

Governor Phil Murphy

# TRANSCRIPT: April 23rd, 2020 Coronavirus Briefing Media

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Governor Phil Murphy holds a coronavirus briefing in Trenton on April 23, 2020.



**Governor Phil Murphy:** Good afternoon, everyone. To our friends and neighbors in our Muslim community -- and by the way, we have the second-largest Muslim community of any American state-- Ramadan Mubarak, Salam Alaikum. We wish you a blessed, holy and reflective month of Ramadan.

Also, before we begin, I want to give everybody a huge thank you to all the folks who joined us last night for Jersey For Jersey. What a tremendous night. To all the artists and Jersey icons who joined in; to every single one of you who watched and listened; to the heroes, healthcare workers, firefighters, first responders, small business owners who were highlighted; and everybody who was last night together sharing Jersey pride, I, and I can certainly say for the First Lady, can't thank you enough. Again, to the stars, to the heroes, bless you all. By the way, the meter is still running, but it raised many millions of dollars for the Pandemic Relief Fund and that money will be put to good use. As I've said from the very beginning, it will not be without casualty and we will have the sad task to update that in a minute. We're going to get through this as one New Jersey family, and last night that family came together as possibly never before.

I'm honored to be 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 who needs no introduction, our State Epidemiologist Dr. Christina Tan. Thank you, ladies. To my immediate left, another guy who needs no introduction, Superintendent of the State Police, Colonel Pat Callahan. We have Jared Maples, Director of the Office of Homeland Security Preparedness with us. I know Matt Platkin, Chief Counsel will join us in a bit. And joining us today, on the far left, another good friend, Dr. Brian L. Strom, Chancellor of Rutgers

  
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Biomedical and Health Sciences. As we know, there are tremendous things happening at our state's flagship university and I'm proud to have Brian and his team as part of our army against COVID-19, and we'll get to all of that in a little bit. Brian, great to have you with us, man.

First, as we have been doing of late, upfront we will get to our daily discussion of the numbers, as sobering as they may be, and the charts that underpin them. We're announcing 4,427 positive test results, pushing our state total to just under 100,000; 99,989. We should carry the expectation that tomorrow we will exceed 100,000 total positive cases. Remember, I urge each of you to keep in mind that this is a cumulative number since our first positive case was announced only on March 4. Of the nearly 100,000 total cases we have reported from then until today, roughly, we know 46,000 of these individuals have now exited the two-week incubation window. Even as we prepare for tomorrow, let's remember that there are tens of thousands of residents who have received a prior positive test result, who have now likely defeated the virus.

Sadly, however, we know that there are many who have not. Today we also report 307 additional deaths of precious souls and members of our New Jersey family, meaning that we have now lost a total of 5,368 blessed residents in New Jersey to COVID-19 related complications. We continue to see that the curve of new COVID-19 cases, as you see, remains significantly flat, even with today's slight uptick in cases. And as we map the outbreak across the state, we continue to see a slowing of the rate of spread. Mahen, let's go back to the chart before though, if we could.

Let's just remember one thing, and Judy and Christina can add to this. This is not the denominator. We wish we knew what the denominator was. These are more positive tests, probably specimens taken five to seven days ago, on average. Thanks to Brian and team, it's a much more rapid return if you're in the Rutgers model, and it's a slower return, perhaps, in other models. But I don't want folks to confuse the fact that we've got more testing against, we're now the fourth-highest tested state in America and we may be, frankly, getting close to the third-highest tested state in America. Considering where we started, which was basically no readiness or preparedness in our country, that's quite a feat, but it still doesn't mean we know what the denominator is. This is just the amount of folks who have tested positive.

Maybe if we could now flip to the chart that you were on, here we go. So the map, as we've seen this before, it measures the outbreak across the state and we see a slowing of the rate of spread. You can see this is a meaningful slowing. We changed our color code yesterday, because we ran out of runway on light shades. But you've already seen a couple of counties go to over 30 days of doubling. This is the amount of time it takes to double the spread of the virus. That includes, by the way, my county of Monmouth.

Look up at Bergen County, which is where Ground Zero was, 29 days. So you're starting to see lengthening, and that's because of what you all are doing out there. I'm sure we're helping, but you're all doing the heavy work. You're the ones who are staying away from each other, and abiding by social distancing. Because of that, that map shows us enormous progress and encouragement. Again, but at this point, and I'd like to think it's otherwise but we can ease up one bit on our social distancing. I am not and we're not in a position yet to begin reopening our state and jumpstarting our economy. I still think that's weeks away. We need to see more progress and more slowing before we can begin those considerations. But stay at it, because you are making a difference unlike, by the way, in any American state right now and that is another source of great Jersey pride.

In our healthcare system as of 10:00 p.m. last night, there are 7,240 residents hospitalized for COVID-19. That is, I think, virtually unchanged from the night before. Our field medical stations have patients in total of 91 persons. If you look at the rate of new hospitalizations, we see an uptick since yesterday, but still below our previous highs. There were 1,990 patients in either critical or intensive care, also virtually unchanged. Notably ventilator use had a considerable one-day drop to 1,462 currently in use. I think that's the lowest we've been since April 5, according to our notes. Judy can give you some color on that. That's a good sign. And for the 24 hours preceding 10:00 p.m. last night, our hospitals reported 752 total discharges also equal to new admittances. However, even as we know there are many who are defeating COVID-19, there are many whose battle with the invisible enemy was not successful. I'd like to remember a few of them, if I can, today.

First up, Carolyn Martins Reitz, there with her son Thomas Martins. We've lost them both. You may have read about them, but today we want to honor them here. They lived in Kearny with Carolyn's husband and Thomas's stepfather, Rudy, with whom I had the honor of speaking this morning and their daughter, Sharon, who was Thomas's half-sister. Sharon, by the way is going through what a lot of seniors are going through, and that is facing the end of her college years and a virtual graduation, much to her consternation, as opposed to something physical and in person and celebrating together. Carolyn, bless her soul, a graphic artist who had worked for the Archdiocese of Newark, was the primary caregiver for Thomas who has Down's Syndrome. Yet through Carolyn's love and hard work, Thomas was given every possible opportunity to thrive. COVID-19 took Carolyn away from her family at the end of March to her eternal rest at the age of just 55. And just a little over a week later, it also took Thomas, just as he was turning 30 years old, Rudy called Carolyn, and I'll quote Rudy, her husband, "One of the smartest, kindest, gentlest people, and these traits are what helped her give Thomas such a tremendous life, too." Thomas is remembered fondly by so many. We are keeping them, both Carolyn and Thomas, God rest their souls, as well as Rudy and Sharon, and their whole family and community in our prayers. Heartbreaking right there.

Dave Clark, there he is, was a firefighter with the Bay Head Fire Company, where he filled any role that needed to be filled, from Chief Engineer looking after the mechanical performance of the company's vehicles to Safety Officer. He was a truck driver professionally, and took a special interest in following the changes being made in fire truck and emergency equipment designs and builds. He was just 47 years old. By the way, not just Dave, but his family, this family believes in service to the Bay Head community. Dave's wife, Lisa, who is with him there and with whom I just had the honor of speaking, serves with the Bay Head

Fire Police. Son Zach is a probationary firefighter and is set to become a full firefighter this month, and I know dad is looking down with pride. Dave also leaves behind his daughter, and I had a quick word with her as well, bless her, Mckayla. Bay Head lost one of its bravest. To Dave, we thank you for your service and to the entire Clark family, we are with you in prayer and mourning. God bless you all.

Pat will know this, guy Rick Vanderclough, 71 years old of Wayne. Rabbi Kirschner, by the way, of Temple Emanuel raised this with me yesterday. Rick grew up, look at that guy, man. Talk about the prototypical New Jersey State Trooper, huh? Looks like he's cut out of granite. Rick grew up in Midland Park in Bergen County and was a member of the 85th class of the New Jersey Police Academy in 1971. He was a trooper for 29 years. He leaves behind his wife of 46 years, Maureen, with whom I had the great honor of speaking. His sons, Rick, who I also spoke with. By the way, Rick tested positive and he's got his first day back with the Wayne PD tomorrow. His other son David, who I have not yet spoken with but tried, he retired recently from the West Caldwell Police Department. And by the way, the apple doesn't fall too far from the tree. I mentioned that Rick Sr. grew up in Midland Park and I believe it's accurate to say that his dad was the Police Chief in Midland Park, so you talk about law enforcement families. But God bless Maureen, Rick, David and their families, including Rick's grandchildren, Julia, Jason, Eva and Jake, along with his brother Robert and sister Joy and their families. May Rick's memory bring them comfort at this difficult time, and may they also bring them happiness in the times to come. God bless them all and God bless you, Rick.

Three, four, in fact, more lives among the total of 5,368 which are all worth remembering. Believe me, all of us would like to speak to each and every one of those, and maybe at some point down the road, when the dust settles on this awful thing, we'll be able to do that. To every family who's lost a loved one, our entire state stands with you in support as the great and diverse family we are.

Now moving forward, today with Brian here I am pleased to announce that because of the new saliva-based training, which Rutgers University has developed, next week we will begin testing all residents and staff at each of our five state developmental centers. This is a total of more than 5,500 tests, more than 1,200 residents and an excess of 4,300 members of staff. These are among our most vulnerable residents, and the women and men who provide care for them daily are among our most essential workers. They are dedicated employees who are showing up 24/7 to help care for the adults with intellectual and developmental disabilities who call, by the way, our centers their home. These doctors, nurses, direct care staff, food service providers, housekeeping staff and many others are doing an extraordinary job and are making a difference in the lives of so many who have no other place to turn, by the way.

And our residents, many of whom who have called these centers home literally, Judy, for decades, have faced many challenges in this difficult time, including not being able to visit with family or enjoy their regular outings in the community. Sadly, we have seen this virus in all of our centers, and we owe our residents and staff our best, and testing will help us best serve them.

We are working to expand testing to other state workers and the individuals we serve. These tests would not have been as quickly administered if not for the testing system created by Brian's team at Rutgers University. And it should be noted this testing system is already going into wide use by our state's largest healthcare systems at the PBA-sponsored first responder test sites, and soon at many other places statewide. And as I have noted many times, having a robust and greatly expanded testing program in place is vital to our being able to begin to reopen responsibly our state.

I said on Monday. I still believe it today on Thursday, that we need to at least roughly double our testing capacity as a minimal benchmark. Testing will be the starting point, and Judy and Christina have forgotten more about this than I'll ever know, for any contact tracing program that we'll be able to implement, whether it be narrow and localized within our communities, or broad based in partnership with our neighboring states. Without testing, we will not be able to take the necessary steps to contain future cases and prevent them from becoming boomerang outbreaks. Remember, again, sufficient, scaled and rapid return testing, contact tracing, and then a plan for isolation and/or quarantine. Those are the essential elements of the healthcare infrastructure that we're going to need before you have the confidence, and we could tell you that we've got the confidence, to begin to reopen our state. And we're working as fast as we can, by the way, on all of the above.

So having an FDA-approved test that can provide us rapid results is critical. Through their saliva-based test system, Rutgers University is in position to help us get there. Moreover, this is a tremendous point of Jersey pride for us all. Our state, after all, is the historic home of innovations, especially in the life sciences. Now we have a huge breakthrough coming from our very own flagship university. To be clear, Rutgers is an invaluable partner among so many in the expansion of testing statewide, and so much is being made possible because of this, and I look forward to this continued partnership. I know Brian will have more to say about this testing system after Judy's remarks, along with other advances being made on the banks of the old Raritan, but right now to you and all at Rutgers, Brian, I say both thank you, and I look forward to the cooperation to come.

And speaking of testing more generally, there are now 86 sites across the state providing COVID-19 testing, including some that are utilizing Rutgers tests. A complete list of the publicly run and community-based sites can be found on our information portal at [covid19.nj.gov/testing](https://www.nj.gov/covid19/testing). Should you believe you need to be tested, your primary care practitioner can direct you to one of the privately run testing sites nearest to you.

Switching gears, this morning the Department of Labor reported that an additional 140,000 New Jerseyans filed for unemployment last week, and that \$1 billion in unemployment benefits have now been distributed since this emergency began a little more than a month ago. Since March 15, more than 858,000 New Jerseyans have filed for unemployment benefits. Just

to put that in context, folks, one year ago that total number collecting unemployment was less than 10% of that 84,000; 84,000 a year ago, 858,000 today. The department continues to do everything it can to streamline processes and ensure that all claims are handled quickly. For those of you trying to connect on the phone, we thank you for your continued patience. The department is still dealing with volumes that are, notably stated, unprecedented. We urge you to go to our online hub, again at covid19.nj.gov and search "unemployment" for answers and additional links to many of your questions regarding things like eligibility, benefits for self-employed workers, how to claim your weekly benefits, and much more.

Regardless of when your claim is accepted, I've said this before and I want to repeat it again today, no one will be denied one penny of the benefit they deserve. And by the way, if you have lost your job and you can still work, please visit the jobs portal available through covid19.nj.gov, the information hub, which is currently listing more than 66,000 jobs for more than 740 essential employers across the state and across an array of industries. And a reminder that anyone who has left their job voluntarily or who refuses to work at their currently available job is not eligible for unemployment.

Now, as we do every day, I'd like to acknowledge some of the really good things going on around our state, whether it be from our corporate citizens or just everyday New Jerseyans, the outpouring of community spirit and support has been critical to sustaining us through this emergency. One of our state's iconic businesses, AT&T and the AT&T Foundation, have partnered with the New Jersey Restaurant and Hospitality Association to provide meals from local restaurants to the healthcare professionals and support staff at our field medical stations in Secaucus and Edison. AT&T has also stepped forward with critical financial support for the United Way of Essex in West Hudson. So they can provide for those in our communities who need a helping hand. To AT&T and the AT&T Foundation, New Jersey thanks you.

I want to also give a shout out to New Jersey based Premium Nature. And in particular to Shulem Iskowitz and Aharon Stefansky, who came through with a donation of 500 gallons of hand sanitizer to the New Jersey Office of Emergency Management, Pat. This product will soon find its way out of our warehouse into the frontlines of our fight against COVID-19. Our dear friend and colleague, second from the left, State Police Chaplain Rabbi Abe Friedman, God bless you, Abe, was there at Division Headquarters in Trenton and he was joined by your new Chief Chaplain, Reverend John Taylor of Trenton right here, and State Police personnel to accept this donation and to give Premium Nature our thanks. And now from me and the Colonel, New Jersey thanks you. And by the way, I'm very gratified to see social distancing going on in that picture, Judy.

And once again, to everyone who joined us for Jersey For Jersey last night, the stars, the first line responders heroes, the healthcare worker heroes, to the small businesses who were profiled and community leaders, also heroes, and everybody who played a part in that as well as the Jersey Takeover on HQ Trivia, thank you.

Finally, before I turn things over to Judy, I want to return to something that I said yesterday. I spoke about Senate Majority Leader Mitch McConnell's views on state bankruptcy. I use some strong language, which was richly deserved, by the way, but that's because I know how dire the situation is. I have been clear for weeks that if we do not get significant, direct and flexible financial support from the federal government, we will be forced to make many difficult decisions about programs we all rely upon, and which we will lean on in the months ahead. I know that doesn't just go for New Jersey. It also goes for many of our sister states, red and blue alike.

Unfortunately, if it wasn't bad enough yesterday when Senator McConnell was talking about bankruptcies – and by the way, Senator, if you are watching, remember you are from the party of Abraham Lincoln, of Theodore Roosevelt and Ronald Reagan, three American Presidents who, when faced with challenges, found ways to meet those challenges, to be greater than the challenges, to rise up. This isn't about partisanship. This is about America and doing what's right in our values, not just here in New Jersey, but across our country, and looking to history to find role models. What better role model than Abraham Lincoln, who freed the slaves, who kept our country together in Civil War? Or Theodore Roosevelt? The environmentalists around this country, to this day, look to him for leadership. Or George H.W. Bush, the guy who presided this country when the Berlin Wall fell. Those were leaders who met the moment, who got big, they did not get small. They got big in that moment and that is the challenge, Senator, to you and to all leaders in this country, to find your bigness; to find this moment in time as a chance to stand up and to meet history head on, and to do the right thing.

So if it was bad enough yesterday talking about bankruptcies, unfortunately, we received some additional bad news when the US Treasury Department issued its guidance for how we can use the billions of dollars in funding provided to the state and many of our counties in the CARES Act, which was signed several weeks ago. I have been clear that even this funding, while deeply appreciated, is woefully insufficient to address the scale of the revenue loss that we are experiencing due to our mitigation efforts. Efforts which are working, by the way, and are saving lives. I was assured that this funding would be able to be used flexibly by states, filling holes that we now must deal with.

Those assurances, apparently, were empty. Treasury's guidance renders much of this funding literally unusable and without additional flexibility will mean that we will likely not only not be able to use it, but we'll have to return a good chunk of it to the federal government. Let me explain, in case you're wondering what this means.

Unlike the federal government, we can't print money. By the way, the federal government can also run trillion-dollar deficits every single year. New Jersey can't. I, by the way, just like New Jersey's families, I might add, have to budget based on certain income and certain expenses. And for the past two years, we have done something unique for New Jersey; we actually put some money away for a rainy day. When we closed our economy, as we have had to do to crack the back of this virus, and to

slow its spread and to save lives, that income goes away. If the federal government doesn't do its job and support New Jersey's families, we may not be able to keep our teachers, cops, firefighters and paramedics employed, the very people who are on the frontlines every day, and we'll have to send this money back to Washington.

Sadly, the message from Washington to our first responders and to our educators and to others on the front lines is clear: as you work tirelessly to stop this pandemic, to keep people safe, our national leadership thinks you are not essential, and in fact, that you should fear for your jobs. And again, I was reminded by someone yesterday, whenever anything goes into bankruptcy or there's a financial catastrophe, the people who pay the biggest price are our seniors. Think about that as well.

Let me be clear, \$1.8 billion from the CARES Act several weeks ago, we're happy for it, but it was never enough to begin with. But at the very least, we should be able to support our people and help keep the funding that municipalities and school districts are expecting to stay whole. I and my staff have already reached out to Senate Democratic Leader Chuck Schumer's office. I spoke with Speaker Pelosi last night. We've been on with their respective staffs. We will not relent until the federal government provides the support we need to protect the services that millions of residents rely upon. And remember this: I and we will never stop fighting for you. We will fight this to the death. 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, and good afternoon. Epidemiologists and chronic disease experts tell us that those with underlying conditions such as obesity, diabetes and high blood pressure are at greater risk for more serious complications and deaths from diseases like the flu, and New Jersey mirrors national statistics on this issue.

A recent study of New York City patients with COVID-19 that was published in the Journal of the American Medical Association provides further evidence of this elevated risk. The study examined 5,700 patients hospitalized with COVID-19 in New York. The most common comorbidities among these individuals were hypertension, 56.6%; obesity, 41.7%; and diabetes, 33.8%. Of the patients who died, those with diabetes were more likely to have received invasive mechanical ventilation or care in the ICU compared to those who do not have diabetes.

Of our COVID-19 deaths, the breakdown of underlying conditions is as follows: heart disease, 60%; 42% had diabetes; 20% had chronic lung disease such as asthma, emphysema, chronic obstructive lung disease; 16%, chronic renal disease; 15%, neurological disability; 11% had cancer, and 31% had other chronic diseases. Given this greater risk of severe illness and death, the Department of Health is recommending that all individuals who have even mild symptoms that could be associated with COVID-19 such as fever, cough, tightening in the chest, call your doctor and get tested, especially if you have underlying conditions.

Today we report 7,240 hospitalizations last night, basically flat over the last two days. There are 1,990 individuals in critical care, of which 73% are on ventilators, which is much lower than we have seen previously. I know there is a request for hospital discharge data by location. We are still looking into that, and as soon as we can get that from the discharge data set, we will share that with you.

Today we are reporting 4,247 new cases for a total of 99,989 positive cases in the state. Sadly, 307 new deaths have been reported to the department. The breakdown of deaths by race and ethnicity is as follows: White non-Hispanic, 53.6%; Black non-Hispanic, 20%; Hispanic, 16%; Asian non-Hispanic, 5.4%; and other non-Hispanic, 5%. Today the veteran homes are reporting five additional deaths associated with COVID-19. We also are receiving reconciled data from our long-term care facilities and we are also starting to look at death certificates to reconcile individuals who have died with a primary diagnosis of COVID 19 and/or a secondary diagnosis associated with COVID 19. We do expect that you will see on our dashboard an increase in the number of deaths because we are including probable mortalities from COVID-19.

As you know, across many other states and certainly in New Jersey, our long-term care facilities are reporting cases and deaths. There are 446 long-term care facilities in the state right now that are reporting COVID-19 cases for a total of 13,769 cases. In collaboration with Cooper University Health System, we started yesterday testing 3,000 long-term care residents and staff at 16 long-term care facilities in the southern part of the state. Our goal is to contain the spread of COVID-19 among these facilities in the southern part of the state that is not experiencing as many cases compared to the northern regions, and where we see a possibility to actually decrease the spread and save lives.

In terms of lab reports, according to the data from this morning, of seven labs sending us COVID-19 results, 179,717 individuals were tested, 79,558 are reported as positive, for a positivity rate of 44.27%.

I want to mention our call center again for individuals looking for COVID-19 information. As you know, the state, working along with New Jersey Poison Information Center established a dedicated Coronavirus hotline in January, reachable at 1-800-962-1253. Since that time, trained health professionals have taken more than 25,000 calls. Additionally, NJ 211 has answered more than 15,000 calls from residents seeking general information. These continue to be excellent resources for information on the virus and the state's response. As always, I thank you for staying home and maintaining social distancing. Stay connected, stay safe, and stay healthy. Thank you.

**Governor Phil Murphy:** Judy, thank you for that update and for everything. Counties, just briefly, the same six counties continue to be the leading locations for positive results and that's, in order, Bergen, Hudson, Essex, Union, Passaic and Middlesex. That's the six that we've had, but remind everybody, every one of our 21 counties has both positives, and sadly, fatalities. This is a statewide, all-hands moment. Thank you, Judy.

I mentioned him earlier and I'm going to ask him to say a few words, but Brian Strom is an outstanding leader as one of the Chancellors at Rutgers, and in his case in overseeing the Biomedical and Health Sciences. He's a guy I've gotten to know over the past few years and he and his team, as we've mentioned many times in these briefings, and we mentioned earlier in our remarks, have been leading a pioneering saliva test-based COVID-19 test protocol. And by the way, we know this for a fact, including from the White House that the Rutgers test protocol is being held up as a model not just in our state, but nationally. With that, Brian, it is great to have you with us. Please help me welcome Dr. Brian L. Strom. Brian.

**Rutgers Biomedical and Health Sciences Chancellor Brian Strom:** Thank you. First I'd like to begin thanking the Governor and the Health Commissioner for guiding the state through this worst pandemic in the century. They've done a magnificent job, ranging from the supervising and assisting in the enormous surge in the capacity of our hospitals to be able to handle this crisis, leading the public through the difficult but critically needed social distancing and near lockdown. We would not be doing anywhere near as well, the curve has flattened, as you've seen, now coming to a plateau. We wouldn't be doing anywhere nearly as well without their expert leadership.

Second, I want to just point out that the citizens of New Jersey can be proud of their state university. We've been tracking and anticipating this epidemic since early January when it became apparent. We invoked our Emergency Operations Center in late February, meeting weekly and then daily, to make coordinated decisions in real time across our massive institution.

What I mostly want to talk about is testing. There are really two separate tests that have been developed at Rutgers that serve very different roles. Both of them are FDA-approved. As we have developed them, our goal, as I've said all along, has been to use these tremendous new capabilities in service of the state. We, both Rutgers and New Jersey, have made tremendous strides with respect to testing. Testing is the new linchpin to begin to return to normalcy. The state and the Governor have been a tremendous partner in the expanding of testing statewide. I'll give you some examples. And indeed, all the expansion I'll talk about is in partnership with the state.

The first FDA-approved point-of-care test was developed in Newark, New Jersey Medical School. This test, point of care meaning you don't have to send it in and get the results back in a week or 10 days as traditionally has been the case, but you get the results back in 40 minutes. It can be used in emergency rooms, it can be used in doctors' offices. It is now widely used publicly. It's in use at University Hospital in Newark, New Jersey Medical School, RWJ Barnabas Health, Hackensack Meridian System, Atlantic Health System and lots of individual hospitals throughout the state for stat testing. It's basic utility and purpose is, from a clinical point of view, you can get an answer in 40 minutes. You know whether the patient in front of you has COVID or not. You don't have to wait, even a few days, certainly not a week or 10 days as used to be the case. This test will be key as we reopen our research labs and eventually our classrooms at Rutgers, and certainly for many other uses as well throughout the state.

In addition, Rutgers New Brunswick developed high-throughput testing for the virus, which gives results in 24 to 48 hours. Widely used across the state, and more recently now tested as a saliva-based test, as the Governor had mentioned. Again, based on the same high throughput testing developed at Rutgers New Brunswick.

Indeed, a paper just came out yesterday from Yale showing that the saliva-based test actually looks like it performs better than the normal testing. This approach, collecting the samples by saliva, decreases exposure to healthcare professionals; increases collection throughput, how quickly you can collect the specimens, quadrupling it; decreases the use of PPE, that people have heard a lot about the shortages, during collection by 90%, because you don't need the PPE in order to be able to collect the specimens; and eliminates the need for swabs and viral transport media, which are the key rate-limiting steps for most tests right now.

Early in the epidemic, the rate-limiting step was lack of test kits. Now there are plenty of test kits, but the reason most states can't do enough testing is because they don't have enough swabs to get the specimens and then a viral transport media to carry the specimens to the laboratory. Saliva testing avoids all of that. It was piloted last week in drive-through testing in Middlesex County. Right now it's being used live in drive-throughs in Edison, South Brunswick in PBA, Police Benevolent Association testing sites in the American Dream Mall, Somerset and Deptford. It's being used with Newark first responders. It's being used in Edison municipalities and Somerset and Hunterdon Counties drive-ups.

Imminent, meaning in the next week, we will launch the testing that the Governor mentioned in the five state developmental centers. Friday, tomorrow, we will begin to test everybody at Robert Wood Johnson University Hospital, all of the healthcare workers. It doesn't matter whether you're employed by our RWJ, by Rutgers, or private physicians, it doesn't matter. As we begin to plan for the ability of the healthcare enterprise in the state to begin to take care of non-COVID patients again, we need to make sure that we don't give COVID to the patients that we're taking care of.

Walk-ups will open next week in New Brunswick and in Perth Amboy, Camden County employees and 31 or more long-term care facilities in Camden County will start within the next two weeks. We're also working with Mayor Baraka on testing for 100,000 residents of Newark as part of a comprehensive plan we're working on to enable them to help them Newark to reemerge from this terrible epidemic. And many, many more initiatives are underway.

Again, with this new testing, we can test 10,000 people a day and it is expandable, in a modular fashion, at an additional 10,000 people a day for a second module and yet a third 10,000 people a day for a third module, etc.

Rutgers has also provided in this epidemic, multiple other roles. Key obviously is the enormous amount of clinical care we provide. We have 1,000 faculty physicians, 800 resident physicians, hospital-based physicians, and many clinical staff, all of whom have been at the front line of this epidemic. From an education point of view, we graduated early medical students, nursing students and pharmacy students so that they can join the healthcare workforce with all the shortages in the healthcare workforce, right away, and lots of other initiatives. Maximizing supplies for our providers and hospitals, running the state's COVID call center as Judy had mentioned, providing housing in our dormitories for healthcare workers fearful of returning to their families, because they're taking such risks themselves in giving care, and they didn't want to risk passing that disease to their families. Providing mental health support to our patients and providers, and to the state in general, and providing overflow space for our hospitals within Rutgers space.

Very briefly, from a research point of view, we have developed a new center for COVID and pandemic response, led by the person who developed the point-of-care test. We have a healthcare worker study underway in the natural history of disease to learn more about the behavior of this new virus, that we know so little about. We have lots of clinical trials underway of possible treatments, to try to bring treatments to the public as soon as possible, ranging from studies of hydroxychloroquine to enthrismisin, to convalescent serum, antibodies from people who've had the disease. We are developing vaccine candidates. We're also developing new approaches to testing vaccines. Right now, as vaccines become available, and there's at least 78 different candidate vaccines, it will take two years to develop them, to test them. We're working on ways that that two-year period could potentially be halved so that the public can have access to the vaccines more quickly.

Finally, I would like to conclude by echoing what the Governor and Health Commissioner have said, most important right now is social distancing. Listen to the advice, stay home, stay away from other people. It is working. Keep doing it.

**Governor Phil Murphy:** Brian, thank you. I noted Yale is in your background so I wasn't surprised that Yale put a paper out yesterday that validated – but all kidding aside, just absolutely extraordinary work. And if things continue to go well, Rutgers alone can be the source of a lot of our salvation in terms of the testing we're going to need to have the confidence to reopen. Brian, let me ask you before we turn to Pat, what's your most limiting factor right now? Is it raw material? Is it manpower? Is it innovation? What limits you from going from that 10,000 module, I'm just making this up, up to 50,000 or 100,000?

**Rutgers Biomedical and Health Sciences Chancellor Brian Strom:** In many ways, there is no limit. This is all so new, we're just launching it. You know, right now we can go from 10,000 with new equipment, which isn't all that expensive. We could double it with another module of that, we can double that. Probably the rate-limiting step is the manpower, the technicians to be able to man it. We already actually have ordered the equipment for the second module, and we're looking for the 20 or 30 technicians we need to man it. This can be expanded in a modular way and incredibly powerful way.

**Governor Phil Murphy:** And the equipment is gettable?

**Rutgers Biomedical and Health Sciences Chancellor Brian Strom:** It's gettable.

**Governor Phil Murphy:** In other words, this is unlike some of the other missions that we've been on, where it's elusive. This is very much gettable?

**Rutgers Biomedical and Health Sciences Chancellor Brian Strom:** This is gettable. The key is we don't need the swabs. We don't need the viral media, which are what is in short supply, so the equipment is gettable. That's not a rate-limiting step.

**Governor Phil Murphy:** And the manpower, Brian, just for everyone's benefit, is that front-end manpower or folks at the back end processing the tests?

**Rutgers Biomedical and Health Sciences Chancellor Brian Strom:** People processing the test. Ultimately, what we also need is because we provide the labs, we need front-end people to be able to register people, collect the specimens, do everything needed there. We need further back, backend people to be able to record the results, report the results to the state, to the clinician, and so on. We come in with a lab, there's a front and back end that needs to be added to each use, to each application.

**Governor Phil Murphy:** And one more, the saliva test again, for folks watching, turnaround until you know whether you're positive or not is how long?

**Rutgers Biomedical and Health Sciences Chancellor Brian Strom:** 24 to 48 hours.

**Governor Phil Murphy:** And do you see that potentially shrinking?

**Rutgers Biomedical and Health Sciences Chancellor Brian Strom:** Not a lot. It takes that long, you know, some of it is getting the saliva to Piscataway, and then it's run in a batch in Piscataway and then getting the reports back to people. When you need an answer right away, you want to use the point-of-care test, that you have in 48 hours.

Governor, you're asking a very important question. As the state develops an appropriate testing strategy, you want to use both of them in different ways.

**Governor Phil Murphy:** The point of care is viral based as opposed to the saliva?

**Rutgers Biomedical and Health Sciences Chancellor Brian Strom:** Correct. Point of care uses nasal pharyngeal swabs. We are testing that for saliva also, but so far, that testing is not clear.

**Governor Phil Murphy:** Clearly if I was going to ask you that, you took the words right out of my mouth. Clearly, if that worked for saliva, you've then got a very quick turnaround and it's a game changer at that point.

**Rutgers Biomedical and Health Sciences Chancellor Brian Strom:** Yeah.

**Governor Phil Murphy:** Extraordinary work. I mean, sometimes. I would say many times, our nose is pressed too close to the glass to remind ourselves how extraordinary our state is and how extraordinary Rutgers is. Because the conversation that we're having right now, and I think Judy and Christina will attest to it, is not a conversation that is happening in many places around the country, if not around the world. That's thanks enormously to our leadership and it's specific to our flagship university. Brian, thank you for that. I suspect folks will have questions for you.

With that, before we turn to questions, and we'll start over here with Matt but if I could ask, and I know we've got -- I should say this for those of you watching the live stream, we've had some technical challenges. Are they behind us at this point? Not yet. But we're endeavoring to prove that we are the state of innovation and we can figure out the live stream.

Secondly, we do have an unusual VTC with the White House tomorrow. They've typically been Mondays and then occasionally Thursdays. Tomorrow, I'm not sure why, I assume it's the schedule of the President and Vice President, but we have one tomorrow so we're going to gather tomorrow at 3:00 p.m. is that correct? 3:00 p.m. here tomorrow, unless you hear otherwise, we'll be together again Saturday back to our usual 1:00 p.m. time. So before we do any questions, Colonel Callahan, any updates on compliance, PPE, capacities or other matters? Thank you.

**State Police Superintendent Col. Patrick Callahan:** Thank you, Governor. Relatively quiet overnight, I'll go through it briefly. In Newark, 57 EO violations were issued, as well as two businesses were closed. In Cinnaminson, police responded to a gathering on the banks the Pennsauken Creek. They issued 12 summonses. They had a bonfire and were just socializing with alcohol. In Morristown, a subject was trying to get into a group home which was not his residence. He was ultimately cited for the EO violation and charged for the possession of a controlled dangerous substance. In Lindenwold, a subject purposely drove his vehicle into an unoccupied police vehicle and then tried to get through a gated parking lot, and then ultimately drove into an occupied police vehicle. He was subsequently charged with aggravated assault on a law enforcement officer, trespass, resisting arrest, obstructing and an EEO violation. Patterson responded to an open billiards pool hall, where the owner of that was issued in violation of Executive Order 107.

And if I can add, take a second on a personal note, I did not know you were going to talk about Rick Vanderclock, a longtime friend. I saw him a few times a year, mostly at our former troopers' picnics. He was an avid collector of police patches and there was not a picnic where he did not ask me in the next few days after the picnic, I spent gathering up patches. I think the last one was our Sergeant Major patch, which is a very rare patch in the State Police. And he epitomized, he loved the State Police, he epitomized a State Trooper and he epitomized our mantra of once a trooper, always a trooper, so thank you for recognizing his service to the state, Governor.

**Governor Phil Murphy:** The least we could do. I looked at his photograph earlier today and we lost Brian Dennehy, a great actor, a few days ago, I don't think related to COVID-19. And I thought Dennehy in his day could have played Rick. They each look like carved out of granite. Thank you for that, Pat, and for everything. So let's start over here. We'll start with Matt and arc over. If you could limit it, folks, to a few questions that would be a big help for us.

#### Q&A Session

**Matt Friedman, Politico:** Thanks, Governor. Curious if the Department of Health is still at Andover today and if it moved the hiring of the three staff it called upon for the nursing home to retain. I'm curious how many nursing home inspections has the state conducted in response to the outbreak? And is the state doing any coronavirus testing in nursing homes? I think you've touched on this, but is the state doing any widespread testing in nursing homes or long-term care facilities?

Last one, May 1 is next week and the start of Memorial Day weekend is in four weeks from tomorrow. Governor, I'm curious what you can tell New Jersey residents about what the Jersey Shore and beaches could look like by then?

**Governor Phil Murphy:** Judy, do you mind if I say a couple of quick things and we'll turn it to you? I think Judy alluded to the inspections of the long-term care facilities, but she can come back to that and the specifics on Andover. Obviously, this is something that is a major focus of ours. By the way, it's not just in New Jersey, this is a tragedy and an uneven performance, to be charitable, by operators around our state and around the country. We continue to be very frustrated about that, as I know many of you out there do as well with your loved ones.

Too early to tell, Matt. I don't think there's going to be a whole lot to tell you on May Day, which is, I guess, as you suggest, next week. I know we won't have much to tell you about Memorial Day. We are still going to, I hope within the next couple of days, go through the broad parameters of what we think a reopening may look like, at least as a principles matter, but it won't be associated with specific dates.

You can see the numbers that we -- and again, let's never let this become abstract. Let's remember these are precious human lives who are either sick or who we have lost, or importantly, trying to prevent from becoming sick. But we're still not, we've made a lot of progress. That map really is encouraging that we show. We've made an enormous amount of progress but the

numbers show, when you've got 7,000 or 8,000 people hospitalized, 2,000 in ICU beds, 1,400 or 1,500 ventilators in use, 307 lost lives. We're just not out of the woods yet. But we do want to share with you at least the principles that will guide us and we'll do that soon.

Listen, I'll be the happiest guy in New Jersey, maybe America, if we can have some semblance of normal on the Jersey Shore. And Memorial Day weekend is maybe literally my favorite weekend of the year because as Governor I go around, not just the shore, but I committed this year to do some lake visits and to sort of celebrate the opening. You know, even if we're back on our feet, I'm not sure about Memorial Day, but whenever it is, it's going to be a new normal. We're not going to be packed in with each other anytime soon. So even if we are able to achieve some success, it's going to be a different kind of success than we're used to in the past. Judy, anything on either Andover specifically or nursing home inspections generally?

**Commissioner of Health Judith Persichilli:** On Andover I know that CMS has finished their survey, and you'll have to check their site for when they finish their report and post it. Overall, we've done over 30 surveys since last Friday, it could be as high as 32. They're out again today, five or six additional will be surveyed today. We look at the statistics, prioritize where we're going to go, and then we also respond to any incoming that we get. Any emails and complaints on our complaint hotline that don't seem to look similar to the information that we have.

**Governor Phil Murphy:** To the other thing that Judy has said, this is very manpower intensive. You've got to be qualified and it's heavy PPE-laden as well, and those are all reality, so thank you for that. Matt Platkin, I introduced you in absentia, I want to make sure you knew that, as our Chief Counsel. Elise, please.

**Elise Young, Bloomberg:** Good afternoon. The first question is from Nikita at NJ Globe. Nikita asks, a few weeks ago, the Governor said he had not yet had discussions with legislative leadership about fast-tracking marijuana legalization to secure a revenue source for New Jersey. Have there been any discussions since then?

And my question is, regarding the Rutgers test, when do you expect to hit 10,000 a day? Could we reach a point where we don't need the swab tests at all and the Rutgers-developed tests become the standard in New Jersey and elsewhere? And at the same time that the Rutgers tests are expanding in use, are you continuing to ask the federal government for test kits?

**Governor Phil Murphy:** Let me say a couple things and then Brian, I'll turn it over to you. To Nikita, no, we've not had, to the best of my knowledge, we've not had any discussions on fast-tracking weed legalization. Please tell him in absentia, if we do have those conversations, I will put it up on my broad shoulders or Matt's to make sure we tell him.

Brian, we'll definitely defer to you on these questions. When can you hit 10,000 a day? Will you still therefore, if you achieve that, will we need the swabs at all? I think you started to address this on the viral-based test. I can say this, can it be a standard not just a New Jersey, but beyond? I think it can be. Certainly in New Jersey I think it can be. I've already mentioned the White House in particular is regularly discussing the Rutgers. The President himself discussed it.

And I would say this and Brian won't be upset if I say this and I know Judy will agree. We're not shutting down any avenues on testing, including continuing to pursue other sources of either materials or other testing regimes. I think everybody in this right now realizes, the more and the faster we can get this scaled, it behooves us to continue to pursue every avenue available. But now that I've said that, the record will be corrected by Brian. How fast can you get to 10,000 a day? Will there be a moment when you don't need the swab tests at all? And any other color around that?

**Rutgers Biomedical and Health Sciences Chancellor Brian Strom:** Sure, my pleasure. Firstly, I should particularly point out, I'm a physician, I'm an epidemiologist, I'm not a lab guy. I don't want to claim credit for these tests. They're not my doing. David Alondra, New Jersey Medical School, developed the point-of-care test and is fantastic. Also fantastic, Jay Tischfield and Andy Brook who are RUCDR, that are part of Rutgers New Brunswick and the School of Arts and Sciences. Those are very different tests and used very differently.

So going specifically to your question, I would guess, I'd have to check with the RUCDR people to be sure, but I would guess they'll be at their 10,000 within a week or two, which is part of the reason they've ordered the equipment for the next module going forward. But I don't think we'll ever probably do away with the swabs, certainly not right now, because you need the swabs at least for the point-of-care test. So unless the point-of-care test is able to prove it can do as good a job as the saliva test, you'll always need for rapid response, immediate response, for clinical use. Or as we plan an economic reentry, for example, if you want to test people who are there now to find out, you know, can they go to work today? Are they infected? Because this test today, if you're not infected today, you could be infected tomorrow. You need the answers real time in order to know that.

Ultimately, there'll be antibody tests available and again, as I briefly mentioned, we're working on that too. Antibody tests will give a totally different kind of information. These give different kinds of information. The saliva test does look like it is better as a sampling than the nose-and-mouth sampling. If we can do that with the point-of-care test as well, that would be fantastic, but that has not been proven yet.

**Governor Phil Murphy:** That will be a huge welcome relief to those who have had to go through the process of getting that thing stuck up their nose into the front lobe of their brain. By the way, I'm told that our team has channel the spirit of Thomas Edison and the live stream is back to normal, so thank you all. Elise had a quick follow up, Dante.

**Elise Young, Bloomberg:** So when we talk about the Rutgers tests, are you typically talking about the saliva test or the point-of-care test?

**Governor Phil Murphy:** I have been referring to the one that's the most scalable, that's my answer. So the one that is 10,000 and then you can go to another module. I think what you're hearing, and Brian, tell me if I'm getting this, right, that's eminently doable. The only challenge is that there is that 24 to 48-hour lag. The viral test at the point of care is more invasive, more heavily reliant on a healthcare worker and PPE, Judy, if I've got that right. But you get the turnaround within 40 minutes, and I think I'm hearing you say, you're not promising anything, but it's possible you could get a point of care, at the point of attack, saliva test that's potentially developed sooner than later.

**Rutgers Biomedical and Health Sciences Chancellor Brian Strom:** Correct. That's exactly right.

**Governor Phil Murphy:** Guys, either of you? No? You're good? Ma'am.

**Reporter:** Hi, question on testing. How many of these saliva tests have been processed so far? Can you speak to the accuracy of the saliva tests that we know of? Who is deciding who gets these saliva tests, where they're being used?

Governor, a question for you. Earlier this week, Governor Wolf in Pennsylvania rolled out a reopening plan in phases with colors red, yellow, and green. Can you speak to when you may roll out your plan, if it will be similar to Pennsylvania's, and if you are consulting, or how the state's Governors are consulting when these plans are being formulated?

**Governor Phil Murphy:** Is that it? Thank you. Brian, do you want to start, just looking at how many so far, what's the accuracy and who gets them so far, at least?

**Rutgers Biomedical and Health Sciences Chancellor Brian Strom:** Sure. So the number so far, I'd have to ask the RUCDR people and Andy Brooks to be sure, but certainly it's in the thousands. It wouldn't surprise me if it has exceeded 10,000. Again, we just began the pilot with it last week, and it's very rapidly being geared up.

On accuracy, compared to the oral-pharyngeal swab test in the same people, it is 100% accurate. In fact, based on the Yale data, it suggested maybe better than 100% accurate, and the reason for that is right now the traditional test, we take the swab from deep in the nose and deep in the mouth, which is hard on the patient as well as hard on everybody else. It has a sensitivity of about 70%, so it misses about 30% of cases. At least some of that is due to sampling. Because if you don't go in far enough or you don't make the patient uncomfortable enough in the process, you're gonna miss things. Saliva tests, you don't have to do that. All you need is half a cc of saliva, spit into a cup, a special cup, but spit into a cup. It automatically is sampling, so it's at least as good as the traditional tests, traditional sampling and quite likely even better.

Who gets it? Right now it has been a series of, rate-limiting step hasn't been numbers, it's really been gearing up and basically, we've been looking to the state, we've been looking to other sources for who are the first people to get it? We are gearing up more, anticipating the use for it will be more. So it's really, the biggest determinant of who's getting it now, again, all tests in the state require a physician prescription. Those are department state rules. But we want to follow the state, we want to be cooperative, we want to be helpful. You know, Judy, and I've talked multiple times on the phone of how can we be of help? We're not dictating this. We're looking for direction from the state.

I think going forward what's key is as the state, testing is absolutely critical to emerging from the economy economically, but it's not going to determine it. The testing ultimately should be used in partnership with the broader state plan and the testing should fill in as part of enabling the state plan.

**Governor Phil Murphy:** I would just add a quick comment on who gets it and then to answer your question about what it will look like, the plan to reopen. You know, I think it's fair to say, and Judy can also weigh in here, Brian, it's been a little bit deliberately a patchwork quilt. For instance, I mentioned probably two weeks ago at this point, there was a so-called pilot in partnership with Middlesex County in Edison. That was the first time I think we spoke about the test being out there.

You heard the PBA site at American Dream. You heard Somerset and Hunterdon Counties combined energies. I said today with our direct involvement from the woman to my right, as well as Carol Johnson, our Human Services Commissioner, the five state developmental centers that Rutgers is now going to test. There's been a little bit of, again, we're cobbling.

Remember just step back, everybody who's watching and to your question, we started as a nation completely and utterly unprepared. Maybe you could say that period, and we'll leave that to the historians, but specifically in testing, it's been cobbling together at every step of the way from our FEMA partnerships to now Rutgers and everything in between and the 86 sites, I think, we had said. I only say that to distinguish between what has happened and what will happen. We have not yet come to the conclusion of what exactly our capabilities are and what the will look like.

And we're going to be pulled. You've got developmental centers, which are not centers. It's an awful word actually to use that, right? These are homes. And I mentioned this, in some cases, for people for decades. So you're going to have specific communities that are going to be a big pull. But you're also going to have, as Christina has forgotten more about this than I'll ever know for sure, you're going to have the requirements to have sort of the statistically significant broad population testing that we're going to need to have the confidence to be able to not just for us, but to you all, to have in place before we reopen.

We have promised a couple of days ago, that we would outline broad principles this week. I still hope to, either tomorrow or Saturday, but it will be in the next number of days. It will not have timeframes associated with it, at least, not that I can anticipate. But we do owe folks the broad principles of what we're looking for in order to give us the confidence that we can begin to move to that phase. I can't tell you at this point whether our color scheme will be the same as Pennsylvania's but the notion of something like that is broadly similar to what we're thinking about. Thank you. Ian, to you. Thank you.

**Ian Elliott, NJTV News:** Thank you. Governor, an immigrants' rights group issued a report today detailing numerous health and financial problems undocumented immigrants are facing in the state. They're asking for \$600 a week in payments to those who have lost wages. Is that something you might do?

They're also calling for expanded access to healthcare. We've heard about people being sent home from hospitals and being unable to get tested due to lack of insurance. Is there more that we as New Jersey can do to ensure the undocumented can get tested and get care?

You've mentioned the state is working on preventing widespread outbreaks of the coronavirus at long-term care facilities in the state's southern region, that haven't yet been impacted. Can you give any more details on that?

And finally, is there any guidance yet on Memorial Day parades, which are such an important part of the fabric of many of our communities? Thank you.

**Governor Phil Murphy:** Thank you. There's no guidance on Memorial Day parades. But I have to say, with a heavy heart, I'll be very surprised if we have a typical Memorial Day parade anywhere in the state. I hope I'm wrong about that. But again, as I said about graduations and please God, I hope I'm wrong about that, don't put down any non-refundable deposits on either of those.

I did not see the immigrant rights' group's report. I'm open-minded to the \$600 a week under the theory, as I've already mentioned, quite clearly, we're running out of money. But we want to not just bring as I've said this, not just because I think we're good guys and gals, but because we're not going to solve, we're not going to break the back of this virus unless we bring us all along. I had a long interview earlier about our prison population, another specific community. So open-minded, but I can't say that I commit to it. I've not seen the report so bear with us on that.

And access to healthcare, Judy and I have been pretty clear about this, right? Nobody should be denied access to healthcare. So if that's happening, we need to know about it and I would think that the best place to go is covid19.nj.gov. Judy, anything else you want to add to the comprehensive testing, to any of that, by the way, but also to the comprehensive testing in the southern long-term care facilities?

**Commissioner of Health Judith Persichilli:** Yeah, first on any denial of healthcare, as the Governor said, we should know about that. We have a hotline, a complaint hotline at the New Jersey Department of Health, feel free to use it. You should not be going to your emergency room just to request a test. They are not testing centers. There are 80 testing centers. Every county now has one and you should be able to go and get tested if you are having symptoms. It's still for symptomatic individuals. But, if you're not feeling well, and I don't know, if you have no insurance or you're undocumented, we have federally qualified health care centers. You should be calling them and going to your FQHCs. We have many throughout the state. I just wanted to make sure people understood that.

As far as long-term care in the south, what we've done is we have a full line listing of every long-term care facility and how many cases they have. And it's obvious to us in the south that if we get in there sooner and test everyone, both employees and residents, we will be able to contain the spread that we've experienced in the northern and central part of the states. That was chosen specifically to focus on a specific group of long-term care facilities that have very little spread, one or two cases. We'll see. We'll see how that comes out. We should have results next week.

**Governor Phil Murphy:** Mahen is in my ear, and wants me to clarify to your question, and I think Matt, you asked it originally a number of days ago. We're more likely to be talking about our rolling plan on Monday than it is tomorrow or Saturday. The reason for that is a little bit, I'm going to harken back to the example of closing schools. We don't want to just pound our chest and say, hey, we closed schools. We want to make sure whatever we give you is right, and that we have deep conviction about it. And again, these are principles, but we want to make sure that we're committed to them and you hold us to them, in the absence of any other major shift in the sands here. I hope any shifts we have are positive ones. But for the meantime, everybody, please continue to do what you're doing. We're doing an incredible job as a state. Stay home, stay away from each other. And with that, that's the best thing we can be doing right now to get back on our feet. But it looks like Monday we'll be with you, with the broad principles. Dave, good to see you.

**Dave Schatz, New Brunswick Today:** Good to see you, Governor. You've talked a little bit about this moving from day to day, but could you just give us a sense, what kind of a job do you think our first responders, healthcare workers, supermarket workers, are doing in the COVID-19 reality that we're now all in?

We've talked a lot about the problem with PPE. Are we at least now at the point where all of our healthcare workers have the protective equipment they need? Or is this still a challenge? Where are we at with that?

On the CARES funding restrictions that you were talking about in your opening remarks, what specifically were you going to use the money that you thought you were going to have to do? And now according to what they're saying right now, what will you not be able to do? Not you, but what will we as a state not be able to do?

Finally and most importantly, it seems this saliva test, which we're calling a spit test, but now it's a saliva test –

**Governor Phil Murphy:** Using the proper terminology here.

**Dave Schatz, New Brunswick Today:** A little bit, yes, it elevates it a bit. This seems huge, 10,000 next week? I mean, I know Elise asked, when are we going to reach 10,000? You said next week. When are we going to reach 100,000 so presumably we could do mass testing? I know, Dr. Tan a couple of days ago said, on the 15,000 to 20,000 tests, why is that? And she said, it's not a magic number, but we do what we can do, we work with what we have. It would seem that this could be huge in terms of getting a broad element of testing in New Jersey.

**Governor Phil Murphy:** Yeah. So may I just have a couple of quick thoughts and then I suspect there are several up here who may want to respond to this, including not just Brian, but Christina and Judy as well. Pat, you may want to help me on the first one. First responders, I think healthcare workers, first responders, how do we rate the job they're doing? A++++. I'll tell you, I don't know about you, if you watched this show last night, a couple of times, I actually had to get up and leave the room. Pat and I were texting back and forth. It was so emotional. These folks, I mean, the stories just in that one hour last night, including not just healthcare workers, but certainly healthcare workers and guys like Eddie Donnelly, our friend and other police and fire and first responders, but the small businesses. The small businessman, early in that program, talking about just making meals for people who didn't have anywhere else to turn. The retail workers, the NJ Transit bus and rail, the longshoremen, the warehouse. A+++.

I don't know if there's any state in America that's had the heroism that we've had. Secondly, I'll use this as the visual, are we like this on PPE for all of the above? No way. No way. I was on with a leading light of New Jersey yesterday who was asked to come to me on behalf of a particular healthcare community. And we've done a lot for this community but they are perpetually running short. And even if we were battling 1,000 with healthcare workers, Judy, and Pat, and first responders, there's always going to be another ring you've got to get to. Warehouses, essential retail, longshoremen and women etc. But A++++ on the job they're doing. The evidence is overwhelming, including many, sadly, who have paid with their lives.

We've made a lot of progress on PPE, particularly this a little bit like that testing. We were not in this business seven or eight weeks ago, and Pat mentioned that we've distributed, I don't know how many millions, double-digit millions of pieces of this stuff. I still spend a good piece of each day calling far-off places in the world to try to get PPE. But Pat, anything you want to add, particularly on the PPE front?

**State Police Superintendent Col. Patrick Callahan:** it really is almost an hourly conversation. Five minutes before I walked in, I was on with Commissioner Hicks trying to secure 40,000 to 50,000 cloth masks for inmates so they could be laundered. Our hospitals and long-term care it is – we're not in a position that we could just stop, whether that's isolation gowns which are at a premium now, N-95s, that decontamination system is going to be huge and I hope the other two come soon. I can't envision stopping to try to procure PPE. I don't know when that'll be, but I hope it's soon, but I don't envision it to be, Gov.

**Governor Phil Murphy:** And we've mentioned this over the past couple of days, whether it was touring Atlantic City field medical station or East Orange in Paramus yesterday, we're not only playing for the game that we're in right now, we're also playing as much as we can for the next game that's going to be upon us. That is whatever spike. Again, we've said this, I think it's fair to say, even if we do everything right, this is the sort of virus that comes back on you.

May I say one thing? Brian mentioned earlier, the 70% hit rate. I won't say who it is, but a member of our team had not one, but two consecutive inconclusive tests, to your point. I meant to say that earlier. Christina and Brian should weigh in here as well, but I am not – I feel like an epidemiologist in training some days, but I'm not an epidemiologist. I don't want anyone here to confuse my personal background or qualifications. How big a game-changer is this in your opinion? And not just the 10,000 but if you hear Brian say it could be 10,000, and then another module to 20,000 and then with some manpower and buy the right equipment, which sounds like it's achievable in both cases, that could get even higher and higher. How do you react to that?

**State Epidemiologist Dr. Christina Tan:** Definitely, with any sort of new advances in testing and anything to, for example, decrease turnaround time, as well as to be less invasive, these are all characteristics of the tests themselves that will help improve whatever testing strategy that we put forward as we move forward to trying to still improve the access to testing in terms of targeting our vulnerable and priority populations as well. It's definitely going to be a game-changer. Unfortunately, I think, you know, it really kind of depends. Again, it's hard to provide a specific answer at this point about what that impact might necessarily be.

**Governor Phil Murphy:** Thank you for that. Brian, and maybe also Christina on this one, and Judy. I know your nose is pressed to the glass because it's you guys who are doing it. So how big a game-changer do you think it is? And incrementally, how big a game-changer would be the saliva test point of care that has the rapid turnaround that the viral currently has?

**Rutgers Biomedical and Health Sciences Chancellor Brian Strom:** I'd like to respond to a few of the comments, and of course, the Governor's as well. Firstly, as an epidemiologist, in fact, as well, at least people know we're not skin doctors now. You asked about healthcare workers and how people are doing. I think I can safely say, through the efforts of our healthcare workers, through the efforts of the Governor, through the efforts of the Health Commissioner, there is no one in New Jersey

who has died due to lack of a hospital bed, due to lack of an ICU bed, due to lack of a ventilator. And in fact, I know of no circumstance where we've even had to put two people on a single ventilator, as has happened in New York. We've never been in a situation where we have to make choices of taking someone off a ventilator to have the ventilator for somebody else.

So the surge has worked incredibly well. People are working day and night. People are risking their lives, there are healthcare workers who have died. Again, they're afraid to come back to their family, but it is working. Again, as I began with, we really owe an enormous thanks to the Governor and the Health Commissioner for making this feasible.

In terms of PPE, it is day to day. Just in the healthcare environment, it is day to day. We've mobilized our engineering department in the university to help manufacturer on 3D printers. Now gowns are exactly as you said, the shortage. We have enough, barely, but it's really very much a day-to-day thing and ultimately, as the Governor said, ultimately you want to go way beyond day to day. You want to be able to store up to be able to have for the next time.

On 10,000, keep in mind, I'm talking about 10,000 a day, and not 10,000 eventually. It will make a big difference. But I think it's important to realize there's two advances there. One is the large volume, per se. The other is the ability to do that in saliva. There are lots of places around the country that have tried to do that, and haven't yet succeeded. RUCDR, the lab involved, is in discussions with the FDA and with the White House almost every day, and they've offered technical assistance, because other places in the country haven't been able to set it up successfully. We've been able to set it up successfully, prove that it works. FDA is comfortable with it, everybody is comfortable. We can, again, we can expand it here. We want to be able to export it to other states to be able to use as well because it will be just as important to use elsewhere. But we want to reserve our capacity for New Jersey and to be able to help the state.

The other thing, by the way, just going back to the PPEs is we're also doing decontamination both in our hospitals and our labs. I mean, it's at that level. We haven't run out, but it's that level of tightness. And I avoided answering the Governor's question about how big a breakthrough it is.

**Governor Phil Murphy:** That's a big deal, isn't it?

**Rutgers Biomedical and Health Sciences Chancellor Brian Strom:** Yeah, yeah.

**Governor Phil Murphy:** Would you have the same turnaround as you do with the viral?

**Rutgers Biomedical and Health Sciences Chancellor Brian Strom:** Yeah, the 24-48 hours, certainly if we had the saliva test for the point-of-care test, it would still be 40 minutes, the same way. I mean, it's really a question of testing if you take it from –

**Governor Phil Murphy:** That to me is a big deal. Real quick, Dave.

**Dave Schatz, New Brunswick Today:** Is it possible by mid-summer mass testing in New Jersey, or is that a dream? A significant chunk of the population?

**Governor Phil Murphy:** I'll take one for the team here. I think it's too early to tell and it also depends on what you mean by mass testing. But the important point Brian just said was 10,000 tests a day and that's a pretty good start. That's 140,000 a week, which is probably still not where we need to be, according to the experts, but it's a step in the right direction. It feels to me like the curve, Dave, again as two non-medical guys here, unless there's something about you I don't know. The curve feels pretty steep right now of innovation. Please, John, you'll close us out.

**John McAlpin, Bergen Record:** I have a couple from Daniel Munoz of NJBiz first.

**Governor Phil Murphy:** Is he okay, by the way?

**John McAlpin, Bergen Record:** I don't know.

**Governor Phil Murphy:** Mahen, can you reach out to him? Thank you. Go ahead.

**John McAlpin, Bergen Record:** Governor, you mentioned there's upwards of \$1.8 billion of federal aid the state can't use because of Treasury's new regulations. What regulations exactly are tying the state's hands? How much of the federal aid can the state still use, even with these new guidelines?

On Lakewood, there have been two raids in Lakewood. Can you speak to any specifics about what you're seeing there? Specifically a company that may have had ventilators in a warehouse and another company that was involved in possible hoarding and price gouging? Have you gotten any reports independently of those kinds of activities out of Lakewood with those specific companies?

And the Rutgers test, I know you've addressed a little bit of this, but at what point will asymptomatic people be able to go and get tests to help with that reentry? Governor, you've talked about these doubling rates, you've shown the maps, you've shown the flattening of the curve and earlier this week, you used the phrase relative stability, but that still means there's a significant number of cases, a number of people dying and becoming ill, under that flattened curve. Is there a concern on your part that people will see that and back off, and start chafing at some of the restrictions and think, okay, the curve has flattened, we can dial it back now and go outside, go to parks? Any thought to that?

**Governor Phil Murphy:** I'm going to ask Matt to come here in a second. I will just quickly, on the Lakewood, and Pat may want to come in behind me on this one. Because it looks like it's a law enforcement matter, we won't have much to say on the specifics of it, if anything. US Attorney, FBI, I believe are both involved. I'm sure our Attorney General is or will be involved. This is not specific to your question. And again, you'll permit us for not being able to talk specifics.

But as a general matter if somebody is trying to hoard or price gouge in this hour of need, they deserve that special place in hell. I just say that as a general matter. I'll stay on John, and just address your last point. The answer is yes, we do get concerned about that, which is why every single day I say to folks, well, it's better than it was. We're not out of the woods. When you lose 307 precious lives today, or we announced that today, and while the hospitalizations have flattened, Judy, but they're in the 7,000 to 8,000 people range, and the ICU patients are consistently 1,800 to 2,000 and ventilator use, while it's better, is still high and the map looks better. We get all that, but we are not out of the woods.

And the great news is, and this is the one part of this poll that came out the other day that I really latched on to, not only is there enormous compliance, including as was pointed out to me, by people who by definition, many people who have lost their jobs, who support a lot of the closing down, even in the teeth of enormous personal financial pressure, which is just extraordinary. But the part in particular that I noticed was, and I think my numbers are right, 11% think we've gone too far; 23%, more than double, think we've not gone far enough.

So I would just say to folks out there, you're doing an extraordinary job. We have clearly made progress, both up here and more importantly, far more importantly, with you all, but you've got to stay at it. We are not out of the woods yet.

Maybe go to Matt and then Judy or Christina on, when do you see asymptomatic testing? But Matt, a comment if you could about the \$1.8 billion that we had thought we were in the clear on and now we're actually believing we're not in the clear on.

**Chief Counsel Matt Platkin:** Sure. Going back more than a month ago, the Governor has been calling for block grant, direct cash assistance to states, given that the mitigation efforts that he put in place are going to result in dramatic declines in revenue as well as increased costs to confront the crisis. Roughly, I think it's 29 days ago they passed the CARES Act that had a Coronavirus Relief Fund, \$150 billion for states and localities. The state was due roughly \$1.8 billion. There were several counties in the state who were due an additional \$1.6 billion. Yesterday, Treasury released guidance on how we can use that money, and essentially it boils down to, you can't use it on anything that you budgeted for last year. Well, we have expenses that are new, a lot of those are reimbursable through other federal programs. So this money that's now sitting in an account, literally billions of dollars, if we can't use it for anything that was budgeted for last year, in a very strict interpretation, we're going to have to return most of it.

An example would be education. We've budgeted for education for a year, we're paying for teachers to be teaching students and children through a dramatically different means, remote learning, delivering school lunches, doing things that was never envisioned a year ago. Under Treasury's guidance, we can't use this funding. So as we're falling off a fiscal cliff, this money that was put into the CARES Act as a recognition for what states and Governors have done to address the pandemic, is now of little to no use to us.

We've been actively working with the federal delegation through the night with the administration. I think the Governor was actually the first Governor to call leadership about this, to make it clear to them that this guidance doesn't work. It doesn't reflect the realities on the ground, and you're going to put at risk thousands and thousands of hard-working public servants who are taking care of critical jobs on a daily basis if they don't fix it.

**Governor Phil Murphy:** By the way, as Matt knows, part of the exchange I've had on my machine here has been with Speaker Pelosi who has been extraordinarily strong on our behalf on this. Who would like to – this is our last comments, and then we're going to break. John asked about when do you see our doing asymptomatic testing? I think we answered the narrow question yesterday that we need a waiver on the FEMA sites, but they're now only two of 86 sites. Obviously, you've got Rutgers exploding here. Judy, do you want to address that?

**Commissioner of Health Judith Persichilli:** I can't give you an exact date but I can tell you that we meet regularly and we're developing a testing task force. The test is the first step. The second is identifying vulnerable populations, priority populations, and then going into what percentage of the population do we need to test that is statistically significant, and then make decisions from the results of those tests? The more difficult thing is the contact tracing methodology, which is pretty clear through some of the work that was done historically and traditionally by local health departments, and how many contact tracers we need to follow up credibly with the results that we're getting.

We've met, actually this morning, on this and we should have an outline, I would hope, next week of how we expect to approach this and then fill in the blanks for how we get the contact tracers and how many we actually need. I don't think I'm revealing any information that's secret, but the work that our Communicable Disease Service has done shows that we need 81 contact tracers for every 100,000 population. You can figure that out if we do testing for everyone, how many we would need. But we will have a plan.

**Governor Phil Murphy:** I've already masked up here, so forgive me for that. A couple of things. One is I have gotten, from some good friends, complaints that we're using plastic up here and we've got enough of a problem with plastic in the world already, so Mahen, maybe you can help us get to a better place on that.

I think, as I said a few minutes ago, we're going to have sort of a broad principles outlining of how we see this reopening process going by Monday and I'm not sure it'll be by Monday, but part of that is going to be at least the broad outlines of the healthcare infrastructure we're going to need as it relates to testing, contact tracing, isolation, quarantine plans, etc. I just say in the meantime, folks, you have done an extraordinary job, please continue to do it. That is the one big weapon we have that gets us through this with fewer casualties, and we've already lost too many precious lives, fewer hospitalizations, and faster as opposed to slower.

I want to thank the Commissioner Judy Persichilli, State Epidemiologist Dr. Christina Tan. I want to thank Colonel Patrick Callahan, and our featured speaker today, who I think has given us an enormous amount to be proud of in his team over the past number of weeks, and you saw some of it in living color today, Chancellor Dr. Brian Strom. There's big things going on at our flagship university and they are not just part of the army fighting this, but they are a big part of the army fighting it. They're going to play, I think, an even bigger role as we go forward. So to each and every one of you, thank you. We'll be back with you tomorrow at three o'clock.

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