the details on why it's better if you know for sure. Also protects the health care workers. If you know for a fact that you have a COVID-19 positive patient, you protect yourself in a different way. The second utility, which is also as important, in order to understand how the epidemic is evolving, you want population-based numbers, you want to be able to collect, as much as you can of information and begin to plot it in a map across the city to be able to detect where the activity is surfacing, one way or another.

Mayor: So, I am staying on testing to see if there's anything else on testing and we'll go to other COVID-19 topics. On testing, Rich?

Question: So, the Doctor approached the City? Or the City approached the Doctor? How did it work?

Mayor: As soon as we heard, and again, Dr. Cohen and I have a long, a wonderful relationship. The second I heard that his company had capacity, I had his cell phone for many years. And I called him on his cell phone and to his great credit he was, he said, we want to help the City of New York. We have capacity now. We need to come to a deal as quickly as possible so we can get this up online, and immediately put our Director of the Office of Management and Budget, Melanie Hartzog, on the line with him and they struck a deal. And here we go. So, it was very, very fast. But it was great that we had the preexisting friendship and it was great that he was so ready, willing and able to help. Eric?

Question: Two things. Number one, when will it be up fully to 5,000 tests per day?

Mayor: So, I'll just start and say, Thursday will be the first day to receive. It will take some time to ramp up, but —

Dr. Cohen: We'll ramp up to the 5,000 as needed. We're predicting that's not going to be 5,000 on Thursday. It usually it'll be a couple of hundred — we'll see how it goes. We are prepared to do the 5,000 on Thursday, but I doubt that that's going to be the need for the first couple of days based on what we've seen today for the other hospitals.

Question: [Inaudible]

Mayor: Well, Erin, I'm going to jump in and then Mitch can be more exact. The numbers to question Andrew raised, you know, this is all about the numbers. If we're going to be next week, thousands of cases we're on a path to 10,000. The sheer demand is going to keep growing and obviously you have to test a lot of people. You don't only know in advance who's a positive. So I think it's fair to say over the next week, two weeks, that demand is going to grow intensely, but we can't give you the date yet. We'll keep you posted on that. Do you want to add?

President Katz: So yes. The promise is that they have capacity to do it happily. Today, I don't have 5,000 people who may have COVID at my hospital per day. But by next week I might. And so it's not a ramp up in the sense of Dr. Cohen's lab having to ramp up. I don't yet have 5,000 people a day in the hospital who I think might have COVID-19.

Question: I guess related to that. I'm a little confused because you were saying a few days ago that anyone who has the correct symptoms, fever, cough, should be tested. Now you're saying you are going to be prioritizing, restricting even as it sounds like you're saying, you don't have 5,000 people to test. So why not just do all 5,000?

Mayor: Because everything is changing very, very rapidly. We're you know, even compared to last Friday, it's a whole other world. We are preparing for an onslaught and it's coming very, very fast and we have to prioritize and the testing capacity is going to be taken up very quickly is our prediction. And look, if we can continue to add more and more testing, we can then develop new rules. But right now, just like the point about why we have canceled elective surgeries, why we are building as we speak, new medical capacity, including the tents that are going to go up, the new buildings that are going to be acquired. We're in a period where we have very few days and weeks to prepare for a massive number of cases. So that's the entire focus right now. And we have to realize the extent of this

crisis and be prepared to deal with people in greatest need consistently. And that's why that three to four days, that was also different, Erin. A couple of days back, our health care professionals were saying one to two days. That had to be changed. You're going to see change all the time. So every question is valid and I appreciate the question. I'm only going to remind everyone in the media and I would say it to all my fellow New Yorkers, if you say aha, you have a different answer today than a few days ago, that's often going to be the case because we are in a rapidly expanding crisis. If you say we said something a few days ago and we've changed it today and it actually doesn't make sense and we haven't explained it, then we have to explain it better. But there will be many times where, like, you're absolutely right. The message changed over the course of a few days because the reality has changed. Please go ahead.

Commissioner Oxiris Barbot, Department of Health and Mental Hygiene: We are at – as we've been saying, the character of this outbreak is changing and with widespread community transmission where New Yorkers are more likely to get COVID-19 from their neighbor than they are from someone who has traveled. I think we're at a point in time where we need New Yorkers to pay attention to their symptoms, not so much whether they're being tested. Because we're at a point where we want people who have mild symptoms to stay home. Right? We've been telling folks, if you've got fever, cough, fever and shortness of breath, stay home. Stay home for three or four days. If you're not getting better, then reach out to your doctor. We are past the point and this builds on what Dr. Katz is saying. We need now the testing capacity to make treatment decisions for people who are hospitalized and not getting better. Whether or not someone who's at home, not feeling well, honestly, it doesn't matter if they get a test because I want them to stay home. I want them to stay home until they're better. If they're not better than I want them to call their doctors. Which is a change in messaging, right? Before we were saying stay home for three or four days. Now I'm telling you don't call your doctor at least for three or four days and having a test doesn't really matter because most people, 80 percent of people will have a mild course. Where this makes a difference and a critical difference, is for those people who do end up in the hospital and for those people especially who are in critical condition, we want to make sure that their doctors have all of the information that will give them the best course of action and help us minimize the potential risk for New Yorkers.

Mayor: On testing one more time, see if anyone has — go ahead.

Question: Did you, is there a cost figure of this? And is there a maximum capacity [inaudible]?

Mayor: On the cost — first of all, just we went over this earlier as we were preparing. When someone goes to H + H if they have insurance, you want to take it?

President Katz: If they have insurance, we'll bill the insurance. If they don't have insurance, they'll not be charged in any way for their test.

Mayor: So, that's the personal reality. On the City budget reality. If it goes to insurance, then obviously we're not paying for it. If we have to pay for as a city, it would be eventually and heavy, heavy underlying eventually, federally reimbursable. So, this is something where we will front the money as much as it takes. This is — there is no outer limit here. As much as it takes but in terms of where capacity can go, we're going to work with Dr. Cohen to see if that 5,000 number can be intensified. What we're also doing simultaneously is looking for every other testing source that we could possibly get our hands on because we are very concerned about the overall trajectory here.

Question: [inaudible] maybe can you talk about what the scenario would look like in the city if you were doing 5,000 more tests a day – would that mean thousands more people would be in the hospital? You know, what would that scenario look like [inaudible] that many tests per day?

President Katz: We're certainly planning for a scenario where there could be thousands of patients in our hospital who are seriously ill. And as the Mayor has said, we're working very hard to expand capacity both at our physical hospitals and at other sites.

Mayor: Rich?

Question: [Inaudible] 14 that have come up so far. How many [inaudible] in the hospital?

Mayor: I have left my chart behind – do you have it? You can hand it to me.

Commissioner Barbot: 124

Mayor: Well, let's see if we – I'm sorry. We're confirming and obviously the doctor's ahead of me, but I want to make sure we all were working from the same timeline. Based on the 814, 124 in the hospital. Okay. On testing. I'm just going to do one more around if there's anything specific testing, then we'll open up to other coronavirus questions. Last call on testing. So, Dr. Cohen, if you want to stay, stay, if you can, and if not, we understand or if you get called away. Go ahead, Andrew.

Question: On the shelter in place. You just – to clarify you said sometime in the next 48 hours you'll decide whether you're going to –

Mayor: This is a decision that obviously we want to work with the State very carefully on. I believe based on the constant updates that I am getting that – and the numbers you're seeing before your very eyes – that the City and State should work together to resolve this issue within the next 48 hours and that all New Yorkers need to understand it is a possibility that this will have to be implemented. We have not made that decision. I don't want to speak for the Governor. I want to simply say I think it's gotten to the point where a decision has to be made very soon and we have to work together to determine a common strategy and our teams are talking to, and will be talking to get to that resolution.

Question: How concerned are you that even suggesting the possibility will make the next 48 hours a frenzy at grocery stores and other places.

Mayor: I think – first of all, we've seen a huge amount of stocking up. At this point, that's my polite phrase for it. I mean obviously people have gone out and constantly are clearing the shelves. I, of course, am concerned because I want to make sure that people as much as possible recognize how important it is to share with other people. And I know that's hard to get across, but especially thinking about the folks in your life, older folks, folks with disabilities, folks with serious medical needs, making sure they have everything they need and sharing what you have with them.

But I just think it's very important to be transparent and honest about what's going on. I think the time has come to make that decision. I don't think it's an easy decision. And I would say, you know, and I feel the State is grappling with the same things we are. Once you do something like that, you have cut off a lot of people's jobs, which I hate. I hate the notion a lot of people would lose their livelihood. And then I'm very worried about not only do they lose their livelihood, but then how do they afford food and medicine and all the basics. We can, you know, do a lot to stop evictions. So, God forbid someone can't pay the rent. If we can make sure there is no evictions, they can hang on and make it up later, you know, but food, you got to pay for food, you need food, right? You need medicine.

We have to create backup systems on the public side to help those who might end up in that situation. I will affirm to you, Andrew, federal government could have done all of this weeks ago where they had created income replacement or, you know, a major food relief program or any number of things – a supply program – so we could make sure people have their medicines. None of that's happened. We don't know if it ever will. So now we're put in a difficult situation of trying to create something we've never done before, but one of the most challenging parts of that decision and it gets a lot harder when you're talking about 8.6 million people concentrated in one place, is how do you ensure not only a consistent food supply, but it gets to everyone who needs it regardless of the ability to pay, how do you ensure that medicines, including prescription medicines, get to those who need them regardless of ability to pay? We have to figure out that part of the equation. We're not there yet. Go ahead.

Question: Would the shelter in place system be unprecedented for New York City? And can you talk about how it will be enforced, would the military be involved, and how would you ascertain that folks are indeed going out for groceries or other essentials?

Mayor: Your first question answers a bit of your second question. We've never been here before. I have never heard of anything like this in the history of New York City. We can all check our history and if anyone knows something jump on in. But we – a lot of us have been doing this work a while and never heard anything even close to this. We're going to have to create it from scratch, if we do it. To your second question, I would say I do not assume the military. One, they're not here – and again, they're extraordinary and I think we would all take heart to see the military involved more deeply, but they're not involved in that way at this point. And you can't assume, nor can you even assume where the need might be greatest in this crisis, that could shift radically.

So, what we would do if we got into that situation, we'd work with the State and we would use the NYPD, obviously. I think we have a lot of other agencies that could play a crucial role like the FDNY. And we would I think have to create some kind of monitoring system that made sense, that respected the fact that people still do need – even under the model in California right now, and I've read the specific ground rules of that model, it leaves leeway for going to the grocery store, going to the pharmacy, and other things. The model in Italy is stricter, as I understand it, but still leaves leeway for going to the grocery store and the pharmacy. Some kind of method for knowing if people are actually doing one of the things authorized or not. And a lot of presence out on the streets to enforce. But we would have to create that from scratch. Yeah?

Question: The Governor said that in order to do a shelter place [inaudible] sign off on it. So have you spoken with them or [inaudible] –

Mayor: As I said, this is a decision we would have to make with the State.

Question: [Inaudible]

Mayor: Variety of conversations at the staff level constantly. I look forward to talking to the Governor directly about it. But it's a very serious, complex decision.

Question: Mr. Mayor, have you yourself decided whether this is necessary [inaudible] –

Mayor: Not fully. I see the numbers escalating and I'm very concerned, but I also could not be more clear that the – what we would need to make it work and to compensate for the problems it would create, we do not hold that all in our hand right now. And again to the process of decision making, which is nowhere near as simple as I fear some people think it is, when you think about taking an action like this, upending people's lives, you have to feel you can somehow compensate for all the other things that occur and ensure that people are safe, are healthy, you know, have enough to eat. That's a lot of moving parts that at this hour we don't have all of the answers for. We'd have to feel we either have the answers or we believed we could get to them quickly enough. So, I am very sober about the extent of the crisis. I am very sober about what it's going to do to our health care capacity. I think we're in a race against time right now, but that doesn't mean I have all the answers that would make me fully comfortable about shelter in place.

Question: [Inaudible] Mr. Mayor or Chancellor Carranza [inaudible] –

Mayor: I couldn't hear the first part. I'm sorry.

Question: Today, President Trump announced [inaudible] sending a check [inaudible] if that happens [inaudible] what it's going to do for all the undocumented immigrants who work in the city, if there's going to be any economic relief for them because [inaudible] losing their job?

Mayor: Well, first of all, I'll say to the notion of the \$1,000 check, although it's better than nothing, it's not going to last long. I don't think the idea here should be to send everyone \$1,000 and feel that you're absolved by doing that. I think it's about the reality of people's lives. Folks already – so many working people in this city just in the last few weeks have lost thousands and thousands of dollars of income already, already. So, a one-time check of \$1,000, who wouldn't take it, but that's not the same reality as being able to sustain a crisis that could be months and months. I would like to see a serious effort to bail out working people and support them with something that is much closer to income replacement.

But for undocumented folks obviously, look, they're going to bear a lot of the brunt of all this. Whatever shape the next steps take. A lot of undocumented people right now have lost their work, obviously, more will. What we do is what we always do. We provide help to everyone regardless. So, if people need food, doesn't matter documentation status, need health care it doesn't matter. We would try and provide support across the board and we're never going to ask people documentation status.

Question: Chancellor Carranza, today [inaudible] too many meals were just wasted. For example, in five different schools there were no kids picking up the meals. So is there any plan to [inaudible] trash because there wasn't kids picking up.

Chancellor Carranza: Well, the food should not be in the trash. We actually have food that is food-stable. In other words, it can be refrigerated. It can be used again. We also are working with the Mayor's Office and City agencies to get food that cannot be reused into the hands of local community-based organizations, other organizations that feed the poor and the hungry as well. So, if any food's being wasted, I need to know because that's not what should be happening. Yesterday I said that there were about 14,000 youngsters that availed themselves of a free breakfast and lunch. Today that number is 53,000. So, as I mentioned yesterday, we expect that as family situations become more and more stable, more and more of those children are going to be able to come in and avail themselves of lunch and breakfast as well. We expect that number to increase.

Mayor: Okay. Bobby?

Question: [Inaudible] shelter in place, obviously, you haven't developed the details, but you talked about [inaudible] pharmacy in general how would shelter in place be different from what people are? [Inaudible] –

Mayor: Sure. No. First of all I am going to – this something where a decision has not been made, needs to be made together with the State. We've never done it before. We've never even done anything close to it before. So this is, you know, trying to make sense of the situation as best we can. I think we've got initial interesting information from California, the way they set up their model, which is, you know, a step – definitely a step more strict than where people are right now. And I think Italy, from what I understand imperfectly, we're continuing to study, is a step even more strict than that. And the way I would say it is, right now, people are still going to work who are not just essential service workers. In a shelter in place scenario, to the best of my understanding, you know, you have to be a police officer, firefighter, health care worker, transit worker, or any number of people are determined to be essential to the continuance of society.

But if you're someone that works in retail, if you're someone that works in, you know, food service, all sorts of things, your work is going to be closed down unless it is being rerouted to an essential need. So the fact is, it's a much tighter reduction of the workforce and of the amount of people who are out and you have to have a reason to be out that aligns to being essential in terms of moving around from place to place. What I understand in the, again, this is only initial, the California model, what I'm seeing is they leave space for, you know, if you want to go out and get some exercise and you're socially distanced, you can do that. But that's not the same as, you know, going to work at your tech company, right? That's not the same as, you know, going to your little league game, right? All that stuff is gone. It is if you want to go out and get some air and exercise, you do it in a very limited way and you socially distance.

So it's taking some of the rules that we're encouraging people to follow now, making them tighter and reducing the workforce greatly and reducing travel greatly. And then the next step, again, I'm the layman and my colleagues can jump in, but the Italy version is even tighter still. As I understand it, beyond the essential service workers. Italy is basically, grocery store and pharmacy – and they have the ability for the police to stop you and confirm that you're going to one of those places and that you are supposed to be out on the street to do just that. So it's all about levels of restriction and enforcement. I don't know – is that in the ballpark?

Commissioner Barbot: Yep, you got it.

Mayor: Okay, he judges have spoken, go ahead.

Question: [Inaudible] Councilman tested positive, just your quick reaction and have you had any contact with him recently?

Mayor: I have not at all. I'm sorry that he's going through this and, again, I'm hoping – I know Richie is a very, you know, he's a young, healthy guy. I'm hoping he comes through it very smoothly.

Question: [Inaudible] St. Patrick's Day parade held an event, I think it was early this morning [inaudible] few thousand people. Is that a bad idea?

Mayor: I think for a parade that's been part of the fabric of our life and this is an amazing statement to make for almost a quarter-of-a-millennium since before I believe the founding of the Republic. I understand they weren't – I spoke to Sean Lane, the chairman of the parade, they were in just pain and agony that this parade went off every year from its founding until now. And this is the first time in war and peace and anything else that's ever happened in history, the parade was shut down. I think there's a lot of pain. There's a lot of pain right down the Irish community that honors St. Patrick's, honors that parade. So I think what they wanted to do was do some small symbolic effort to keep continuity with all those hundreds of years of tradition. If they kept it to a few dozen people, I think that's honorable. They obviously stayed within the rules. Okay, who has not had a chance? Go ahead.

Question: [Inaudible] details. I think Dr. Katz said [inaudible] the City had 5,000 ventilators, he thought that that was sufficient. Is that number still right?

Mayor: We continue –

Question: [Inaudible] –

Mayor: Let's be clear about the word sufficient and timelines – and Dr. Katz will jump in – but based on what we knew then we thought it was a good number. We continued to check and we're checking every conceivable existing source of ventilators in the city to make sure where we're at. My understanding is that number approaches 5,000. I don't have an exact one for you, but we're still in that ballpark. We need more for where we are now and where we are going. So originally you know, we obviously hoped that it was not going to project the way it is now. The way it is now, we're going to need – there's a point coming when we're going to need more.

President Katz: I agree. I mean actually what I said was that we had – that Health + Hospitals has over 1,000 and we represent about 20 percent of the city in general. So I estimated for you that if you wanted a ballpark figure would be around 5,000.

Question: [Inaudible] city will need as the crisis continuous –

Mayor: We are going to need a whole lot of everything. There's your first estimate. I mean we – look, we're trying to figure it out. What I would say to you is constant expansion. I don't mean that to be flip or evasive. I mean that it's literally an unknowable number, first of all. And second of all, if we can get it, we want it. If we can get help from FEMA, if we get help from the United States military – anything we can get our hands on. We're the biggest city in the country. The numbers are growing rapidly. We're going to get our hands on every medical facility, every – if we can get, as we did the other day, a former nursing home, a nursing home that hasn't opened – anything like that, we're going to be looking at hotels, anything we can get our hands on for buildings, every form of equipment and supply, every professional who's willing to come into our service. We will need it all and it just has to constantly keep growing so we don't have an end point number yet. There's just – the answer is yes to everything we can get our hands on.

Question: [Inaudible] suspension on people moving apartments to [inaudible] and what would you say to people whose leases are up at the end of the month, because this has to be a hard time to find [inaudible] place.

Mayor: I'm a little confused by the question. What do you –

Question: [Inaudible] if you live somewhere and the lease ends at the end of the month [inaudible] would you recommend against that given, you know, concerns about spread?

Mayor: My colleagues can speak to this. I mean it's obviously a very individual dynamic. If your lease is ending and you have the opportunity to renew it and keep continuity, that would be ideal, obviously. I mean people have to deal with their individual circumstance, but I don't know, really, what guidance – have you got something? I welcome it.

Commissioner Barbot: So, the recommendation would be, what we've been saying, if the individuals who are doing the moving are asymptomatic and everybody's asymptomatic, then go about your life, minimize, you know, contact and exposure, and then do it as quickly as possible. But folks shouldn't stop doing the essential things in their lives. Right? We want people to continue with the essentials and if having a stable house, stable housing, I mean that's pretty essential. So we would – I would certainly encourage it, but I would want people to be diligent and vigilant. Right? Those are my two new favorite words. Diligent about hand-washing, covering your mouth and your nose when you cough you sneeze and being vigilant about whether or not you are developing symptoms of fever and a cough, even shortness of breath. I think that we are far enough in this outbreak where New Yorkers should assume that in some place, shape, or form they've already been exposed to COVID-19. And the important thing now is to be vigilant about whether or not they developed symptoms and if they do, to stay home. And if they haven't, then to double down on all of the preventive measures we've been saying, in terms of hand washing, covering hands, and cough, etcetera.

Question: [Inaudible] about the shelter in place, have your medical personnel here weighed in on whether they like that idea or not [inaudible] –

Mayor: First of all, thank you for calling them esteemed. It's a conversation we're going to be having starting today in detail, again, a parallel conversation with the State. But I'm saying as the person who manages the decision process, I think we have to come to that decision in the next 48 hours. So, we're going to get everyone to weigh in as we always do.

Question: [Inaudible]

Mayor: I'll let my colleagues – and, again, we're going to be in intensive conversations with the State today and tomorrow, and always respect the role of the State. And let me affirm, I think the State has handled this crisis very, very well and we've been working closely together, all of us, and we've been very aligned on the decisions. I don't hear the word quarantine as the exact equivalent of the words shelter in place. Shelter in place, to me, is a kind of way of life, if you will, and a more total strategy and quarantine suggests when you're dealing with a very specific, narrow area and who goes in and who goes out of that area. I think they're kind of two different things. I'm saying that as a layman, but, again, we respect the role of the State always. I just think it's decision time.

Question: [Inaudible]

Mayor: Louder, please.

Question: [Inaudible] get to leave the city?

Mayor: I am not an expert on something that we don't know enough about yet and something that we would have to determine the ground rules of. And, again, I'm going to say it, and I will really appreciate if it's reflected in coverage, because it's true – the actions we would have to take to compensate would be immense and that is a plan we don't have because it's never been done before and it's a lot we would have to work out very quickly. So, this is not a simple decision. This is a very, very tough decision. But how it would work and questions – very fair question like that, I don't have that answer right now because we have not even gotten to the decision of whether we think it's the right thing to do. As we look at it, we're going to try and figure out all those elements. We just – again, it's perfectly fair question, it's just you're asking a question about something we haven't even fully modeled yet.

Go ahead.

Question: [Inaudible] Dr. Barbot or Dr. Katz. [Inaudible] were they all hospitalized at the time of their death?

Commissioner Barbot: Yes.

Question: The second question is, for City employees [inaudible] they still don't understand their guidance and when they should come to work and things like [inaudible] waiting rooms are still really busy. [Inaudible]?

Mayor: Go ahead. I'm sorry, I thought you were asking someone else. My apology.

Question: [Inaudible]

Mayor: My apology.

Question: So, I've heard from city employees who were still confused with their guidance about whether they should come to work and, in addition, places like the Department [inaudible] is still an open and trials are still going on. Will there be further guidance to say no more OATH hearings [inaudible]?

Mayor: Each thing is going to be – each issue is going to be addressed day by day. There are essential things, essential work still going on in different forms. There's things we might determine to be less essential that we would shut down. The first question was, who could telecommute and who could stagger hours, and that's been advanced substantially. But those examples you gave, to the best of my knowledge, are the kind of things you couldn't do with telecommuting. But I think it's a very fair question – are they now things are kind of arcane in light of this crisis or it could be delayed. You heard, of course yesterday in the executive order we delayed the land use process, for example. So, I think we're literally going piece by piece trying to identify what needs to be brought down next. Even if we're not doing shelter in place, we would constantly be trying to refine that. So, let us agree, we'll give you answers on those two by the next time we meet. Thank you.

Who hasn't gone? Go ahead.

Question: I have a few questions. One is, just a little more clarity on basic [inaudible] not sure what shelter in place, the difference between shelter in place and quarantine. Like, Scott Springer is calling for shelter in place. But the Governor is very adamant that [inaudible] –

Mayor: Again, I tried to answer that a moment ago. I respect – the concern is real, and it's just really, really simple – this is a decision that should be made with the State, it should be made the next 48 hours given the trajectory of this crisis. I don't want to be the guy who defines for anyone was the difference in quarantine and shelter in place, because we're still trying to learn what shelter in place could mean. And obviously, when the Governor says it, you should ask him what his interpretation is. But we – I don't think it's time to say this person likes this idea, this person likes that idea. It's time for the City decision makers to refine our thinking on whether we think it's the right thing to do and how on earth would we do it, and to align with our State colleagues on what they think and see if we can all come to a common vision

Question: [Inaudible]

Mayor: I want to be clear, I have not heard the standards. I don't think we're suggesting – I have not heard of any wholesale release. I assume it's based on certain standards.

Question: [Inaudible] believe it's based on certain standards, but Eric Gonzalez this morning said that he's no longer going to prosecute low-level [inaudible] that would – or, things that wouldn't harm the public safety. So how long is it going to take our city to start assessing on the –

Mayor: The assessment is starting already – has started. That's a decision also I'd like in the next 48 hours – to know who – if we have people in our jail system who should not be there at this point in this crisis or don't need to be there or we have an alternative that makes sense. I want to get that resolved quickly.

Question: Sorry, one more. Ferries are currently serving alcohol and have been called – are currently serving alcohol [inaudible] advertising happy hour still. Is that something you guys –

Mayor: I don't think they're attempting to do anything inappropriate. I think they've been advertising happy hour all along is my understanding. But what is your question?

Question: My question is, basically, if we're closing bars and restaurants, what's going on [inaudible] service and the alcohol consumption –

Mayor: I think – I'm not – you're the first person to ask about that, so I'm just going to give you my commonsense answer. It's all takeout. So, by definition, it fits that model. And the ferries are still part of how people get around and we're still keeping our transportation network up. So, I don't hear a problem per se, but maybe I'm missing something.

Question: But I mean, people are on these ferries for a while, so isn't it creating a situation that's a little bit confusing since they're not on generally traditionally taking it out, they're [inaudible] sometimes 10 to 40 minutes.

Mayor: I appreciate it, and I think you're right that there should be a social distancing dynamic, but I think the core notion this – I mean, I've been on the ferries, it's not a seated restaurant, is not a seated bar. It's a takeout counter. So, I think – an excellent point would be as say, the ferries – we'll follow up – on our follow-up lists with EDC, need to practice social distance into maximum extent possible while getting people where they need to go. But I – at least hearing it on first blush, it sounds like takeout to me and therefore appropriate, but we'll check.

Question: [Inaudible]

Mayor: On what?

Question: [Inaudible]

Mayor: I think it's something that – look, we have to look at everything in light of a crisis. The standard with the Rent Guidelines Board has now been established for seven years, unlike everything that came before. We actually look at the full cost to the entire equation, the costs that landlords deal with, the economic factors we take into account, tenants, we look at everything. And that has gotten us to the decisions that have been made over time, including two rent freezes. So, we would start with a proven formula. Whether that formula gets varied because of a global crisis is a great question. It's something, of course we have to consider, but we're not there. I think that's May – I'm not sure I'm right about that, but I feel like it's a ways off. So, excellent question. We'll come back.

Question: Have you heard about a cluster of about maybe a hundred positive coronavirus – positive tests in Williamsburg?

Mayor: If we had a cluster, I assure you, we would tell you. I asked this very day, we do not have any clusters in New York City.

Question: [Inaudible]

Mayor: If we had a cluster in New York City, we would tell you. I asked right before coming out here – I'm not trying to be difficult with you – that's like a giant, giant, important question. I asked right before coming out here, confirming we have no clusters in New York City. Answer – yes. You can look at the people who are the people gave me the answer right here.

Commissioner Barbot: Yeah. What I would add is we get results from the commercial labs on a continuous basis and we analyze those results on an ongoing basis. So, you know, as we've been saying all along, things change hour by hour and so as soon as we are, you know, concerned about any particular activity that is beyond what we would anticipate, we look more deeply into what's happening.

Mayor: I'm trying to interpret this note I was given, because it was on the other note. Price gouging – I want to make sure I get this right – I'll mention it proactively. On price gouging, the Department of Consumer and Worker Protection, 550 fines have been issued since yesterday. And is that dollar figure to the total of the fines? I'm interpreting Freddi's note here. Yes, \$275,000 in fines since yesterday for stores that were price gouging on those basic items. I say, God bless the Department of Consumer and Worker Protection. And I say to all those stores, you've got to be out of your mind to be price gouging in the middle of a pandemic.

Okay, we're going to wrap up. Thank you, everyone, and we'll have more for you soon.

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