

PRESS BRIEFINGS

Remarks by President Trump, Vice President Pence, and Members of the Coronavirus Task Force in Press Briefing

HEALTHCARE

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THE PRESIDENT: Thank you very much, everyone. Our country is in the midst of a great national trial, unlike any we have ever faced before. You all see it. You see it probably better than most. We're at war with a deadly virus. Success in this fight will require the full, absolute measure of our collective strength, love, and devotion. Very important.

Each of us has the power, through our own choices and actions, to save American lives and rescue the most vulnerable among us.

That's why we really have to do what we all know is right. Every citizen is being called upon to make sacrifices. Every business is being asked to fulfill its patriotic duty. Every community is making fundamental changes to how we live, work, and interact each and every day.

And I wouldn't be surprised to see this going on long into the future, when this virus is gone and defeated. Some of the things we're doing now will be very good practice for the future, including for not getting the flu, which is very devastating also. So some of what we're learning now will live on into the future — I really believe that: shaking hands or not shaking hands; washing hands all the time; staying a little apart.

Fifteen days ago, we published our nationwide guidelines to slow the spread of the virus. On Sunday, I announced that this campaign will be extended until April 30th.

In a few moments, Dr. Birx will explain the data that formed the basis for our decision to extend the guidelines, and Dr. Fauci will explain why it's absolutely critical for the American people to follow the guidelines for the next 30 days. It's a matter of life and death, frankly. It's a matter of life and death.

I know our citizens will rise to the occasion, and they already have sacrificed a lot. We had the greatest economy in the history of our country. We had the greatest economy in the world. We had the best unemployment numbers and employment numbers that we've ever had, by far. And in one instant, we said we have no choice but to close it up. Just as Americans have always done, they will do a job like few have seen before. And they're proud to do it, and I see that. There's a great pride going on right now.

Before we hear from our experts, we have a few other announcements. Today, the Treasury Department and Small Business Administration announced further details on the Paycheck Protection Program, which was made possible by the 2-trillion-dollar relief bill I signed into law last week. Nearly \$350 billion in loans will soon be available through lending partners to help small businesses meet payroll and other expenses for up to two months. These loans will be forgiven as long as businesses keep paying their workers. This includes sole proprietors and independent contractors. Applications will be accepted starting this Friday, April 3rd. So, on Friday, April 3rd, that's when it begins.

Earlier today, I spoke with leading Internet and phone providers who are doing a tremendous job of keeping our Internet and lines of communication flowing under very strongly increased strain. The business is more than anybody has seen before, because everyone is inside. They're all making calls.

Among the leaders I spoke to were Hans Vestberg of Verizon Communications, Randall Stephenson of AT&T, Mike Sievert of T-Mobile, Thomas Rutledge of Charter Communications, Brian Roberts of Comcast, John Malone of Liberty Media, Dexter Goei of Altice, Michel Combes of Sprint, and Aryeh Bourkoff of LionTree. Also, Pat Esser of Cox Communications and Jeffrey Storey of CenturyLink. They're doing an incredible job.

If you look at other continents — if you look at Europe, they went a different route than we did, and much different route. We were talking about that just a little while ago. And they're having tremendous problems. Other countries are having problems. Other continents are having problems.

But with business at a level that nobody has seen it before on the Internet, it's holding up incredibly well, and they expect that to continue no matter what happened and no matter how much more it gains, which, if it can gain more than it already is, I don't know, because they're setting records.

Let me also update you on the distribution of urgently needed resources and supplies. And we have a lot of numbers. I'm going to let Mike Pence speak to that in a little while. But we're giving massive amounts of medical equipment and supplies to the 50 states. We also are holding back quite a bit. We have almost 10,000 ventilators that we have ready to go. We have to hold them back because the surge is coming, and it's coming pretty strong. And we want to be able to immediately move it into place without going and taking it.

So, we're ready to go, and we've also distributed — I just spoke with the governor of Michigan. Had a great conversation. And we sent a large number of ventilators to Michigan. We're sending them to Louisiana. We sent additional ventilators to New York, additional ventilators to New Jersey.

And, I will say, in New York, FEMA is supplying 250 ambulances and 500 EMTs to help respond to the increasing caseload. That's a lot of ambulances.

In California, the Army Corps of Engineers is developing eight facilities to expand hospital capacity up to 50,000 beds. Fifty thousand. And had a great conversation last night with Gavin Newsom. He's doing — he's doing a really good job. We — we're in constant communications. The USNS Mercy hospital ship is operational. It's in Los Angeles and receiving patients.

And, in New York, as you know, the Comfort — everybody watched that — it's in place and will be, in a very short while, receiving large numbers of patients. Over a thousand rooms and 12 operating rooms.

FEMA has also provided 100 travel trailers to assist with housing needs. And we're ordering hundreds more.

In Michigan, FEMA will soon deliver, in addition to the ventilators, 250-bed field hospital, and Army Corps of Engineers is evaluating locations to build alternate care facilities. So we're doing a field hospital, in Michigan, of 250 beds. And we may be doubling it up soon, depending on the need. They're doing a good job with beds in Michigan, but they may need more than the 250. So, FEMA and the Army Corps of Engineers are prepared to go there quickly and get it done.

In Louisiana, we're delivering two field hospitals to provide 500 new hospital beds. I've been talking with the governor, John Bel Edwards, and the Army Corps of Engineers has been really doing incredible work, establishing 3,000-bed alternate care site at the New Orleans Convention Center, which will be operational, believe it or not, this week. So we're doing a 3,000-bed alternate care site, and we're also doing a 500-bed new hospital. And that's in Louisiana, which really got hit. It started off very late, and it was looking good, and then all of a sudden, it just reared up; it came from nowhere.

In addition to the supplies we're delivering, we're also giving hospitals the flexibility to use new facilities, including surgical care centers, to care for hospital patients who are not infected. For example, I know that many expectant mothers are understandably concerned about exposing their newborn babies to the virus, and they should be. With our action yesterday, hospitals now have the authority to create special areas for mothers to deliver their babies in a very safe and healthy environment. Totally separate.

Over the past two months, the U.S. State Department has organized one of the largest and most complex international evacuation operations in American history. Mike Pompeo has been working round the clock, along with Ambassador O'Brien. Since January 29th, we have successfully repatriated over 25,000 Americans from more than 50 countries, where they were literally stuck — in some cases, locked in.

And I salute the incredible public servants at the Department of State, as well as their counterparts at DHS and HHS who have played such an important role in doing this. You probably read about the young people in Peru and young people in Brazil, and they were absolutely stuck, and we got them out. Got them — almost everybody is out now, back home with their parents, their wives, their husbands.

I want every American to be prepared for the hard days that lie ahead. We're going to go through a very tough two weeks. And then, hopefully, as the experts are predicting, as I think a lot of us are predicting, after having studied it so hard, you're going to start seeing some real light at the end of the tunnel. But this is going to be a very painful — a very, very painful two weeks.

When you look and see, at night, the kind of death that's been caused by this invisible enemy, it's incredible. I was watching, last night, Governor Murphy of New Jersey say "29 people died today," meaning yesterday, and others talking about numbers far greater. But you get to know a state. I know New Jersey so well, and you hear 29 people. And hundreds in other locations. Hundreds in other states. And this is going to be a rough two-week period.

As a nation, we face a difficult few weeks as we approach that — that really important day when we're going to see things get better, all of a sudden. And it's going to be like a burst of light, I really think and I hope.

Our strength will be tested and our endurance will be tried, but America will answer with love and courage and ironclad resolve. This is the time for all Americans to come together and do our part.

I appreciate a lot of the media. We've had a lot of really good things said. I think only good things can be said when you look at the job that's been done.

I just spoke with Franklin Graham who is an extraordinary person. And Samaritan's Purse has been — like so many others — just been amazing and so fast. They did it so fast. He's been doing that for a long time, but I think people are really seeing what they have done. Franklin Graham — a very special family.

As we send planeloads of masks and gloves and supplies to the communities battling the plague — and that's what it is; this a plague — we also send our prayers. We pray for the doctors and the

nurses, for the paramedics and the truck drivers, and the police officers and the sanitation workers, and, above all, the people fighting for their lives in New York and all across our land.

I watched as doctors and nurses went into a certain hospital in Elmhurst this morning. I know Elmhurst, Queens. That's — I grew up right next to it. I know the hospital very well. And seeing it all my life — my young life. And I will tell you that to see the scenes of trailers out there and what they're doing with those trailers — they're freezers — and nobody can even believe it.

And I spoke to some of my friends; they can't believe what they're seeing. And I watched the doctors and the nurses walking into that hospital this morning. It's like military people going into battle, going into war. The bravery is incredible. And I just have to take my hat — I would take my hat — if I were wearing a hat, I'd rip that hat off so fast and I would say you people are just incredible. They really are. They're very brave. They're going in and they don't know — you have — you have lots of things flying around in the air. You don't know what you're touching. Is it safe?

And you also see where you have friends that go into the hospital and you say, "How is he doing?" two days later. And they say, "Sir, he is unconscious" or "He's in a coma." So things are happening that we've never seen before in this country.

And with all of that being said, the country has come together like I've never seen it before. And we will prevail. We will win. And hopefully, it will be in a relatively short period of time.

With that, I'd like to ask Dr. Birx to come up and show you some of the latest — just the data that has been, I think, brilliantly put together. And, right after that, I'm going to ask Dr. Fauci to speak. And Mike Pence is going to give you some of the recent events that have taken place and some of the statistics that we have that I think will be very interesting to hear.

Thank you very much. Please.

DR. BIRX: Thank you, Mr. President. If I can have the first slide, please.

(A slide presentation begins.)

So always — and that's what this slide is labeled, is "Goals of Community Mitigation." Really highlighting that this begins in the middle and the end with community. This community and the

community of the American people that are going to have to do the things for the next 30 days to make a difference.

I think you know from that large blue mountain that you can see behind me — and I just want to thank the five or six international and domestic modelers from Harvard, from Columbia, from Northeastern, from Imperial who helped us tremendously. It was their models that created the ability to see what these mitigations could do, how steeply they could depress the curve from that giant blue mountain down to that more stippled area.

In their estimates, they had between 1.5 million and 2.2 million people in the United States succumbing to this virus without mitigation. Yet, through their detailed studies and showing us what social distancing would do, what people — what would happen if people stayed home, what would happen if people were careful every day to wash their hands and worry about touching their faces, that what an extraordinary thing this could be if every American followed these. And it takes us to that stippled mountain that's much lower — a hill, actually — down to 100,000 to 200,000 deaths, which is still way too much. Next slide please.

Simultaneously, there was a modeler out of the University of Washington that modeled from cases up, utilizing the experience around the globe to really understand how this information that we have from Italy and Spain and South Korea and China could really help us give insight into the hospital needs, the ventilator needs, and really the number of people who potentially could succumb to this illness. It is this model that we are looking at now that provides us the most detail of the time course that is possible. But this model assumes full mitigation.

It's informed every morning or every night by the reality on the ground coming in from New York, New Jersey, and around the United States, and is modeled and informed every morning so that it is adjusted so it is up to date every day. This is the model of the predicted fatalities and mortality in the United States. And as the President said, it's very much focused on the next two weeks and the stark reality of what this virus will do as it moves through communities.

Next slide, please.

But this is a slide that gives us great hope and understanding about what is possible. On the bottom of the slide, where you can barely see that blue line at the very bottom, that's the current cases in California, the cumulative cases in California, where they're doing significant testing.

The next line up is Connecticut. The orange line is New Jersey. The blue line is New York. The yellow line is Washington. We all remember Washington State. It was just a month ago when they started to have the issues in Washington State, but they brought together their communities and their health providers, and they put in strong mitigation methods and testing. And you can see what the result in Washington State and California is. But without the continuation for the next 30 days, anything could change.

Next slide, please.

So I'm sure you're interested in seeing all of the states. So on this slide is all 50 states and the District of Columbia. But I think it shows in stark reality the difference between New York and New Jersey and other states with similar populations in urban areas.

Our goal, over the next 30 days, is to ensure the states that you see — the 48 across the bottom — maintain this lower level of new cases with the hope that we don't have significant outbreaks in other states, in other metro areas, as the community comes together to work together and ensure that the healthcare providers around the globe and in the United States are strengthened by our resolve to continue to mitigate community by community.

This is done community by community. We all know people are in their states and in their communities. And we're very dependent on each person in the United States doing the same thing: following the presidential guidelines to a tee. I know it's a lot to ask because you've done it for 15 days.

So if you can show the next slide, please.

So this is what gives us a lot of hope. This is the case finding in Italy. And you can see that they're beginning to turn the corner in new cases. They're entering their fourth week of full mitigation and showing what is possible when we work together as a community, as a country, to change the course of this pandemic together. It is this graphic and the graphic of many of the states that gives us hope of what is possible with continuing for another 30 days.

Amidst all that hope, I must say that like we warned about Detroit and Chicago, we start to see changes in Massachusetts. New Orleans continues to be a problem of new cases, although they're stabilizing. And I think it really shows the depth of dedication of the American people to the

healthcare providers, because they can see the strain that this puts on every nurse, doctor, respiratory therapist, pharmacists, and laboratory technician. It's working together to stem this tide of unrelenting sick people coming to their doors. No one has been turned away. No one who has needed ventilation has not received ventilation. But you can see how stressful it is for each of them.

So I know it's stressful to follow the guidelines, but it is more stressful and more difficult to the soldiers on the front line.

As we started and — we will end with it's communities that will do this. There's no magic bullet. There's no magic vaccine or therapy. It's just behaviors. Each of our behaviors translating into something that changes the course of this viral pandemic over the next 30 days.

Thank you.

THE PRESIDENT: Thank you, Deborah.

DR. FAUCI: Thank you very much, Dr. Birx, Mr. President, Mr. Vice President. So what Dr. Birx has really said very simply is that there are really two dynamic forces that are opposing each other here. As I mentioned several times in our briefings, the virus, if left to its own devices, will do that dark curve that Dr. Birx showed you. The other dynamic force is what we are doing, what we're trying to do, and what we will do in the form of mitigation.

Now, these are very revealing bits of data because you saw what happened in Italy where you make the turn around the curve and you go. That doesn't happen all at once. It's a stepwise fashion. And if I explain the steps, which I will, you'll see why we are really convinced that mitigation is going to be doing the trick for us. Because what you have is you have an increase in new cases at a certain rate. When the increase in new cases begin to level off, the secondary effect is less hospitalizations, the next effect is less intensive care, and the next effect is less deaths.

The deaths and the intensive care and the hospitalization always lag behind that early indication that there are less new cases per day — the way we saw in Italy and the way we're likely seeing — I don't want to jump the gun on it — we're seeing little inklings of this right now in New York.

So what we're going to see, and that's — we got to brace ourselves in the next several days to a week or so — we're going to continue to see things go up. We cannot be discouraged by that because the mitigation is actually working and will work.

The slide that Dr. Birx showed, where you saw New York and New Jersey and then the cluster of other areas, our goal, which I believe we can accomplish, is to get to hotspot places — the New Yorks, the New Jersey — and help them to get around that curve, but as importantly, to prevent those clusters of areas that have not yet gone to that spike, to prevent them from getting that spike. And the answer to that is mitigation.

Now, the 15 days that we had of mitigation clearly have had an effect, although it's tough to quantitate it because of those two opposing forces. But the reason why we feel so strongly about the necessity of the additional 30 days is that now is the time, whenever you're having an effect, not to take your foot off the accelerator and on the brake but to just press it down on the accelerator. And that's what I hope and I know that we can do over the next 30 days.

And as I said the other day and on one of the — one of the interviews, we are a very strong and resilient nation. If you look at our history, we've been through some terrible ordeals. This is tough. People are suffering. People are dying. It's inconvenient from a societal standpoint, from an economic standpoint to go through this, but this is going to be the answer to our problems. So let's all pull together and make sure, as we look forward to the next 30 days, we do it with all the intensity and force that we can.

Thank you.

THE PRESIDENT: Mike, please.

THE VICE PRESIDENT: Thank you, Mr. President. And to Dr. Birx and Dr. Fauci, I know I speak on behalf of the President and people all across this country when I express our great admiration and appreciation to both of you for helping to steer our nation through this challenging time.

The American people have now seen what the President saw when he made the decision at the end of "15 Days to Slow the Spread" to ask the American people to give us 30 more days to continue to put into practice the President's coronavirus guidelines for America. And as you just heard from the experts, we have reason to believe that it's working.

As Dr. Fauci just said, there are difficult days ahead. Our hearts and our prayers go out to the families that have lost loved ones and those, as the President has just reflected, who we know are struggling at this hour in hospitals across the nation.

But to each and every one of us, do not be discouraged because what you can do to protect your health, the health of your family; what you can do to ensure that our healthcare providers have the resources and our hospitals have the capacity to meet this moment is put into practice: the President's coronavirus guidelines for America.

It really is what every American can do: "30 Days to Slow the Spread," 30 days to make a difference in the lives of the American people, American families, and the life of our nation.

Allow me to give you a few brief updates before the President takes questions.

First and foremost, we continue to work very closely with governors around the nation. The President and I spoke to all the governors, all the states and territories yesterday. And since we were last together, the President and I have spoken directly to several governors around the country, including Illinois, Louisiana, Michigan, New York, and other states.

At the present moment, the President has declared 29 major disaster declarations and authorized 10 different states to use full federal funding, so-called Title 32 funding, to pay for their National Guard.

And, as of this afternoon, FEMA reports some 17,000 National Guard has been activated in states around the country to provide support for coronavirus response.

On the subject of testing, we have now completed more than 1.1 million tests around the country. We're working very closely with governors around America to — to assist them in drive-through and community testing centers.

I spoke with Governor J.B. Pritzker of Illinois today about a testing center that they've established in cooperation with the U.S. Public Health Service.

We remind every governor and every laboratory and hospital in the country it's imperative that you continue to report daily to the CDC the results of those tests to give us the visibility on the data to

best inform resource decisions.

Also, we — we reiterated today to governors in person, and also through correspondence to every governor, the importance of using their National Guard, if need be, to move medical supplies.

FEMA is very busy, as you'll hear in a moment, delivering literally millions of supplies to states around the country. But we're urging every governor to make sure to work with their state emergency management team and maybe use the National Guard to move those supplies from warehouses to hospitals.

At the present moment, as the President said, we've distributed more than 11.6 million N95 masks, more than 8,100 ventilators around the nation, millions of face shields, surgical masks, and gloves.

We initiated an air bridge that the President announced yesterday. Flights have arrived in New York, one arrived in Illinois yesterday, and a flight will arrive in Ohio in the next 24 hours.

FEMA is literally working and contracting around the world with now more than 51 flights that will be bringing vital medical supplies.

On the subject of ventilators, FEMA is currently delivering 400 ventilators to Michigan, 300 to New Jersey, 150 to Louisiana, 50 ventilators to Connecticut, and in the last week and in the week ahead, more than 450 ventilators to Illinois. This is in addition to more than 4,400 ventilators that the President and FEMA directed to the state of New York.

We just want people that are working on the frontlines, that the President just spoke about, Dr. Birx and Dr. Fauci spoke about — we want you to know help is on the way. And, at the President's direction, we're going to leave no stone unturned anywhere in America or anywhere in the world to make sure that you have the resources and the equipment to do your job.

So again, I want to just say, "Thank you, America." Thank you for stepping up. Thank you for putting into practice the "15 Days to Slow the Spread." And thank you for the response that tens of millions have already had for the "30 Days to Slow the Spread."

We encourage each one of you, as we have governors around the country, to spread the word about the guidelines, listen to your state and local authorities in areas that are more greatly impacted. We continue to urge people in the areas of New York, New Jersey, and Connecticut to refrain from

travel around the country. And people who've traveled from that area, check your temperature and self-quarantine for 14 days.

You can see from that chart the unique challenges people in the Greater New York City area are facing with the coronavirus. And we want to do all that we can to protect your health, focus resources on the community, and prevent unnecessary spread.

Lastly, as the President highlighted yesterday, businesses around America are stepping up as never before. Tomorrow, I'll travel with Secretary Sonny Perdue to Gordonsville, Virginia, to the Walmart distribution center, just so the American people can see firsthand how the food supply is continuing to roll on 18 wheels and through air freight all over America.

And we thank again the grocery store operators around America and everybody that's working out on the highways and byways every day to keep that food supply rolling, and rolling strong.

To the American people though, we just want to assure you that we're going to continue to work our hearts out — work our hearts out to make sure our healthcare providers have everything they need, that anyone struggling with coronavirus has the support and healthcare they need.

And I'm absolutely confident, seeing the way our governors are responding and seeing this team the President has assembled in the White House Coronavirus Task Force, confident of the prayers of the American people that we'll get through this. But it will take all of us doing our part, and we'll get through it together.

Q Just to be clear, what is the projected death toll, should the people be reasonably good at following these mitigation measures?

THE PRESIDENT: Well, if they're reasonably good, I guess we could say that — I'd like to have maybe Dr. Fauci or Deb come up and say. I mean, I have numbers but I'd rather have them say the numbers, if you don't mind. It's a big — it's a big question.

DR. BIRX: So, of course, this is a projection, and it's a projection based on using very much what's happened in Italy and then looking at all the models.

And so, as you saw on that slide, that was our real number — that 100,000 to 200,000. And we think that that is the range. We really believe and hope every day that we can do a lot better than that — because that's not assuming 100 percent of every American does everything that they're supposed to be doing. But I think that's possible.

Q And it won't go in the next two weeks? You said that the next two weeks are going to be very painful. Is the bulk of those going to happen over the next two weeks?

DR. BIRX: No, you'll have an upslope. So as mortality — the fatalities to this disease — will increase and then it will come back down, and it will come back down slower than the rate at which it went up. And so that's — that is really the issue: how — how much we can push the mortality down.

DR. FAUCI: Yeah. So our hope is to get that down as far as we possibly can.

The modeling that Dr. Birx showed predicts that number that you saw. We don't accept that number that that's what's going to be. We're going to be doing everything we can to get it even significantly below that.

So, you know, I don't want it to be a mixed message. This is the thing that we need to anticipate, but that doesn't mean that that's what we're going to accept. We want to do much, much better than that.

Q But, Doctor, when we look at the curve, it goes much further in time. So we would have deaths and cases for much longer. I mean, we do expect far —

DR. BIRX: So, if you can put up slide number two. So that's a generic — I'm sorry, if you can go back to the slides and put up slide two. That's a — okay, so what I showed you was a generic picture of what happens in an epidemic when you mitigate. So no mitigation; mitigate. This is based on the experience around the globe with this particular virus. And so it does have a tail, but the peak, you can see by this projection — and this is the IHME data — the peak is over the next two weeks. And that's — and this is tracking mortality, so the number of fatalities from this virus.

And so that's the part that we think we can still blunt through the superb medical care that every client is receiving, but also, even more stringent, people following the guidelines.

Q I can't see the small characters, but are we seeing death until June? I can't really —

DR. BIRX: This is June.

Q This is June. So we would still see problems and deaths in June?

DR. BIRX: It's a projection.

Q It's a projection, of course.

DR. FAUCI: So, I mean, just getting back to what I said about the stepwise thing: Deaths always lag. So you will be seeing deaths at a time when, as an epidemic, we're doing really, really well because the deaths will lag.

Q Dr. Fauci, should Americans be prepared for the likelihood that there will be 100,000 Americans who die from this virus?

DR. FAUCI: The answer is yes. We — as sobering a number as that is, we should be prepared for it. Is it going to be that much? I hope not. And I think the more we push on the mitigation, the less likelihood it would be that number. But as being realistic, we need to prepare ourselves that that is a possibility, that that's what we will see.

Q And that's a very short period of time for that to happen.

DR. FAUCI: Right. Right.

Q Can the country handle that in such a short period of time, within a couple of months? Fifty thousand a month.

DR. FAUCI: You know, it will be difficult. I mean, no one is denying the fact that we are going through a very, very difficult time right now. I mean, we're seeing what's happening in New York. That is really, really tough. And if you extrapolate that to the nation, that will be really tough. But that's what it is, Jim, and we're going to have to be prepared for that.

DR. BIRX: Yeah, I think because the model — that model that was from IHME — that's based and heavily laden by the data that has come in from New York and New Jersey and Connecticut. So, you know, that can skew to a higher peak and more significant mortality.

If all of the other states are able — and all the other metro areas are able to hold that case number down, then it's a very different picture, but you have to predict on the data you have, which is heavily skewed to New York and New Jersey.

DR. FAUCI: Getting back to that, that's really an important slide that Dr. Birx showed. The cluster of other cities that are not New York and not New Jersey — if we can suppress that from any kind of a spike, the numbers could be significantly lower than what we're talking about.

Q You got some cities that are not following these guidelines very closely.

DR. FAUCI: Right. And that's the reason — my plea at the end of my remarks, Jim, that now is the time to put your foot on the accelerator, because that's the only thing that's going to stop those peaks.

THE PRESIDENT: Some of the cities are doing very well as you see. Very well at this early stage. But the number — the Doctor said 100,000 — numbers between 100- and 200,000, maybe even slightly more. But we would hope that we could keep it under that.

DR. BIRX: Do we have the next slide or the slide after that?

Q Mr. President —

DR. BIRX: Just go up. Yeah, one more slide. Perfect. Yeah, thank you.

Q Would you tell them — would you tell cities that aren't doing what, you know, New York, New Jersey, Washington — you know, the cities that have been taking charge in all of this — would you urge some of the cities that haven't been doing this, Mr. President, to get with the program?

THE PRESIDENT: Well, I would. But if you see, New York — I believe the blue is New York — New York is having a much harder time than other of the cities. Certain cities are doing actually, if you

look down here, an incredible job. They were early. They were very, very firm, and they've done an incredible job. This is New Jersey and New York. This is —

DR. BIRX: Cali- — I mean, remember, California and Washington State were down here, and they had some of the earliest cases.

Q But we're seeing places in Florida not doing what New York and New Jersey have been doing, what Washington State has been doing.

THE PRESIDENT: But they're doing very well by comparison.

Q Mr. President —

Q Mr. President —

THE PRESIDENT: Yes, John.

Q If I could maybe direct a question to you and then to Dr. Fauci as well. We — you told us yesterday that you're accomplishing — or the U.S., at least, is accomplishing 100,000 tests per day. But we're still hearing difficult stories from the frontlines of first responders, who you praised so appropriately a little while ago, that they can't test all of the people that they need to test. Do you have any kind of projection as to when everyone who needs a test will be able to receive one?

THE PRESIDENT: Yeah, I can only say that we're doing more than anybody in the world, by far. We are testing it — highly accurate tests. These are tests that work. As you know, many tests are being sent to countries, and they're broken.

Q Yet, it's still not enough at this point.

THE PRESIDENT: Well, we're doing — every day, we get — and the word is exponential. We are getting more and more and more, and now we have the new test that you saw yesterday. That's going to be rolled out, I think, tomorrow or the next day. And that's going to take only a few minutes — literally, a few minutes to see the result. And it's a highly accurate result. I mean, tests were given out not by us, by other countries, where there was a 50/50 chance that it was wrong. What kind of a test is that? These are highly accurate tests.

But the new tests that are coming out are very quick, and they were just developed. Abbott Labs did the one yesterday. So we're doing more than anybody in the world, by far. And they're very accurate tests. And we're getting a lot of information from those tests.

THE VICE PRESIDENT: The test the President unveiled yesterday, the Abbott Laboratories test — which is a 15-minute test — our team is working very closely with Admiral Giroir and FEMA to make sure that those are distributed around — around the country.

Earlier this week — Abbott Laboratories is actually going to be producing 50,000 tests a day and distributing those around America. There's already the machines in some 18,000 different locations around the country, and they've told us they have several thousand on the shelf now. And what we're doing is trying to identify the areas where we may yet have pockets or, as Dr. Birx often says, where we want to do more immediate testing so that we can do what's called “surveillance” testing to identify where there may be coronavirus cases, where there's been very little incident.

But if I could just amplify one other point, and that is: when you look at this chart, go back 15 days. And the reality is that — and this is me speaking as a lay person — but as I've listened to our experts, New York and the Greater New York City area have unique challenges. It's a — it's a city that we really believe may have had exposure to the coronavirus much earlier on than we could've known and had its own challenges. And New York, Connecticut, New Jersey are leaning into this effort.

But when — when we look at this chart for all the other states, including Washington State and California, it really does give evidence that — at least it begins to give evidence that the “15 Days to Slow the Spread” is working and that, in fact, the American people are putting these things into practice in states across the country, including in New York and New Jersey, even though they've — they faced a greater magnitude of cases for certain circumstances that are related to international travel in those communities.

But I think the —

Q But do you need a national shelter in place?

THE PRESIDENT: I know —

Q Something across the country?

THE VICE PRESIDENT: I think the American people — what I suggest to you, Jim, is that the American people can look at these numbers in the other 48 states, and they can see that in the last 15 days, the President's coronavirus guidelines were working. And that's precisely why President Trump is asking every American to continue to put these guidelines into practice for 30 more days.

Q May ask for a question for Dr. Birx and Dr. Fauci? If I — if I could —

THE PRESIDENT: Please.

Q So, right now, we're at about 4,000 deaths here in the United States. You're suggesting a spike of more than 90,000 deaths over the next few weeks. Do you have a demographic breakdown of the areas that are most at risk and where most of those deaths may occur?

DR. BIRX: Well, right now — and I think if you ask Chris Murray, he would say he's using the information coming out of New York and New Jersey and applying that to potentially other states having the same outcomes.

I just want to say, again, this yellow line — the yellow line — and this is all corrected for 100,000 residents. So, this is normalized so we can compare apples to apples. This is still Washington State, this yellow. So they've been able to, for a long time of measuring cases, not have a spike.

So it's possible, and we're watching very closely to make sure it doesn't have a spike. But that's what the people in Washington State are doing. This is what every community — so it — Washington State, early, about two weeks before New York or New Jersey; California, a week before New York or New Jersey, really talked to their communities and decided to mitigate before they started seeing this number of cases.

And now we know that that makes a big difference. Early — as Dr. Fauci said, if you wait until you see it, it's too late.

Q And again, do you have a demographic breakdown, Dr. Birx, of where these deaths may occur?

DR. BIRX: So there's a demographic breakdown that we've discussed before, related to mortality. And it's as we're seeing in New York exactly what we saw in Italy: very low mortality. Not to say that young people under 30 or young people under 40 aren't getting ill. They are, but most of them are recovering. So the profile looks identical to Italy, with increasing mortality, with age and preexisting medical conditions. And so that is holding in the same way.

But what we're hoping is that, through the work of communities — and again, it comes down to communities. This is not — this is communities deciding that this is important to them to not have the experience of New York and New Jersey. And I think — you know, we are worried about groups all around the globe. I mean, I don't know if you heard the report this morning. There's 8,000 ventilators in the UK. If you translate that to United States, that would be like the United States having less than 40,000 ventilators. We have five times that amount.

So, I mean, these are the things that everybody is having to face. And I think the United States is in an excellent position from our medical care position, but we don't want to have to test that system. We want this to be a much smaller epidemic with much smaller mortality.

Q Can I just follow up testing question, real quick, before we move on? So the testing numbers — I understand a million tests done; it's a big increase. But we were told there would be 27 million tests available by the end of the month.

So can you outline where in the supply chain, where in the logistics chain are those other 26?

THE PRESIDENT: (Inaudible) Mike, please.

Q Yeah, where are the other 26 million tests right now?

THE VICE PRESIDENT: I think this is — just for purposes of clarifications, there's a difference between sending a test that can be administered to a test being done. And because a month ago, or more, the President brought together the top commercial labs in America and said we need you to partner with us to create a brand-new system that would rapidly process tests, we're now at 1.1 million tests, and we believe it's a fair estimate that we're testing about 100,000 Americans a day. That'll continue to grow. It'll continue to accelerate.

But I think the misunderstanding early on was there were many tests being distributed, many test kits being sent, but under the old system, as the President has described it — the antiquated system — those were being processed in state labs or at CDC or in private labs on a very slow, methodical system that could only produce maybe 30 to 50 tests a day.

But this new partnership that we have with commercial laboratories allows the progress we're making. But the breakthrough with Abbott Laboratories now moves to point of care, which means you're going to have devices and tests that people will literally be able to take at their doctor's office, at a hospital, at a clinic, at a nursing home, and have the results in 15 minutes.

Q So those 26 million tests we were talking about, were those tests under the old antiquated system?

THE VICE PRESIDENT: Yes.

Q And now — so are we still even using those 27 million tests, or have we just completely moved on to the point-of-care tests?

THE VICE PRESIDENT: The answer is yes, now through the new system.

DR. BIRX: So, even today — which is, I have to say, coming out of laboratories and developed tests and worked on vaccines and then gone to the field to actually combat epidemic — it is disappointing to me right now that we have about 500,000 capacity of Abbott tests that are not being utilized. So they are out. They're in the states. They're not being run and not utilized.

So now we have to figure out how do we create awareness, because sometimes when you put an early platform out — like our first platform out when the high speed was Roche — so you get that out, people get dependent on that, and then don't see that there's availability of other tests.

So right now, there's over a half a million tests sitting — capacity — that are not being utilized. So we're trying to figure out: How do we inform states about where these all are? How do we work through every laboratory association so they're aware? And how do we raise awareness so people know that there's point of care, there's Thermo Fisher, there's Abbott testing, and there's Roche? And if you add those together, that's millions of tests a week.

THE PRESIDENT: And they're not being reported.

DR. BIRX: And they're not — and so those are the —

THE PRESIDENT: They're there. They're used, but they're not being reported.

DR. BIRX: Or they're not even being used. So that's what's really — so that's what we're working on.

Q So why aren't they being used?

Q What's the reason they're being used?

DR. BIRX: Because when people get used to a single platform, they keep sending it back to that lab. So it's getting in a queue to wait to get on a Roche machine, rather than being moved to this other lab that may have Abbott capacity. Because they're all in different laboratories. And so —

Q So how do you break that bottleneck?

DR. BIRX: I think — well, actually, Admiral Giroir is figuring it out, to really create some kind of visual so that every governor and every health commissioner can see all of their capacity in their countries — I mean, in their states, county by county, so that they know where the tests are.

So we pushed a lot of tests out, but they're not all being utilized. And so —

THE PRESIDENT: I mean, it's up to the people when they don't send them back. I mean, they use them, but they don't send them back.

And, Doctor, go ahead, please.

DR. FAUCI: No, I mean, I — Dr. Birx explained it very, very well.

I just want to get back, John, to your question. It's a logical question. When you look at the number, you want to know what the demography is going to be.

This is a number that we need to anticipate, but we don't necessarily have to accept it as being inevitable. And that's getting back to what I'm saying about we can influence this to varying degrees. And if we influence it to the maximum, we don't have to accept that. That's something we need to anticipate, but I want to do — not I, all of us want to do much, much better than that.

Q Well, I mean, on that front, what do the models suggest is on the low end if you have full mitigation?

THE PRESIDENT: Well, it says. It says between 100- and 200,000.

DR. BIRX: That was full mitigation.

DR. FAUCI: Yeah, that was — that was full mitigation.

Q Well, Mr. President, it says 200,000. It says 200,000.

THE PRESIDENT: It says 100- to 200,000. Anything — it's a lot of people, right? It's a lot of people.

Well, you didn't ask the other question. What would have happened — because this is the question that I've been asking Dr. Fauci and Dr. Birx for a long time, and they've been working on this for a long time. The question is: What would have happened if we did nothing? Because there was a group that said, "Let's just ride it out. Let's ride it out." What would have happened? And that number comes in at 1.5 to 1.6 million people, up to 2.2 and even beyond. So that's 2.2 million people would have died if we did nothing, if we just carried on our life.

Now, I don't think that would have been possible because you would have had people dying all over the place. This would not have been a normal life. How many people have even seen anybody die? You would have seen people dying on airplanes. You would have been seeing people dying in hotel lobbies. You would've seen death all over.

So I think, from a practical standpoint, that couldn't have been carried out too far. But — but if you — if you did nothing, on the higher side, the number would be 2.2 and maybe even more, and on the lower side, 1.6 million people.

Q Understood. But if 100,000 is the number with full mitigation, how do you push it — how do you push it forward?

DR. FAUCI: Yeah, so —

DR. BIRX: So — no, we'll go up together.

DR. FAUCI: All right. (Laughs.)

DR. BIRX: We've been at this a long time. You go first.

DR. FAUCI: So, John, it's an obvious — very good question. If this is full mitigation and it's 100,000, why am I standing here saying, "I want to make it better"? Because that's what the model tells you it's going to do. What we do is that every time we get more data, you feed it back in and relook at the model. Is the model really telling you what's actually going on?

And again, I know my modeling colleagues are going to not be happy with me, but models are as good as the assumptions you put into them. And as we get more data, then you put it in and that might change. So even though it says "according to the model," which is a good model that we're dealing with, this is full mitigation. As we get more data, as the weeks go by, that could be modified.

Q Why is the model now the top line on the lowball estimate? Why does that not top out at — I think it said 240,000, not 200,000. Is that a change? Is that because the states haven't been doing enough?

DR. BIRX: You know, it just has to do with if you had more New Yorks and New Jerseys. You know, Chicago, Detroit, LA, Dallas, Houston — you know, all of our major cities — modeled like New York. That's what gets us into trouble.

But I am reassured by looking at the Seattle line, by looking at the LA line, by looking at what California has been able to do, that that is not something that — I don't believe that's going to happen. That is the outside case of having 10, 15 metros like New York and the New Jersey metro area.

Q New York had community spread pretty early, undetected. So don't many of those other states, if not more of them who had even less information, aren't they likely to see the same spike?

DR. BIRX: Well, California and Washington State reacted very early to this. Yes, Washington State had some of the earliest infections. They have kept it low and steady, and for now, a month, has been tracking it with a small increase in the number of cases but not this logarithmic form of the virus.

And so that's the — that's the piece that we're trying to prevent. That's the piece that we're trying to prevent in New Orleans, in Detroit, in Chicago, and in Boston right now, and trying to make sure that each of those cities work more like California than the New York metro area.

Q Mr. President, I just wanted to get your thoughts on facemasks.

THE PRESIDENT: Yes.

Q We asked you about this yesterday and you signaled you were thinking about it.

THE PRESIDENT: Just to end the last topic though — I think I can say this because I spoke to Dr. Birx before and to Dr. Fauci. For whatever reason, New York got off to a very late start. And you see what happens when you get off to a late start. New Jersey got off to — and I think both governors are doing an excellent job, but they got off to a very late start.

When you look at Washington State, if you remember, that all started in a very confined nursing home. And you had 20-some-odd people, I believe, dying in one home. That doesn't mean it escaped that home. And so they have a very different statistic than other states.

But, I mean, I remember it very vividly, the nursing home in Washington State where you had many people dying. Every day people were dying in the one exact location. So they were able to keep that, relatively speaking, into that location.

Q Were you surprised when you saw those numbers, sir?

Q But on the facial coverage?

THE PRESIDENT: One second. Steve?

Q Were you surprised when you saw these projections? The numbers are sobering.

THE PRESIDENT: They're very sobering, yeah. When you see 100,000 people, that's a — and that's at a minimum number.

Now, what we're looking at — and as many people as we're talking about — whatever we can do under that number and substantially under that number, we've done that through really great mitigation. We've done that through a lot of very dedicated American people that, you know, 100,000 is — is, according to modeling, a very low number.

In fact, when I first saw the number — and I asked this a while ago — they said it's unlikely you'll be able to attain that. I think we're doing better than that. Now, I think. We have to see. But I think we're doing better than that. Because, as John said, that would be, you know, a lot of lives taking place over a relatively short period of time.

But think of what would have happened if we didn't do anything. I mean, I've had many friends, business people, people with great, actually, common sense — they said, "Why don't we ride it out?" A lot of people have said. A lot of people have thought about it. "Ride it out. Don't do anything, just ride it out and think of it as the flu." But it's not the flu. It's vicious.

When you send a friend to the hospital, and you call up to find out how is he doing — it happened to me, where he goes to the hospital, he says goodbye. He's sort of a tough guy. A little older, a little heavier than he'd like to be, frankly. And you call up the next day: "How's he doing?" And he's in a coma? This is not the flu.

So we would have seen things had we done nothing. But for a long while, a lot of people were asking that question, I think, right? I was asking it also. I mean, a lot of people were saying, "Well, let's just ride it out." This is not to be ridden out because then you would have been looking at potentially 2.2 million people or more. 2.2 million people in a relatively short period of time.

If you remember, they were looking at that concept. It's a a concept, I guess. You know, it's concept if you — if you don't mind death. A lot of death. But they were looking at that in the UK.

Remember? They were very much looking at it. And all of a sudden, they went hard the other way

because they started seeing things that weren't good. So they were — you know, they put themselves in a little bit of a problem.

Now, Boris tested positive, and I hear he's — I hope he's going to be fine. But in the UK, they were looking at that. And they have a name for it, but we won't even call — we won't even go by the name. But it would've been — it would have been very catastrophic, I think, if that would have happened.

But that was something that everybody was talking about, Steve, like, “just don't do anything.” “Don't do anything. Forget about everything. Just ride it out.” They used the expression, “Ride it out.” We would have had, at a minimum, 1.5, 1.6, but you would have had perhaps more than 2.2 million people dying in a very short period of time. And that would have been a number that — the likes of which we've never seen.

So, now, when we look at our package that we just approved for \$2 trillion, all of a sudden, it seems very reasonable. Right? When you're talking about 2 million lives, all of a sudden, it seems very reasonable. I must say, a lot of people that have been seeing the more advanced numbers — because these are much more advanced numbers now. You know, when you first started, we didn't know, and this was a different kind of a virus. And nobody knew that much about it, even the experts. You don't really know where it's going. But then they see what goes on in Italy, and they see what goes on in Spain, and you see France is having a very hard time. And other countries having a very, very hard time. But once they see what's going on, they start making projections.

So, I hope they're going to be very high projections, but based on everything else, that would be the number. Let's see if we can do much better than that. I hope we can.

Yeah, John.

Q What about masks? You didn't answer her question about masks.

THE PRESIDENT: Oh —

Q Yeah. Masks. Yeah, what's your recommendation?

THE PRESIDENT: Okay.

Q I understand there's an issue with supplies but —

THE PRESIDENT: That's right.

Q — if there wasn't enough for an emergency room?

THE PRESIDENT: Well, it's — that's right. You know, you can use a scarf. A scarf is — everybody — a lot of people have scarves, and you can use a scarf. A scarf would be very good. And I — my — my feeling is if people want to do it, there's certainly no harm to it. I would say do it, but use a scarf if you want, you know, rather than going out and getting a mask or whatever.

We're making millions and millions of masks, but we want them to go to the hospitals. I mean, one of the things that Dr. Fauci told me today is we don't want them competing. We don't want everybody competing with the hospitals where you really need them.

So you can use scarves. You can use something else over your face. It doesn't have to be a mask. But it's not a bad idea, at least for a period of time. I mean, eventually, you're not going to want to do that. You're not going to have to do that. This is going to be gone. It'll be gone. Hopefully gone for a long time.

Please.

Q Mr. President, the mitigation steps that are on your 30-day plan, is that enough or is more needed? Have you been discussing that behind the scenes?

THE PRESIDENT: Well, we're going to find out. We hope it's enough. We hope it's enough. We hope we're at a level where we can say, "let's go," because our country wants to get back to work. We really want to get back. Everybody wants to get back to work.

Now, I could ask the doctors to answer that question, but we discuss that all the time. What do you think?

Q Have they been recommending harsher mitigation steps?

THE PRESIDENT: Well, I think we're very — I think we've been very harsh. I mean, if you look at the streets — I looked at Fifth Avenue today on camera and I didn't see anybody walking on the street. And I'm used to watching that street — you can't even see — you can't see the asphalt, you can't see the concrete. And you look and there's nobody. There was one car. It looked like it might have been a taxicab. And it was in a time of the morning that normally there'd be a lot of people.

I mean, you know, I think — I think the mitigation has been very strong.

Please.

Q Mr. President, will you confirm your plans to defer tariff payments for 90 days? And, secondly, on infra- —

THE PRESIDENT: I didn't — I didn't do anything about tariff payments. I don't know who's talking about tariff payments. They keep talking about tariff payments. And we haven't done that. China is paying us — we made a deal with China. Under the deal, they're paying us 25 percent on \$250 billion, and they pay it.

And I spoke with President Xi the other day and he didn't mention that. We didn't mention that. We had a great conversation, by the way. A really productive conversation, having to do with many things. Most of it was on the virus. But, you know, we're not talking —

Who you are you with? Who are you with?

Q But if I — if I could just clarify —

THE PRESIDENT: Who are you with? Whoa, whoa, whoa. Who are you with?

Q Wall Street Journal.

THE PRESIDENT: Oh.

Q There's reporting by the Wall Street Journal and Bloomberg that there's a plan in motion to —

THE PRESIDENT: Yeah, I know — that's incorrect reporting. Well, that might be, but I'm going to have to approve the plan.

Q — absent China —

THE PRESIDENT: The one thing I will tell you: I approve everything. And they haven't presented it to me, so therefore, it's false reporting. So therefore, don't do the story.

If we're going to do something, we'd — I'd be glad to let you know. There's nothing wrong with doing it. But we'll let you know.

Yeah, please. A couple in the back, then we'll get back to you, John.

Q Thank you.

THE PRESIDENT: Go ahead.

Q Thank you, sir. Philip Wegmann with RealClearPolitics. I wanted to ask you about individual states issuing stay-at-home orders. What do you think — for instance, in Florida, Ron DeSantis has resisted urges to issue one of those. But he said moments ago that if you and the rest of the task force recommended one, that would weigh on him heavily. What sort of circumstances need to be in place for you to make that call and say this is something you should consider?

THE PRESIDENT: Different kind of a state. Also, great governor. He knows exactly what he's doing. Has a very strong view on it. And we have spoken to Ron.

Mike, do you want to just tell them a little bit about that?

THE VICE PRESIDENT: Well, let me echo our appreciation for Governor DeSantis's leadership in Florida. He's been taking decisive steps from early on and working closely with our team at the federal level. But let me be very clear on this: The recommendation of our health experts was to take the "15 Days to Slow the Spread" and have the President extend that to 30 days for every American.

Now, that being said, we recognize that — that when you're dealing with a health crisis in the country, it is — it is locally executed by healthcare workers but it's state managed. And so we continue to flow information to state governors. We continue to hear about the data that they're analyzing and consult with them.

But at the President's direction, the White House Coronavirus Task Force will continue to take the posture that we will defer to state and local health authorities on any measures that they deem appropriate.

But for the next 30 days, this is what we believe every American in every state should be doing, at a minimum, to slow the spread.

THE PRESIDENT: So unless we see something obviously wrong, we're going to let the governors do it. Now, it's obviously wrong. I mean, people can make things — they can make a decision that we think is so far out that it's wrong, we will stop that. But in the case of Governor DeSantis, you know, there's two thoughts to it and two very good thoughts to it. And he's been doing a great job in every respect, so we'll see what happens. But we only would exercise if we thought somebody was very obviously wrong.

Go ahead. Your turn.

Q Thanks. I had a question in a minute for the Vice President about the —

THE PRESIDENT: Go ahead.

Q — the National Strategic Stockpile. But while you're at the podium, I wanted to ask about your call with President Putin a couple days ago. I know a big economic concern for a lot of people has been the state of oil prices right now.

THE PRESIDENT: Yeah.

Q So I'm wondering if you raised that with President Putin, if you were able to —

THE PRESIDENT: I did. We had a call.

Q gain any new assurances.

THE PRESIDENT: It was probably about that, the oil prices, because, as you know, Russia and Saudi Arabia are going at it. And they're really going at it. And by going at it to the extent that they are, the oil has dropped to a point where I — look, it's the greatest tax cut we've ever given, if you look at it that way, because people are going to be paying 99 cents for a gallon of gasoline. It's incredible, in a lot of ways. It's going to help the airlines. But at the same time, it's hurtful to one of our biggest industries — that's the oil industry. It's really — it's not even feasible, what's going on.

So I spoke to President Putin about that. I also spoke to the Crown Prince about that — Saudi Arabia.

Q Did they agree to do anything?

THE PRESIDENT: No, I think — yeah, they're going to get together and we're all going to get together, and we're going to see what we can do because you don't want to lose an industry. You're going to lose an industry over it. Thousands and thousands of jobs.

We have — I don't know if you know, there's oil all over the oceans right now. The boats are all filled. The ships are — they're renting ships — ships that were dying that weren't doing well and now, like, they're — that's where they're storing oil. And they're sent out to sea and they sit there for long periods of time. There's so much oil. In some cases, it's — it's probably less valuable than water. In some parts of the world, water is much more valuable. So we've never seen anything like it.

But the two countries are discussing it. And I am joining, at the appropriate time, if need be. We had a great talk with President Putin. We had a great talk with the Crown Prince. We also discussed more so with President Putin, in this case, the virus, because Russia is being hit pretty hard. And we discussed many things — trade. We discussed a lot of things with both.

But in the case of both, we very much discussed the oil and the oil prices. I mean, if you look, it's \$22 but it's really much cheaper than that if you want to negotiate. Nobody has seen that. That's like from the 1950s. It really is. You know, to think that it was 50, 60, 70, 80, and now it's 22. But, you know, if you put a good bid in at nine, I think you could probably get what you wanted, right?

John, please. Then Jim.

Q Mr. President, you tweeted earlier today that now would be a good time to start looking toward, if there is a light at the end of the tunnel, and work on an infrastructure bill.

THE PRESIDENT: Yeah.

Q Again, you suggested it should be \$2 trillion, which is twice what the last one was — or the proposal, at least. Are you anticipating that, like after the economic crisis of 2008, 2009, America will need to have so-called “shovel-ready” jobs ready to go to get people back to work?

THE PRESIDENT: Well, the problem with that one is they had maybe shovel-ready jobs, maybe not, but they never used it for the purpose of infrastructure. So far, nobody has been able to find any money that was spent on infrastructure. I want to use it for infrastructure.

And one of the reasons I’m suggesting it, John, is we’re paying zero interest. The United States is paying almost zero interest rate. The Federal Reserve lowered the rate — the Fed rate. And, that, and a combination of the fact that everybody wants to be in the United States.

You know, we have the dollar that’s very strong. And I know that sounds good, but it does make it hard to manufacture and sell outside because other currencies are falling and our currency is very strong. It’s very, very strong. Proportionately, it’s through the roof.

So we have a strong dollar. People want to invest in the United States, especially nowadays where they’re looking at safety. They have all of the problems, plus the virus at 151 countries. They all want to come into the United States.

And so we have a zero interest rate, essentially. And I said, “Wouldn’t this be a great time to borrow money at zero interest rate and really build our infrastructure like we can do it?”

So the plan was — the Republicans had a plan of about 750. I would say they were — were at seven five, where you had the Democrats were a little less than a trillion dollars. The Republicans were a little bit less than that. And I’m suggesting \$2 trillion. We redo our roads, our highways, our bridges. We fix up our tunnels which are — many of them in bad shape, like coming into New York, as you know. Really bad shape. And we really do a job on our infrastructure.

And that doesn't mean we're going to do the Green New Deal because I won't do it. I won't approve it. We're not going to do the Green New Deal and do — spend, you know, 40 percent of the money on things that people just have fun with.

Q But how would you pay for it, sir?

THE PRESIDENT: We're going to borrow the money at zero percent interest. So our interest payments would be almost zero, and we can borrow long term. People want to be in the United States. They want to be invested in the United States.

Go ahead, Jim.

Q I wanted to get back to the virus. You were saying at the beginning of the press conference that you're looking at holding back 10,000 ventilators. Is that because you need to pick and choose where these ventilators are going to have to go because of the nature of the pandemic now spreading?

THE PRESIDENT: Right. It's a good question.

Q And also, I just wanted to ask —

THE PRESIDENT: Go ahead.

Q — Dr. Fauci and Dr. Birx if it's possible, after you finish —

THE PRESIDENT: Yeah.

Q — is that part of the reason why you're projecting 100,000 to 200,000 deaths? That there are going to be some people who aren't going to be able to get ventilators or be put on a ventilator?

THE PRESIDENT: Actually, just the opposite, because we're holding back — we have almost 10,000, and we're holding because we're going to need them over the next couple of weeks as the surge goes on. You see the chart. We haven't hit the top yet. And we have to be able to move them immediately. And we can't take them because it's going to be very hard to do that. We can't take them to places that aren't needing them. Plus, we have requests for ventilators in hospitals and in

states and cities that don't need them, in our opinion. They don't need them. They won't need them at the top.

So we're holding it back for flexibility. We actually just took 600 and we sent them to different locations today. But we have close to 10,000. And we'll be able to get them — and we're all set to march. We have the National Guards and we have FEMA. And we're all set to move them to the places.

So, as per your second question, what we're going to do is save lives because of it. Because otherwise, we would not be able to get the ventilators. And we don't know what the hottest spot —

Q You don't think we have a ventilator shortage right now?

THE PRESIDENT: In some areas, we might. But we've done a great job with ventilators, and we're having them made — unbelievable. We have now 11 companies making ventilators. Now, they'll be starting to arrive in the next week. But we've also grabbed a lot of them. Some hospitals had more than they were saying, or at least more than we knew about, which is a good thing, not a bad thing.

But we want to be able to have — I guess the word would be “flexibility” so that if the surge turns out to be much stronger in Louisiana, which it could, that we can immediately bring 1,000 or 2,000 to Louisiana. Otherwise, we wouldn't be able to get them; we wouldn't be able to say, “Listen, Governor Cuomo in New York, we want to take ventilators away from New York,” and they'll say, “Well, we can't do that.” It would be a disaster. So we have great flexibility.

Now, when the surge occurs, if it occurs fairly evenly, we'll be able to distribute them very quickly before they need them. But we want to have — we have a reserve right now. It's like having oil reserves, except more valuable, frankly. But we have a reserve right now. And we'll be able — and we also have a great team of people ready to deliver. They can move them fast. So when we see it going up in a certain state — and Louisiana could be one, and Michigan could be another with Detroit, because Detroit is having a lot of — a lot of hard time right now. Detroit came out of nowhere. And that's what happens with this. It comes out of nowhere.

So we are ready, Jim, depending on what happens, and we have a stockpile. And that's why it's called a stockpile. Now, a lot of the ventilators and a lot of the other equipment, rather than

sending it to the stockpile, we had it sent directly to a hospital, to a location, to a place. So we didn't have the cumbersome nature of having it come in, unboxed, put in, and then delivered. We have it brought — which they've never done before. They don't do that. Generally speaking, they don't do that. But we've had — I think, Mike, we've had tremendous success at doing that. That's for other items, including ventilators, where it's brought to the site that needs it.

But we have a good supply of ventilators, and we're ready to go. We're all ready. We have trucks ready. We have everything ready. Because, as we're saying, John, this could be a hell of a bad two weeks. This is going to be a very bad two and maybe even three weeks. This is going to be three weeks like we haven't seen before.

Q And should the hospitals be prepared for that? We're hearing —

THE PRESIDENT: Well, I think the hospitals —

Q — some hospital workers are saying that they're facing what looks like a medical war zone in some of these places.

THE PRESIDENT: Yeah. They are — they are going to be facing a war zone. That's what it is.

Q What about —

THE PRESIDENT: I've heard — I've heard some of the paramedics and some of the doctors, they said they were — they've been in war zones, they've been in — they've never seen anything like this.

You look at Elmhurst Hospital in Queens — I've never seen — I mean, I look — I just think it's so — because that's a hospital that's near where I grew up. And it's — it is a war zone, in a true sense.

Yeah. Please.

Q Yeah, on the ventilators. So we've been hearing from governors who say they are fighting amongst themselves, essentially bidding amongst themselves to get these ventilators.

THE PRESIDENT: They shouldn't be doing that. If that happens, they should be calling us. Look, we have ventilators, but we've distributed thousands of ventilators. But they shouldn't be doing that.

And if they need them that badly, we know. We have pretty good ideas of where they're going to need them. Some people, frankly, think they need them and they don't need them. I don't want to mention names, but there are some people that want them, and it's really not the right thing. Then you have some people that, I guess, automatically hoard a little bit. They want to have more than they think they need.

But, you know, a ventilator is a very precious piece of equipment right now. It's hard to make. It takes a long time to make it. It's complex. Some of them are like the dashboard of an airplane. I mean, they're very complicated and very expensive machines, and some are much simpler. But we're ready to go, depending on what happens.

But we have some hospitals and some states that think they need ventilators, and we don't think they do. Now, if they do need them, we will have them there before they need them. We'll be able to move very quickly.

Q So you're confident then —

Q What about the hydroxychloroquine? Is there any early data on these trials?

THE PRESIDENT: Nothing that I've heard. I mean, that's the first question I make every morning. I'll tell you, I call up — you know, we have 1,100 — 1,100 in New York right now. And we have other locations where they're — where patients, people are taking them.

Now, the good news is, it's only three days. And, you know, it's like a seven- or eight-day treatment. The good news is we haven't heard anything bad. In other words, there have been no catastrophic events.

But we haven't. It's a little bit too soon to talk about it. It would be a total game changer, John, if that happened. If that happened, it would be a game changer. And we include that in that, and, I think, in all cases, the Z-Pak. You know what the Z-Pak is. So we're going to see what happens with the hydroxychloroquine.

Q Mr. President —

Q Are there other — are there other —

THE PRESIDENT: Yeah, just one second. Steve, go ahead.

Q Are there other antiviral drugs that are — that have some promise of working soon?

THE PRESIDENT: We're looking at a lot of them. We're looking at a lot of them. Some show promise.

Q I mean, how soon —

THE PRESIDENT: I think maybe the doctor might want to speak about the vaccines because a lot of — Johnson & Johnson is advanced — very advanced. We'll see what happens. The one thing with the vaccine is you — it doesn't help this group, because this group, it's — you know, you need to test the vaccine.

The one thing with the drug you just mentioned — right? — is that that's been out. It's a malaria drug and also an arthritis drug. So it's been out there for a long time. A very powerful drug. But it's been out there for a long time. So it's tested in the sense that you know it doesn't kill you.

But you may want to discuss the vaccines for a second, Doctor. Go ahead.

DR. FAUCI: Thank you, Mr. President. But just for a second — before the vaccine — in answer to your question, Steve: There are a number of candidates. The drugs that are now being looked at in various ways — either compassionate use, clinical trials — are generally drugs that already exist for other things. There's a whole menu of drugs and interventions that are now going into clinical trials that are not approved for anything yet.

I mean, for example, things like immune serum, convalescent plasma, or hyperimmune globulin, or monoclonal antibodies — a variety of other things. Right now, there's a lot of activity going on behind the scenes in the design of the kinds of clinical trials that will give us an answer. Because you need an answer — because if it doesn't work, you want to get it off the table and go to the next one. So there are a lot of things.

Q How long does that normally take? Weeks? Months?

DR. FAUCI: Yeah, no, it takes at least months. At least months. At least. So, I mean, that's the reason why you're seeing a lot of activity with drugs that already exist for other purposes, because they're already there. But the drugs that you want to show in a good randomized clinical trial, at very best, they're going to take months.

Just one word on the vaccine. You know, exactly like we said: We hope that as we get into the summer, if in fact there are cases out there, when you're in a phase two or phase three trial — or 2/2B, as we call it — that we might get an early efficacy signal. And an efficacy signal means that even though you haven't definitively proven that a vaccine works, you get enough information that if it were an emergency, you might be able to have an emergency use authorization for it.

Q That sounds good.

THE PRESIDENT: And I have to say this: Hydroxychloroquine and azithromycin — which is, you know, you take it with it, maybe, if you want, for the infection — I think some medical workers are doing that, using it maybe or getting it prescribed perhaps as — for another use. But the word is that some are and some aren't.

I mean, I think it's not a bad idea to do it, but that's up to the doctors. But there is a theory going around that in our country and some other countries, people are taking that — that work in the hospitals, that work with the patients — because there is some evidence. And, again, it's going to have to be proven. It's very early.

You know, we're rushing this stuff through. This was supposed to take a long time to be approved, and I prevailed upon the FDA to get it approved immediately on the basis that it was already on the market for a lot of years for another use: malaria, mostly — and arthritis — but mostly malaria.

So we'll see what happens. But there is a theory out there that for the medical worker, a doctor, it may work. It may work. And if you take it, it's — you know, it's been out there for a long time.

Please, go ahead.

Q Mr. President, I just wanted to go back to Jim's question about the National Stockpile. The governor of Connecticut today —

THE PRESIDENT: About which?

Q The National Strategic Stockpile. The governor of Connecticut, today, said that he was disturbed to learn that the stockpile is now empty. That's his words. And he said —

THE PRESIDENT: Well, it's not empty. Let me explain something. What we're doing — and I thought I said it accurately; I certainly meant to. Rather than having it brought into the stockpile, where appropriate — other than certain things, like we have quite a few of the ventilators, which is not a lot when you look at the whole country actually. It sounds like a lot — almost 10,000.

But we're trying to have supply sent directly to the states because we save a big state — we save a big — we don't want medical supplies coming into warehouses all over the place and then we take them from there and bring them to another warehouse. So we're having it brought from the man- — ideally, from the manufacturer directly to the hospital or the state where it's going.

So we're trying to keep it that way as much as possible. Now, in some cases, we are having it brought. Remember this: We also took over a virtually empty — and I say it again, just like we had no ammunition in the military, and we had virtually no ammunition. Well, we had very little in medical supplies, too, in our stockpile. So, for the most part, we're trying very hard to have it delivered to the site where they need it.

Yeah. Please. Go ahead.

Q Thank you, Mr. President. Here, in the United States, domestically, we can practice social distancing. But some of our sailors, specifically on the USS Theodore Roosevelt —

THE PRESIDENT: Yeah.

Q — they're not able to. They're in confined spaces. What are your thoughts on that? Should they be offloaded? And then, sir, are you concerned —

THE PRESIDENT: I'm going to let the military make that decision.

Q Yes, sir. But are you concerned about U.S. military readiness during this pandemic? For instance, what would happen if, as reported, China was to increase patrols in the South China Sea? What would your response be?

THE PRESIDENT: Well, we're going to see all about that. Don't worry about our military. You know, you saw the military put up a hospital in three and a half days with 2,900 beds — with a lot of beds. Nobody has ever seen anything like it. And, by the way, that wasn't the only one. It wasn't just at Javits Center; it was at other locations. And now it's Louisiana, and now it's New Jersey, and now it's other places.

One thing that I think is indisputable is, when I watched the Army Corps of Engineers and FEMA — working with them — but when I watched the Army Corps of Engineers throw up these hospitals — and they're complex. I mean, these are incredible buildings, essentially — tents and various things. But they did it in such a quick — such a short period of time.

And our military is ready like you haven't seen. And you know who the best — the best guests on the different shows are? We watch shows at night. And I think the best guests that I've seen in a long time are the military people, and they've never done it before. I've watched General Semonite, who I deal with a lot. I say, "General, you've got to give us two new hospitals in Louisiana." "Yes, sir." And the next morning, they're building them at 6 o'clock in the morning, and they're up in three days.

I think they're the best — they're the best guests you have. I guess, I'm tired of the other guests, in all fairness.

Q What kind of message do you have (inaudible) —

THE PRESIDENT: Okay, Jim, go ahead.

Q Yes, sir. This may be an uncomfortable question, but what would the models have looked like, that Dr. Birx and Dr. Fauci showed us, if we had started the social distancing guidelines sooner, in February or January, when China and South Korea were doing those sorts of things?

THE PRESIDENT: Well, I'm going to let them —

Q I know China is not reliable —

THE PRESIDENT: I'm going to let them answer that.

Q — in terms of what —

THE PRESIDENT: Yeah.

Q — information we're getting from them. But if we had started these practices sooner, could these models be different right now?

THE PRESIDENT: Yeah, I'm going to let them answer the question. But remember this — and again, I say it, and everybody says it. You know who it says it better than anybody, is Dr. Fauci.

I had a decision to make. Maybe it was my biggest decision. China was heavily infected, and thousands and thousands of people were coming from China to the United States. And against the wishes — not even wishes, but they disagreed with the decision — I made a decision to stop China from coming in.

I took a lot of heat, even from China. They weren't exactly happy. I just made a trade deal — a big one: 250-billion-dollar trade deal — and I'm shortly thereafter saying you can't come into our country. That was a big decision. That was earlier than the date you're talking about. So that was a big decision.

That was probably — and, by the way, not because I did it; that was probably the biggest decision we made so far.

But if you look at the one graph, the problem New York has is New York started late, but the other ones didn't start so late. And New York is also more complicated, because, you know, for obvious reasons, but it got a late start. But do you want to maybe answer those questions?

DR. BIRX: I think — I don't know if you can go back to slide two because I wanted to explain two things that I think is really important because we had a lot of questions about mortality and what it meant.

Okay, so you see this confidence interval? So here's the line. This is the confidence interval. This is where we have the ability to push it down. So you have a large confidence interval around the line. And so we're trying to move that gray down tighter and below the dotted line. So I think that's really important.

And then — then, if you can go to the next slide.

So we really can't answer your question until we can get antibody testing out there. Because what we can't tell you is in — and we can always do this. There's always samples in hospitals and other things. It's the way we really defined the HIV epidemic in the United States; we were able to go back to blood samples when we had the test and really find out where it was and what was going on.

We really need to look in here and really see: Was there virus significantly circulating in early March and late February? And what did it look like? And where was it? And was it all in the metro areas?

And I think that's what Dr. Fauci and I are very, very focused on, is getting serology testing out there to really figure out when it came and really have those samples to be able to do that.

Q Because you understand the painful part of my question and — please, I don't mean to put you on the spot. But —

DR. BIRX: No, we understand, but we can't answer it until —

Q But there may be Americans at home —

DR. BIRX: Yeah. Until we see that.

Q — saying, "If we had started this sooner, we might not have 100,000 to 200,000 Americans dying."

DR. BIRX: Well, that makes an assumption that it was here — a lot — there was a lot back here that we didn't see. And until we have the antibody test, I can't really answer that.

DR. FAUCI: Just to underscore what Dr. Birx was saying: If there was no virus in the background, there was nothing to mitigate. If there was virus there that we didn't know about, then the answer

to your question is probably yes.

Now, the only trouble with that is that whenever you come out and say something like that, it always becomes almost a soundbite that gets taken out of context.

But I think that it's very important what Dr. Birx has said — is that if there was covert infections here that we didn't know about and we didn't mitigate them, then they would have made a difference. If there was virtually nothing there, then there's nothing to mitigate. And I don't know the answer to your question.

THE PRESIDENT: But they were early. They started early.

Q But we were watching North — South Korea, excuse me, and China and Italy, and we weren't taking action when those countries were spiking.

DR. FAUCI: Right, sure. In a perfect world, it would have been nice to know what was going on there. We didn't. But I believe, Jim, that we acted very, very early on that.

Q But if we had adequate testing, would we have known?

THE PRESIDENT: Yeah. We would have known the same thing. We inherited obsolete tests.

THE VICE PRESIDENT: Can I — can I speak to that too, as well? The President made reference to the fact — January 31, he suspended all travel from China. Shortly thereafter, we issued strong travel advisories for the sections of Italy implicated and sections of South Korea, and we reached agreements with those countries to screen all passengers from all airports coming into the United States of America.

The President's initial efforts were designed at preventing the coronavirus from coming into the United States. And what our experts have told us again and again at the Coronavirus Task Force is that those actions bought us a significant amount of time on this curve to respond with the kind of mitigation efforts, standing up resources, testing, and supplies that are in effect.

But we went from a prevention strategy the President acted on before the month of January was over to a mitigation strategy, which continues to this day.

And if I can also say just — just to every American: All the questions about resources are very important. And I can assure you that the President and our task force are preoccupied with these issues and working with governors hour by hour to meet those needs. But if Americans will put into practice these guidelines for another 30 days, they'll do their part to lower the curve and save lives, most importantly, and limit the burden on our hospitals and our healthcare system in the country significantly.

And so, make no mistake about it: While we're going to work our hearts out and leave no stone unturned to find the resources, the masks, the ventilators that we need — and we are going to meet that moment with the full energy of the American economy and the whole of the American government — the American people have a role to play in preserving that medical capacity in a way that will ensure that people that are caught up in the coronavirus, particularly those that are vulnerable to the most serious outcomes, which are seniors with serious underlying health conditions or anyone with an immunodeficiency, have the resources, the support, and the healthcare that every American family would want their loved one to have.

Q A question for Dr. Fauci. Mr. President?

THE PRESIDENT: But I do think we were very early, but I also think that we were very smart because we stopped China. We had never done that before. You know, we had never closed our borders before, as I read — I read. I don't know, maybe that's not right.

And Dr. Fauci had also said that was a — that was — I think it was maybe the biggest moment because we were stopping the source. We were stopping the infection. But we also stopped Europe very shortly thereafter. That was a big decision. That was not an easy decision, either. I stopped them a long time before people started stopping anyone. So we stopped China. We stopped Europe. We stopped all of Europe. And then ultimately, we stopped UK, Ireland.

Yes. In the back. The very back. Please.

Q Mr. President and the team, going back to hydroxychloroquine, how many clinical trial tests, numerically, would you like to see before you put a stamp of approval on it? Because it's — there are clinical trials being — taking place around the world right now.

THE PRESIDENT: You could answer that, please. Sure, please.

Q Is there a number? How many cases would you like to see?

DR. FAUCI: Yeah. That is an FDA decision and it really depends on a variety of factors. What I would like to see: a clinical trial that has a comparison to something that is comparable to what it means without the drug.

I mean, I keep saying it. I say it all the time and I'll say it again: It's a controlled trial that compares it to something meaningful. When that —

Q Are there particular trials that you're watching taking place around the world right now?

DR. FAUCI: Well, there are a number of trials going on, not only in the United States, but also in other parts of the world.

You know, right now, it's too early to make any determination, but I just want to get back to what I say all the time: The definitive way that you get an answer is by doing a randomized, controlled, clinical trial.

Q Dr. Fauci, on social distancing. Or Mr. President —

Q (Inaudible.)

THE PRESIDENT: You're talking about the chloroquine? Is that what you're talking about? In — specifically, per the last question?

Q Yes. Hydroxychloroquine.

THE PRESIDENT: Yeah. No, there are trials going on. But there are also trials going on — we're trying them on people that are now sick. That's a very important — that's a very important trial, to me.

Q But we know that there are cocktails being experimented with around the world. So, my question was really, like: Are there specific —

THE PRESIDENT: We're watching whatever happens around the world. We're watching those trials very closely. Yeah.

Q Mitch McConnell had a line today. He was on —

THE PRESIDENT: Mitch?

Q Mitch McConnell. Yeah. He said that impeachment diverted the attention of the government. Do you think that, in any way? This was happening and building at the same time. Did it divert your attention or your team's attention or the Vice President's attention?

THE PRESIDENT: Well, I don't like to think I did. I think I handled it very well, but I guess it probably did. I mean, I got impeached. I think, you know, I certainly devoted a little time to thinking about it, right?

Q (Inaudible) the pandemic?

THE PRESIDENT: So, but think of it: It was a hoax. It was a total hoax. And when you think that I got impeached only because they had a majority in the House. They didn't get one — they didn't get one Republican vote — 196 to nothing. Not one Republican. It's nev- — I don't think it's ever happened. The Republicans stuck together and they stuck together in the Senate — 52 to a half. A half.

So, you know, when you say that — yeah, I think it took a lot of — I see them going and saying about speed. Well, they probably illegally impeached me in the sense that, if you look at the FBI today — with what happened, the horrible things — nobody cares about that now because all they're thinking about is the virus, and that's okay with me.

But you look at the report that came out from IG Horowitz; it's disgraceful what went on. It's disgraceful. It's a total disgrace. They got caught in the act. But you know what? We won't talk about that now. Did it divert my attention? I think I'm getting A-pluses for the way I handled myself during a phony impeachment. Okay? It was a hoax.

But certainly, I guess, I thought of it. And I think I probably acted — I don't think I would have done any better had I not been impeached. Okay? And I think that's a great tribute to something; maybe

it's a tribute to me. But I don't think I would have acted any differently or I don't think I would have acted any faster.

But the Democrats, their whole — their whole life, their whole being, their whole existence was to try and get me out of office any way they can, even if it was a phony deal. And it was a phony deal. And it turned out — and all you have to do is look today at the FBI reports. Take a look at what the FBI did. Take a look at the people. Take a look at Comey's report — 78 pages of total kill. Take a look at that. Take a look at the report on McCabe. Just read it and you'll see how horrible it was. And you know what? I don't think this country is going to take it, if you want to know the truth.

Q Was there some call you would have had time to make? Is there — how did it take you out of the game?

Q What guidance are you offering to Florida when it comes to the two Holland America cruise ships that are seeking to dock here? Many are sick and —

THE PRESIDENT: Yeah. Well, I'll be speaking — I'm going to be spea- — in fact, he has a call in to me and we'll be speaking to — we'll be speaking to the governor and we'll be speaking to him soon.

But there's a case — we have two ships. There are people that are sick on the ship. And we don't want to be — like, they're going to be ghost ships. You know, people turn those ships away.

There was a ship, as you know, in a certain part of Asia, and, from port to port, nobody would take it. But in the meantime, you have people that are dying on the ship or at least very sick, but they're dying on the ship.

Q So what is —

THE PRESIDENT: So, I'm going to — I'm going to — you know, I'm going to do what's right, not only for us, but for humanity. I mean, these are two big ships and they have a lot of very sick people. And I'll be speaking to — I'll be speaking to the governor.

Let's do just a couple of more back here. Yeah, go ahead please. We'll get — we'll get — go ahead please.

Q Thank you very much. I was hoping you could —

THE PRESIDENT: Do you ever run out of questions, you people? It's the most unbelievable thing. You go through the room —

Q So —

THE PRESIDENT: But I have nothing else to do. So if you want us — I mean, if you want. Should we keep it going, John? I think so. Let's go.

Q Would you clarify something for me, please? Andrew Cuomo, today, said that the system that you have, where governors are trying to get ventilators, "it's like being on eBay with 50 other states bidding on a ventilator," plus FEMA. And then you just said tonight, "They shouldn't be doing that."

THE PRESIDENT: You mean he was — he was complaining?

Q Well, he said —

THE PRESIDENT: Say it. Say it. What did he say exactly? What did say? Go ahead.

Q He said that when you have states competing for ventilators and medical care, "it's like being on eBay with 50 other states bidding on a ventilator," plus FEMA.

THE PRESIDENT: Well, he shouldn't be complaining because we gave him a lot of ventilators. And if you take a look at the chart — it's down — but I wish he got going a little bit sooner.

But we gave him a lot of ventilators. And you know what? He has a lot of ventilators. The problem is: With some people, no matter what you give, it's never enough. It's never enough. Like, they'll say, "How's Trump doing?" And you're a Democrat. Some of them said, "Really good." I'll tell you, Gavin Newsom, from California — who is doing a good job, by the way — and others said, "Really good."

But, you know, generally, your natural reflex — "How's Trump doing?" You ask that question to a Democrat. "Uh, well, uh, we don't like it." "Oh, really? You don't like it?" We're getting very high marks. But I'm not doing this for marks; I'm doing this to save lives.

When John acted —

(Cross-talk.)

Wait. When John saw the numbers and when Jim saw those numbers, they're shocking numbers. You know, you're talking about deaths. Even at the low end, you were shocked when you see 100- and 120,000 and 200,000 people over, potentially, a very short period of time.

I want to save lives. I'm not doing this for any other reason. I want to save lives.

But the governor of New York has gotten, I think, maybe — probably has gotten more than anybody. He's gotten four hospitals. He's gotten four medical tents. He's gotten a ship, the likes of which nobody has ever seen before — other than Los Angeles, which has the twin.

I mean, we've done a lot. But many ventilators were sent to New York. And Mayor de Blasio — I'm getting along with Mayor de Blasio great and I think he's very happy with the job we're doing too. We're sending a lot of — actually, Mayor de Blasio had an interesting request. He wanted people. And we're sending medical people.

You know, a lot of people — a lot of the states aren't having a problem with ventilators; they're having a problem getting medical people. And we're sending a lot of people in — military, very talented people.

Who didn't go? Go ahead, and then I'll do you second.

Q Your response to that question was —

Q Thank you. You mentioned Gavin Newsom —

Q Your response to that question earlier was that they shouldn't be doing that. If they need something, we'll — if they need them that badly —

THE PRESIDENT: They shouldn't be doing what?

Q Competing against each other.

Q They shouldn't be — the governors shouldn't be competing with each for ventilators.

THE PRESIDENT: No, they shouldn't be competing. And they should call us.

Q So, are you saying —

THE PRESIDENT: Wait. No, I don't want them to compete because all they're going to do is drive up the price. I don't want them to compete. They should be calling us. And we can work it so they get the ventilators and they get shipped directly.

If they're competing, if they're calling — even if there's only two of them calling, they're going to just drive up the price. Because as nice as some of the people that do ventilators, they do want to make money. Okay?

Q So you're saying that you're going to take (inaudible) overall?

THE PRESIDENT: Now, you know, New York had a chance to buy 16,000 ventilators. I guess they didn't take that option. That was in 2016. And that's a hard option to take because it's a lot of money and who would ever think you need 16,000 ventilators? Who would ever think it?

But this is a very unique time in — in life. And I think — you know, I'm dealing with New York and we're having a very good relationship. And you see what just happened in Central Park with the tents. I mean, we're having a really good relationship.

Go ahead. You didn't get one. And then we'll go to you.

Q Thank you. Gavin Newsom — you mentioned Gavin Newsom and the job that he's doing.

THE PRESIDENT: Yes.

Q I'm interested in what you think California has done to contribute to the suppression of the curve —

THE PRESIDENT: Well, they've done a good job, California. Now, let's see what happens because we could have a spike. Doctors — I mean, you don't know. They could have a spike where, all the

sudden, it spikes upward.

We had a couple — like Louisiana. I think they're doing a really good job, but they had nothing. Now, they had Mardi Gras and then, all of a sudden, after Mardi Gras — which tells you about distancing, I guess. I mean, it's a — it's an example of what could happen. But they were like flawless.

I was always surprised. I was looking at Louisiana. And I understand that state. I love that state. And I'm saying, "They're in great shape." Then they have Mardi Gras. It was a big success, tremendous success. And then, all of a sudden, it went like a rocket ship. So that tells you about distancing.

Please.

Q Are you concerned, though, about the homeless population in California because I know California officials think that it could spread like wildfire. And obviously there's a homeless —

THE PRESIDENT: Say it again. Louder.

Q There's a homelessness crisis in California.

THE PRESIDENT: Yeah, there is.

Q They're obviously concerned that it could spread like wildfire in that community. So is there anything the administration is doing?

THE PRESIDENT: Well, they're looking at that very strongly. And I know that it's — it bothers Gavin. I don't know if it bothers Nancy Pelosi, but she's got it in her district at a very high level.

They have to be very careful. They have a very big homeless population in an area which, just a few years ago, didn't have anybody in those areas. And they're living in the streets.

And they're — I know that some people in California are working on that very hard.

Q Mr. President, you spoke several times with Prime Minister Trudeau, President Macron. And at the end of last week, President Macron talked about an important initiative that you and him would launch. Any news on that?

THE PRESIDENT: No, we're talking about something that will be very positive for the world if we do it. We'll see if we do it or not.

Q What — what would it take?

THE PRESIDENT: Well, I don't want to talk — it's — it's a private thing, but it will become public if we decide to do it, but positive. Our relationship with the President, our relationship with France is, you know, I think extraordinary, very good, probably as good as it's ever been.

Jim.

Q Back to your comments about what could have happened and — and the actions that you took. Is there any fairness to the criticism that you may have lulled Americans into a false sense of security —

THE PRESIDENT: No.

Q — when you were saying things like, “It's going to go away” —

THE PRESIDENT: Well, it is.

Q — and that sort of thing. But —

THE PRESIDENT: Jim, it's going away.

Q But when you were saying it was going to go away —

THE PRESIDENT: It's going to go away, hopefully at the end of the month. And, if not, hopefully it will be soon after that.

Q But hasn't your thinking on this evolved?

THE PRESIDENT: Oh, it is going — Jim, it is going away.

Q Hasn't your thinking on this evolved? You're taking this more seriously now.

THE PRESIDENT: I think, from the beginning, my attitude was that we have to give this country — I know how bad it was. All you have to do is look at what was going on in China. It was devastation. And all you have — look at the numbers from China, those initial numbers coming out from China.

But, you know, I read an article today, which was very interesting. They say, "We wish President Trump would give more bad news. Give bad news." I'm not about bad news. I want to give people hope. I want to give people a feeling that we all have a chance. I mean —

Q But my —

THE PRESIDENT: — when — when you saw — when you saw the numbers and when John and all of you saw those numbers — and you're saying, "120,000 people? You mean, that's good?" A hundred thousand dead people within a short period of time. I want to give people a feeling of hope. I could be very negative. I could say, "Wait a minute, those numbers are terrible. This is going to be horrible." This is a horrible thing.

Q Is it possible that people heard what you were saying —

THE PRESIDENT: Hey, Jim, this —

Q — last month and said, "Okay, let's go to the beach, let's go to the airport, let's go down to Mardi Gras..."

THE PRESIDENT: Well, there were a lot of people —

Q "Let's go do those things."

THE PRESIDENT: There were a lot of people that could have said that. We didn't say that. Fortunately, I didn't say that. And that was an alternative. We talked about it. That was always an alternative. That's what I said. "Let it rip, let it ride. Do nothing." And we could have had 2.2 million dead people, more than that, because I didn't do that.

And we did catch it early. And we stopped China really early, and we stopped Europe really early, because I saw what was happening. What — what happened is I stopped Italy, because Italy was really heavily infected. We started off with certain parts of Italy, then all of Italy, then we saw Spain. Then I said, “Stop Europe. Let’s stop Europe. We have to stop them from coming here.” Europe. I love Europe, but they were having problems.

I don’t think anybody did a better job than that, especially when you see the 2.2, million number. And I hope we’re going to be substantially under the numbers that you’re looking at on the minimum side. Then I think we will have — hey, look, it’s still tremendous death.

Q You weren’t just hoping that it would dissipate, that this would disappear.

THE PRESIDENT: I want to be positive. I don’t want to be negative. I have to — I’m a positive person. Somebody said, “Oh, I wish he’d be more negative.” They literally have that; it’s in one of the wonderful newspapers today. “I wish he’d be more negative.” Well, this is really easy to be negative about. But I want to give people hope too. You know, I’m a cheerleader for the country. We’re going through the worst thing that the country has probably ever seen.

Look, we had — the Civil War, we lost 600,000 people, right? Here’s the thing: Had we not done anything, we would have lost many times that. But we did something, and so it’s going to be, hopefully, way under that. But, you know, we lose more here potentially than you lose in World Wars as a country. So there’s nothing positive, there’s nothing great about it, but I want to give people in this country hope. I think it’s very important.

Q So you knew it was going to be this severe when you were saying, “This is under control” and —

THE PRESIDENT: I thought it could be. I knew everything. I knew it could be horrible and I knew it could be maybe good. Don’t forget, at that time, people didn’t know that much about it, even the experts. We were talking about it. We didn’t know where it was going. We saw China, but that was it. Maybe it would have stopped at China. We wish we could have killed it in China, but it didn’t happen. It started spreading to Europe. It started spreading here. It started spreading all over.

But — and I’m not blaming anybody. I’m just saying that we have an incredible thing. I think the people — our professionals, our military, our governors, our politicians — I think they’ve done an incredible job. I mean, with few exceptions, I think they’ve done an incredible job. But I don’t want

to be a negative person. It'd be so much easier for me to come up and say, "We have bad news. We're going to lose 220,000 people and it's going to happen over the next few weeks."

And with that, I did start off by saying today, long before this question, I said, "This is going to be a rough two or three weeks. This is going to be one of the roughest two or three weeks we've ever had in our country. We're going to lose thousands of people."

When I see 28, 29 people from the governor of New Jersey — 29 people. When you see 173 people died in New York yesterday — or whatever the number was; I think it was more than that. When you see the kind of numbers that we're witnessing, we've never seen numbers like that. So, it's easy to be negative. And then everybody can be negative, but I'm a cheerleader for our country and I want it to do a great job so the number can be kept — and I've always said it: I want as few a number of people to die as possible. And that's all we're working on.

Q I know you don't — you don't like the question, but are you now taking responsibility —

THE PRESIDENT: I don't mind the question.

Q Do you — do you mi- —

THE PRESIDENT: I don't mind the question. I think it's actually —

Q Are you now taking responsibility for how things go from this point forward?

THE PRESIDENT: I think it's not meant to be. Look, I know you well enough, so it's not meant to be a fair question, but it is a fair question. I think we've done a fantastic job.

Q Actually, it's meant to be a fair question. I —

THE PRESIDENT: Okay, fine, I'll — I'll accept your word. Look, Jim, I think we've done a great job. We're going to see how it comes out. But when you look at minimal numbers of 120,000 people, when you look at it could have been 2.2 million people died and more if we did nothing — if we just did nothing, it would've gone up and it would've come down. As per your statement, it would have been confined. It would have been a similar time, maybe even less time. It would have been violence like we've never seen in this country before.

We had great professionals, great military, really great governors and politicians. I cannot say enough about what's going on. And as per what you said, I think we're way ahead of schedule, in terms of numbers. I think. I hope. But if we can keep it under the minimum numbers, the country is doing — not me — the country has done a great job. But I think I've done a really good job of mobilizing. I think Mike Pence has been fantastic. I put him in charge of the task force. We have wonderful people on the task force, Jim. Wonderful people.

They're — this man was working, literally — he had days where he didn't go to bed. He didn't go to sleep. He called — he went 24 hours and then started the next day. People don't know the job he did. I didn't even know he was that good of a manager, to be honest with you — Mike, okay? And, you know, you never know that about somebody until they're tested under fire. But he saw it very early also. We both did.

They saw it very early. They knew pretty soon — they probably knew sooner than anybody because that's what they study, that's what they do. Must be a depressing business, right? Must be a little bit depressing, but they've — they've seen it all.

Go ahead, John.

Q Can I ask Dr. Fauci a question about a headline that's been running all day to get his perspective on it?

THE PRESIDENT: Go ahead.

Q There is a professor from MIT, Dr. Fauci, who suggests that coronavirus can be carried on droplets a distance of 27 feet. Do you buy into that? And if that might be the case, does that suggest that current social distancing guidelines may need to be extended?

DR. FAUCI: This could really be terribly misleading, John. What it was, was looking at the distance that droplets by — by speaking, by coughing, or sneezing. So if you go way back and go, "Achoo!" And go like that, you might get 27 feet. But — so when you see somebody do that, get out of the way. But that's not practical.

THE PRESIDENT: There are some people that can do that. I know people that can do that.

DR. FAUCI: That is not practical, John. I — I'm sorry, but I was disturbed by that report because that's misleading. That means that, all of a sudden, the six-foot thing doesn't work. That is a very, very robust vigorous "Achoo" sneeze. That's what that is. And that's not what we're talking about.

THE PRESIDENT: Do you want to keep going? Should we keep going? I don't mind.

Q One more. I have one more, sir.

THE PRESIDENT: All right, go ahead. How about over here?

Q I got a follow-up on the masks, sir. But, first, you had mentioned Franklin Graham earlier —

THE PRESIDENT: Yes.

Q — talking to him. As you know, his father, Billy Graham, was a trusted spiritual advisor and friend to many presidents. A lot of your predecessors, in times of national emergency, reached out to pastors and other spiritual counselors. Have you done that during this national emergency?

THE PRESIDENT: Well, I never say that, but Franklin Graham is somebody that's very special. I have many very special people. And very many special — in the evangelical — evangelical Christian community. You can talk rabbis, you can talk a lot of — you know, I have tremendous support from religious leaders. And Franklin Graham, I just spoke to him today for an extended period of time. I told him what a fantastic job you're doing. And he does this; he loves doing it. He loves helping people. And he loves Jesus — that, I can tell you. He loves Jesus. He's a great gentleman.

Go ahead.

Q Can I ask, on the masks, sir — on the — on the masks, maybe for the doctors?

THE PRESIDENT: The what?

Q On the masks: Is the reason why there's no CDC recommendation for the public to wear masks because they're meant to save and preserve the masks for the medical workers, or is it because the virus is not primarily transmitted through the air?

DR. BIRX: So there was a reco- — the CDC does have recommendations on their website about masks that came to the task force several weeks ago, about if you're infected wearing a mask, to protect others. And if you can't, you're working with someone who's sick and you have to be that worker in the household — because remember we want people in the household being taken care of — that they should wear a mask.

I know your question is broader than that, and it's just being considered by the task force now about whether that recommendation that already exists, relevant to wearing masks, should be altered in any way. So it's still under discussion.

THE PRESIDENT: And — and just about masks, you can get a mask, but you could also do — I mean, most people have scarves, and scarves are very good. And they can use a scarf. And we're only talking about a limited period of time.

But — and it says in the recommendations, you can use — you can substitute a scarf for a mask. So if people feel that — and I think, you know, some people disagree with the mask for various reasons, and some people don't. But you could wear a scarf. You can do the masks if it makes you feel better. We have no objection to it, and some people recommend it.

Let's go back — in the back.

Q Thank you, Mr. President.

THE PRESIDENT: You people never get tired. Look at you.

Q Never.

THE PRESIDENT: And they're still good questions, actually.

Q Mr. President, again, I'm looking at the cases around the world in Latin America, in the Middle East. And, still, you don't want to impose a travel ban for these areas. In Brazil, for instance, the President Bolsonaro, he keeps on being very active with groups. Aren't you afraid that what we're doing here can be threatened by what —

THE PRESIDENT: You mean you people? You mean you people?

Q Not here, but I mean the United States —

THE PRESIDENT: I mean, you're pretty spread out already. I don't have any more —

Q But you understand what I —

THE PRESIDENT: I don't think we'll have press conferences anymore. But —

Q I understand what —

THE PRESIDENT: Look — look, we're very careful, I'm very careful, personally. And —

Q But the travel ban — I mean, aren't you afraid? Aren't you —

THE PRESIDENT: We are looking at numerous countries as they get in a position. Brazil, as an example — you mentioned the President. Brazil had no problem until just a short time ago, and now they're starting to get inflamed. And, yes, we are absolutely looking at a ban.

There are two other countries you mentioned. Iran already has a ban. They had, sort of, an automatic ban. In addition to that, they have a ban. So we're looking at certain countries as they become hot.

Q You're starting a new 30 days now. What are your plans? Are you going to stay in the White House?

THE PRESIDENT: I'll be in the White House.

Q Are you going to travel at all, or are you shelter in place?

THE PRESIDENT: I doubt I'll leave. I wanted to go to the opening of the — of the hospital in New York. And my people couldn't even believe it, that I said it. But I did. I wanted to go. They didn't want me to do it. The Secret Service didn't want me to do it for — you know, for reasons. I wanted to go to the boat sailing into New York Harbor, but the governor did a good job of that, and the mayor of New York.

So, you know, I'd love to go out. But, no, I'll be in the White House. And it's sort of like nerve center, control center. And I think it's important — you know, look, you see what happened with Boris Johnson, you see what happened with others. I think it's important that I remain healthy. I really do. So, for the most part, we're staying here. I've cancelled many different events, and we'll be staying here, for the most part.

Q Mr. President, of Tom Frieden, the former director of the CDC, wrote an article the other day in which he said, what's really needed here — and he understands the work that the task force is doing — is an incident commander to really take command of where everything is going and how things are being coordinated.

THE PRESIDENT: We have it. Go ahead. We have it.

Q Is that something that could be useful in this particular instance?

THE PRESIDENT: (Inaudible.) We have it.

THE VICE PRESIDENT: His name is Pete Gaynor. He's the Administrator of FEMA. And when the President signed the national emergency declaration, he stood up the National Response Center at FEMA. And now, I can tell you, that when the White House Coronavirus Task Force meets, I'm at one end of the table, and Pete Gaynor and the whole FEMA team are by video conference at the other end of the table.

And that's where — whether it be the air bridge that's literally bringing in millions of medical supplies from around the world, the thoughtful deployment of those supplies to hospitals, particularly with regard to ventilators, we're working very closely.

HHS is fully integrated at FEMA now. But because of the President's decision to stand up a FEMA in the lead, we have a Coronavirus Task Force at the White House that's bringing the President the very best health experts and recommendations from every agency.

But all the implementation, as we tell governors literally every day, is happening through FEMA. It's going down to the states through FEMA, and state requests are coming up through regional administrators for FEMA and back to the White House for (inaudible).

Q Mr. Vice President, at the same time, we have 4,000 ventilators that are parked in a warehouse in New Jersey.

THE PRESIDENT: No, no. You're wrong.

Q No, no, but that — that was the case. We also have — we —

THE PRESIDENT: Excuse me, we moved them out.

Q I understand.

THE PRESIDENT: They could have had them a long time ago, but they didn't need it.

Q But the question is — this happened. We also have people not knowing about the new Abbott testing facility or testing system. If there were an incident commander who was in charge of all of that and getting the word out, would that be useful?

THE PRESIDENT: John, nobody knew about the new Abbott. It was just brought to life two weeks ago. They just came up with it.

THE VICE PRESIDENT: That's right.

THE PRESIDENT: It was an invention that was just — so, nobody knew about it. Nobody knew you could even do it. They did an incredible job. Their scientists came up with the idea a week and a half ago. I showed it to you yesterday in a box. I don't think you could do much better than that.

THE VICE PRESIDENT: If I may, Mr. President, I think your point is well taken. The Abbott Laboratories point-of-contact test was approved Friday. The President announced it in the Rose Garden on Sunday.

THE PRESIDENT: Should've done it (inaudible).

THE VICE PRESIDENT: We're socializing that all across the country to every governor, to laboratories elsewhere. And I have to tell you that this team that the President has assembled, the advisors on the White House Coronavirus Task Force, and then this team at FEMA — whether it be

HHS Deputy Secretary Bob Kadlec, who's coordinating all supplies; whether it be Admiral Giroir, who is literally working with every state on a county-by-county basis to deploy testing — is impressive.

And I think it's given great encouragement to governors. The President and I spoke to governors in all the states and territories again yesterday. Because governors — I can tell you from my own experience as a governor, in Indiana we had tornadoes and flooding. Governors know how to deal with FEMA. And as soon as the President stood up FEMA and declared that national emergency, what I'll call a certain amount of muscle memory kicked in, in states around the country. And we're really seeing a tremendous efficiency and communication. And that's how we're going to go forward.

Again, the President's vision here is FEMA's vision, which is in response to a health crisis. It's locally executed, state managed, federally supported. And I have to tell you, we're — we're seeing that whole process spinning up every day. And I — I hope Americans looking on are encouraged by that system. And I know they're hearing from governors around the country about the flow of resources and testing and supplies. And we'll continue to keep that — what you call an incident command, what we call the Federal Emergency Management Agency — working 24/7.

THE PRESIDENT: And I have to say this: I've had, in the last less than a week, three governors call up that truly have disliked me over the years — even before I decided to run for President — and they said, "I have to tell you, you've done a great job. You and your team have done a great job." These are three governors — respected — very respected in two cases. And they said, "Like or not like, you and your team have done an incredible job." And I think they have. I think they've done an incredible job.

Go ahead, please.

Q Mr. President, thanks so much. My first question is on modeling. Was there any kind of White House modeling based on whether or not there would be a national lockdown or some sort of guidance to every single state that they needed to have lockdowns?

THE PRESIDENT: Sure.

DR. BIRX: So, I can — all of the modelers who presented did — I mean, I just want to thank them again because they assembled from around the globe very quickly, about two or three weeks ago, to — before we announced the first 15 days — to show all the implications of closing the schools, having people stay in their homes. And that’s how it was modeled: stay in your homes, social distancing of six feet. So, no one actually termed it a lockdown, as far as I remember. It was more about staying in your home.

And I think the difference was — and these weren’t in the models. And I think when you talk about, “Could we have known something different?” — you know, I think all of us — I mean, I was overseas when this happened, in Africa. And I think when you looked at the China data originally, and you said, “Oh, well there’s 80 million people,” or 20 million people in Wuhan and 80 million people in Hubei, and they come up with a number of 50,000, you start thinking of this more like SARS than you do this kind of global pandemic.

I mean, I’ll just be frank, that’s — when I looked at it I was like, “Oh, well, this is not…” — you know, as close as those quarters are, you know —

So I think the medical community made — interpreted the Chinese data as, that this was serious but smaller than anyone expected, because I think probably we were missing significant amount of the data, now that when we see what happened to Italy and we see what happened to Spain.

And so what was modeled is not a lockdown. Two countries did remove people from homes that were positive and put them in separate spaces. That also wasn’t modeled. But it could be modeled. And so we could go back and ask the modelers about lockdown versus not lockdown, but what they modeled was people staying at home.

Q I guess what I was asking is, for best-case scenarios, since it says “best-case scenario is 100,000 people” — I know you’re trying to get that number even lower — but is best-case scenario every state basically having lockdown behavior, not maybe actual lockdowns but basically everyone staying in their homes? So if that’s — and if that’s true, why not tell every state to do that?

DR. BIRX: It’s everybody social distancing by six feet when they’re outside. And that is probably absolutely the key, more than anything else, is if you’re never more than — if you’re never within six feet of any single individual, then you’ve controlled the virus. There are different methods to get you to that point. And I think what I’ve heard from our President and our Vice President is they

trust the American people to understand that they can be outside, take walks, be six feet away from anyone else, and be in their homes, and we trust them to do that without having to lock down.

Q And then, Mr. President, a question on ventilators.

THE PRESIDENT: I just want — I just want to add, I think the one thing nobody really knew about this virus was how contagious it was. It's so incredibly contagious. And nobody knew that. This is like — I don't know that anybody has ever seen anything like this. Normally you'd have to get close and touch and this — a lot of things have to happen. This is just like — it's — it's truly invisible and so contagious. And I don't think any doctor knew it at the time. I don't think anybody could have known it. People have not seen anything like this.

Yeah, so go ahead.

Q A question about ventilators. You've talked about the fact that you don't want to see states bidding against each other. The governor of New York, Andrew Cuomo, said that there should be a federal system where the federal government sets the price, the federal government distributes the ventilators. Why not have that type of a system? Why have this (inaudible) with states?

THE PRESIDENT: Well, essentially, we do. We've distributed thousands of ventilators. And we have now thousands of ventilators, and we're buying them at a good price. And we're actually making them by the thousands. We're making them — you saw yesterday where Ford is going to have a tremendous number. They're looking to make 100,000 ventilators.

Ford has been great. General Electric Healthcare has been great. General Motors has come a long way. I have to be honest, they were working very hard. We're making thousands and thousands of ventilators.

You know, at the end of this — and there will be — don't say I'm optimistic, because I don't want to, you know — I wouldn't want to do that. But I am optimistic. I'm a very optimistic person.

Let me tell you, we will have thousands of ventilators. And what I want to do is make sure that we always have plenty for the future. But then we want to help Italy and France, and other countries that you don't even know about yet, with all of the problems they have, because ventilators are

very tough to come by. They're very hard to make. They're very complicated. They're very expensive.

Yeah, please.

Q Thank you, sir —

Q Is Governor Cuomo mistaken then?

THE PRESIDENT: You can — you can go ahead. Go ahead.

Q Is Governor Cuomo mistaken when he's saying that he wants to see this federal system?

THE PRESIDENT: Well, I don't know. You know, I can't take your interpretation of what he said. I don't know what he said. I think he's been reasonably generous, considering he's a Democrat and I think he'd like to run for President. So I think he's been pretty generous under those circumstances. But he's been very generous to me.

Look, I got him ships, I got hospitals, I got him a lot of things that he never thought — he had paydirt. Okay? And I've been very generous on ventilators.

If you look, they had 2,000 and 4,000. They had thousands of ventilators in his warehouse, in their warehouse, waiting to be picked up. They never picked them up.

So, I'd have to hear it from him, face-to-face.

Do you want to add — how about one more and we'll see you tomorrow? Is that okay? Don't say that I cut it short. You'll say he —

Q If you stay long enough, it'll be tomorrow. (Laughs.)

THE PRESIDENT: That's right. It could be almost tomorrow. But you know what? In the meantime, I'm sure — I'm sure people are enjoying it.

No, it's — I will say this: It's an incredibly dark topic, an incredibly horrible topic, and it's incredibly interesting. That's why everybody is — it's — they're going crazy. They can't get enough of it and they want to be careful. And I guess they're studying it for themselves. They're studying if they get it. A lot of people have it. A lot of people are positive, and they hope for the best. Because when this gets the wrong person, meaning a person that qualifies, generally speaking, on the list, it is ravaging. It is horrible.

Go ahead. Well, how about you? In the back.

Q Thank you. Is there any data to suggest that you're going to see a second wave at the point at which these stay-at-home orders, these lockdowns —

THE PRESIDENT: Well, if we do see a second wave — because I've heard Dr. Fauci answer this question — if we do, we're going to be, I think, very well prepared. And the second wave won't be like the first wave.

And with that, I better let him give you a little bit more to that answer because I don't want to have him upset with me and say, "I wish you would have answered that question."

Come on, Doctor.

DR. FAUCI: So, when you talk about second wave, I think you really are talking about two different things that are a little bit different.

So, for example, after the 30 days, if we get the mitigation that we hope will get us to the suppression that Dr. Birx was talking about, there's a danger, if we don't continue to maintain that, that we will have a resurgence right within the current outbreak. That's sort of a second wave, but it really is an exacerbation of the current wave. We hope that doesn't happen, and that's why we're really pushing and why I was so emphatic about making sure we abide by those mitigation strategies.

The other aspect of a second wave is something that's just the nature of a virus that's, as the President said, highly transmissible and is going to be circulating in other parts of the world, as we're going down — which I think we will and I feel certain that we will.

Then we have to worry about the next season. And as was just mentioned, that's when you use the experience that you have, the interventions that you've developed, and hopefully a vaccine that you'll be able to deploy as quickly as you possibly can.

That's that second wave that really is more seasonal than an exacerbation of something that you pull back on.

THE PRESIDENT: And a lot of — a lot of very positive things are happening with the therapeutics and drugs of different kinds and the vaccines. I think a lot of very positive things are happening.

Okay. One more.

Q Mr. President —

THE PRESIDENT: Please, go ahead.

Q So, under some of the worst-case scenarios, there is a real scarcity problem if you've given out, say, 7,000 ventilators and we got 10,000 around. So I'm just curious, who is — who signs off on those life and death decisions before GM and Ford ramp up?

THE PRESIDENT: Well, I would say —

Q Who's going to sign off on that?

THE PRESIDENT: — Mike Pence, myself, the head of FEMA, some of our generals that are working, that are doing an unbelievable — you know, we have generals that are working that are unbelievable talents, unbelievable leaders. And it'll go through one of three or four people, if it comes down to that. And I hope it doesn't come down to that because I think we're very well equipped.

And it's an honor to be here tonight. I appreciate it. I appreciate your interest. I think there is a great interest in it. And we'll see you tomorrow. We'll see you tomorrow. Thank you. Thank you very much.

END

7:41 P.M. EDT