

Governor Phil Murphy

TRANSCRIPT: March 1st, 2021 Coronavirus Briefing Media

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Governor Phil Murphy: Good afternoon sorry to be a couple minutes behind. I'm joined by the woman on my right who needs no introduction, the Commissioner of the Department of Health, Judy Persichilli. To her right, the Department of Health's Communicable Disease Service Medical Director, another familiar face, Dr. Ed Lifshitz, great to have you both. To my left, another guy who needs no introduction, the Superintendent of the State Police Colonel Pat Callahan, Director of the Office of Homeland Security and Preparedness Jared Maples, Chief Counsel Parimal Garg and a cast of thousands.

Let's start with another milestone that we have passed in our vaccination efforts as we have now exceeded 2 million doses administered. 2,039,427, I think that's as of 10:00 this morning, does that sound right, Judy? This includes nearly 1.35 million first doses and more than 690,000 second doses.

You may or may not recall, but we surpassed 1 million doses on February 8th. Our first shot in the arm, Judy, we were at University Hospital together was December 15th. So by my count, it took 55 days to get to the first million and only 20 days to get to the second million, as we got there yesterday.

And with both the FDA's and the CDC's Advisory Committee on Immunization Practices Approvals of Johnson & Johnson's emergency use authorization application, this one-shot vaccine is now ready for us. And with it, we will make our numbers grow. As I announced last week, we're anticipating roughly 70,000 doses' as of last night at least it was 73,600 of the Johnson & Johnson vaccine, to be delivered to us this week. Likely I believe, Judy, mid-to-late week is the current sense.

We do not -- and this is an important point -- we do not have any clarity on what the next couple of weeks may look like in terms of J&J. supplies. As we know, J&J is currently ramping up production. We are being as conservative as possible in not calculating for anything else beyond this initial 70,000-plus dose haul until we are told otherwise. So we're going to do all that we can to make sure our distribution and administration of these doses is strategic and well planned. And that's something that Judy and her extraordinary team, and with Deputy Commissioner for Public Health Services Dr. David Adinaro, COVID-19 Response Medical Advisor, Dr. Eddy Bresnitz, Ed Lifshitz, Tina Tan and the rest of the team are currently working on.

To this and more broadly, we continue to work to ensure equitable and inclusive vaccine access. We are working closely with churches and other trusted community organizations in our Black and Brown communities and we are also working in a coordinated manner with the Department of Health obviously, and various partners in a variety of ways to ensure we have the best intelligence from these communities to educate our outreach efforts.

And to that extent, Judy, there's a great partnership we haven't spoken enough about between DOH, our front office, and the New Jersey Pandemic Relief Fund. Basically, doing the research required, field surveys, focus groups, trying to investigate who the best messengers are to give people comfort about the vaccine and the mode of messaging; is it better to be in a flyer or a billboard or a video? And also adjusting that research real-time, and that's something that's been a lot of energy and focus on.

Additionally, and this is additional to the numbers up top, we have learned that CVS and Rite Aid will be allocated 22,500 doses from Johnson & Johnson through the Federal Retail Pharmacy Program. These are additive to the doses that we're receiving as a state. So you add that 22,500 the 70,000-plus up top. The importance of having a third, highly effective vaccine in our toolkit, especially one that requires only one dose and can be stored in regular refrigeration cannot be overstated. This is a game changer in our fight to get more shots in arms. As with everything else, we just need the supply.

I spoke with Alex Gorsky yesterday, CEO of Johnson & Johnson, congratulated him and his extraordinary colleagues on this great accomplishment. Clearly, this is a point of Jersey pride as Johnson & Johnson is a New Jersey icon headquartered right here. And Alex repeated something to me and I think this is something that Tony Fauci, I believe, hit this morning. The Johnson & Johnson vaccine, and Ed and Judy will correct me if they see this differently. While the numbers on the surface may not be quite as high as Moderna and Pfizer, he reminded me that they tested this, the field work was done in the teeth of the South American surge, including variants, including in Brazil, as well as in South Africa. So this was a global trial, and so that's number one.

And number two, especially guys, against hospitalization and fatality, this is extremely efficacious. So this is our third really potent weapon at our disposal.

So additionally, today, I am proud to announce that effective on both March 15th and March 29th, in two tranches, we are expanding the ranks of those eligible to receive their vaccinations. Let's start with March 15th. This expansion will include our pre-K through 12 educators and support staff who are all, in one form or another,

educators; childcare workers in licensed and registered settings; Motor Vehicles Commission, NJ Transit and other transportation workers; all public safety personnel who have not already been made eligible, such as I'll give you an example, probation officers; and members of our tribal communities.

Beginning on March 15th, we will also be expanding to make persons experiencing homelessness eligible, as well as those currently living in a homeless shelter or a domestic violence shelter. We also know that our farms, especially in South Jersey, will soon be welcoming the migrant farm workers who are important to their operations. And as those individuals arrive in state from March 15th onward, they too will be eligible for vaccination.

So, two weeks from today, these groups which I just mentioned will be able to make their appointments and start getting vaccinated. We expect this to be a total of several hundred thousand workers and residents. What is being constructed between now and the 15th, although we have not -- Judy and team and the rest of us have not waited on this -- but the exact how and where, and in some cases when, is going to be worked out. For instance, as it pertains to educators specifically, we will work obviously with Judy's team, the Department of Education, our partners at NJEA, school leaders, local education stakeholders and our sites on means of ensuring full access without interrupting the school day. So that's to be determined. I suspect you'll have a lot of questions on the how's, the when's, the where's; just know that that is being machined as we speak.

And then, two weeks later, on March 29th we will open eligibility for frontline essential workers in the restaurant, food processing and distribution industries; grocery personnel, warehouse workers and I believe it's in that category we will include longshoremen and women, remaining eldercare workers, hospitality workers, elections workers, clergy, postal, and other shipping workers and judicial system employees. This number, I said several hundred thousand in the March 15th tranche. This is I think, is going to end up being slightly larger. But remember, when you're trying to calculate numbers, please remember that there are thousands of residents within every one of these groups and the March 15th group who have already been eligible, either because of their age, or their chronic medical conditions, or given the examples of school nurses or NJ Transit medical personnel, were previously qualified to get a vaccine. And we are certain that there are many of these folks who have already been vaccinated.

So to put it this way, if you're 40 years old and you've got diabetes and you work either in one of these industry groups or in the groups that are going live on March 15th, you've been eligible for some time, Judy. I can't remember as of when, but it's now many weeks, if not a couple of months back on that. Given the expectations of increased weekly shipments of vaccines as the month progresses, and especially as we head into April, we are confident in announcing this broadening of eligibility is now, so that those who fall into these categories can know when they can step up to the plate.

And additionally, for all residents who are 75 and over, we're giving a little bit of an extra push here. We are both actively conducting outreach over the phone and scheduling appointments for these residents to ensure greater direct access and increasing allocations to mega sites specifically for the seniors, among other actions. We know that residents in this age group are among our most vulnerable residents. Remember, we went -- a lot of states did this in steps, we went right down to 65 because as Judy and Ed know better than anyone, 80% of our fatalities have been 65 and up. But there's also no question that in the 75-and-up group, you're going to have even less internet facility or access. You're not going to be able to be on your phone morning, noon and night trying to get that appointment. We need a little bit of an extra push here, and that's what we're going to do.

I want to give a few shout outs beginning with Judy, Ed and their team, who have worked tirelessly now for well over a year. Again, this Thursday, we mark the first anniversary of case number one, but they were at it well before then. Our federal delegation has also been really, really helpful too, as we had Frank Pallone here last week, but I want to give in particular Mikie Sherrill, Josh Gottheimer, Tom Malinowski shout outs for their help, especially across the state, but especially in their districts.

A particular shout out to Senate President Steve Sweeney and Assembly Speaker Craig Coughlin, Assembly Majority Leader Lou Greenwald, who have been strong advocates for our educators, I want to give them not just a shout out for that, but also the Senate President and I were sitting together last week. He has been not only on that, but also has been a terrific partner in looking at ways to do what I just said a minute ago, help the 75-plus population. Explicitly, we've been in good conversations with the Senate President and the Gloucester mega site about trying to find ways to creatively deal with both the 75-and-up crowd and potentially with educators as well. So for that, I say thank you.

Across the state we have, as we've been saying, just about 300 vaccination sites open and serving residents dependent upon their vaccine inventories. As we start receiving a steady supply of vaccines from Johnson & Johnson, as the increased manufacturing promised by Pfizer and Moderna add to our weekly inventories, we will not only be able to ensure these 300 sites can gear up from their own operations, but we'll be able to distribute to even more sites, whether they be doctor's offices, neighborhood pharmacies, healthcare clinics and the like. Judy, I think you said you had 1,800 or 1,900 preapproved sites, so we've got a lot more distribution muscle at our disposal once we have the supply that can match that muscle. For the moment, we're going to keep working within the framework that we have in place with our six vaccine mega sites leading the way in administering thousands of doses per day.

Now, a note on each of the mega sites. Each mega site is properly stocked daily to administer to every person who has an appointment for that day. There is absolutely no reason for folks, say with an appointment at two o'clock, to fear that a mega site is going to run out before their appointment. There is no need for anyone to be arriving at a mega site hours before their appointment and waiting online. We asked everyone if you could please arrive 15 minutes prior to your appointed time. The mega site you are scheduled at is not going to give out the dose that is earmarked for you before the time you arrive. Simply put, if you have an appointment, you have a vaccine.

And on the flip side, there are no walk-up vaccinations at our mega sites. You have to have an appointment. So again, please do not arrive at our mega sites hours early. Please arrive 15 minutes before your appointment. There is no need for you to wait online for fear that you won't get vaccinated. You will.

Now as I mentioned, our pre-K through 12 educators will be eligible for their vaccinations starting March 15th. That's assuming that you're not already eligible either due to your age or to a chronic medical condition. This eligibility corresponds with more and more of our educational communities transitioning from all-remote learning to either all in-person or hybrid models that have students and educators back in their school buildings throughout the week.

As of this morning, of the 811 public school districts, charter schools, Renaissance schools and schools for students with disabilities, again, in total that's what the state's stewardship is, 110 of those are currently open for all in-person instruction, and 533 for hybrid instruction. These numbers are both up from the last time we gave a full report three weeks ago, I think at this point by 15 and 42 respectively.

This also equates to roughly 74,000 students learning full time in their classrooms, and more than 760,000 being served on a hybrid schedule. The number remaining all remote is currently 142, and that had dropped 48 over the past three weeks, meaning that 447,000 students remain all remote, and 27 local education agencies are using a mix of options across their building, and that is down eight. And that covers, by the way, about 72,000 students in total.

Just stopping here for a second, so if you add up all of that, what percentage of our kids are either full on in-person, in hybrid, or in a combination? And I'm making a modest amount of assumptions there; about two-thirds. Some of our biggest districts are all remote. There's no question about that. And by the way, the remote districts include districts that are not just sort of were remote until x date, but also districts or schools where there may have been an outbreak last week and based on the protocols, they have gone remote, say for a two-week period, so it is inclusive of both of those in there. As we continue to work towards seeing all of our students back in their schools, ensuring full access to the vaccine for their educators is a big step to take. It's not the magic wand. It's not the only step, but it is a big one.

With that, let's turn to our overnight numbers. This morning, we're reporting an additional 2,668 positive PCR tests, 643 presumed positive antigen test results. And again, as I mentioned, Thursday marks the first anniversary of our first confirmed case.

The positivity for all 44,835 PCR tests recorded on Thursday was 6.44%. Judy, if you take out weekends, literally the past four days, 6.53%, 6.38%, 6.63%, 6.44% positivity. So those are all from weekdays. Again, we've seen now, for the past month or two, it's on the Saturdays and Sundays, the holidays, where you have fewer tests, higher positivity. Again, I think it's our assumption is that you're getting tested on those days for a reason. Either you're not feeling well or you got exposed.

The current rate of transmission is up to 0.94. You want to see that stay under one and preferably be going down.

The number in our hospitals crossed a good milestone over the weekend, and today the number of residents reported hospitalized is 1,865 with 1,729 of them known COVID positive; 387 folks in our ICUs, 226 ventilators in use.

But let me say this, I at least show three hospitals that didn't report. I looked at the last day they did report, they had 40 COVID in total, and I think you probably have the same numbers. So Judy, if you take that 1,865, even if you added the 40, you're at 1,905. The point being we're under 2,000. And please God, knocking on wood, heading in the right direction. On Sunday, 178 live patients left, 203 were admitted. And there were again, this is at the risk of comparing apples and oranges because these are not confirmed, hospitals reported 26 losses of lives.

However, we can report, with the heaviest of hearts, another confirmed 21 losses of life from our extraordinary New Jersey family. That brings the total confirmed losses to 20,942. The probable number of losses of life still stays at 2,331. Unfathomable. Let's take a few minutes now, as we always do, to remember three of those who we have lost.

We're going to start by honoring this guy, the life of Thomas Costello of the Whiting area of Manchester Township and Ocean County. He had previously called Jersey City and Toms River, though some of his family and friends, including his son Tom who is 12 feet to my left would argue that Disney World could have also been counted as one of his residences, given the number of trips that he had taken there. Tom was 83 and had spent a career selling cars from multiple dealerships and retired just 10 years ago.

He was a renowned storyteller, always ready with an aside from one of the many adventures he had taken with family and friends, especially with his late wife Betty, with whom he enjoyed numerous European trips over their 49 years of marriage. Tom lost Betty in 2009. He is survived by his three children, and I can't say this terribly often and I mean this: Tom Costello is right in front of me. Tom, God bless you and your siblings and your dad. He was a great guy.; Judy and James and their families, including his six grandchildren, Steven, Andrew, Joey, Ryan, Addison and Grayson. He also leaves behind countless nieces and nephews and just as many old friends.

Tom and I spoke on Friday, and in addition to Disney and the adventures, you all have Irish cousins. And I think you said your last trip with your dad there, it was a couple years ago, and he said at the time, it could have been his last and it turned out it was, sadly. And you also wanted me to say that he was a champion skeet shooter. I don't think we've honored anybody in this, almost a year, who's a champion skeet shooter. So for all those reasons, God bless your dad. May God bless Tom, his family and we thank him for a lifetime debt of dedication to the Great State of New Jersey.

Today, we also remember the artist, educator and designer Hugo Morales, who had called Union his home for many years; as if I had to tell you he was an artist. Look at that picture, wow. A native of Ecuador, Hugo came with his family to the United States as a boy and was raised in Union City. For the past 35 years, art was Hugo's calling and he was a noted leader in the Nuevo Latino art movement. Roughly 30 of those years were centered at New Jersey City University, where he had studied, by the way when it was still called Jersey City State College, and where he ultimately taught.

Hugo also committed to assisting thousands of underprivileged and minority students, whether it be with grants or with their education. He was a founder of the Festival de los Andes, a celebration for many of New Jersey's South American communities, and he received commendations from the State Senate, Hudson County, Union City, Ecuadorian-American Chamber of Commerce for his efforts and was a recipient of the Equinox Gold Medal from La Casa de la Cultura Ecuatoriana.

He leaves behind his wife Marcella Morales, his mother Barbara Berrigan, his sister and brother, Maritza and Gino, and I had the great honor of speaking with Gino on Friday, and his niece Amanda and nephews Giovanni and Chris. Hugo was just 60 years old, but his legacy will live on through his art. We are honored that Hugo's family chose to raise him in the Great State of New Jersey, and we are grateful for his contributions. May God bless and watch over him.

And finally today we celebrate this woman, Patricia Golembeski, who passed away just a week ago yesterday, at the age of 77. An Elizabeth native, Patricia was a graduate of Plainfield High and a year after graduation she married her husband Thomas. They'd be together until his passing in 2010, and moved to Toms River to raise their family. A woman of faith and of great community spirit, she served as chaplain to the Toms River Volunteer Rescue Squad. She also enjoyed a game of bingo, and while she loved all dogs, she was particularly fond of her own. Who isn't, I might add?

Patricia is survived by her daughters Christine and Barbara, and the four grandchildren she doted on, Alyssa, Ashley, Thomas and Cole, and she also leaves behind her brother Arthur. I had the great honor speaking with Alyssa on Friday. She told me great stories about her grandmother, and she noted that they are a family of EMTs. Alyssa, her sister Ashley, and her mother Christine are all EMTs and they have worked throughout this entire pandemic. So God bless them all and may especially God bless Patricia and watch over her soul and her family.

Three more of the blessed souls we have lost and in their memories, and for those who they have left behind, we will continue the fight to defeat this virus.

Let's switch gears for a minute and acknowledge another of the small businesses who have partnered with the New Jersey Economic Development Authority to keep their doors open to their customers throughout this pandemic. Judy knows this one. We are highlighting a true gem of the Jersey Shore, Bay Head's grand The Grenville Hotel, a model of Victorian architecture, which this year marks its 131st birthday. Someone told me that I should make a Joe Fiordaliso joke but I will not. That's Harry and Maureen Typaldos, who are the current owners and minders of this historic landmark.

When the onset of the pandemic put its future in question, even more so than after Hurricane Sandy -- that's hard, if you can believe that -- they looked to the EDA as a partner to ensure it could remain open. The EDA answered in a big way, providing Harry and Maureen with the direct grants and loans they needed to keep The Grenville going by covering their payroll and other expenses and they've also been participating in the EDA's PPE Discount Purchasing Program, saving additional money on the resources needed to keep their staff and visitors safe. I had a great chat with Harry on Friday who told me, among other things, that his real name is Aristotle. So next time you're there, it's Aristotle Typaldos. And I know how grateful he and Maureen are that the EDA was there when they needed them. The Grenville, as I said, is a Jersey Shore gem, and I can't wait to stop by and see Harry, Maureen and their team. By the way, check them out, thegrenville.com or check them out at 345 Main Avenue in Bay Head.

Now one last thing before I hand things off to Judy, and this is way cool. This is Trenton's, kneeling there, Athing Mu. She's just 18 years old and on Saturday, racing for Texas A&M at the SEC Indoor Track Championships. The freshmen phenom set both the American Women's Collegiate Indoor and Under-20 World Records in the 800 meters, clocking a blistering -- not as fast as you, Pat -- but a blistering 1:58.40. In fact, she broke both of those records by more than two seconds.

Athing is still setting track records since she was eight running in Trenton. Her love of running and her speed were nurtured at the Trenton Track Club by Coaches Bernice Mitchell and Al Jennings. Last spring, she was one of the nation's most highly sought-after recruits. And remember, Athing is only a freshman. I think we're going to be seeing her on a lot of podiums in the years to come. Athing, from your New Jersey family, we are so proud of you. God bless you. Congratulations on an amazing performance.

And 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. Well, yesterday, the CDC Advisory Committee on Immunization Practices, ACIP, voted to recommend the Johnson & Johnson vaccine for individuals 18 years of age and older. The approval of this vaccine means we now have three safe and effective vaccines to protect residents from COVID-19. Adding this vaccine to our toolbox means more people can get vaccinated, which increases the overall population protected from severe illness, hospitalization and death.

The efficacy of this vaccine against hospitalization was 93%. The efficacy against severe illness remained high across all world regions, suggesting protection against severe illness with varying strains. And there was similar efficacy across age, sex, race, and ethnicity categories and those with underlying conditions.

As we have discussed before, the J&J vaccine has some logistical benefits. This vaccine does not need to be kept in a freezer, and can be stored at refrigerator temperatures, so it's easy to transport and store. It is also a single dose, which can reduce the need for any time off or travel for individuals, increasing the convenience of administration.

Having different types of vaccines available for use, especially ones with different dosing recommendations and storage and handling requirements, can offer more options and flexibility for the public and vaccine providers. All the vaccines that are currently available were studied in different trials among different people and different timelines. They were not studied in a head-to-head comparison or trial. Therefore they should not be compared to each other. All are effective in preventing severe illness, hospitalizations, and death. The J&J, Moderna and Pfizer vaccines are all safe, effective options and people should take the vaccine that is available to them.

We are expecting J&J doses likely to be delivered Wednesday of this week, and with this additional vaccine, we now have the opportunity to vaccinate more individuals than ever before. As the Governor described, we will be opening eligibility for additional groups of high-risk individuals and frontline essential workers beginning March 15th, and again a few weeks later. These groups, such as individuals who experience homelessness, educators, public transportation workers are also at high risk of exposure and will soon have an opportunity to make an appointment.

However, and although we must remain patient, despite the additional vaccine coming to the state, we are still in a time of scarce vaccine supply, so not everyone will be able to book an appointment immediately upon becoming categorically eligible. As we continue to move forward, equity will still be in front of our minds. We will continue to provide avenues for communities at a significant disadvantage in accessing the vaccine, primarily our communities of color and residents over the age of 75.

For those who have received the Pfizer or Moderna vaccine, the public is doing a great job returning for your second shot, 88%. So far, 88% have returned for their second shot to finish their dosing regimen. We want everyone to ensure they receive their second dose in order to get the best protection against COVID-19. It is not known how effective just one dose of the vaccine would be long term, or how long you would be protected against COVID-19 with just one dose of the vaccine.

So moving on to my daily report, as the Governor shared, about 1,900 hospitalizations of COVID-19 positive patients and PUIs, with 387 individuals in critical care, and 58% of those critical care patients are on ventilators. That number has decreased significantly.

Thankfully, there are no new reports of multisystem inflammatory syndrome in children. There are 105 cumulative cases in the state. As you know, these children have either tested positive for active COVID-19 infection or had antibody tests that were positive for COVID-19 exposure within four weeks prior to symptoms.

There are no new confirmed cases of the B-117 variant. That is the variant that first emerged in the UK. There are 63 total reports of this variant in the state at this point in time.

The Governor reviewed the new cases and deaths. As far as the deaths are concerned, 55.6% are in Caucasian individuals, 16.5 Black, 18.8 Hispanic, 5.1 Asian and 4.0 other.

At the state veteran homes there are no new cases among residents, and at the state psychiatric hospitals, there is one new case.

As of February 25, the positivity in New Jersey is 6.44%. The Northern part of the state 6.53, Central 6.98, and the Southern part of the state 5.20. So that concludes my daily report. As always, stay safe, continue to mask up, social distance, stay home when you are sick, get tested. And remember, for each other and for us all, please take the call and download the COVID Alert NJ app. Thank you.

Governor Phil Murphy: Judy, a couple of things I wanted to underscore and then I wanted to ask Ed a question, and yourself. Number one, just to underscore the percentage of folks showing up for the second shot is like all-time high relative to other vaccination experiences, right? So that's really good. And again, per my comments earlier, if you've got an appointment, there's a vaccine for you. You don't have to worry about camping out or anything like that, so number one.

Number two, we have still a supply-demand imbalance. That's getting better, but it still exists. And don't assume that at eight o'clock in the morning on March 15th or if you're in a different group on the 29th that all of a sudden, magically, it's better. But those are the dates you can go on and begin to be eligible, but have patience. It's going to take a while to get through those communities. That's many, many hundreds of thousands of folks.

And I wonder, Ed, if I can ask you this, I want to make sure we don't leave you in the bullpen, so get you some early inning work here. Positivity rate, again, literally single digits, either six-something or seven-something for the past two to three weeks, except on weekends. Rate of transmission has been coming down. It feels like it's creeping up a little bit here. Yesterday, the last couple of days, Judy, if my numbers are right, 0.89, 0.91, 0.94. Now that's a seven-day rolling look back and I assume that's part of the reason, but any color as to how you could have the positivity rates getting into a very good place relative to where we were a month ago, and rate of transmission starting to creep in the wrong direction?

DOH Communicable Disease Service Medical Director Dr. Ed Lifshitz: Sure, and I would start by saying some of what you said which is, you know, we're looking at a very short period of time here and things change rapidly. I would say that overall we're looking about what we were looking at the beginning of November, as far as total case counts and positivity and what we're seeing with hospital visits and other things.

What had happened was, you know, we'd plateaued over the summer, we were relatively flat. When we went into the beginning of October, we began to get a gradual increase, and then we hit the beginning of November and the increase went up sharper. Then we hit December, we plateaued out, we had a bump after the holidays. And then we began to come back down relatively quickly toward now back to where we began going up sharper back at the beginning of November. So we have seen, in the last week, some of that level out a little bit.

Now there's a lot of stuff that was going on. There was weather that was out there, there was snow, there was other things. Overall in the country, there is talk about some plateauing out. So we are continuing to see a decline in cases, but they're not dropping as fast as they were two or three weeks ago, which is why you see that RT at 0.94, at 0.91,

because it is still going down but it's coming down quite rapidly as it was. Certainly we hope that it will resume but we don't know.

Governor Phil Murphy: I think we mentioned this last week. Our density, the density of long-term care facilities and residents is, in many cases, a good thing; not in this case. So we had seen less of a reduction in cases and hospitalizations than other states, although they, in many cases, were coming from a higher level. And as you rightfully pointed out, Ed, you're starting to see that plateau around the country. We're still seeing, at least hospitalization numbers going down almost every day. And let's please, I'm knocking on wood that it stays that way. Thank you both.

Pat, if it isn't one thing, it's another, so the good news is no snow in the forecast. But, we get some unusually high winds coming for the entire state, I believe over the next 24 hours in any color on that, compliance, other matters. Great to have you.

State Police Superintendent Col. Patrick Callahan: That's correct, thank you, Governor. Good afternoon. I do not have anything to report with regard to compliance. Nothing was reported to the ROIC over the weekend. But to your point about the weather, Governor, gusts, the whole state is under a wind advisory going into tomorrow. The greatest concern and I witnessed it this morning over by headquarters is the tree root systems are just compromised due to all the rain, the melting snow; there's already some large trees down and it hasn't even been that windy, but gusts up to 55 miles an hour are expected. That, coupled with these root systems, we probably will expect some power outages. So we certainly are in touch with Joe Fiordaliso and BPU to make sure that service providers are ready, and the bucket trucks are already lined up, ready to respond.

So just again, as we always caution folks, to report it and don't go near any downed lines because they are fatal.

Governor Phil Murphy: Pat, thank you. I think the two exposures in a high gust mode, again, it's up and down the entire state so all 21 counties here, and the bulk of it's coming in later today and tomorrow, I guess.

State Police Superintendent Col. Patrick Callahan: That's correct. I think the advisory ends between 3:00 and 6:00 p.m. tomorrow night, Gov.

Governor Phil Murphy: And it begins when, did you say?

State Police Superintendent Col. Patrick Callahan: Actually I think it goes in effect tonight.

Governor Phil Murphy: Okay. I think there are two areas of particular concern. One is driving, particularly if you're on bridges and exposed areas, and the other is the one you made, which are power outages. Particularly folks, if there's a downed line don't go anywhere near it. Again, in our first winter in office, two people died, one of whom actually physically touched the line, and another one tried to drive over it, and that person also lost their life. So do not go near anything that's downed.

We'll start over here with Brent. Before we do, just to say we'll be in our regular rhythm, so we'll be virtual tomorrow and we'll be here live and in person at one o'clock on Wednesday, unless you hear otherwise. Again, I'm not sure if we stay the three a week, or how much longer we stay with that. That's something we're debating. I think if we go to two here, we will undoubtedly do it in combination with a third COVID-specific on-the-road stop and I suspect it will involve some combination of the three of us. So we'll be speaking to COVID, but not necessarily from this ballroom. So with that, Brent, good afternoon.

Q&A Session

Brent Johnson, Star-Ledger: Good afternoon. With today's news, will schools be allowed to remain virtual or hybrid come September, or have you officially ruled that out barring some major change of the pandemic?

When the J&J shipments come in, will people have a choice of what vaccine they get?

CVS and Rite Aid will get, is that 22,500 doses per week for each of – is it per week, per month?

And were you aware, Governor, of the State Chiropractors Board, seven current members are all working as holdovers on expired terms? You said last week, perhaps they should be replaced after reinstating the license of a convicted sex offender. Where does that stand?

Governor Phil Murphy: So again, Judy will correct the record here. I think there are fairly straightforward answers to this. We would fully expect, assuming things go the direction they're going, that we will be in person for school in September. And I will be very surprised and disappointed if we're not. I think we will get there, and we are getting there at a minimum in a hybrid format. But I hope even more full in person, assuming we can do it safely and responsibly. You can't underestimate the stress of the school year. Educators know that more than anybody, moms and dads know that more than anybody, and our kids do. But I hope we're a lot more in person in this school year before it ends.

Judy, if I misstate any of this, the only week that we have visibility on is this week for J&J. They've basically not given any guidance for the next week or the week after. They have said by the end of March, early April, they'll be in a regular rhythm of supply. So you know, our team went over last night and this is overwhelmingly Judy's, I think quite rightful paradigm here, these are going into chain pharmacies beyond the ones that were already in. So places like Acme and more Shop Rites and Wegmans; independent pharmacies in the most vulnerable communities. There's a big amount of equity. In fact, other than the 22,500, which I'll get to in a minute, equity really defines the J&J. And if I get any of this wrong, please help me out here, emergency rooms and underserved communities, as I mentioned independent pharmacies, and a chunk into our counties with a very explicit understanding with the counties – and they've been great by the way – that homebound elderly, folks who are disabled, senior, low-income, congregant settings, DDD clients, homeless, etc. So that's the 70. I think it's a little bit more than – I've been using 73,600 but that's the 70,000.

The 22,500 is literally this week's. So neither of these numbers should you assume that we're getting in a rhythm, because we don't have that knowledge yet. And the 22,500, Brent, unless I'm told otherwise, goes into that same program that CVS and Rite Aid have been, it's just more additive.

And I've got nothing new to report on the Chiropractor Board other than it continues to be reprehensible and we will take action. I don't have anything to report to you today, but we will not let that stand. Other than the Chiropractic Board, anything else on the J&J piece, are you good with it?

Schools, we were fully expecting that we're back in business in person in September and again, safely and responsibly. Thank you, Elise. Nice to see you.

Elise Young, Bloomberg: Good to see you as well. The first question is from Lilo. Governor, on the vaccine, are you confident that the state's registration and scheduling system will be able to accommodate the influx of new requests that come with opening the process to additional groups? Has the state made any changes to this system to expand its capacity in advance of your announcement today?

And my question, what sorts of lobbying groups have been approaching your administration asking for priority vaccines? And did any of them make a successful argument to get bumped up? Are there any groups that New Jersey initially wanted among the first in line, but then risk assessments changed? Or some other supporting science surfaced and now they're lower? Thank you.

Governor Phil Murphy: Thank you, Elise. We had some serious, and Judy knows this – first of all, state registration and then the call center. Both were stood up from whole cloth in December into January and to some extent in February. The call center I think we've spoken so there are now many hundreds who have been trained up in multiple

languages. And again, that went from zero to multi, many hundreds of folks who were using the phones.

On the website registration side, we had some serious vendor issues which were extremely frustrating and that led to some spirited, many spirited exchanges with the vendor, including with yours truly, of late and I'm not knocking on wood here. Of late, that has settled down.

I'm going to make two other points if I may, and Judy should weigh in here. Thirdly, while it's settled down and let's assume it remains settled down over the next number of weeks and that the call center continues to mature, I want to reiterate what Judy said, there is a current supply-demand imbalance and there will continue to be. And for a period of time that will grow, and then it will ebb. And that's the way, it's going to be an ebbing and flowing until we get through this. We felt strongly that folks deserved to know when they were eligible to sign up for an appointment.

The last point I want to make and, Judy, again, if you see that any of this differently, please weigh in. I mentioned this in my remarks, the how, the where, in some cases, literally the when, before school starts after school as an example for educators, that is being machined. Depending on the community group that you're in, the answer may be different; you may have a different path towards your vaccine. So for instance, NJ Transit has pre-readied a dedicated site within their own system. No final decisions, but that's an option that could be used. The longshoremen and women all work within a very narrow geography, different than, say, an educator, different than a community that is up and down the state. So how, the exact how, it may not be that you're calling – depending on who you are, you may not be calling the call center or going to the state's registration system. And again, bear with us, obviously, by March 15th and March 29th respectively, there will be very explicit instructions, depending on which community you're in.

What sorts of groups lobbied? How about the answer to that is everybody? Literally everybody. And lobbying, I would say, I know you didn't mean it this way, lobbying implies – lobbying has got a bad connotation to it. The cases that were presented have been, in my experience, Judy, every one of them's compelling. Every one of them's compelling, perhaps for different reasons. So while we may not see a lot of in-school spread, we know there's an enormous imperative to get our kids safely, responsibly, educators back in school, in person. Retail workers at the point of attack have a different, compelling case. Transit workers, I mentioned longshoremen and women. So I think everybody has put forward a responsible and compelling case.

And again, we're trying to do this in a responsible way, breaking at least this round into a couple of tranches. I can only imagine if we did everyone on March 15th and 29th on one day. So we're trying to do this in a sort of phased in way. And I think, you know, at the end of the day, and I give Judy and Ed and their colleagues and a whole lot of other folks a lot of credit, because this is not easy. And God willing, this has got to be phased in a way that is both responsible and manageable for the systems. So thank you for that. Dave, good afternoon.

David Matthau, NJ 101.5: Hi. You've touched on this, Governor, a bit, but maybe you can give us a little more color on this. Those 65 and older and those with medical conditions who have not yet been able to get a vaccine appointment may be dismayed to hear that so many more people are being added into the system. What is your message to them? You know, that many of them may be angry?

Can you talk a little bit about the expectation of additional vaccine supplies and how much this factored into this decision to allow these additional groups to be put into the mix here?

With the announcement that teachers and support staff are eligible for vaccines, there's an expectation, you've mentioned that schools will be able to open more of them for in-person learning and not just wait until September. Are you going to push for that Governor? Because there is some concern about the fact that, you know, if there's not any directive given, it may not happen until September?

What is your reaction to the NJEA announcement calling for higher ed teachers and support staff to also be included in the new groups that can get a vaccine?

And finally, what is your feeling, and also maybe the health folks could weigh in on this, about this idea that we're now essentially in a race between the vaccinations and the variants? Maybe someone can explain the importance of maximizing vaccination as soon as possible, so the variants don't have a chance, or more of a chance to emerge.

And do we still expect to see a positive case increase along with hospitalizations in the coming weeks, even though the vaccination program has been ramped up? And this would obviously be from the variants gaining more of a foothold. Thank you.

Governor Phil Murphy: Thanks, Dave. I'm going to take a shot at some of these. Judy and Ed, please come in. Listen, the folks who are eligible for a vaccine – and I hear both sides of this, by the way – the feedback breaks into two categories. And mercifully, one category is growing and the other one is coming down somewhat. Frustration because they can't get in because of the supply-demand imbalance, and I would say so far, Judy and Ed, universal praise once they've gone through the process of getting a vaccine. I mean, I can't tell you how many stories you hear, State Police, National Guard, healthcare workers, volunteers: "I walked up, the process, it was like a Swiss watch." You hear that all the time.

So again, mercifully, the amount of stories you hear on that side, again, when you're over 2 million shots you've got a lot of people who are telling that story. And overwhelmingly, I mean I can't promise you every one of them, but it's overwhelmingly a positive experience. But there's no question there's frustration for the folks still trying to get in there.

Among other reasons, by giving a two-week window to this first tranche and a four-week window to the second tranche is to try to get as much of that community through the system as possible. And I would just say, please, again, thank you for your patience. You will get a shot. You'll get both shots if it's Pfizer or Moderna.

How much did increased expectation factor in? It certainly factored in. Less so, ironically, J&J than the commitments by Pfizer and Moderna to increase their production. And I say less so J&J, not that it isn't a game changer but as I mentioned already, they have explicitly given us one-weeks' notice. And I'd say warm and fuzzies about what it looks like a month from now, but a little bit of a muddied reality between then and now. But there's no question that factored into it.

Listen, I think as it relates to in-person instruction in and with educators and staff now eligible in a couple of weeks, I think this is going to happen naturally. It is already happening naturally and I believe it will continue to happen naturally. But I view this as an accelerant. Again, it's not a bright magic wand threshold, but it's an accelerant to a process that is already happening. And I am, again, I fully expect that Judy, if Angelica were here, I suspect she would join us to say that we will be open for business safely and responsibly in the fall. And I hope and in most districts, at least in a hybrid mode, well before then.

I'll let Judy and Ed address the last two which are good ones, the race of vaccinations against variants. Again, Judy mentioned this, it's worth underscoring. You get a lot of protection after one dose, apparently, from Moderna and Pfizer but there is no question the advice remains from the CDC. I spoke to Tony Fauci, as I mentioned, last week. Those are two-dose vaccines, period and we're not getting off of that.

I also meant to say this earlier, I think Judy made another great point. The Johnson & Johnson, Moderna, Pfizer, this is apples to oranges. If you start trying to compare numbers, where the trials were, when they were, the entire nature of this, it's a mistake to compare apples to oranges. These are three potent vaccines against COVID-19. All three of them are safe. All three of them work. Line up as soon as you can and get them.

But vaccines versus variants, we know the UK variant is here. We assume the New York City variant, as we mentioned, is in New Jersey, perhaps others. And then the other question that Dave asks, so vaccine versus variants and secondly, should we expect positive cases and hospitalizations to either increase? You know, depending on where you come out on the pace of vaccines versus the spread of the variants, where are positive cases and hospitalizations going to? Do you want to jump in, Judy, or Ed? Ed, do you want to tackle this? So Ed is up to bat on variants versus vaccines and Judy will come in on the positive cases and hospitalizations.

DOH Communicable Disease Service Medical Director Dr. Ed Lifshitz: Okay. I'm going to take just a little poetic license. Assume that I'm SARS Cov-2, the virus that causes COVID-19 and that my hands are the S protein, the way that the virus enters and causes infection in cells. And the way that I infect cells is by grabbing onto them with my hands.

And of course it's really not just me; there are billions of me floating around at any given time, and always with every new one of me that's being created there are minor changes, minor mutations. My fingers might be changing a little bit; the size is getting a tiny bit smaller, a tiny bit bigger. It doesn't really matter. Most of the time, I can still grab on and infect.

In fact, every now and then a mutation may come along that makes it a whole lot harder for me to do that; I might lose a thumb and all of a sudden I can't grab, and in which case, my particular virus is going to go away, and you're never going to hear about me. But I've got these hands that I'm trying to grab onto you.

Antibodies, you can think of -- whether they're antibodies produced by natural infection or through vaccination -- as mittens. You know, what the antibodies are trying to do is they are trying to cover those hands so that the hands cannot now grab on and get in. So what happens is this: we want to vaccinate people, preferably over them getting naturally infected so that they're producing these mittens so that the antibodies can't grab on and get into them.

What is a variant? A variant is one of these viruses that has managed to mutate in such a way that it can still grab on well, maybe even better than the other one, and that may be something in that hand changed enough that those mittens might not fit quite as well. So maybe my finger got long enough, that yeah, that mitten might kind of squeeze on there, but it doesn't make as tight a fit as it used to. So maybe I might be able to cause some infection.

And that's what we're seeing when we talk about efficacy of some of these vaccines against some of these variants. They still do work, they still are as effective, but they're not quite as effective as they are against the normal strains, because they don't quite fit, don't make that quite snug fit as well as they do.

So why do we want people to get vaccinated in a hurry? Well, there are basically two reasons that are going on. The more people who are infected, who have SARS-Cov2, that virus running around in their body at any given time, they're all reproducing that virus furiously. And there's always a chance that any one of those viruses can come out and be a new variant, one that we haven't even heard of yet, that might be able to grab onto you and those mittens aren't going to fit at all, and the vaccine might not work. So that's one thing.

And the second thing is that there are fewer people out there, if you've been vaccinated, you are still producing those mittens. They're not working quite as well but they're still working. So I'd rather have everybody in the room have mittens that work most of the time, and maybe one or two people might get infected. Whereas if none of them are vaccinated, they're not making mittens at all, they are all going to get infected. So it's a question about how many people will get infected when they're exposed to variants in the first place.

So again, vaccination does two things. It reduces the chance of new mutations or variants coming out in the future and it lessens the likelihood of any current variants spreading widely through the population.

Governor Phil Murphy: Well done. Judy, anything more on that and/or what do you expect to see in cases and hospitalizations over the next number of weeks?

Commissioner of Health Judith Persichilli: I think the thing that everybody has to understand is that viruses mutate, they mutate a lot. So there's a lot of variants and there will be a lot of variants for SARS-Cov2. But every single one of them is transmitted through respirations, through respiratory droplets.

So again, vaccines, as Ed just explained, will give a level of protection to all of the variants along the way. But more importantly, if you want to decrease cases in hospitalizations, wash your hands frequently, mask up, socially distance. Don't let your guard down. If you're sick, get tested and isolate and quarantine and protect yourself and your loved ones. We know right now that flu is at the lowest level it has been in years, I think. Years. Because people are masking up, they're washing their hands, respiratory droplet infections can be prevented.

So knowing that there's variants, knowing that we're rolling out vaccines and I do believe we will meet our goal of 70% of individuals vaccinated in six months, I believe May we will have a supply of vaccines for almost everyone. I truly believe that. But in the meantime, if we want cases and hospitalizations to decrease, and as a result decrease deaths, we have to continue the non-pharmaceutical interventions of masking, washing your hands, socially distancing, and we will, what I guess we say, break the back of this virus. It will take both of those things, not just vaccines, not just non-pharmaceutical interventions, but both.

David Matthau, NJ 101.5: Do we still expect a spike in the coming weeks though from the variants, possibly?

Commissioner of Health Judith Persichilli: I think we're gonna see, I would bet we will see cases creep up a bit, and hospitalizations. I truly believe that. I think our focused vaccination program in communities of color who have been disproportionately impacted, and the over 75 who have also been more vulnerable will help with that.

Governor Phil Murphy: An amateur observation is, I'll bet a buck that cases go up as a percentage more than hospitalizations. I suspect we all hope I'm right, right? It's more easily transmittable, but not necessarily more lethal. I realized I didn't answer one other question, Dave. You asked so many I've lost track here. But the one on NJEA and higher ed, I did not see the statement but we will get to higher ed and we will get there soon. Not everybody's covered by what we've just announced today. I'm not covered, as an example. But we will get to, as Judy said, I've been using May as that time as well. We're now in March, the Ides of March. You get a couple of months from now and we're a whole different ballgame. Mike, is that you? Good afternoon.

Mike Catalini, Associated Press: Good afternoon, Governor. Thank you. How does the number of Johnson & Johnson vaccines that the state is getting this week compare to the number that you're getting from Pfizer and Moderna? Is any of the Johnson & Johnson vaccine manufactured in New Jersey? I know the company is headquartered here.

Looking at the COVID-19 vaccination page, you can see that 76% of the administered dosages are being administered. What happens to that other 24%?

And finally, Governor, I wasn't sure if you had seen that Governor Cuomo in New York had apologized for saying insensitive things to some of his colleagues. I was curious if you had any reaction to that and if had talked to him at all about the Tri-State Alliance for COVID. Thank you.

Governor Phil Murphy: So remember, what I said back to Brent's question on J&J numbers. We have literally this week, so I think it's 73,600 plus the 22,500. Judy do you have the total for this week for -- actually, I'll answer a different question. Judy will find that. I actually don't know where they're manufacturing it. Do you know where they're manufacturing the J&J vaccine? We'll come back to you on that.

The other 24% get used. It's the day of the week you happen to go on the dashboard, you'll see that number go up and down. It depends, there are sort of three buckets, at least on my window there is. There's what we control, the mega sites, the community sites. And that number is hovering plus or minus 80% to 85% regularly. You've got the

long-term care program from Walgreens and CVS, that number has come way up. And then you've got the Federal Pharmacy Program. That's the one that's the lowest at the moment. But again, you've got, we know Mike's coming in Friday morning at nine o'clock for his second dose, we have that, that's allocated to you. So there's a lead lag element to this as well. But nothing's getting – there better not be – nothing's getting thrown away. Do you have that number by chance?

Commissioner of Health Judith Persichilli: I have a couple updated numbers. First, overall, out of the over 2 million doses that have been delivered, the number in the general population other than long-term care, the percentage of doses that have been administered versus claimed is up to 81%. That additional 20% is, as the Governor shared, when they report we ask everyone to report within 24 to 48 hours of receiving a dose, when it's delivered. So there's a little bit of a lag time, but it's up to 81%. In long-term care, 220,000, almost 221,000 doses have been delivered and that's 83% of the doses that are ordered. CVS is reporting a little bit over 165,000 doses administered and Walgreens almost 78,000.

Governor Phil Murphy: Do you happen to know the amount of – part of your question I assume is of the approximately 100,000 J&J for this week, how does that compare to Moderna or Pfizer?

Commissioner of Health Judith Persichilli: The weekly I don't have.

Governor Phil Murphy: We'll get that to you. It's been running a couple hundred thousand.

Commissioner of Health Judith Persichilli: Between 200,000 and 250,000 Moderna and Pfizer and we'll be getting 73,000 J&J.

Governor Phil Murphy: Plus the 22,500 which goes into the pharmacy program. Again, I say this again, Judy or Ed, tell me if you disagree. I caution everybody to not put that number in the bank for other weeks yet. We just don't know the answer to that. Eventually, I would go out on a limb and say a month from now we're going to be in a cadence with J&J and it's going to be significant but I don't want people to think next week, the week after it's going to get there yet.

Your last question was Governor Cuomo. Listen, the tri-state relationship continues and it's been extremely effective and has helped New Jerseyans, period. I don't have any insights but what I've read is deeply concerning and deeply troubling. So it appears as though they're going to have an independent investigation. And that, to me, seems what they should be doing.

I would just add anybody who has any concern, expresses a concern, deserves to be heard and it deserves to be completely and thoroughly investigated. So with that, I'm going to double mask up. I'm flying NJ Transit colors today, Pat, don't be mad at me, on behalf of our brothers and sisters at NJ Transit. Judy, Ed, thank you, as always; Pat, as always. Jared, Parimal. We have Mahan and Aliana both here, so thank you for your help.

Again, we'll be virtual tomorrow and then back here at one o'clock on Wednesday unless you hear otherwise. And again, whether we continue the three or two, we will come to some conclusion on that sooner than later. Folks, keep the faith, keep doing the stuff you've been doing. Think of vaccines not as a magic wand but as another huge weapon at our disposal. The face coverings, the social distancing, washing hands with soap and water, using your common sense, get tested at the appropriate point. All of that stuff still works. Ed, it works whether it's a variant or not, right? All of that basic stuff works. It may work to some degree better or worse, depending on what the actual variant is, but that all works. And the vaccines appear, across the board, including this great news from J&J, works.

Now we still have supply-demand imbalances. We accept that, we understand it. We are going to plow through this as best and as fast we can. But we also wanted to give certainty to a whole number of communities that deserve that certainty and that's the spirit of the announcement today. Keep doing what you've been doing, folks. Stay strong, God bless.

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