

Governor Phil Murphy

TRANSCRIPT: March 30th, 2020 Coronavirus Briefing Media

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Holding a COVID-19 briefing. WATCH:



Governor Phil Murphy: Good afternoon. We are gathering on what would have been my mother's 105th birthday, and by the way, she ended her life for many years in assisted living and in a nursing home and had she been alive today, those would be areas that we'd all be quite concerned about as I know you are, Judy. So, more on that in a little bit. So, God bless Mom.

Joining me up here today, again, the woman to my right who needs no introduction, the Commissioner of the Department of Health Judy Persichilli; to her right, State Epidemiologist Dr. Christina Tan – thank you, Dr. Tan; and to my left, State Police Superintendent Col. Pat Callahan. Also with us is the Homeland Security Director Jared Maples and other members of our team who'll be able to answer some of your questions.

Over the past 24 hours, so this is since the paper release that we put out yesterday, we have another 3347 new positive cases that have been identified. Again, 3347 overnight. Yesterday on paper we put out 2316, so the statewide total of positive tests now stands at 16,636.

Sadly, I must also report that we have lost since yesterday another 37 New Jerseyans to COVID-19-related complications, again over the past day. Yesterday in our paper release we had put out that we had lost 21 blessed souls, so that's a combination of 58 over two days. The statewide total number of deaths is now 198, each one of them a precious life lost. God rest their souls.

You may have heard that there is clearly a challenge at the Lakeland Health Center in Passaic County. I've instructed, not that she needed it, Judy and her team to give full support to Mayor Dan Mahler to get to the bottom of that. Clearly, we saw in Washington State and we're living in our own reality right now, long-term care facilities are a particular area of concern and

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focus. And we know that lots of folks out there are worried about Moms and Dads, Grandmothers and Grandfathers who are in facilities around the state. We're doing everything we can to as aggressively get out ahead of this as fast as possible.

We also lost New Jersey National Guard Captain Douglas Linn Hickok this weekend. He was a drilling guardsman and physician's assistant originally from Jackson, New Jersey. He was a Pennsylvania resident at his death and passed away in a Pennsylvania hospital, and while he will not be counted among our state's COVID-19 losses this loss hurts no less because of that. I just got off the phone with his wife Mary Ann – bless her and bless them. I sent her and Tammy's and indeed our entire state's condolences to her and their children, Alexander and Robert who I spoke to with her as well as Noah and [Seandrea] and their family.

Captain Hickok is prominent in our thoughts as is every New Jerseyan we have lost. Each of their lives was precious, and I know their memories will be precious. And I hope they are a source of strength to their families and friends at this time. And may God bless them all.

These numbers, as I have said before, never get any easier to report. They're never going to be easier until that number frankly stands at zero. But I also shudder to think at what these numbers would be had we not taken the strong stance we have as it pertains to social distancing. As I have said before, social distancing is absolutely necessary for us to slow the spread of COVID-19, to flatten the curve of new cases, to save lives and to protect the ability of our healthcare system, one of the best in our country if not the world to help those who need the help the most.

I try every day, we try every day to hammer this point home, sometimes with levity, sometimes by standing up to those who have failed this lesson as examples. And before we go to questions today I'm going to ask Pat to weigh in with a couple of the overnight enforcement news. But we'll do that in a couple minutes.

I want to make this point. By the way, as I mentioned, I spoke to Captain Hickok's wife Mary Ann and two of their four children, and she asked me literally to make the point – when we say stay at home, we mean stay at home. And she went through a number of examples where people were hanging out, going to the beach, flaunting the clear mandate that we have put in place. And that will not allow us to achieve what we must achieve, which is to flatten this curve as fast as possible and therefore take the pressure off our healthcare system and be able to deal with each one of these folks who are sick in the very best way possible.

So, I've tried different ways. Today I want to do it with a graphic, and maybe you can pull this one up. This chart, which is I think the chart on the left over here – there we go – this chart is built from the actual data that we have received on the ground. It is our best understanding of how fast COVID-19 would have spread across our state without social distancing, as counted in the number of hospitalizations that would have arisen. Without social distancing, we would have expected to hit our entire statewide capacity for intensive care unit beds on Wednesday.

In just ten days from now, we would be expecting to exhaust our entire supply of available hospital beds. Eventually, the number of residents needing ventilators would not just far exceed the number of available ventilators but our entire availability of beds. And all this assumes that just 5% of cases would require hospitalization and only 1% would eventually require a ventilator.

This chart is the nightmare scenario that we are desperately working to avoid and that we are urging every New Jerseyan to help us avoid. This is what we mean by flattening the curve and why we have taken all the steps we have taken since January. This is why it is absolutely necessary for everyone to stay in unless you need to be out or unless we need you as part of our response. This is why we're going to continue enforcing the prohibition against gatherings and parties as stringently as we have. And again, you'll hear more from Pat in a few minutes on that.

And even with all we are doing, we are preparing for the eventuality that we are going to need extra hospital beds. Judy will talk about, if you can go back to the chart if that's okay, I don't know who's got that – just if you can't see the actual data there, let me just tell you. The blue line are persons hospitalized, that's the top line, and it comes in at just under 80,000 at a peak which is essentially in early- to mid-May. And you have at the same chart current capacity of hospital beds, Judy, at about 18,000.

And so, you can see the mismatch that is before us unless we succeed at social distancing. There is literally no amount of effort or energy we can apply to that chart that you're looking at that will close the gap between what we will need and what we have. Literally there's nothing we can do if we did everything within our power. So, the absolute number one weapon at our disposal is the one we've been pounding away on day in and day out and that is stay at home. Practice social distancing, period.

And again, Judy will give you a little bit more color on what possibly might be achieved. Let me just say, what's underlying that really graphic chart that you see behind me at the moment, it assumes no social distancing. It assumes that infections double every six days; hospitalizations among the infected is 5%; ICU among the infected 2%; ventilator use among infected 1%; average length of stay in a hospital 7 days; ICU length of stay 9 days; ventilator length of stay 9 days.

There's really, and Judy can tell me if she disagrees with this later, there's really only two variables there that we can control – one is social distancing and then that in turn is the infection doubling time. The more of a social distancing reality that's fed into that model the longer it takes for cases to double, the flatter that curve becomes.

So, we can then go to the hospital systems. This is exactly why we are working with our hospital systems and here's a map of our acute care hospitals and health systems to expand their bed capacities in their existing facilities and to reopen closed hospitals, to bring online an additional 1300 plus beds. And that's why we have partnered with the US Army Corps of Engineers to stand up three regional field medical stations capable of adding another 1000 beds, the first one of which, Pat, I believe will be up and running by the end of the week.

State Police Superintendent Col. Patrick Callahan: That's correct, Governor.

Governor Phil Murphy: So, looking forward to that. I was back and forth this morning with the likes of Bob Garrett at Hackensack, Barry Ostrowsky at Barnabas, Kevin Slavin at St. Joe's but also the Chair of the Hospital Association, Mike Marin over the weekend, Kevin O'Dowd and others over the weekend. It's why we've put not just beds but it's why we've put the call out to retired healthcare workers among others to return to service to help us. And I thank the many volunteers who have already stepped forward.

As of right now we have had 3611 individuals respond to this call and we're incredibly grateful for their selflessness and patriotism. I welcome anyone else with prior medical experience to visit the website you see, www.covid19.nj.gov/volunteer (<http://www.covid19.nj.gov/volunteer>) to join our army against COVID-19.

And it is why I have turned my focus and my ongoing and daily discussions with the Trump Administration to our dire need for more ventilators. This is right now concern number one. Following a number of conversations, and this as you can imagine, given the weekend we had a flurry of them, including a couple with the President himself, with the Vice President. We just got off a video transmission with the President and Vice President and their teams. But after all of this back-and-forth over the past couple of days, I received word last night that a shipment of 300 ventilators from the Strategic National Stockpile is on its way to New Jersey.

This is welcome news and we are grateful, and I thank the Administration. But to be absolutely clear, this is far, far from what we ultimately will need. I'm going to continue advocating constantly for more, and in addition to that, turning over every stone both in this state and in our networks around the country and around the world. We know that our hospitals are quickly running toward full ventilator capacity. We are working with them to ensure the supply given, what we know we have in state and what's on the way.

Even knowing this, we are working with our hospitals and FEMA to allow them to co-vent or have two patients connected to the same ventilator. This is a necessary step that will buy us precious time. This is real life and this is life and death. We need more ventilators and I will continue to say these four words in every phone call I have with the President and Vice President and the administration until God willing, we get them. I just repeated them on the video call we just had. Along with everyone up here I'll keep fighting for the equipment we need whether it be more ventilators or personal protective equipment, and through state procurement millions of articles of PPE will be coming to New Jersey for distribution this week.

We continue to accept donations of PPE through www.covid19.nj.gov/ppedonations (<http://www.covid19.nj.gov/ppedonations>), that's www.covid19.nj.gov/ppedonations (<http://www.covid19.nj.gov/ppedonations>). And I would like to thank, I want to give a shoutout to again, our corporate citizens have been huge. I want to give a shoutout to Sherwin-Williams who contacted me over the weekend to report that they'll be donating an additional 2500 N95 masks and 1000 gloves on top of what they have already done. Tammy and I hosted a call this morning with a whole range of philanthropic and corporate interests to repeat the need for PPE and other ways that folks can participate. I'm looking forward to a call later this afternoon with the Johnson & Johnson folks. Again, it takes a village. We can't do it all on our own.

Again, I hope to get a fuller accounting of PPE in the next day or two, so please bear with me. But together, as I said, as new Jerseyans our mission must be to flatten the curve. We need you to do your part and take the necessary steps so you don't land on any graph.

Switching gears, a quick announcement on testing. Tomorrow, Tuesday March 31st, the Bergen Community College drive-through site will be open at 8:00 AM for all residents, again, exhibiting symptoms of respiratory illness. Again, you must be symptomatic to receive a test. The PNC Bank Arts Center will be closed tomorrow. Regardless of where you live, if you are exhibiting symptoms of respiratory illness call your primary care practitioner and they can assess whether you need to be tested for COVID-19 and if so, where you can be tested.

The Bergen Community College and PNC Bank Arts Center sites are public mass testing sites operated in a partnership with FEMA, and a list of all public testing sites is available again at www.covid19.nj.gov (<http://www.covid19.nj.gov>). But tests are available elsewhere and in every region of the state. I also encourage you to visit www.covid19.nj.gov (<http://www.covid19.nj.gov>) to take a self-test. There's a symptom page on that website. I encourage you to go there first perhaps if you're wondering yourself whether or not you are exhibiting symptoms.

Also, I want to thank Senator Joe Cryan who reached out to me earlier today with Judy and also Senator Nick Scutari. Union County's drive-through testing site is opening to all frontline healthcare workers and members of law enforcement, fire personnel and EMTs from across the state, not just from Union County. If you are experiencing symptoms, again, you've got to

be symptomatic and believe you need to be tested visit www.ucnj.org (<http://www.ucnj.org>) for information on making an appointment. This site is open six days a week, again to all frontline workers. And I thank our brothers and sisters in Union County for doing this.

I want to actually hold up an exhibit I held up the other day. This is now an expanded list of all the testing sites in the state. So, I would just say with all due respect to some of the stuff you may read about testing, we completely understand the enormous demand of folks to want to get tested. This is a time of high anxiety – we get that. And we also appreciate the fact that folks who are in the worried well are stepping aside overwhelmingly to allow folks with symptoms to go forward and get tested. That's the way it should be and that's been our focus from day one.

We made the decision right out of the blocks, and again, we've been as aggressive at testing symptomatic people as any state in America. We made that with particularly limited federal resources. Would we like to be South Korea? Would I like to have unlimited specimen collection material? Would I like to have all the healthcare workers at my disposal? Would I like to have tests that turnaround in 45 minutes which I think we will have at some point sooner or later? You betcha.

But at some point, in the absence of all of the above and a limited supply reality particularly from the federal government, you've got to pick your spots. And there is no doubt, for obviously reasons, by the way, that testing symptomatic people is the place to hang your hat. And that's where we have chosen to hang our hat. Obviously, if somebody's sick we want to make sure they know whether they've got this virus or not for their own well-being, for their own piece of mind and also for their own healthcare if in fact they've got it.

But it's also the highest-quality data that the people to my right need to allow them to try to get our arms around this virus and project where it's headed. So, with all due respect to the perfect world which we do not have – I don't control the amount of federal supplies. I wish I did but I don't. The reality is given what we have and recognizing there's an overwhelming demand and interest in getting tested, which we completely understand, let's make a meal out of testing symptomatic individuals, addressing folks who are sick for obvious reasons that makes sense. But it also gives the epidemiologists and the other professionals the highest-quality data that they need to be able to get their arms around this.

I also have a few updates to provide. First, speaking of the PNC Bank Arts Center I am proud to announce that PNC Bank has signed onto the mortgage relief plan that we unveiled on Saturday, meaning more homeowners financially impacted by this emergency will be able to take advantage of the 90-day grace period on their mortgage payments. We urge those homeowners to work, if they've got a mortgage through PNC Bank to go directly and work through PNC Bank. And likewise, if you've got a mortgage with any of the banks that we've listed, deal directly with them.

Second, pursuant to the Executive Order I signed Saturday mandating daily reporting by our healthcare facilities of their PPE inventories, ventilator inventories and their bed counts, we have established an online portal for that reporting. We have opened our online portal for all impacted healthcare facilities at www.report.covid19.nj.gov (<http://www.report.covid19.nj.gov>). That's www.report.covid19.nj.gov (<http://www.report.covid19.nj.gov>), and as we committed on Saturday we do intend to make some of this information public. My guess is later this week would be my guess, Judy?

I think we may have jumped the queue in the slides if we want to go back a couple. Attorney General Gurbir Grewal and Acting State Comptroller Kevin Walsh in partnership with the US Attorney Craig Carpenito have announced the formation of a Joint Federal State Taskforce to investigate and prosecute misconduct ranging from unlawful hoarding of medical supplies and price gouging to charity scams and procurement fraud among other unlawful, misleading activities. Residents may anonymously report any instance of these unlawful practices at the numbers behind me: 1-866-720-5721 or disaster@leo.gov (<mailto:disaster@leo.gov>), disaster@leo.gov (<mailto:disaster@leo.gov>). Make sure you make note of that.

I also wish to amplify an announcement made Friday by the Department of Human Services that over the next two months, \$70 million in additional SNAP or food stamps benefits made available by the federal response bill will be given to qualified New Jersey beneficiaries to help them with the purchase of groceries. These supplemental funds will be loaded directly onto a family's EBT card.

And the Division of Alcoholic Beverage Control is issuing guidance to allow microbreweries or brew pubs to provide home delivery to their customers. Home delivery has been prevented because of a ruling that ABC issued last May. Today, ABC has decided to relax that ruling and allow for home delivery.

Also, this morning we issued an administrative order updating and clarifying Executive Order 107 specifically pertaining to which businesses may be allowed to operate during this emergency and the ways in which they can operate to ensure social distancing. We will allow auto dealerships to conduct online or remote sales and authorize dealers to deliver vehicles directly to their customers or to arrange for curbside or service lane pickup at a dealership.

We also made two clarifications. The first allows realtors to operate and to show houses to prospective buyers but only on a one-on-one basis, or to immediate families, but continues the current prohibition on open houses. The second clarification reiterates that golf courses are closed and will remain and should remain closed as recreational businesses.

And in accordance with the guidance released over the weekend by the federal Department of Homeland Security, we will allow firearms retailers to operate by appointment only and during limited hours to conduct business which, under law, must be done in person. Again, we are doing this in light of the federal guidance published Saturday night which includes these

retailers as part of critical infrastructure. It wouldn't have been my definition but that is the definition at the federal level, and I didn't get a vote on that.

We will continue to enforce all of our gun safety laws and all gun owners are reminded of the need to keep their firearms locked in safe storage, and anyone who sees a firearms retailer acting in violation of this order should report them through www.covid19.nj.gov/violation (<http://www.covid19.nj.gov/violation>) and law enforcement will respond.

Finally, I wish to close by reiterating the words I said yesterday regarding the travel advisory the CDC announced on Saturday. We're already living what the CDC is calling for, and their advisory does not impact what we already have put in place to protect our state and our residents. My stay at home order remains firmly in effect. Unless you are absolutely needed to go out or unless your job is critical to our response please, please, please stay home.

We will get through this, there's no question in my mind. But we will get through this more quickly and stronger if everyone, all 9 million of us, does our part. Don't think that because someone else is staying in that you don't have to. You've got to do the smart thing, you've got to do the right thing.

That gives me a chance, before I go to Judy, Pat, tell us what the overnight enforcement looked like. And also, you wanted to clarify the amount of members of law enforcement who were exposed.

State Police Superintendent Col. Patrick Callahan: Sure, I'll start with that. And on Saturday I had indicated basically just the wrong information. I had overstated the positive tests. There's actually three categories that we're providing now daily, and as of today to clarify, for the record, there's 288 law enforcement officers tested positive. 2477 are at home in a self-quarantine and 618 are out for other reasons, whether that's sick or they're out injured. If you want to, we can report them and the reason why we're keeping those is to keep operations to be planned tactically and operationally. If a squad or a station or a police department needs assistance, we wanted to plan for that.

With regards to the overnight, there was an incident in Harrington Park where a male subject was arrested for driving under the influence. He was charged with alluding, obstruction and driving under the influence. While being processed he coughed in the direction of the officers and claimed to be COVID-positive.

There was also an incident in Lakewood. Lakewood Police Department responded to a gathering of 40 to 50 people. It was a bat mitzva, it was a celebration that resulted in a child neglect charge as well as a charge for violating the Governor's Executive Order.

In Bridgeton there was a gym that had an Herbalife session going on. The runner of that gym was charged. And in Woodbridge, there was a barbershop that was open and that subject was charged. So, over the time period that the Executive Order restrictions have been in place there's been 70 compliance issues which has resulted in to date 34 indictable offenses. Thanks, Gov.

Governor Phil Murphy: Thank you, Pat. The Attorney General is not here but I want to ask my colleagues, beginning with you and maybe Jared, I would like for us to consider the heft of the penalty that one has to pay in these times in some extraordinary fashion, particularly someone who willfully... It's one thing to be ignorant, although the patience for ignorance is about zero given the pounding away on this every which way morning noon and night. But for somebody to willfully ignore this and put somebody else's life at stake... And you're doing it, by the way, if you have a gathering you're doing it in a more benign way than if you cough on somebody and say you've got coronavirus, but in both cases you're wrong. And you're out of compliance and it's illegal behavior. And I want to if anything tighten the screws on the price that those folks will pay.

With that, with lots to talk about, with color on the cases overnight – bless the fatalities – as well as some of the charts that I already began to refer to, please help me welcome the Commissioner of the Department of Health Judy Persichilli.

Commissioner of Health Judith Persichilli: Thank you, Governor, and good afternoon, everyone.

As I've mentioned previously, the Department has been modeling when the peak of COVID-19 cases will hit our state and when we expect this surge to be in our hospitals. This is directly related to the availability of hospital beds and the resources needed to care for our patients. That's medical/surgical beds and critical care beds and things like ventilations.

We're using the CHIME model. The CHIME model was developed by Penn Medicine. It stands for COVID-19 Hospital Impact Model for Epidemics. It projects how many patients will need hospitalizations and it projects the resources that are needed. So, just to level set before we go over the charts, right now if we did nothing we have 18,000 medical/surgical beds and about 2000 critical care beds.

If you look at the chart with the greatest peak, the highest peak, that is the chart that we're calling pre-mitigation. That was before all of the mitigation interventions – in other words, we did nothing at all, let people go about their lives as they knew it. I think you can see by looking at that chart the peak is the hospitalizations, we would have a little bit shy of 80,000 hospitalizations – certainly far higher than the available beds that we have. The ICU capacity would have to have 40,000 beds, and you know if we did nothing we would have 2000.

So, we show this because it really points out that the real only tool we have in our toolkit is social distancing and the impact that it can have. If you look at the second chart, this identifies the impact of social distancing at 31%. Now, you might ask why did you choose 31%? Well, that's in the literature of the compliance rate of social distancing by history, by other epidemics.

We've identified the infection doubling rate, and remember, this is a point in time. We run this a number of times a week because it changes. The infection doubling time, the rate of new cases doubling every so many days, we've identified that as six days. The hospitalization rate among infected individuals we've identified at five. The ICU, the number of individuals who would then need an intensive care bed is at 2% and half of them would need a ventilator. Then you factor in the average length of stay overall with the hospitalizations, and then the ICU length of stay and the ventilator length of stay.

So, if you look at the chart with 31% social distancing, you can see that we reach our ICU bed capacity on April 11th. That's pretty soon, right? Well, this assumes that we did nothing. I think I reported last week that we asked all the hospitals to double their ICU critical care capacity. We asked them if they had ten critical care beds to move it up to 20, if they had 40 to move it up to 80 – a 100% increase.

When you also look at this chart, you see that we reach our all-bed capacity on May 8th. But you also see the delta between the existing beds of 18,000 and the requirement of over 30,000. So, if we were doing nothing with our hospitals, no planning, we would be short. But what I can report is that we are increasing our critical care beds and we are increasing the availability of additional medical/surgical beds for lower acuity patients.

In discussions with the CEOs, they are prepared to accept the fact that the primary hospitals will become large critical care units and that we will be decanting – and this already started – we will be decanting to lower levels of care into field hospitals, opened general hospitals that have been closed within the last five years, and increasing our additional bed capacity between 1500 and 2000 beds. Additionally, we're looking at dormitories and hotels to be able to take care of all of our patients in the safest way possible.

So, this modeling relies on the impact of social distancing; the number of positive cases reported daily; the number of cases in our hospitals and their length of stay, in critical care and medical/surgical; along with the number of positive cases and cases under investigation. We're assuming that every case under investigation is a positive case. It's probably not 100% but it gives us a marker.

So, I assume the next question you're going to ask is well, if social distancing is the only tool we have in our toolkit, what should that percentage move up to be? Well, we know at 50% we have more than adequate beds right now, but we also know that 50% is pretty aggressive social distancing. So, the real number is probably between 40% and 45% and may not be that much of a reach considering the compliance that we're assuming right now.

So, it's a projection. Again, it's based on the available data that we have. It's a point in time. More beds will be brought online. We believe the infection doubling rate will increase. We believe that social distancing percentages will increase and we believe we will significantly flatten the curve via the initiatives and the interventions that we have already initiated.

As the Governor mentioned, today we're reporting 3347 new cases for a total of 16,636 cases in the state. And sadly, new deaths have been reported to the Department and they number 37. Four of those deaths are associated with long-term care facilities. I have shared with you repeatedly our concern for long-term care facilities. Right now, 73 long-term care facilities report at least one positive COVID case. In long-term care facilities we have identified approximately 34 deaths associated with COVID-19. However, in long-term care facilities we have reported a total number of deaths over 80 – about 81 or 82. I share that with you to point out that every reported death in a long-term care facility is not necessarily due to COVID-19.

The county breakdown of new cases is as follows: Atlantic 5, Bergen 249, Burlington 28, Camden 36, Cumberland 1, Essex 280, Gloucester 17, Hudson 289, Hunterdon 10, Mercer 45, Middlesex 171, Monmouth 134, Morris 74, Ocean 84, Passaic 124, Somerset 47, Sussex 9, Union 226, and Warren 10.

I also am reporting that another of New Jersey State Psychiatric Hospitals' employees has been affected. There is one staff member at Ancora that tested positive for COVID-19 and we now have one resident in a psychiatric facility testing positive.

As of the data this morning of the major labs sending us their results, and we are getting results now from over 95% of the major labs, there have been 40,806 tests performed of which 15,582 have tested positive for an overall percent positivity rate of 38.19%.

So, that ends my report. We believe that our social distancing mitigation interventions, our ability to slow down the rate of the doubling of the infection, and the rate in the increase of the number of beds that we're bringing online will prepare us to handle the surge that we're expecting imminently. Thank you.

Governor Phil Murphy: Judy, thank you. A couple things before we go to questions. I mentioned on the video call with the President and Vice President, and I mentioned it again in a private conversation I just had with Speaker Pelosi and I meant to say this earlier – as significant as the bill that the President signed on Friday is in terms of direct help to everyone from folks who are out of work to small businesses, hospitals, transit systems and certainly the state government, as we've said all along we're going to need more. We're going to need a lot more help. And our ability to understand both the rule book by which the money is dispensed that was signed by the president last week as well as planning for next steps, which is why I was on the phone with Speaker Pelosi, are incredibly important.

Secondly, Judy, you mentioned back to health 73 long-term care facilities have at least one positive. Just to remind everybody again, if I get the denominator right it's 375 in the state. That's just under 20%. And that number, if you've been listening to us, end of last week, I think Thursday that number was 15. So, that number's gone up and that's not surprising but it's an area of

know great concern.

The counties, the top counties I usually read out after you finish of total cases: Bergen far and away number one, Essex number two, Hudson three, Union has now jumped to fourth and Middlesex fifth, with a couple right behind them. Can we put the charts back up please, the two graphs side-by-side?

So folks, this is going to be... I'm going to do my best to channel Winston Churchill when he took over as Prime Minister on May 10th, 1940, when it felt like all hope was lost for everybody in Great Britain and he gave his first speech three days later, and basically said, "I have nothing to offer but blood, toil, tears and sweat," but at the same time, implored his countrymen to hang in there and collectively come together and do what many thought was impossible or beyond them.

And that's what I want to use as a launching off point. Look at these charts. What this is saying basically is very simply if you have average social distancing compliance based on past epidemics or pandemics, you can reduce the peak of the curve by about 57%. So, in the charts you're looking at, you're just under 80,000 if you had let this go unfettered and you're bringing it down to just about 35,000 with an average, relative to history, an average social distancing performance.

And you still see, as Judy has pointed out, you still see relative to today – and I'll focus on total hospital beds if it's okay with you 'cause it's the easiest chart, the easiest lines to read. The difference between that blue chart on the right and the red line going straight across is about 17,000 beds. So, that's an average relative to history performance on social distancing and staying at home.

I implore each of us. We're not an average state. We're not an average 9 million people. This is Jersey. How many times in the past have we done what folks said was impossible. We have lived our lives punching above our weight. We've lived our lives defying the odds. No state has more attitude or character. No state has been smarter over the years at figuring out what seemed to be the impossible and yet getting there and achieving nonetheless.

So, I ask each and every one of you who are watching to look at these charts and ask yourselves are we average or are we a lot better than average? We are a special place. We can crush the top of that curve if we act as one. If each one of the 9 million of us does our part including the little things, no more knucklehead parties or gatherings, Pat, please, and I know you're not sponsoring them; no more aberrant behavior. We have got to stay home. We have got to stay away from each other. We have got to set a bar in terms of our social distancing that no other state has ever set before.

And by the way, who's to say we can't? Remember, we are New Jersey. We can do this. We must do this. Now, Judy and her team will find every available damn bed they can find from opening wings to opening hospitals to opening with FEMA and the Army Corps full pop-up field hospitals, to converting dorm rooms and hotels. I know that she and her team will do their part. We've got to do our part. We've got to crush that curve even further.

We've got to stay home, stay away from each other, do the little things. If we do that, we will remind everybody how special, unique our state is. We have got this within us, folks. We have absolutely got this within us. And please God, let's not let it slip to the left. We want if anything that curve on the right to go to the right, to show that we can flatten the top of that blue line. As Judy works to raise that red line up, our job collectively is to bring that blue line down.

And we will do this because nobody is like the great State of New Jersey. With that, let's take some questions. Elise, we're going to start over here. Dante Colucci's got the microphone. I don't know if he's got a glove on – do you have a glove on? You should have one on, Dante. Elise, you're up.

Q&A Session:

Elise Young, Bloomberg: Good afternoon. For these first two questions, they come from Daniel Munoz from NJBiz. He asks for the lending agencies that your administration has no control over such as Freddie, Fanny and FHA, how can you get them to come onboard or is that just not possible as far as the mortgage arrangements? And his second question, he says you called for a stay on rent increases and for banks to offer some sort of credit card relief. For the former, how would you handle landlords that are still increasing their rent; and for the latter, how are you going to get financial institutions to sign onto that? And my own question is...

Governor Phil Murphy: Those are both Daniel's?

Elise Young, Bloomberg: Those are Daniel's, yes.

Governor Phil Murphy: Okay, tell Daniel we miss him and we'll answer his questions as best we can.

Elise Young, Bloomberg: My own question is when do you expect to deploy ambulatory surgical center equipment and when do you expect any decision on co-venting, co-ventilating?

Governor Phil Murphy: Okay. Matt Platkin is with us. I want him to help me out here. Again, we added PNC Bank which I think is a great move to the list of financial institutions that are complaint with the mortgage, the 90-day mortgage window. Matt, on the lending agencies such as Freddie and Fanny, what's the answer there for Daniel?

Chief Counsel Matt Platkin: So, they have their own policies. They put out guidance actually before the CARES Act and then it was codified in the CARES Act. And we have, obviously we'll be working with lenders who issue federally-backed loans. These policies or this initiative that you announced, Governor, on Saturday affects loans that are not federally backed.

Governor Phil Murphy: And on landlords who continue to raise rent, they can hear from me. I'll continue to use the bully pulpit. We are not happy; we are quite displeased with that. But what latitude either with landlords that continue to raise rent and/or credit card companies who may continue to charge late fees and/or raise their interest rates?

Chief Counsel Matt Platkin: So, we're reviewing all options with respect to other forms of lending activity. We're working in a consortium of states both regionally as well as with California. You've obviously implemented an eviction and removal prohibition for anyone who would take action against a tenant but we're exploring all options with respect to those other forms of activity.

Governor Phil Murphy: Excellent. So, you'll report that, Elise, back to Daniel. On getting equipment from ambulatory and outpatient, that has happened I believe, has it not?

Commissioner of Health Judith Persichilli: Yeah, we're encouraging all ambulatory surgery centers to send in their PPE and also their anesthesia machines. There is a possibility that anesthesia machines with the implementation of a certain valve would be able to be used as ventilators. So, we're collecting that now. I don't know how much we've collected. It's probably not as aggressive as we would have liked.

Governor Phil Murphy: And what about co-venting?

Commissioner of Health Judith Persichilli: This week a medical team from FEMA is going to be visiting New Jersey and we're going to, with the Hospital Association, do a video education and training session for physicians to share with them how, what they have to do to co-vent. We cannot predict when that might occur. If our social distancing improves, for example to around 45%, we probably will never have to use co-venting. So, we're just keeping an eye on it and we're going to be prepared.

Governor Phil Murphy: Can we put the charts back up? I apologize. The problem is, as Judy knows better than any of us, we just can't count on this. That's why I've just given a go-fight-win. The extent to which we can smash that blue line on the right down meaningfully we have a different reality and a different set of choices. But we can't count on it. I personally am counting on it and I know what we're capable of, but the fact of the matter is we have got to expand capacity and take steps that are unusual.

I think Pat used the phrase, it's a train-the-trainers, right? So, it's the Department of Homeland Security as well that's a part of this along with FEMA. This is a video, this is how you do it and do it safely. So, thank you.

Commissioner of Health Judith Persichilli: And they're also going to be onsite. The docs will be available to travel to hospitals that want more face-to-face education.

Governor Phil Murphy: I interrupted you twice today and I try never to do that, so I apologize.

Commissioner of Health Judith Persichilli: That's okay.

Governor Phil Murphy: I also meant to say this earlier. The President and Vice President today spoke about Abbott Labs coming up with a new short-term turnaround testing reality. I've said in several of our sessions of late that you know, we're testing in – it's the right place to start – symptomatic folks. In a perfect world, if we were South Korea and we had all the federal support that we would have hoped for, that would look differently. The fact is, it's not just the stuff you need to collect the specimen; it's healthcare workers, it's personal protective equipment – both of which are in short supply. One more time, healthcare workers and our first responders are our heroes right now and I meant to say this just because you reminded me with the fact that they were coming up actually just to demonstrate.

If something like this Abbott test were to get approved and become mass available or some other testing regime like that, all bets are off in terms of that fork in the road reality that I've outlined before where, at a certain point we're going to have to make tough decisions between do I put more resources into testing – which I know folks want and they want to know whether they've got it or not; I don't blame you – or do I have to take a limited resource world coming out of the federal government and a limited pool of healthcare workers to apply all of that to care? I'm really encouraged by the amount of folks who have answered our call to arms, over 3600 of them and God willing that number goes up so that becomes less of a constraining factor. I think then it would come down to materials. I meant to say that earlier, apologies. Dave?

David Levinsky, Burlington County Times: With regard to the co-ventilating issue, I believe, Governor, you had said that we're getting 300 from the National Stockpile, the strategic reserve. Where else can we possibly get ventilators? Where else are we looking for more ventilators? Commissioner, perhaps you could talk a little bit about how effective co-ventilating is? Is it as good as a single ventilator? Does it actually work? Is there a percentage breakdown that we know of that this is effective? And with regard to the anesthesia machines that can be transformed I guess, do we have a sense how many anesthesia machines we have in New Jersey? How long does it take and how effective is it to switch them over to ventilators? And then, is that going to cause another problem with a lack of anesthesia machines?

Governor Phil Murphy: I just want to make a general comment and then maybe ask both of you to come in here. We got 300 ventilators coming at us from the Strategic Stockpile and I'm grateful for that. I don't want to look a gift horse in the mouth. We need it and we need it desperately; we'll take it. I think our total ask, Pat or Judy, was 300 out of the Strategic Stockpile.

State Police Superintendent Col. Patrick Callahan: I think it was.

Governor Phil Murphy: So, we would have still on balance an ask of 2000. And I look to Pat because Pat, you've got an order to buy, I think, 2000 as well. So, we've got, and that's some number of weeks away, is that correct?

State Police Superintendent Col. Patrick Callahan: That's correct. And we do have, I spoke to the Regional Administrator of FEMA Region 2 Tom Von Essen about that order as well as any additional on that Airbridge program that was discussed the other day, Gov.

Governor Phil Murphy: So again, we're trying to buy them as well on the open market. Judy, do you want to talk about efficaciousness of co-vent versus single vent and also anesthesia machines?

David Levinsky, Burlington County Times: If I may just follow up, we're definitely getting 2000 more or we're trying to get 2000 more?

Governor Phil Murphy: Trying.

State Police Superintendent Col. Patrick Callahan: Trying.

Governor Phil Murphy: We're trying to buy them as well as a separate matter. So, I was transposing two different realities. We have an ask for a balance of 2000 more from the federal stockpile. We also are out trying to buy on a parallel basis 2000. And if we end up with too many that'll be a mistake I can live with.

Commissioner of Health Judith Persichilli: Yeah, just on the vents what we're saying is we want to move from 2000 critical care beds to 4000, and we want every critical care bed to have a vent. If that does not occur then you go to co-venting. Apparently, the efficaciousness is similar. Obviously, there has to be some training; that's why we're bringing the team up to speak directly to our physicians. They sent me a number of pictures and information, I haven't sorted through all of it but the bottom line is that the FDA has approved co-venting. So, we believe it's efficacious and we just want to be prepared as I've said in prior press conferences. We are definitely going to be preparing for the worst; we're hoping for the best. And this is just one other thing that we're just going full steam ahead to make sure if we need it, we will know about it.

Governor Phil Murphy: How about anesthesia?

Commissioner of Health Judith Persichilli: We have, even in a hospital, if you have a hospital with ten ORs they usually have two anesthesia machines per OR in case one malfunctions. So, we have 71 hospitals; we have many, many surgical suites, and we have almost 1000 ambulatory surgery centers. So, we have thousands anesthesia machines, so we have backup. So, our backup has backup. Apparently, the transformation of an anesthesia machine from a biomedical engineer is a 24-hour situation. It's not long.

Reporter: Governor, any chance that operations will change at the state's gas stations in light of the social distancing recommendations, temporarily allowing people to pump their own gas? And also, on the field hospitals, when you say lower-level patients – I may have heard it differently – will these be COVID patients that have lesser symptoms or non-COVID patients?

Governor Phil Murphy: I'll take the gas stations. We've given no thought to changing that for the time being. Field hospitals?

Commissioner of Health Judith Persichilli: So, let me just tell you a little bit about the field hospitals because we're all learning together on this and the first one is going up in Secaucus. The floorplan shows 250 beds. They're in cohorted areas but there's not walls between them, so we have to be careful about the types of patients we put in there. The lower-acuity patients are still patients that perhaps deserve to be in a hospital and the way you look at whether a patient should be in the hospital is the severity of their illness and the intensity of their service. So, if a patient fulfills both of those criteria as being admitted to a general acute care hospital, they may be appropriate for the field hospital.

The field hospital overall, though, will have the appropriate oxygen and suction and electrical power to allow us to put in ventilated patients as well. We've chosen to decant, keep the intensivists, the pulmonologists, the critical care nurses all in the general acute care hospital working together as a team because they're going to be so valuable to take care of the very, very sick; and move the lower acuity patients into field hospitals, and even a stepdown from there if we have to use hotels. So, it's definitely the continuum but these will be patients at the field hospital that would be in a hospital.

Governor Phil Murphy: By the way, even while you're pumping gas, in the supermarket, at home having dinner, practice social distancing. Please.

Reporter: Commissioner, do we have an estimate of how many ventilators or anesthesia machines we will be getting from these ambulator surgery centers? And then, Governor, do we... Construction workers are still at work however their social distancing requires using commonly one porta-potty per 30, 40 guys. Is there any consideration to bringing that to a close, implementing any different procedures?

Governor Phil Murphy: Do you want to start?

Commissioner of Health Judith Persichilli: I think it's important for you to know that we're doing a full inventory of every ventilator we have in New Jersey. There's universal ventilators, there's adult ventilators and there's pediatric ventilators, and we are doing a complete inventory of them. And then we are doing a complete inventory of ambulatory surgery centers and their

anesthesia machines, and anesthesia machines in all of our hospitals. Because remember, elective surgeries have been curtailed, so we can deploy even within our own hospitals.

I have the first part; we don't have all of the inventory of the ambulatory surgery centers yet. But we're pretty close to a full inventory on every single ventilator in our acute care hospitals, and we're moving towards the ambulatory surgery centers. And then, the inventory of our anesthesia machines in our hospitals is near complete as well.

Governor Phil Murphy: We are right now staying with where we came out in terms of construction. We have looked and will continue to look at so-called nonessential construction potentially but at the moment we're staying with where we are. We're asking everybody to the very best of their ability to practice social distancing as much as they can in all walks of life, including construction.

Reporter: For the Commissioner, have any hospitals run out of ventilators and are any close?

Commissioner of Health Judith Persichilli: None have run out of ventilators. We've gotten a number of calls. I can tell you one hospital last week put 33 patients in a 24-hour period on a ventilator and then they call us and say, "I'm going to run out." And we've been able to fulfill their needs as they've called. We have a small stockpile centrally. We give them out judiciously based on prioritization and where we see the increases in the incidences of disease. So, right now no one's run out and we do expect that we'll be moving ventilators throughout the state; because of the incidences being so smaller in the south part of the state, we're moving things to the north part of the state.

Reporter: I had a couple more, sorry. And speaking of long-term care facilities, you moved really quickly to close St. Joe's. Can you talk a little bit about the decision making involved for example, Family of Caring in Montclair, or Lakeland who had far more deaths associated with them like to the families of people in those places? What would you say?

Commissioner of Health Judith Persichilli: Sure, and that's a great question. The decision making for St. Joe's related not only to their patients but to their staff. The decision was made when the sister called us and told us that it was only the sisters that were taking care of the residents because the staff were suffering from respiratory illness and ten or 12 did not come into work, maybe appropriately so. So, there was not only an outbreak; there was also lack of staffing.

I hope to reopen them. We're making sure there's a heavy cleaning and decontamination. We need their 200 beds. Like I said last week, it has a strong history and heritage and tradition of taking care of patients in that area so we hope to reopen that. We have to make sure we have the staff to do so.

You've mentioned a couple of other long-term care facilities. We're monitoring every one of them and if they do not have the ability to cohort their patients – in other words, isolate them in a certain wing so that the other patients are safer as a result, we might have to take more deliberate action. We're looking at that every day. We're looking at spaces that could accommodate long-term care residents as we try to keep people in the safest possible situation. It's a struggle but we're working with them and we have sent our infection preventionists out to a number of them to work with their staff, to move patients around to what they say is cohorting the patients. Did that help?

Governor Phil Murphy: Judy, if I add two, at least one, I guess, comment to this. You could also envision a St. Joe's, you and I were discussing this earlier, reopening it and making it much more private, so taking it from 200 beds down to a much lower number to be able to cordon off folks more effectively, right?

Commissioner of Health Judith Persichilli: Exactly. What we want to do is make sure that we have the safest accommodations for the residents of long-term care. They are so vulnerable and we're concerned.

Governor Phil Murphy: And the other, which I know you mentioned as it relates to St. Joe's, and I know it's probably applicable to some of the other facilities we're talking about – at the state level you also have to parse through cause of death which I know is another X factor here. So, let's acknowledge the precious lives lost and keep them in our prayers, and God rest them all. But in particular, you've got some folks with either end-of-life issues or at a minimum comorbidity, and you have to parse through exactly what was the cause of death sadly, right?

Commissioner of Health Judith Persichilli: Yeah.

Governor Phil Murphy: So, you good? You're alright? Matt?

Matt Arco, Star-Ledger: So Governor, yesterday the President called you a "terrific guy" and you yourself have offered some praise for the President or the Administration I should say. Ordinarily, you'd expect to see the Head of the Democratic Governor's Association to be going after a Republican President, not praise him at this time. What can you say about the relationship right now? Is this like a Christie/Obama moment after Sandy? And Commissioner, a few things: I'd like you to clarify where we are on hospital capacity, apologies if you did roll out those stats earlier but I know that some hospitals are supposed to be reporting that. What can you tell us about where we stand? And also on the popup hospitals, are those ready to go? And one last thing on figures, do we have figures of people who have recovered? I think we said at some point we'd be releasing those.

Governor Phil Murphy: I'll take the non-health, nonmedical side of the equation here. At least on the popup side, I sort of said this earlier, and I sort of said in passing the first one I believe we hope to have up and ready to go by the end of the week, right? Is that fair? I'm not sure about the other ones but I think at least the first one at The Meadowlands is by the end of the week.

Listen, and I mean this sincerely. I don't wake up every morning with the choice to say, "Okay, who's going to be my President today? Do I get X or Y or Z?" The President is Donald Trump; the Vice President is Mike Pence. There's one federal Administration. We need the feds. The feds need us as well, by the way, and I think if you were a part of the back and forth that we had over the course I think of Saturday when there was a discussion of I think a travel advisory or a quarantine, I think we all realized that we need each other.

I was on with Governor Cuomo and Governor Lamont a whole lot. We were on with the President and the Vice President and their teams a whole lot. We need them and they need us, and they are the Administration. It's the same reason, by the way, I was on with Speaker Pelosi just before coming over here in terms of war gaming, in terms of where do we go next in terms of the economic support. I deal with, we deal with the leaders who are in their seats, not the ones who we might theoretically think about. This is a fact and I have to say, while we still have a big ask outstanding of things like PPE and ventilators, slowly but surely we're chipping away at that and we won't relent until we get our fair share.

Judy, anything to add?

Commissioner of Health Judith Persichilli: I just want to talk a little bit about the popup. The first one, the end of the week – it won't open the end of the week. Tomorrow we have a group of individuals coming to the Department of Health who have agreed to be the management, the administrative staff so we're going to work through the logistics of that. They will come with a three-day supply of supplies – laundry, linen, things like that, and then it's up to the state and the Department of Health to make sure that we have backup supplies to run for as many weeks or months that we have to run.

And I also want to say, and Pat, the Colonel was at the meeting on Saturday. Dr. Eastman, who is the physician in charge of FEMA's response throughout the United States. We had NJHA there, the New Jersey Hospital Association; the State Police; the OEM. And Dr. Eastman said he had never seen such collaboration. So, this is not just a Department of Health popup. This is something that as a group we're working together on. Somebody's working on procurement. The Central Command Station's working on equipment and supplies and it's really gratifying to know that you're just not out there alone, that the collaboration through every department is extraordinary. So, we expect to start accepting patients there middle of the next week.

Matt Arco, Star-Ledger: A status about current beds and also how many people have recovered?

Commissioner of Health Judith Persichilli: Sure, I'll let Dr. Tan talk about the recovery because we talk about that all the time. The statistics obviously are lacking because we don't know people with mild and moderate disease at home who haven't been tested. But we... What was the question?

Matt Arco, Star-Ledger: I'm just curious, I know some hospitals are... When you put out the call to hospitals to report their capacity...

Commissioner of Health Judith Persichilli: Oh, they are. Yeah.

Matt Arco, Star-Ledger: So, can you report to us what...

Commissioner of Health Judith Persichilli: Yeah, we're bringing up a dashboard at the ROIC and they will be reporting all their beds, their bed capacity – all their beds, what their occupancy rate is. Then we'll also look at critical care and what their occupancy is, ventilators and what their usage is; whether they have an inventory on hand. I'm looking at Jared because he was involved with the meeting yesterday. There's a whole list, and that dashboard will be updated every day, every morning, after all the hospitals have their huddle. All hospitals every morning have a huddle where they say, "What's the day going to look like? How many employees do we need? Did somebody call in sick?" It goes on and on. After they have their huddle they will be reporting into the ROIC, and then our collaborating institutions, the Level I Trauma Centers will access that information and start meeting the needs of the patients throughout their region. Did that help?

Governor Phil Murphy: Thank you, Matt. John?

John Mooney, NJ Spotlight: First, I have a question from Mike Catalini at the AP. Governor, are you going to direct the South Jersey Transportation Authority to postpone public hearings on its toll increases this week? And if not, why not given the stay at home order? And then I have questions on the ventilators and the curve. That 31% isolation, that still assumes months of at capacity at every level for hospitalizations. Are you, given the aggressive social distancing we're doing now, are you expecting months of at-capacity for every level of hospitalizations, ICU beds? And given that, especially with ventilators – we've talked about the number of beds and the number of ventilators. Will we have the number of people needed to run those machines and maintain even the care levels you've discussed given the emergency? And the 300 ventilators, that's the total number not in addition to the 200 I heard about last week from the federal government?

Governor Phil Murphy: I'm not sure which 200; this is a new 300.

John Mooney, NJ Spotlight: So, it's 500 then.

Governor Phil Murphy: I want to come back and clarify that. But this 300 I know is new.

John Mooney, NJ Spotlight: Okay. And when they come from the federal government, are they assessed and working? And how long does it take to assess them, check them out, make sure they're operational?

Governor Phil Murphy: Okay, let me start with Mike's – I'll give you Mike's answer quickly. Again, I've got no insight into the actual hearings in process but the things that I cared about was we didn't have people gathering, was that we had plenty of opportunity for folks to have comment. So, I believe this is the case, at least when I was asked my vote – stream these, no physical meeting, give a toll-free number with a real person on the other end to take calls to take people's input, and to extend the period. Those are the three things I said – stream, a phone number, extend the period and no gatherings I guess. And if they met that, that was my most salient concern. Judy, do you want to hit the, does this in fact mean you're months at capacity and implications as well for manpower? And either you or Pat, come in with what sort of shakedown do we do for the equipment when it comes in?

Commissioner of Health Judith Persichilli: Let me talk about manpower. In our planning one of our reasons for keeping the highest-acuity patients at the acute care hospitals that we have is to maintain that manpower expertise. If we had them running to field hospitals and smaller, new hospitals that have opened or nursing homes, it would not work. So, along with the CEOs, we've decided the highest acuity will be at the main acute care hospitals to maintain the expertise that we need – intensivists, pulmonologists, CRNAs are going to be extremely valuable. We do expect them perhaps at the field hospitals and the smaller hospitals, that the advanced practice nurses, paramedics, physicians assistants would be of great help. We're deploying them in different ways through waivers of some restrictions on their licensing.

As far as the sustained activity, that's going to be dependent on the doubling rate of the infection. If the doubling rate stays at six days, yeah, we'll have sustained activity. If it starts stretching out which we hope it does, then things will lighten up a bit.

Governor Phil Murphy: And it doesn't stretch out without much more aggressive social distancing, right?

Commissioner of Health Judith Persichilli: Yeah, it doesn't. I don't know, Dr. Tan, do you have anything to add about the epi curve? She gets into it way past me on this one.

State Epidemiologist Dr. Christina Tan: Again, it's a little early to be able to assess what's happening in real time in the epi curve versus these models because the data change day by day. And as the Commissioner mentioned, the model is based on point in time assumptions that are plugged into the model itself. So again, we continue to monitor these cases, and we have to remember that there are a couple of things that are happening with the epi curve – in other words, the number of cases over time where the horizontal axis is general onset of illness. You know, we've got more testing that's available; we had multiple levels of mitigation, social distancing that were imposed at the same time. So, it's kind of hard to tease out how this will actually play out in the actual epi curve that we see.

Governor Phil Murphy: Pat, real quick on the shakedown of the machines?

State Police Superintendent Col. Patrick Callahan: Based upon... We've had so many meetings and discussions with regards to these ventilators – the meeting with Dr. Eastman on Saturday, John, and even meetings since. I would imagine at this juncture it would have come up that, "By the way, when they arrive you have to do X and Y," and I haven't heard that in Jersey and I haven't heard that across the whole country. So, I'll clarify if I'm mistaken but I would imagine that when they get here they're ready to go.

Governor Phil Murphy: Yeah, we're assuming they're coming in in fighting shape. Before we break, John, you're good?

Reporter: Colonel, you've mentioned Lakewood again today. Saturday there was a party in Ewing. Is Lakewood more than any other town or has it just popped up a couple of times recently in terms of the gatherings?

State Police Superintendent Col. Patrick Callahan: You know what, I'd have to see what the ROIC assessment was. I think there were 70 compliance issues. I don't think it would be fair to say more than any other town. I think that sometimes attention gets drawn to Lakewood and Ocean County.

Governor Phil Murphy: Although in fairness, there was a call with the leadership in Lakewood earlier to make sure. Listen, this is the fastest-growing community in the state. And I want to repeat, this is no time – no time is no time, but this certainly is no time to cross wires and start blaming people and blaming communities. And again, if any of that happens we will be as aggressive as we've ever been. But when you've got a community of that scale and that growth rate, you know we take that very seriously and we want to work with them. And there's overwhelming compliance. I think if you just took snapshots of the streets of Lakewood right now as we were discussing earlier you'd see a pretty empty reality. But there were a few gatherings that we were not happy about. Matt?

Matt Arco, Star-Ledger: Real quick one, Commissioner: are you aware of any patients who were at North Jersey hospitals being sent to South Jersey hospitals, maybe Virtua? And if so, is it voluntary or mandatory?

Commissioner of Health Judith Persichilli: Yeah, I'm not aware of any but we have encouraged, particularly systems to look within their own system to make sure that the patients get the most appropriate level of care; and if they have to transfer them, to transfer them. But I don't know any specifics.

Governor Phil Murphy: Dave?

David Levinsky, Burlington County Times: I apologize in advance for asking this but there's been a lot of information about a lot of points, graphs, projections. Assuming that we leave the way this is going to play out at this point in time as Dr. Tan has mentioned, as the peak hits – because Commissioner, you and I spoke last night about 14 to 21 days particularly in the North

Jersey area and then it's going to emanate out. If the peak hits and ICU beds reach capacity 4/11, do we have enough beds, do we have enough equipment, do we have enough PPE right now to handle what we think will be the surge when it happens as it plays out?

Governor Phil Murphy: And by the way, do we have enough of a workforce you should add to that list as well, right?

David Levinsky, Burlington County Times: Yes, sir.

Commissioner of Health Judith Persichilli: Do we have enough PPE? The answer's no and we know that. We haven't had enough PPE for a long time, and I know that, I think from the workforce perspective that's the thing that is concerning them the most. Do I think we'll have enough ventilators? I do. I do. But I'm concerned about the PPE and the impact on the workforce.

Governor Phil Murphy: Beds?

Commissioner of Health Judith Persichilli: I think we'll have enough beds. Everybody's working feverishly and really an extraordinary effort. The hospitals are now moving out as many patients as possible to be able to free up beds in anticipation of the increase in admissions. They're doing it appropriately and remember, there's no elective surgery, surgical patients in the hospital. That freed up beds. So, the hospitals are doing... They have disaster plans they're already implementing. They called their disaster plans into effect quite some time ago.

David Levinsky, Burlington County Times: You had mentioned that, you know, the whole business about cracking down on wise guys who don't follow the regulations.

Governor Phil Murphy: Knuckleheads, yes.

David Levinsky, Burlington County Times: Knuckleheads, excuse me. In Korea, South Korea I know they have gone door-to-door. They've fined people I think \$8000 who went out when they were told to stay home or they put them in dormitories. Has there been any discussion realistically about how to get tougher if people don't follow these rules? Because on the one hand, it sounds like most people are complying but you've got the knucklehead group that's not.

Governor Phil Murphy: I don't anticipate we're going door-to-door unless there's a reason to, and Pat can correct me if I'm wrong. We're just a different society but that doesn't mean we can't be equally compliant. I said this in this press conference today, that I feel like where there's willful violation of our mandate we should consider stronger penalties. So, count me in that camp.

I just want to go back also, Dave, to your first question. I don't want anyone ever to look back and say that we didn't say a couple of things. These numbers have gone up dramatically. We expected them to go up dramatically and we expect them to continue to go up dramatically. This is the fight of our lives. Let there be no doubt about that. Secondly, every state in America and I've now got ample enough evidence. I spoke to Charlie Baker in Massachusetts yesterday; we were on a video call today. All evidence suggests that every state in America is light PPE. We're hotter than most states but even on a relative basis we don't have what we need, and there's an enormous amount. I think we're going to go over this in the next couple of days. We've gotten a lot that's come our way, both from the federal Stockpile as well as from other sources, but I would agree with Judy – we're still light.

I'm not comfortable with our ventilator levels right now. I feel better than I did yesterday at this time because we got another 300. Our workforce is heroic. I spoke with Debbie White at HPAE. We were back and forth over the weekend, just extraordinary heroism. Not only do we need the PPE to keep them safe, we need to expand... The Medical Corps that we're building is so important because we need the bodies. I'm with Judy. I don't know whether it's by hook or by crook, or thanks to the brilliance of the team up here it'll be because there was a plan in place, including by our hospital systems. I believe the beds, we will find a way through the beds.

I didn't say this to you earlier. Bob Garrett said they spent the weekend converting the cafeteria at HUMC to some sort of a care wing in their hospital. This is the extraordinary work that's being done. But we are in the fight of our lives. Let there be no doubt about it. And three areas of concerns I'd say as a non-medical professional: one is long-term care facilities – you've already heard us talk a lot about that; second is folks who have adjacent healthcare challenges – kidney, respiratory, diabetes, etc.; and thirdly, certain communities. This is hitting harder in certain communities whether it's because of their behavior or community spread or a combination. But those are areas that we're highly focused on.

But it is the fight of our lives and I just would plead again, not just on flattening that curve but also in the extraordinary work in our healthcare community. We are not an average state. We are an incredibly special state and now is the time to show that as clearly as we've ever shown it before. Elise, anything?

Elise Young, Bloomberg: Regarding the gun sales, will they begin immediately? And in New York City, from the Borough Presidents there's a proposal for rental payments to come from security deposits. Is that something you're examining in New Jersey as well?

Governor Phil Murphy: Sorry, the first question was the gun reality, is that immediate? Is that effective immediately, Matt?

Chief Counsel Matt Platkin: It'll be effective I believe by the end of the day. I have to look at the order.

Governor Phil Murphy: And Elise, I apologize. I missed the second.

Elise Young, Bloomberg: The Borough Presidents in New York City are putting forth a proposal for rental payments to come from security deposits. Is that something you're examining in New Jersey?

Governor Phil Murphy: Not one that I have been a party to a conversation on but it's not something I would ignore myself. Matt, that should be on our list of considerations. It's a good idea.

So, with that, everyone, please. I apologize. Real quick, this is going to have to be quick and I apologize.

Reporter: Just to follow up, we've heard a lot about the north versus the south in prevalence of COVID cases but you just referred to communities it's hitting. Can you please elaborate on that? What communities are seeing this more than others?

Governor Phil Murphy: Well, I think the reality in Bergen County would be an example which I think is pretty known, right? So, I'm not saying literally Community X or Community Y but the notion of community spread is a reality. We spoke also about Ocean County where we've got some particular challenges, but it's not one specific community versus another as much as it is regions in the state.

Reporter: You weren't referring to communities of economic disparity or something like that.

Governor Phil Murphy: No, no. No, no. But, let me say this – thank you for asking this question because that'll give me the opportunity to get on my soapbox to say that the folks who are typically left behind by society will be yet again further left behind as a result of this crisis if we're not careful, if we don't have a proactive set of policies for folks who are homeless or near-homeless, or folks who can't make their rental payment. And I think you've seen with a lot of the policies we put in place, we are doing everything we can to get out ahead of that – foreclosed homes, you know, preventing evictions from those homes, etc. But I did not mean that. Matt Platkin would like to weigh in.

Chief Counsel Matt Platkin: Gun sales will be open as of tomorrow morning at 8:00 AM.

Governor Phil Murphy: Gun sales will be open tomorrow morning at 8:00 AM. I notice the gentleman who normally asked me about this did not come today. He probably feels as though he achieved some sort of modicum of success here. What's that? He wasn't let in. That was not our intention, by the way.

So, thank you all. Again, we're in the fight of our lives. We will not win, we will win, by the way, but we won't win unless we all band together and do our share, each and every one of us. And again, prove ourselves that we're not an average state – we know we're not. We're a superlative state and we can come together and both build out the healthcare infrastructure on the one hand, including our workforce, and also flatten that curve by staying home and keeping distance from each other.

We will gather, we're trying to gather more often than not at 1:00 PM. We did not do today at 1:00 PM because of the video call with the President and the Vice President but we will be back here tomorrow at 1:00 PM. Thank you, Commissioner Persichilli, Dr. Tan, Colonel, Director, and to everyone, thank you.

Governor Phil Murphy

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