

Governor Phil Murphy

TRANSCRIPT: May 12th, 2020 Coronavirus Briefing Media

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Governor Phil Murphy holds a coronavirus briefing in Trenton on May ...



Governor Phil Murphy: We have a fair amount of ground to cover today, so please bear with us, if you could. Good afternoon. I'm joined by the woman to my right who needs no introduction, the Commissioner of the Department of Health, Judy Persichilli. To her right, another person you know well, the State's Epidemiologist Dr. Christina Tan, nice to have you both here. The guy to my left, who also does not need an introduction Superintendent of the State Police, Colonel Pat Callahan. Jared Maples from the Office of Homeland Security and Preparedness, and we'll be joined by some more of the team here in a few minutes.

Two weeks ago, we put forward a plan for our restart and recovery. It was a plan that would put us on the road back from COVID-19 and toward a prepared, stronger, and more resilient New Jersey. The road back is paved with five words: public health creates economic health. We know that for our economic restart to turn into a full-fledged recovery, we need to give working New Jerseyans and business owners confidence that we are ready to move forward. We need to give them confidence that we are prepared and that we are moving responsibly and purposefully. As I said, we will move as quickly as we can, but as safely as we must.

Getting New Jersey on the road back begins by reaching benchmarks and data milestones, most notably within our healthcare sector, where the numbers are concrete and we can see, in the numbers of real people, the impacts our policies are having. Over the past two weeks, and in some cases longer, we have seen the

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trend lines that we've needed to see. These metrics are the key indicators we monitor as we continue down the road back. These data points not only give us our clearest and most accurate point in time pictures, but the trend lines they form inform our progress to break the back of the virus. Positive test results and the number of blessed lives lost that we report every day are clearly important. However, the former, in other words, the test results, is impacted by how many tests we receive on any given day. And the latter, the fatalities, as deeply saddening as that is, are lagging indicators.

People sick enough to have to enter a hospital and the people in a hospital, especially loved ones requiring an ICU bed or a ventilator, these are hard, here-and-now data points. Because of your incredible work, and we're going to stay on this slide for a minute or two here. Because of your incredible work over the past two months, you have moved the trend lines in the right direction. You have saved lives, each and every one of you out there, and your sacrifice has saved new hospitalizations and lives.

As you can see, new hospitalizations are down 70 percent from the peak. Total hospitalizations are down nearly half since the peak. The number of patients in ICU and on ventilators are both down significantly. The numbers of new cases are down 60% and the deaths, thank God, have decreased by more than one-quarter from the peak.

The multiple stresses on our state have been consistently, and in some cases, dramatically lessening. So stay with this for a second. What I'm saying, I want to make sure everyone understands this. The top four, and Judy will I think be in violent agreement with me on this. The top four lines are hard numbers. We know the new hospitalizations. We know how many are in a hospital, how many are in ICU and how many are on ventilators as of 10:00 p.m. every single night. Judy gets that report and we report it out to you.

New positive cases, as we've said, represents clearly combinations of some amount of community spread, but overwhelmingly the fact that we've ramped up testing dramatically over the past two months. And deaths, as sad and tragic as they are, are a lagging indicator. These are folks, Judy or Christina, who had been infected maybe three, four weeks ago. Then never mind the lag we may have in getting proper cause of death, death certificate, etc.

But if you look at the right two columns, the progress is undeniable, both from peak and since only a couple of weeks ago. And by the way, all this data is as of yesterday, May 11. And so I want to again, give a shout out to everybody out there. This does not happen without the efforts of everybody in the state doing an extraordinary job of staying home and staying away from each other, wearing face coverings, washing your hands with soap and water. It is a huge success story. I normally, with our kids, when I hear "I've got good news and bad news", I normally ask them, make them I guess, give us the bad news first.

I've just given you a lot of really good news. Now I'm going to give you some sobering news. Let's flip this over. We must remember that we are not out of the woods yet. Looking at the numbers of COVID-19 cases, hospitalizations, and deaths per 100,000 New Jerseyans, we can make a strong case that no state is currently as impacted as ours. There are still thousands in our hospitals. Let's go back to that, if you could. Thousands in our hospitals and sadly, an untold number more will perish. We know this and we cannot forget this. So just as I sat on the good news, I'm going to sit on the bad news and I hope you all can see that, new cases per 100,000. We lead the nation, and this is as of yesterday, patients in hospitals per 100,000. We lead the nation in new deaths per 100,000. We lead the nation.

So to all those who say willy nilly, the Nostradamuses out there who think they could predict the future and that we can open this place up wide and be carefree, and get back to some semblance of where we were a couple of months ago, I want you to commit that chart to memory. We will take steps, we will take them responsibly. You're going to even hear about some steps that we'll take this week, but those numbers don't lie. We are still the most impacted state in America. Remember, we're the densest state in America to begin with, and that's a big reason why we're dealing with this at the intensity level that we are.

We reopened our parks 10 days ago because the good signs we saw in the data meant that we could put our trust in you all to do the right things, to keep things moving in the right direction. As I've said, data determines dates, reopening our parks was one example of this in action. And again, notwithstanding some aberrant behavior, overwhelmingly folks have done the right thing. We want to see wear more of these, right, Judy? More face coverings. But overwhelmingly, you've done the right things and you continue to do the right things. The point is, we're not out of the woods yet.

So now, we are putting our trust in you yet again to help us as we begin to get farther on that road back. No one should stop your social distancing. In fact, as we safely begin to reopen, it will be perhaps even more important. Throughout these past two weeks, we have been focused not just on the data we need to get on the road back, but just as importantly, we've been focused on meeting the other principles necessary for us to stay on the road back. And today, we're going to discuss two of those in greater detail: testing and contact tracing.

First, on testing. We are now well on our way to our next goal of being able to provide at least 20,000 tests a day by the end of this month, and to continue building out that capacity as we go forward. Our teammate Dan Bryant in the back describes it as a floor, not a ceiling. I think that's a good way to put it. More testing means more people will know their health status, and that means more peace of mind. And more testing creates more data, and more data allows us to take more steps forward.

To be clear when I said we wanted to double our daily testing capacity, I wasn't setting, as I just said, a ceiling. I was drawing the line that will be our new floor. In March, you could see we were, at the end of March, at 6,000 tests a day. In April, 12,000 a day. Now, by then end of May, we will be at least 20,000 a day, and by the end of June, we will be testing at least 25,000 people a day.

Every day, we take another step forward to ramping up our testing capacity, and not only will there be more testing, there will be more places where you can get tested. As of today, there are now 135 sites, both publicly and privately operated, up and running across our state. These include, by the way, at pharmacies across our state, and I must acknowledge the 11 Rite-Aid locations which recently went online. Hats off to Rite-Aid. And we'll bring more online.

We're in continual talks with other retailers, and I'm proud to announce that CVS will have swab-and-send testing capabilities in place at 50 of its stores across New Jersey by the end of this month. But we know that even this jump in testing is not enough. We need to have an even more robust testing program that is ingrained throughout our communities, and which goes out to the people as much as the people could go to it.

First, we need a program that ensures that members of vulnerable populations have ready access. So today, Judy will be taking a deeply important step by signing a directive requiring that all residents and staff at our long-term care facilities be tested no later than May 26, with follow-up testing not more than one week later, and that all facilities must confirm to the department that they have updated their outbreak prevention plans to meet this directive by no later than May 19th. I assume Judy will give this in more detail. She had a very good call with Dr. Birx this morning from the White House, and among other topics, this was one of the main ones.

And we must go further in our veterans homes, at our developmental development centers and group homes, at our psychiatric hospitals, in our corrections system, where a universal program, by the way, began last week with 9,000 test kits delivered from Rutgers, at homeless shelters and for migrant farmworkers. We need a program that also ensures that the men and women who work with these populations, including our frontline health workers, first responders, transit workers and food service workers also have ready access. And we need a program that gives every New Jerseyan the confidence that they can be tested as well, whether they're symptomatic or asymptomatic, or whether they work in the public or private sectors.

To meet this the Department of Health will be issuing a standing order expanding access to testing without a prescription for residents with possible exposure who fall in priority categories, and lack access to a primary care practitioner. This is a particular importance for our communities of color, which I think as we've discussed almost every day for the past couple of months, Judy, which have been disproportionately ravaged by COVID-19. And so our testing plan will also utilize mobile testing units which will go right into our communities. We will also open testing sites within our institutions of faith, including at churches and synagogues. We will work with all of our communities of faith, including, again, in synagogues, temples, mosques, churches, to build trust.

Expanding our capabilities will demand continued strong partnerships with our federal partners who have already stepped up, as we mentioned, with 550,000 test kits and 750,000 swabs. And we'll push, by the way, for even more. With the private labs, some of which I'm happy to say are headquartered right here in New

Jersey. And also, as we've mentioned with Rutgers RUCDR, Infinite Biologics to procure hundreds of thousands of their revolutionary saliva-based tests.

In fact, I am proud to announce that we are dedicating or directing, rather, \$6 million in federal funding to Rutgers to boost their test production capabilities from 10,000 tests per day to a multiple of that per day, within the next six to eight weeks. And as we get testing supplies, we will deploy them to areas based on need and where potential hotspots may be emerging, to ensure we hold off as best we can a second wave. And we will seek to engage at least one end-to-end testing vendor to supplement the efforts of local health departments who have done tremendous work throughout this emergency. We've been working together through COVID-19, and we'll keep right on doing so.

In every way, we are going to engage in the sort of moneyball approach that we have put to any number of challenges across our state. We will be guided by data, not by politics. We must, we have no choice. COVID-19 doesn't care where you live or whether you live in a blue home, or a red home, or a home of no color at all.

But we also know that testing on its own is not enough. We also have to have the infrastructure in place to fully follow up on those tests, and to reach out to those who may have been exposed to COVID-19 by someone who tests positive in the future. That is where we will build our capacity for contact tracing. Thankfully, and this is a point that I should have made earlier, I made it sound like this is a great leap into some unknown reality. Contact tracing is nothing new for us in New Jersey, which is a good thing. Judy knows that better than anybody. In fact, contact tracing has not only been going on throughout this emergency, it is a practice that has been employed in other efforts to fight communicable diseases. The only thing that differs from those instances and today is the scope and the scale; in other words, we're going to have to use contact tracing unlike its ever been deployed before.

And to do that, we're going to need to build our community contact tracing corps, an entire community of contact tracers to augment those already on the ground. Contact tracing, until now, has remained largely a local or regional effort, and I want to recognize how hard local health departments have worked and how we value their shoe leather epidemiology work. But with the threat of COVID-19, we must now centralize these efforts and we are here to help the local health departments, not take them over, because together we can achieve the goals that we all want.

So before we begin, I will execute an Executive Order to ensure that local health departments and state health officials are all using and working off of the same information platform. For this, we are contracting with the technology firm Dimagi to bring their CommCare platform to New Jersey. CommCare will ensure that all data is centralized and uniformly reported. We are increasing collaboration among the municipalities that make up a county, to help have a more regional, county-based approach, and the cost of the software will be shouldered by the state. When time is of the essence, like in the fight against a virus like COVID-19, we cannot lose any of it trying to work across different platforms, and it will ensure connectivity with contact tracers in our neighboring states, especially in New York.

Next, we will build the strong core of community contact tracers we will need to be effective. We know that we will likely need at least 1,000 dedicated contact tracers to complement the hundreds we've already put on the ground. There are currently 800 to 900 tracers statewide, and they are overwhelmingly working at the county level, augmented by a SWAT team as well from the Department of Health.

Thankfully, we have tremendous resources right here, thanks to our state's colleges and universities, with whom we are partnering to employ their public health, social work and related students as our frontline workers. And in fact, the Department of Health will soon be signing a memorandum of understanding with Rutgers School of Public Health to stand up the first tranche of this new contact tracing workforce.

Even then, we know we'll need to further grow the ranks of contact tracers and create jobs for New Jerseyans. For this we are actively seeking a partner to propose innovative ways in which they can help with hiring, onboarding, and managing a diverse – and I underscore the word diverse – community of contact tracers, who can interact with our state's diverse communities. We are, after all, the most diverse state in America. Our team of contact tracers have to look like New Jersey. And for those individuals listening right now who are interested in becoming a contact tracer, all you have to do is go to our information hub, covid19.nj.gov/tracer to register your interest, to put yourself at the front of the line to be contacted as our program gets up and running. These are good paying jobs, by the way.

These truly are the underpinnings, both testing and contact tracing, of the road back. Without testing and contact tracing, working hand in hand by the way, we cannot get on the road back. Moreover, we know that we just can't work to a date certain, because even when COVID-19 recedes, we have to be prepared for its eventual return until there is a proven vaccine or even a proven therapeutic. Our best chance at catching and containing this virus is through testing and contact tracing.

Judy's had a busy day already. Another conversation she was a part of was with me and Dan O'Day, who's the Chairman and CEO of Gilead Sciences, and we had a really good conversation not just about Remdesivir, but about what the future may look like vis-à-vis therapeutics six-plus months from now. None of what we're talking about today will come cheap. Maintaining both a steady supply of testing materials and a community of contact tracers will take hundreds of millions of dollars. But we all must understand that it will take the investment of significant state resources, resources which we must invest, even with the fiscal emergency that COVID-19 is leading us into. As well as federal resources and investments by our philanthropic and corporate partners. In that spirit, this is where the announced partnership and work by former Mayor Mike Bloomberg through Johns Hopkins, for a regional approach to contact tracing, will be so very much welcome.

Even with all of this, this effort underscores that the financial impact of the pandemic on New Jersey is enormous. We are seeing declining revenues at the same time we're seeing increasing costs to keep New Jerseyans safe and to begin to reopen our state. This is why federal funds are essential, but it all comes back to the value statement that I began with. Public health creates economic health. Today I have detailed that we will have more testing, that it will be easier and more convenient to get tested, and that we are putting together a robust tracing effort.

We are standing up these programs to give us, to give you faith that the public's health will continue to be priority number one, because without that faith, there can be no economic restart or recovery. I know Judy will get into more on testing and contact tracing in her remarks, but for the time being, let's leave that, switch gears and look at the overnight data.

Yesterday, we received an additional 898 positive test results for a current statewide total of 140,743. The number of new cases continues in a positive trend, and we are seeing real progress as well in declining positivity rates, as we see in this graph of the daily positivity, or spot positivity, rates of the samples of the day they're collected. And today the rate for the tests that I believe are from May 8, the last day that we have complete data, has dropped again to 23%. Dan, can you bring that up? There we go. And then here are the daily positivity rates across the regions of the state, which are converging.

Judy, it's the first day we've had under 1,000 positive test results in a long time. I don't have the number, I think it goes back to March 25. So that's the good news. I just would say you and I like to smooth this data out over several days, so I wouldn't read a whole lot into that but if it's real, that's a good development. The map that we've been regularly turning to keeps showing slower rates of spread across the state, that's a good thing. We need that to continue to improve.

In our hospitals, the number of patients currently being treated for COVID-19 now stands at 4,328 but the overall trend lines are still showing progress. And this is how the increase broke down among regions. Next, these trend lines show hospitalizations per 100,000 residents across the regions. And again, per my earlier comment, we're number one in the nation, but we've shown an enormous amount of improvement. Our field medical stations reported 34 patients. Looking at our long-term care facilities, the number of positive cases, 26,500 and the fatalities which now stand at just under 5,000 connected to these facilities continues to grow, although the rate has slowed That's little solace, but that is a fact. The number of patients reported in either critical or intensive care increased a little bit on Sunday to 1,306. While ventilator use continues to remain below 1,000, we did see a slight increase yesterday to 982. That's up 12 from Sunday.

There were 360 new COVID-19 hospitalizations yesterday, and this is not a surprise as we have seen the weekends be times when fewer folks go into the hospital. There were 164 live discharges yesterday. Here are the numbers from yesterday, broken down by region. Again, I focus on the per capita impact of the new hospitalizations in the south right now, on the base of a much smaller population. That's something I know Judy watches, as do I and her team.

However, sadly, we know there are those who will not join us for our road back and today we reported another 198 fatalities, losses of blessed souls from COVID-19 complications. Our statewide total now stands at 9,508. You can see the bar chart is a lot choppy and not remotely where we need it to be. Again, a lagging indicator, sadly, of folks who were infected weeks ago, but still not remotely where it needs to be. Let's remember a few of those we lost, if we may.

I want to begin by remembering Ruth Pringle, and there's Ruth sitting front and center, who called Cranford in Union County home for a long time. Ruth was valedictorian of her class at New York's Beranger High School, and went on to receive a degree in physics with a minor in music from Wilson College. After graduation, she started working at the legendary Bell Labs in Murray Hill, and married her husband, Mack. The couples settled into Cranford where they raised their family, but they also opened their home to many others, including foster children, a refugee from Tibet, exchange students, and students from New York through the Fresh Air Fund. I spoke to her son Dave, who happens to be a very close friend, yesterday. He said to me, and I'm quoting Dave, "Her specialty was strays, especially troubled teen boys." Bless her. Ruth loved the outdoors, whether it was camping or a day at the beach, and when her children all sought careers in the Environmental Sciences, she went back to school at Union County College to study geology too, and fittingly, got the best grade. She was a fixture in many clubs in her hometown and at the First Presbyterian Church of Cranford, she taught Sunday school and adult Bible school, and rose through the ranks of lay people to eventually serve as moderator of the Synod of the Northeast.

In 2002, she retired to East Windsor, where she lived the rest of her life. She leaves her children, Malcolm, Laurel, Carol, and David. Again, I had the honor of speaking with Dave yesterday, along with a foster son Chris. She also leaves eight grandchildren and her brother. She was 87 years old. May God bless you, Ruth, and may God bless each and every member of your family.

John von Sternberg was born, that is a German name if I ever heard one, was born in Brooklyn but grew up in Mountain Lakes in Morris County and continue to call it home for the rest of his life. When he was 18, John joined the Mountain Lakes Volunteer Fire Department, and also called the firehouse home from that point on, remaining an active member for 60 years. In fact, John was responding to calls right up until he fell ill. I believe he ultimately became its chief.

Professionally, John managed a local real estate office between helping residents find their homes and then protecting them as a firefighter, he became nothing less than a Mountain Lakes icon. He is remembered for his great generosity and sense of service. John was also a veteran of the New Jersey National Guard and when he wasn't at work or at the Firehouse, he rode with friends from the two motorcycle clubs he belonged to, the Knights of Fire and Old Coots on Scoots. I did not make that up. In his honor, on Thursday, the Mountain Lakes Fire Department will escort John to the firehouse, where he served for six decades one last time. A fitting honor for a local hero. He was 79 years old. John leaves his wife Joyce, please keep her in your prayers as well. She's fighting her way through this. His daughter Carol, two granddaughters, one of whom, Robin, I had the honor of speaking with yesterday, and a great grandson, who I am sure will hear lots of great stories about his great grandfather. He is also survived by three siblings and several grand nieces and nephews. Our thoughts and prayers are with his memory and each of them, and we thank John and salute him for his lifetime of service.

And finally, we remember Alice Gibson. Alice was 81 and she lived in West Caldwell. By training, Alice was an elementary school educator in Parsippany, but she took her love of art to found her own gallery and support artistic clubs and endeavors. Most recently, she was serving as the Development Committee Chair of the Grover Cleveland Birthplace Memorial Association, where her goal was to see the construction of a new visitor center. She was also the Northeast Region Vice President of the League of Historical Societies of New Jersey, just one of the many organizations she belonged to and supported.

Alice is being remembered by her friends and family as someone who would give her time freely to anyone who needed her. She was a close friend of one of my predecessors and a dear friend, former Governor Tom Kean, and she loved New Jersey. Alice leaves her husband Gordon, her son Gordon, the third, I believe. Both son and husband are in Rhode Island. Her daughter, Donna, who's in Massachusetts with whom I had the honor of speaking yesterday, and their spouses and grandchildren Henry and Annabel. She also loves her brother and sister-in-law. A good life indeed, and we thank Alice for spending it to better our state. God bless you, Alice.

These are the faces that we must remember. They are among the people in whose memories we will battle this virus and win. But through the sorrow we feel for these families, we must also keep our optimism for the new day that is coming. The day we're working toward, with the plans that we outlined earlier. And so I'd like to end, before I turn things over to Judy, by highlighting some of the good work of the next generation of New Jerseyans.

Let's meet and get it up for the STEM students of Seton Hall Prep and educator David Snyder. Now these kids have already done some tremendous things like launching balloons practically into space, but they also knew they could also do something to help others throughout this emergency. After a classmate lost his aunt to COVID-19, they knew what it was. They built an online database, and you can see the address down there, covidresourcenetwork.org, an online hub that matches first responders and healthcare organizations that need personal protective equipment, or other supplies, with individuals across the nation who are willing to donate. They attracted the interest of nationally recognized tech firms who also lent a hand. Today, the COVID Resource Network is connecting people from across the nation in the battle against COVID-19 and it's because of these young New Jerseyans. So to David and the students at Seton Hall Prep, New Jersey thanks you and keep up the great work. With that, please help me welcome the woman who needs no introduction, the Commissioner of the Department of Health, Judy Persichilli.

Commissioner of Health Judith Persichilli: Thank you, Governor. Good afternoon. While as the Governor shared, we're developing end-to-end solutions from testing to isolation and quarantine. The end-to-end solution to support individuals and protection communities includes several processes that starts first with the identification of populations to be tested. We have cohorted our populations into three broad areas: vulnerable populations, those most at risk; priority and essential populations; and, the general population.

Once the population is defined, the method of collection and type of test is determined, and the required PPE and supplies are identified. The method of collection includes the oropharyngeal and nasal pharyngeal swab, anterior nares or nose swab, or the saliva test developed right here at Rutgers. In all cases, a PCR, a diagnostic test, is recommended. When the specimen is collected and transported to the lab, which now there are many labs available who have capacity, all results, positive and negative, are reported to the local health department and the Communicable Disease Service at the Department of Health. Additionally, the ordering physician and the individuals are notified.

Within 24 hours, a case investigation begins. The goal is that 90% of all new positive cases are contacted within 24 hours for a case investigation and contact tracing to begin. Contact tracing is the process used to identify those who come in contact with individuals who have tested positive for communicable disease. This process is routinely used in public health to quickly identify vulnerable populations that are at risk and to ensure that transmission is halted or reduced. Through interviews, identification of close contacts who have been exposed to the individual are either tested or identified for symptoms.

Since the beginning of the epidemic, testing of symptomatic individuals and high-risk populations have been taking place. For example, in long-term care settings and assisted living, of a total population of approximately 90,000, we know that 26,476 individuals have been tested and identified as positive. Universal baseline testing has been completed at 16 facilities in the south by Cooper University Hospital, and 76 additional facilities across the state are being tested universally this week. By the end of the first week of June, we are planning to scale universal testing throughout the state.

Additionally, today, I am signing an Executive Directive that will require all long-term care facilities to supplement or amend their current disease outbreak plans to include COVID-19 testing, a plan for all staff and patients and residents. The plan must address testing procedures, frequency, post-testing protocols, and return-to-work protocols for staff. The facilities have to submit an attestation to the Department of Health by May 19, 2020 stating that they have developed such a plan, and another attestation by May 26, 2020 that they have implemented the plan.

As the Governor shared, I had the privilege of speaking with Dr. Berx this morning to gain her insights and advice on our long-term care plans. She emphasized the need to test everyone, cohort appropriately, ensure infection prevention practices, and continue limiting visitors and screen and test employees on a regular basis.

Our psychiatric hospitals, with a census of 1,240 have tested 739 patients and 745 staff. The expectation is that universal testing of residents will be completed by May 22. All residents in the developmental centers have been tested, which is a population of more than 1,200. More than 2,500 staff members have also been tested, with the remainder of staff scheduled for testing over the following week. Several cities have stood up drive-through and walk-up testing centers. The department plans to support and increase testing in Elizabeth, Trenton, Camden, Paterson, Atlantic City and Newark. This will be done, in conjunction with a vendor, to quickly deploy resources into our cities.

Testing of seasonal workers in South Jersey has begun. 129 seasonal farm workers have been tested, 57 have returned as positive. Working with the federally qualified health centers, the Departments of Labor and Agriculture, a plan has been developed to test all seasonal workers and four additional farms will be tested this week. Accommodations for quarantine have been made at the field medical station and Salem Hospital.

This is just an example of the work that has been going on since the beginning of the outbreak and will continue until we are satisfied that containment of this deadly virus is achieved. As testing of asymptomatic individuals increases, the need for contact tracers, as the Governor shared, will increase as well. It is estimated that between 1,000 to as much as 5,000 may be needed. The ability to scale our contact tracing capacity is absolutely crucial. To do this, we're rolling out a plan that will leverage innovation, technology, and talent across the Garden State.

We're planning to develop a community contact tracing corps. First, we will partner with the state's higher education institutions. Then we will expand our efforts to include all universities throughout the state. We will then estimate the demand for contact tracer capacity that could reach into the thousands, and we are announcing a request for quotes to solicit proposals from vendors, organizations and institutions to help us increase the corps across the state. Our goal is to recruit culturally competent and multilingual individuals from communities across the state. The combination of expanded testing and contact tracing will increase our ability to quickly identify new cases and take immediate public health measures to interrupt the transmission of the virus.

Now, for my daily report, our hospitals reported 4,328 hospitalizations. 1,306 individuals are in critical care, 75% of the critical care patients are on ventilators. The Governor reviewed the new cases and deaths reported today. In terms of deaths, the breakdown of deaths by race and ethnicity is basically the same: White 53.8%, Black 18.6%, Hispanic 18.8%, Asian 5.5% and other 3.3%.

There are now 518 long-term care facilities in the state reporting COVID-19 cases. At the state veteran homes, among a census of 668 residents, there have been 363 residents that have tested positive and there have been a total of 133 deaths. The veteran homes right now are under the oversight of the VA Administration. Their health in education and training, administration and leadership has been invaluable. It currently numbers 105 strong.

As you know, the National Guard has been supporting both the VA homes and the nursing homes in our state, and are currently in 15 facilities. In addition to the VA homes, they are they Orchards of Bartley Assisted Living in Jackson, Bartley Healthcare Nursing and Rehab in Jackson, Greenwood House in Ewing, New Jersey, Deptford Center for Rehabilitation, Hammonton Center for Rehab, Llanfair House in Wayne, Marwick Care Center in Plainsboro, and Abington Care Center in Green Brook.

At our state psychiatric hospitals with a census of 1,240, 193 patients have tested positive and a total of 12 deaths have been reported, similar to yesterday. And our daily percent positivity table, in New Jersey as of May 8, the percent positivity was 23%. That concludes my daily report. Stay connected, stay safe and stay healthy. Thank you.

Governor Phil Murphy: Judy, thank you for all of the above and for your great leadership on both testing and contact tracing. Again, that last point on positivity 23%, that continues to come down, lately a few points a day. May 8th is the last day that the specimen was collected so we're also getting that turned around faster than we normally do. Thank you.

Commissioner of Health Judith Persichilli: You're welcome.

Governor Phil Murphy: Colonel, nice to have you. Thank you for your leadership. Anything on compliance, PPE, infrastructure, other matters? Great to be with you.

State Police Superintendent Col. Patrick Callahan: Thanks, Governor. Good afternoon. Very briefly, just on a complete overview, there's been more than 3,500 law enforcement incidents since the first Executive Orders went into place. Of those, 262 of them have risen to the level of being an indictable offense. I thought I would just highlight that for the past two months.

With regard to the overnight, Newark issued three EO violations and gave 96 warnings. In Chester, a store owner was cited for having a pool and spa store open, which was deemed non-essential. In Irvington, a bar and restaurant owner was cited for being open. And in Lakewood, three different homeowners were cited for having large gatherings at their residence.

Lastly, I just note, I think it was mentioned earlier in the week but the Secaucus Field Medical Station is closing today. The nine remaining patients there are being transported to the East Orange General Hospital which was up-fit by the Army Corps, which I think is a good indication and a step in the right direction. We were certainly thrilled to have that medical station stood up. Governor.

Governor Phil Murphy: Am I right in saying that that's going in storage, right?

State Police Superintendent Col. Patrick Callahan: That is.

Governor Phil Murphy: I hope we don't need it again, but we're preparing. Step 6 in our road to recovery is resiliency, and that's part of it, right?

State Police Superintendent Col. Patrick Callahan: Yes, sir.

Governor Phil Murphy: Thank you for everything. I got a lot of feedback yesterday, after your comments about the aberrant behavior in parks. I hope that we're able to make progress on that. And by the way, the weather is going to be getting warmer over the next number of days, so we need to remind folks that we're happy the parks are open, but please, please, please do the right thing. We're going to continue to have them at restricted parking capacities. Please keep distance from each other. Please wear something that looks like this or some other face covering. I think that puts us in a really better, stronger place as it relates to public health. Thank you.

We're going to start over here. John, I need you to set an example because we've got a lot of guys and gals here today who have questions. I need you to keep this to a limit. I'm also going to be on with you later on today. Before you go, though, tomorrow, we're going to be, Dan, one o'clock tomorrow. I mentioned this, I've got nothing specific on this today, but going through the testing and contact tracing plan with you all today is intended to address explicitly. We go through the curves and the data every day. That's Step 1 on the road to recovery. Testing is 2, contact tracing is 3, Judy alluded to 4, which is the isolation quarantining piece of this, and we'll give more details on that shortly.

But I have also said that we would hope to be able to, assuming the curves continue to go in the right direction, we would hope to be able to, I would hope by the end of the week, maybe talk about some other steps that we could take, gently, to begin to reopen things. And so more on that. I don't have anything specific today, but more on that in the coming days. Again, tomorrow, one o'clock here unless you hear otherwise. John, welcome.

Q&A Session

John McAlpin, Bergen Record: Thanks. The first slide that you put up with the six measurements, is that the data that will determine dates, as you say? And if so, do you have the magic numbers or declines in new hospitalizations, patients, patients in ICUs? Do you have numbers for that, that you'd like to make public?

The contractor to help with contact tracing, what specific steps are you asking to maintain privacy of personal data, to make sure that's not compromised? How much are the contact tracers going to be paid? Do you have an estimate for how much the total program will be?

Governor Phil Murphy: And this is the last one, okay?

John McAlpin, Bergen Record: Sure. What does any of this, any of what you said today tell people about when they can expect the reopening to happen?

Governor Phil Murphy: Yeah, so John, I would say the following. And again, I think we run the risk of presenting an on-off switch, which is not going to happen. There's not going to be one magic day where everything is open. We're going to take a series of incremental steps. Of that first chart, Danny, can we bring the first chart up, please? You're going to see that we're going to hang our hats, Judy, you tell me If you disagree, I'm going to hand this over to you in a second. The top four are the ones, they're in yellow for a reason, because we know to a person or to an entity as a ventilator, that that's money good in the here and now.

Again, new cases is clouded by the fact that we're expanding testing dramatically and deaths, as tragic as they are, are a lagging indicator. I don't have a particular number in mind. I don't think Judy does either, for the simple reason of what I said a minute ago. This is not an on-off light switch. This is not as though we're going to hold back everything until we see X, and then you'll get Y. We've already opened the parks. People can play golf. I hope that we could take more steps in the balance of this week, see how all that goes. I need not be reminded Memorial Day weekend is the weekend after this one. The shore is going to matter a lot and getting that right. We don't have a specific -- I think the only data that I'm excited about is we get to zero on any of this. But we're not going to wait until that to begin to take steps that we think we can take responsibly.

Contact tracing, it's a good-paying job. I think this is \$20-something an hour, \$25 an hour, I believe, to start. How much will it all, how much will the program cost? Hundreds of millions of dollars. I don't have a specific number for you, but hundreds of millions of dollars. That's probably hundreds of millions of dollars, you know, every six months, to do both the testing and the tracing that we're talking about. Is that fair? I think I got what you asked there. Thank you, John. Elise, we'll go back to you.

Elise Young, Bloomberg: Hi. With regard to the reopening statewide, do you expect that it will be a fully regional approach? For instance, that you will say businesses and doctors' offices and workplaces in the North can open, followed by Central, followed by South? Or would it be more of a statewide, okay, retail statewide can open? And then the week after that, okay, doctor's offices can open. Do you have any idea how that would work exactly? Thank you.

Governor Phil Murphy: My pleasure. Thank you for asking. Judy, you tell me if you see this differently. You know, we're not New York. Somebody reminded me yesterday that if you drove from New York City to the Canadian border, it's a 10-hour drive. It's hard to get more than a three-hour drive in New Jersey. We're all packed in together, it's the densest state in the nation. And from a healthcare perspective, Judy's manage this brilliantly, I might add, but regionally, I personally am of the opinion that steps we take will continue to be statewide steps in terms of reopening.

Now, some of them will be more deeply felt in certain parts of the state. An obvious one would be beaches, the extent to which we've got guidance on beaches, so clearly overwhelmingly the shore, but we've also got a very vibrant and important lake community as well. But I think it's statewide, Elise, until further notice, but at the same time unless you see this differently, at least as long as hospitals are in a crisis mode, and maybe beyond that, you're still going to keep in place the North, Central, South protocol. Is that fair? Thank you. We'll stay in the back and then we'll come back down to you, Dave, if we can. Thank you.

Doug Melegari, Pine Barrens Tribune: Hi, Governor. Good afternoon. I was wondering, based on what the Colonel said yesterday, and we've got a lot of parks and forests in the Pinelands, if you could explain the basis for keeping the park bathrooms closed? Given that many of them, including Batsto, are in very remote areas, what accommodations might be able to be made for folks who have to unfortunately go to the restroom while they're there, and can't go anywhere else?

And on the contact tracing, how are you going to balance perhaps HIPAA regulations and privacy rights? Let's say you run into someone who isn't cooperative, how would you handle that situation?

And my final question was for the Health Commissioner. On Saturday, in reference to the developmental centers, she said that we're moving on to congregated settings. Could she explain what was meant by that?

Governor Phil Murphy: I realized John, that we didn't answer one of your questions. I was looking at my notes and couldn't understand it, which is the same one on privacy and HIPAA. Would you mind, Matt, addressing that out of the blocks? And Judy, anything you want to add, but I realized I forgot to answer that.

Chief Counsel Matt Platkin: I apologize. I missed the question.

Governor Phil Murphy: Contact tracing, how do you deal with matters of persons who may be worried about either a HIPAA-specific question or data privacy, as an example?

Chief Counsel Matt Platkin: I'll let Dr. Tan actually take that question.

Governor Phil Murphy: Thank you for that. Dr. Tan.

State Epidemiologist Dr. Christina Tan: Whether it's for cases or whether it's for contacts, the privacy and confidentiality of health information is always of paramount importance for public health professionals in general. That's always, we're always, from a public health perspective, we always want to make sure that we ensure the confidentiality of the case patient as well as the contacts. That said, when you actually do contact tracing, you have to realize that contact tracing is a really specialized skill and it involves a lot of training. It involves also having talents in interpersonal cultural sensitivity as well as an understanding and a flexibility to understand when you're doing an interview with individuals who might have been exposed to a case patient, to recognize those sensitivities and to build the trust when you're a contact tracer talking with a contact, that this health information is not going to be revealed.

In the course of routine contact tracing, the individual who's the case is never revealed to the contact. So, again, that's why we kind of try to maintain the distinction between the case interview as well as the contact interviews sometimes as well, to also further separate and to further enforce -- not enforce, but to further stress the importance of the confidentiality of the patient information.

Governor Phil Murphy: Thank you, Christina. The other thing I was going to say is, we use the word community to describe the group of folks that we want. We want people from one's communities. We want to be as local, as diverse, as representative of the folks that they're phoning up or contacting.

There's a staffing challenge on the bathrooms, which I want to make sure, there's also obviously a hygiene challenge. I think all of us when we got the report yesterday were a little bit taken aback, including the Commissioner of the Department of Environmental Protection, Catherine McCabe, who spoke to Pat on the way here. I think that's when we're, hold that thought, I don't have a crisp answer for you. But obviously, the unintended consequences of people using plastic bottles is not an appetizing outcome. Bear with us on that. Judy, I think there was a question about congregate homes.

Commissioner of Health Judith Persichilli: Any group home or congregate home where people can be together, whether it's in a kitchen or feeding, we're going to be looking at and consider that high risk, so we'll be testing throughout. And there's lots of them, by the way.

Governor Phil Murphy: Again, I'm not sure you or I, sort of the three hierarchies of groups of people as it relates to testing in plain English. There's the vulnerable communities, of which that is one, right? You've then got the priority communities and that's healthcare workers, first responders, essential retail, in that second category. That the third category is the general population, symptomatic and asymptomatic. That's sort of the -- and I would hope folks would agree with the conclusion, in a resource-constrained world, which opens up the good news is by the day, that's the order of priorities I think that we all feel pretty strongly about and that makes sense. Thank you. Dave, coming down to you.

David Levinsky, Burlington County Times: Hi. On the testing, how quickly do we think we're going to be able to get the results of these 20,000 tests a day by the end of this month? Because it would seem that if it's going to take days, that is going to dramatically lower the effectiveness of this program.

The other question that I have is on the contact tracing parameters. Let's say somebody tests positive. We're going to try to trace back all of their contacts. Does that include all of the people in the grocery store that they went to over the previous week, which could be four or five times? Do you have a definition of what contact

tracing will be based on? In other words, is it you have to have person-to-person contact within a certain two feet without a mask? I mean, because it would seem like astronomically large the number that would be needed of contact tracers. If it's something other than, you know, most close contact.

Finally, if I may, antibody testing, it would seem it would be crucially important to be able to have a sense of how many people have antibodies for COVID-19, because it will give us some sense of how the parameters of the problem that we're dealing with, when it comes to a flare up. So if we don't have that, how effective do you think it's really going to be?

Governor Phil Murphy: As the person least qualified to answer all these, I'll still give it a shot on each of them, Judy, then I'll hand it to you and Christina. Remember, when we talked about, Judy, when you and I hit spot positivity, that was as of specimens given on Friday, and we had Mother's Day and a weekend in between. It was, at one point we were sitting here, I believe it was 10 days to two weeks or more for the labs to turn these around, am I right? And we're now definitively aggregating across the state a number that we can present to you with confidence from only four days ago, and that window, that timeframe is going to going to continue to shrink. Again, I'll leave it to Judy and Dr. Tan to give more details.

I think you're going to say on parameters, you have to have a meaningful interaction and you've gone through what that means. But before you hand it off, I just would say on antibodies, it's the alluring test that we all are desirous of. It's the movie versus the snapshot. Again, remember everybody, if you get tested positive or negative right now, it's right now. The allure of the antibody is it's got your genetic history. You know whether or not, the allure at least is, you know at some point whether or not you tested. You know whether or not you've got immunity, etc. The problem and again, every single time we look at a study, you get closer to getting your arms wrapped around that, you realize that they're not realizing yet. The utility continues to be a lot lower than anybody would like, and that is a fact, as a non-medical person. So having said all of that, to the two folks to my right, I guess the three questions is how quickly can the testing turnarounds going to continue to go down? It already has. What kind of an interaction do you have to have to qualify that you get the phone call? And any comments on antibody?

Commissioner of Health Judith Persichilli: I'll handle the turnaround and then Dr. Tina can handle the rest. We track that every day, I get a report every day. At this point, it's 2.5 days turnaround, we get a report from all the labs. That's the average. Tina.

State Epidemiologist Dr. Christina Tan: What is the trigger for a person to get a call? You know, you're identified as a contact. As the Commissioner had mentioned, everything begins first with that positive test. A positive test means that you have a case patient. Again, to recognize what the Governor had started out saying about how much work these local health departments have been doing these last several months. You know, it all begins with that local health department, contacting that case patient to do an extensive interview, to get a sense of who the contacts are. Contacts can include household contacts, occupational contacts, other contacts.

Where contacts are defined, technically, either again, it's a household contact, intimate contact, or our standard definition is looking at 48 hours before an individual becomes symptomatic, because we recognize that there might be a window when people are pre-symptomatic, before they develop symptoms of COVID-19, where they might potentially be transmitting the virus. We look at 48 hours before when individuals are symptomatic, to the point of the last time when the case patient actually might have exposed any other individuals. It's pretty intense. You know, these local health departments are asking, I'm going every day, you know, every hour since that 48 hour set point, every hour. Who have you come into contact with, with those definitions of contacts? Those individual names are identified, then those are then presented to, whether it's in the local health department, the local health department will then follow up with the contacts who are identified, and then the contact tracer will then say, you know, you were exposed to a COVID case, and now here are the steps that you need to take. This is education on what you need to do for quarantine, to monitor for symptoms and so on.

Governor Phil Murphy: I apologize, I got pinged. Did you answer antibodies or no?

State Epidemiologist Dr. Christina Tan: Well, as everyone has alluded, what the antibody tests can and cannot provide. The antibody test result will tell you whether or not you've been exposed to the virus, had the disease in the past. It doesn't tell you anything more about whether you might be immune to getting infected

again with SARS CoV-2, and doesn't tell you whether or not you might potentially be -- I'm losing my train of thought. That's basically all the antibody test can give you at this point. It could be helpful for characterizing the scope of disease in a community, because you get a sense of how many people might have been infected in the past, just to give you a sense of what the scope of the disease might be.

Governor Phil Murphy: Tina, I go to ShopRite and I have a regular experience in ShopRite. I'm not hanging with anybody for any amount of time, but I'm passing people in the aisle, I'm paying on the way out, and I test positive. Is there an attempt to go back and recreate who was in that ShopRite at the same time, or do you need a more meaningful interaction?

State Epidemiologist Dr. Christina Tan: That's an excellent question. That's actually, we get that question all the time. We define the close contact as individuals within six feet, at least 10 minutes exposure. The casual, you're jogging by, you're at the ShopRite, very short interactions are not considered close contacts.

Governor Phil Murphy: Thank you. I think we missed our buddy here. Brent, can we go to you in the back there? This is the farthest you've ever sat from us. I hope you're not making a statement, but please, fire away.

Brent Johnson, Star-Ledger: Do you think recreational fishing charter boats should be allowed to operate before May 15th? Congressional Democrats are introducing a bill to provide aid to states and suspend SALT for two years, your reaction to that? Any idea who will replace Lamont Repollet at education? Where are all the testing supplies coming from?

Governor Phil Murphy: This is a buzzer round. Nothing to report on recreational fishing. And if we have something, we will definitely let you know. We clearly support, I spent a long time on the phone with Speaker Pelosi on Saturday, we clearly support any bill with direct state aid that has the right formula, by the way, including our population and the burden of cases. I think I might have been the first person that I know of, at least, to rally the troops around suspending the SALT cap.

Lamont's done an extraordinary job. We're going to miss him like heck. He's a great teammate. He's been a great leader. He's richly deserving of this and we've got no plans. I've got no news to report on successor. We've got George Helmy here today, Chief of Staff who's working with Judy's direction on a lot of the testing side. Any comments on the supplies?

Chief of Staff George Helmy: Sure. At the direction of the Commissioner of Health, we really worked across the spectrum to secure both the kits and the swabs. As the Governor mentioned about a week-and-a-half ago, we're expecting about three-quarters of a million swabs from the feds, 550 kits. We've also worked across the spectrum of the labs to secure more, and obviously as the Governor and the Commissioner mentioned, increasing Rutgers 5X will help satisfy that supply.

Governor Phil Murphy: Thank you for that, George. Good to have you. Matt, likewise. Sir, do you have anything, or you good? You're good. Mike, is that you? You're up, buddy.

Mike Catalini, Associated Press: Hi, Governor. I wonder if you could talk about, you've mentioned doubling the testing to 20,000 before and you've talked about the means to get there, the partnership with the federal government and the Rutgers tests. Is there anything new that is leading the state to get to the 20,000 figure? Or are we today where we were last week in terms of getting to that 20,000 figure?

And then if you're listening to this at home and you hear we need to double the tests, we need to get to 20,000. You get to 20,000, then 25,000. What does that mean? Like, what does that get you in terms of public health, just doubling the tests?

Governor Phil Murphy: Yep, both good questions. Is there anything new? I think it's fair to say, Mike, on testing there's something new literally every day. I mentioned CVS, for instance, today. I'm getting my drugstores mixed up. I believe I said 50 are going to come online. Am I right? Well, 50 locations. Rite-Aid came on. I picked up the Asbury Park Press today and they had 11 or 14 new locations. There's something new every day. We also, but I think maybe more strategically, we need to present sort of the entirety of the picture for folks to understand not just more locations and more tests, but the mindset in terms of how we will go about this, especially as it relates to priorities.

Again, vulnerable populations, high risk folks. This is up here is long-term care as an example, one of many. Second group would be healthcare workers, first responders, essential retail. And then general population, symptomatic and asymptomatic. The newness, I think, today is to be able to present and Judy, if you disagree with this, jump in, the comprehensive picture, not just a one-off, we got this, we got that, but that all together this is now, for lack of a better phrase, a symphony. We would expect, as I mentioned already in my remarks, at least 20,000 by the end of May, at least 25,000 by the end of June. That number, I suspect will continue to go up as long as we need testing.

Secondly, what does it mean? I'll give you my answer and Judy and Christina should come in. It is intended, again, the vulnerable populations where we've been crushed, particularly long-term care, I think the need for universal testing of both residents and staff speaks for itself. Those are folks who are confined to those places. Other vulnerable communities would have a similar attribute. I don't think we need a whole lot of time on the rationale to get that population tested and retested, including the staff. I don't think we need to spend a whole lot of time debating whether or not we need to test healthcare workers as universally as we can or first responders as universally as we can. I was on a law enforcement call last night, I said that we had our 10th fatality due to COVID-19. And sure enough, I went home and got a text that there was another, not two hours after that call, Pat. I don't think there's a real –

It's the third category, Mike, that I think is the one that needs the most amount of underscoring in terms of why, and that is to give everybody watching and everybody out there the confidence that we've got the infrastructure in place, so that as we begin to reopen this state, they know that we're on it. We can spot a community spread or a flare up with very short notice, that we can then determine as Christina went through, exactly who are the meaningful contacts that that person has had? That we've got an isolation and quarantine, so therefore that gives everybody in the state a kick in their step, a confidence to say, okay, when you have that in place, you know what? I'm good on going to the county parks. I hope we'll have guidance sooner than later on beaches that you know what? I'm okay with that. That we've got a structure in place that gives you, everybody, the broad view out there that gives all of us the confidence that as we open up, that you feel good about jumping in and taking us up on that opening. Anything you want to add to that? You're good? Okay. Thank you, Mike. Paul.

Paul Mulshine, Star-Ledger: I've got two questions. One is legislative leaders, including Jon Bramnick this morning on a call, say they should be the branch of government holding the hearings on reopening and so forth, and he wants the Assembly to do that. And also making decisions on funding, it should all be, aren't these legislative functions in the long term? We've already been in the long term here.

And then you also yesterday said the benefit you get from another two weeks of remaining closed, beyond the point you otherwise would have stopped, is enormous. Well, does that mean you're going to keep extending for two weeks again and again until the virus goes away?

Governor Phil Murphy: So, listen, I think we've done a good job, Paul, of keeping – by the way, Paul, you said my one-man show is getting tired, but you showed up today. I don't read your articles. I haven't done that for years. But I do read your headlines. I want you to know that I do pay attention, and I take some sort of affection from you, that you would show up today, having written that headline.

Listen, John and I communicate a lot. I think we communicate with our Legislative colleagues a lot. In fact, I think George had a call this morning, and we invited all Legislators in both chambers, both sides of the aisle, to walk through exactly what we've done today as it relates to testing. We have at least scheduled a leadership meeting tomorrow to talk about budget and funding and appropriations. We had a call, I think Saturday morning, am I right? With legislators. You all joined me with that. I think the communication is high and I think the respect for what they bring to this, versus what we may bring to this, is nothing but what it should be. I'll hopefully get a chance to connect with John and get more on that.

The benefit, Paul, no, not that it's an unending extension because we're going to, as I said, by the end of this week that I would hope that we're going to be able to take some more steps. What I meant was, as a purely health matter, if you look at the models that Judy and Christina and others on the team look at, and you stop at any moment in time, and you lower your guard on social distancing – by the way, not because we're sloppy,

but because we made a decision that we're going to open up whatever it is, beaches or whatever it might be. And you compare what the health reality would have looked like if you had stayed with that another two weeks, that you had not done that, it is a dramatic difference.

So all I'm saying is, again, we're not myopic on only the health piece of this, but we are obsessed with the order of events, which is public health creates economic health, and not the other way around. And so there's an enormous public health benefit to staying the course. Not indefinitely, I'm not saying that, it's not Groundhog Day, every two weeks you get another two weeks. But at any point in time, whatever action you could take that day versus 14 days later, you get an enormous public health benefit from that. And that's something that we pay, Judy, I don't want to put words in your mouth and Christina, but that's something we pay very, very close attention to.

Because if we can bring this thing, if we can bring this sucker as close to zero as possible, we have advanced ourselves enormously not just in public health, but in economic health. Thank you. Daniel, good afternoon.

Daniel Munoz, NJBIZ: Good afternoon, Governor. Two questions. First, do you expect the Jersey Shore economy this Memorial Day weekend, local businesses and local towns, and the economy to take a financial hit during Memorial Day? Just all the retail is closed, hospitality, food and industry. The guidelines still aren't out, the beach guidelines.

Second, just coming at the heels of the EDA board meeting today, you proposed the five tax incentives back in 2018, and there's been the push and the pull with the Grow NJ, is any of that still feasible during the recession? Or are all those incentives just totally out of the window and not at all happening?

Governor Phil Murphy: Yeah, I would say Daniel, on the first point, I don't know what part of America is not going to take an economic hit in the month of May. I literally don't know where in America is not taking an economic hit. This is not just New Jersey and it's not just the Jersey Shore. But as a country, we're getting clobbered. Now, are we going to have in place, in my humble opinion, and again, bear with me because I'm not ready to go live with this. Can we take some steps that will mitigate that hit? And as I mentioned the other day, it won't be the old normal, but can we get some semblance of a new normal on the shore by the time Memorial Day weekend comes around? I'm going to say yes. But that's not going to say, that's not to say that we're still not going to take an economic hit, that stuff still won't be closed. My heart is broken over it, but again, that's not unique to the shore. That's everywhere in the state, everywhere in this country, and we're trying responsibly, to take -- again, public health creates economic health. We're trying to take the steps as responsibly as we can to get back as fast as we can. But everyone's taking a hit.

The other incentives, I think they're still as relevant today as they were then. I'm not patting myself on the back because it's a team effort. I think it's a package of really smart incentives, in some cases, that set a bar unlike any other American state. The Evergreen Venture Fund is a unique animal in America that I think would have huge implications for our innovation economy, right when we need them, so I'm sticking to them. Thank you. Sir, you're good? Good to have you.

So to each and every one of you, we gave a lot out there today. I recognize a lot of dense material, especially on contact tracing and testing. We're happy to follow up, obviously, on anything that comes out of it. The points I want to conclude with, as I mask up are ones, first of all I want to thank Judy and Christina for their extraordinary work and their colleagues, Pat, likewise to you. Thank you to Jared, George, Matt and the whole team, who are here today.

I just want to repeat very briefly a couple of points. Again, I think what you heard today is we're getting to a critical mass on testing. We've got a contact tracing plan in place that is real, beyond the extraordinary work that's been done at the county level over the past several months, and that we've got a very clear set of priorities. They are priorities I hope that you would recognize and share with us, which is vulnerable, high risk population, general population. The capacity is coming up such that it won't be one versus the other but over time, we're going to be able to get to all three of those populations, and I want to give Judy and her team a huge shout out on both that and contact tracing. So that's one.

Number two, the weather's getting pretty good this week, Please, everybody, we know you're pulling your hair out. Please stay the course. It is working, and it's because of you that we've been able to make that progress in that first slide that we put up today. That's been so enormous since the peak and even over the past couple

of weeks.

And then thirdly, and finally, we'll have some more guidance as the week goes on. Not today. I'm not sure tomorrow, but we're going to have some more guidance. And again, John, to your question, it's not going to be if we get X, we're going to flip a light switch. It's going to be, I hope, a series of incremental steps that we can take responsibly based on the health data. Again, public health creates economic health. That's the order of events that we're going to stick to. Thanks, everybody. God bless you all.

Governor Phil Murphy

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