

Speaker 1:

Welcome to on the pandemic, a Rutgers cast series where university experts and leaders in health examine the critical challenges we face in our recovery from the COVID-19 pandemic. This episode is hosted by Mario Dowd, the executive director of health systems and population health integration for Rutgers biomedical and health sciences at Rutgers university. Previously, she led the New Jersey department of health as commissioner, after serving as the deputy commissioner and chief of staff. Joining the discussion today is New Jersey commissioner of health. Judith Persa. Kelly is person Kelly began serving as the commissioner in 2019 and as the first nurse to lead the department of health previously, Ms. Preston Kelly served as the acting chief executive officer of university hospital in Newark, Ms. Preston Kelly received her nursing diploma from St. Francis hospital school of nursing, a bachelor of science and nursing Summa Loudy from Rutgers university and a master of arts in administration Summa Loudy from rider university.

Speaker 2:

This is Mario dad from Rutgers university. And today I have the pleasure of talking with the New Jersey commissioner of health, Judy Persa Kelly. Today, we will take a moment to reflect on the last year of the COVID 19 pandemic and look into the future and make some predictions about what will happen next commissioner, you and I have known each other for more than 20 years. And we have both spent a lot of time living and working in New Jersey. The first thing I want to do is thank you and your entire team for all of the hard work, dedication, and many, many long hours that you have all put in to working through this pandemic over the last year, you have made many personal sacrifices, both individually and for your families. And so I really want to take this opportunity to thank all of you. Um, one of the few things that we have in common, um, is our alumni status here at Rutgers.

Speaker 2:

You are a graduate of the school of nursing, and I was thrilled when you were appointed that we finally had our very first nurse leading the department of health here in New Jersey. Um, can you share with us a little bit about how you feel your connections with Rutgers, the work Rutgers has done your experience as a nurse has made a difference or has helped you throughout this pandemic response? Well, first thank you so much, Mary, for inviting me to be on your podcast. You know, as you know, I went to nursing school before I went to Rutgers college of nursing, and I often say that, um, taught me to be curious, uh, curious about the science of nursing and nursing. Nursing's a ability to bring that science to the bedside and into the community, uh, close to the clients through this pandemic. I had relied heavily on that Cheerios city, uh, has served me well as a leader here, uh, because this is a novel virus we've never

Speaker 3:

Seen before, uh, in the United States or in the world. And it required novel responses. And you'll only get novel responses when you're curious. So I have to thank Rutgers for that. Additionally, we relied on Rutgers and our past relationships with Rutgers in various, uh, ways before we even had our first case. We recognize there was a lot of public concerning questions. So we partnered with the New Jersey poison information and education system. Some of you know, it as and J pies, which is a division of the department of emergency medicine at Rutgers New Jersey medical school, uh, to set up a call center for the public that was in January of last year. Our first case was March four. Since that time, the medical professionals at N J pies have spoken with more than 90,000 callers. It was a great service. It continues to be a great service.

Speaker 3:

Well, then we partnered with the Rutgers school of public health to develop an initial contact tracing workforce to help support our local health officials throughout the state Rutgers school of public health also developed a contact tracing training curriculum, which was guided by the tenants of social justice and health equity training included cultural sensitivity, cultural bias, and historic cultural context training to ensure that when contact tracers were connecting with exposed individuals from diverse communities, that they had that cultural awareness and aptitude. So they got the answers that they needed to contain the spread of COVID-19. And then lastly, we worked heavily, um, with the late Dr. Andy Brooks family, are you CDR, uh, incident biologics, uh, to establish our testing capacity, the lab allowed New Jersey to have immediate access to the saliva test. And at the height of the pandemic, when turnaround times are taking five to seven days for the PCR tests to, uh, the results to be returned, they ensure Rutgers in short for the state of New Jersey and at 90% to 95% of the results would be turned around in 48 to 72 hours. That was a game changer for us. It put us ahead of many other States in our efforts to mitigate COVID-19. So Rutgers has been front and center in our response to this pandemic.

Speaker 2:

Thank you commissioner. That makes me very proud as a Rutgers alum. So I'm glad to hear that we, as a university, we're a resource to you to set the stage for where we are today. You mentioned that our first in New Jersey was in March of last year, so we've just passed that date. And today our state has reported about 800,000 cases over the course of that year, over 21,000 deaths. And most recently we have administered over 2.5 million immunizations, looking back, is there a moment or an image that you won't ever forget?

Speaker 3:

Absolutely. I remember in mid-March was a Friday afternoon. I was sitting in my office was, uh, to my deputies and, uh, my chief of staff waiting for a call from the chief medical officer at CentraState medical center. And we took the call and he notified us of a severely ill patient in respiratory failure who had attended a family gathering on March fair. My first case up in Bergen County was more fourth and the family reported that another family member was in a Philadelphia hospital with similar symptoms and that 15 family members had respiratory symptoms looking like COVID 19 on March 18th. The first member of that family died shortly thereafter, four more members of that family succumb to the disease. I can remember that Friday sitting in our office and we were looking at one another and obviously I have many more years of working in healthcare than my deputies. And I looked at them. I said, there's something going on here that we know very little about. It was a parent, that's a transmissibility in the severity of this virus was something we had never experienced as you know, uh, that family, uh, became a great advocates for, uh, detection, mitigation, uh, and, uh, containment of COVID-19. And they suffered in measurable, right? Because of the exposure of one individual who transmitted COVID-19 during a family gathering of 25,

Speaker 2:

You know, you tell that story and I'm getting chills. And, you know, I'm reminded of the, a moment for me, um, around the exact same time. Cause it was just about this time last year, where I knew things were going to be different because when you called for the shutdown of school, I knew this was just a very different situation than I had ever experienced. And, and I had been at the department for the H one N one novel flu pandemic and the response to the West African Ebola epidemic. So I really knew

what a big deal it was to call for two week quarantine. Cause we never had to do that during events. And the last day my kids were in school last March. Um, and it was right before St. Patrick's day. They had a plan for a two week shutdown and I just had this feeling that there was no way we were going to come back at the end of that two weeks, because we only had a handful of confirmed cases at that time.

Speaker 2:

And I could only imagine that number growing. And so I couldn't see how school would reopen that year. And it turned out to be that that's what we experienced. However, I did not imagine that we would go a whole second year of not really having schools reopened in, in a full-time manner. And you know, for me knowing all of this, now there are things I probably would have done pretty differently over the past year if I had, I had that perspective. And I'm sure you have thought about this a lot, but is there anything that you wish you had known, so you could have done something differently through this pandemic?

Speaker 3:

No, there's so much. I wish I had known from the very beginning. Um, there's a couple of things, uh, that, um, I still reflect on and I think what has changed the course of some of our public health interventions first was the knowledge of how frequent asymptomatic spread occurred. We were dealing with it's a race to get people tested. And I think in our race to get people tested, although I have to say the residents of New Jersey were so compliant in the beginning and still with the, what we call the non-pharmaceutical interventions, masking, washing your hands, staying home. If you're sick, socially distancing, the asymptomatic spread really alluded us. And then better knowledge as to wherever the virus physically was in our state. You remember testing was very limited at the end of February, the CDC labs were online, but they were only able to receive and March between 50 to 75 tests through Jersey.

Speaker 3:

And remember we were hit pretty hard. There was New York and then there wasn't Jersey, New Jersey was not approved by the CDC to perform tests independently until March 17th. So the ability to have that type of testing, like the testing that's currently available right now would have been again, w w would have made such a big difference. So we were relying on the tried and true decades, old public health interventions of case investigation and contact tracing. And without testing, we were able to identify the movement of this respiratory illness from New York, from new Rochelle to Westchester, to Bergen County and down through our state to Lakewood. And that was all through local public health case investigation. And then we knew who had to be tested and unfortunately had to wait three, four and five days for the results. So yes, I wish we had known that asymptomatic spread was significant and I wish we had the testing, uh, so that we could have known exactly how to strengthen our mitigation activities. And yes, we should have locked things down sooner.

Speaker 2:

It's easy to look back, right. Um, it's hard to know in the moment, you know, one of the things that I learned during my time at the department was that the impact of a disaster ties very closely to the conditions of a community before the disaster even hits. So looking at data across the country prior to this pandemic, New Jersey ranked highest or near the top, depending on the ranking that you looked at for population density, cultural diversity, the number of older adults in our population, the number of nursing home residents. And as we understand now, this particular virus, these characteristics made New Jersey particularly vulnerable to COVID 19. We know that higher density environments in

particular, within a housing environment, increased the risk for catching the virus. We also know that older adults, along with our black and Hispanic communities are mythically at higher risk for hospitalization and death. I anticipate that as [inaudible] researchers evaluate this pandemic over the next decade or two, these factors will be found to have strongly influenced the variable outcomes we've seen experienced by different States. And I know that you personally are very focused on the inequities. We are seeing in our communities here in New Jersey and are working very hard to address them. Can you tell us about what disparities we've seen here in New Jersey with COVID-19

Speaker 3:

You mentioned our diverse, our diversity and our density. And it's interesting that so, so, so much of our strengths also became our weakness during COVID-19. So since the beginning of the pandemic, the administration has been focused on bringing resources to underserved communities, because we recognize that those same long-standing inequities that have contributed to health disparities over time, we're affecting racial and ethnic groups and putting them at such an increased risk for COVID-19. This pandemic has devastated families across our state, but especially those who were already vulnerable communities of color, many in our urban cities have been disproportionately impacted. These racial and ethnic populations are also disproportionately represented among the essential workers, those unable to work from home. Uh, and they're employees of places such as health care facilities, factories, farms, grocery stores. We rely on them. They aren't essential. They could not stay home. And then they would return back to many multi-generational households.

Speaker 3:

The Latin X of the black populations have mortality rates right now that are nearly double that as a white, non Hispanic population in New Jersey, when age adjusted per 100,000 population, this is a devastating statistic. Young, Hispanic males are more than three times more likely to die from this disease than their white counterparts men in the promise they launched as husbands and rather, and breadwinners has lost their lives at a rate three times that of similar populations that is devastating as a devastating statistic. So yes, communities of color have been disproportionately impacted and our vaccination program, uh, is definitely focused on these communities. Do you want to talk a little bit about that vaccination program? I would love to marry, um, you know, finally after a full year, first of all, it's a scientific achievement to have three vaccines available within the year that a novel virus had just been discovered that in and of itself is extraordinary and to live and see that list through that and see that is significant.

Speaker 3:

But to have the vaccine finally gives our work here at the department of health and throughout New Jersey, some hope, you know, hope. I like to say hope for a future that then the present that we live in. So the vaccine availability and supply is, uh, still, um, somewhat limited overall. Um, we now have three safe and effective vaccines. Uh, over 12% of our population have been vaccinated. Uh, we first brought up those, uh, that work in healthcare and those living in long-term care. Um, the reason being prevention, preventing mortality and morbidity is our primary goal. And then, uh, supporting essential, uh, societal functioning. In other words, having people to take care of you when you're sick in hospitals primarily was very important. Uh, and as we bring up more and more essential workers to be eligible, our vaccine supply is still too limited to cover everyone, but we have more than 360, uh, vaccine sites operating, uh, in New Jersey. Uh, we have six, what we call mega sites in vaccinate up to 4,000 individuals a day. Uh, and we have plans for all of our vulnerable and specific populations from the

Margaret workers that seem seasonally. I, to our state, to, uh, individuals who are home bound, uh, we will have plans for every single one of them. And when vaccine supply, uh, increases, which we hope it will do in six to eight weeks, we will be ready to vaccinate 70% of the adult eligible population within six months, that's 4.7 million people

Speaker 2:

That is really a really an achievement. And I know that there has been a lot of stress about the vaccine program. And I agree with you given the incredible achievement of having three safe and effective vaccines developed just here in our country alone within a year is just incredibly remarkable. And then as you mentioned, the supply issues, I know president Biden announced last week, great news that Merck and J and J will collaborate and their New Jersey companies, um, to increase the supply so that it will meet demand by the end of may. And I know that New Jersey has continued to open up its eligibility criteria, as you have mentioned, and that some of this opening is going to happen this month here in March. Can you explain a little bit how people could best understand when they're eligible and how they can get that shot?

Speaker 3:

Well, the most important thing they can do is go to our COVID-19 information hub. Um, COVID nineteen.nj.gov, and that will identify the eligibility, the dates and times of the eligibility groups. And then they can also hit a link that will bring them to the New Jersey vaccine, um, uh, scheduling system. And they can register registering does not mean you immediately get an appointment, however, we know that that's, uh, that's causing some frustration, but it does put you in the queue to get an appointment when an appointment opens up, um, when we have available, um, vaccine. So on March 15th, um, the following categories are eligible to be vaccinated, public and local, uh, transportation workers, um, public safety markers, market farmworkers members of tribal communities, individuals experiencing homelessness and individuals 16 to 64 with high risk medical conditions. And then on March 29, frontline essential workers, uh, food production, elder care, and support warehousing and logistics, social services, elections, personnel, hospitality, medical supply chain, postal, and shipping services. Clergy and judicial system will be eligible. I encourage everyone to go to COVID-19 dot nj.com/vaccine register yet in the queue, we will have vaccine for you when it becomes available.

Speaker 2:

And I can batch for this, uh, the registration system the first day it opened, I've registered. I'm not yet eligible, but thank you for continuing to send me messages. Let me know what the latest information is. I it's reassuring to know that I'm still in the system. So thank you for that. And, you know, we talked a little bit about the fact that we have three safe and effective vaccines currently available and being distributed in New Jersey. I wanted to ask you, because I've heard a lot of people talking about this. If, if people have a choice on what vaccine they get, I know that people have a choice as to whether or not they get vaccinated and we hope that they do. Um, but if they can choose which vaccine to get, how does that work?

Speaker 3:

It was a great question, Mary, because, uh, obviously, um, concept of self-determination and choice is really something that we very much respect. So people have the choice whether to get vaccinated or not. They also have a choice as to the location of where they get vaccinated. So then the question becomes, do they have a choice between the different vaccines that are, um, available at any point in

time? We, we have three. Now we expect more later. Uh, yes, of course I have a choice, but as I've suggested repeatedly, uh, if you want to wait in line for a J and J because you're scared of needles and you just want one shot, um, you wait in line and it might take a while. And our most important message is to urge everyone yet vaccinated. When a vaccine is available for you, they are all efficacious. They all prevent severe disease, hospitalizations, and death. So they are all excellent vaccines when it becomes available. If you get that call and you get that appointment, we urge you to get vaccinated. So only way you're going to protect yourself.

Speaker 2:

Great advice. Um, I wanna switch over and talk a little bit about schools, as you know, I'm the mom of three young and rambunctious boys. And so I know firsthand how challenging schools being closed to spin on families. Um, but I also know that there are many dedicated teachers and school administrators working hard to buy both virtual education and to reopen school safely in vaccines has been part of that discussion. I believe that we need to remain focused on reopening reopening schools safely for in-person learning and keeping them open and supporting them in new ways so that they can help our families from the toll of this pandemic. Um, but it will likely continue to be a very difficult task until we're able to vaccinate our kids. Can you tell us about how you see schools reopening this year? I know it's a priority, um, but what do you also see and expect for the next school year? What should parents be planning for?

Speaker 3:

Well, certainly our goal and fully our expectation is that schools will be back in person in September. Uh, that's, uh, something that we stand by and we'll work aggressively towards pre-K through 12th grade, uh, educators and support staff, as you know, are now being vaccinated. And it's a national, it's not an, uh, a state. It is a national goal, uh, to get teachers and support staff vaccinated. Although COVID-19 outbreaks associated with in-school transmission, having white low, we have over 600 districts and over 3000 actual school buildings, uh, in New Jersey. And we have had very few outbreaks that are epidemiologically connected to in-school transmission. So explain what that means a little bit, um, what that means is more than two individuals, uh, in school that are, have transmitted COVID-19 between themselves. So that means they got it at the school

Speaker 2:

Having got it at the community.

Speaker 3:

Absolutely. They got it at the school other than the community. And so, um, I have to thank you for the clarification cause I, you know, we're so used to speaking or, you know, this there's a whole language here that we speak

Speaker 2:

In a different language

Speaker 3:

At the school. We had very few cases on that. So our educators have been really vigilant. They've done a really good job. Um, but we also recognize that the, this pandemic the impact on the educational system

and its cascading effects on students, educators, and staff, it has been significant, particularly the children. We need to continue focusing on what is the best and right thing to do to get these children back in school. The socialization, the learning is so important and we're so afraid that children will be left behind if we cannot protect everyone and get the kids and everyone back in school,

Speaker 2:

Thank you for making that a priority. Um, I know many parents who are anxious for their children, so I know it's appreciated, you know, from where you sit, you have a very perspective and see data and analysis every day. And, and you mentioned this before about New Jersey and it's being compliant in, um, many of the mask wearing and distancing, but I want to pause and say that I think in part that is because we, as a state have been very lucky to have both you and governor Murphy, as leaders who have embraced and modeled these important public health strategies from the start, um, such as mask wearing in particular that prevents the spread of the virus. And sadly we have not seen this across the country. Um, and so, you know, we have you to thank for that. And while you both, you and the governor put out a ton of information every day, I am sure there are issues during this period of time. And, and over the course of the year that you wish the public was more aware of, you know, if you could have the media spend more time focused on one topic or story, what would that be?

Speaker 3:

I think that it would, it would be, uh, the public health infrastructure that we take for granted really bubbled up to the, to the surface. And what we saw was these are the, I call them the unsung heroes of this. And, um, it's governor Murphy has been a wonderful leader in regard to this pandemic. I couldn't ask for anyone better to work with. Uh, he falls the science, he follows the data, uh, but at the end of the day, it's the boots on the ground that are making the difference and really saving lives. So the public health infrastructure, the people that are actually in your communities, we know that in New Jersey and nationwide, the investments in public health infrastructure have been significantly limited in New Jersey is amongst a state that for many, many years did not invest in the local public health infrastructure. What we have learned is there's nothing that takes the place of that, of those individuals that are in your communities, protecting you every single day, whether it's a measles outbreak or COVID-19, these are the people, these are the individuals that are saving your lives. So at the end of the day of all of the things I've experienced, as, you know, have many years of experience in healthcare that I think the most humbling experience is to see what local health departments have done and continue to do. And we have to make sure that we never put them back into a position where their resources are limited.

Speaker 2:

Uh, I'm glad you brought that up. I, you know, I totally know what you're talking about, um, because it is those local public health officers and officials who are supporting and guiding all our communities across the state and as they always do, and you're right, you're right. To point that out. Um, you know, I think sadly that this pandemic was in fact predicted by many public health experts and unfortunately was not planned for in the ways that it should have been. And I think in large part, due to the limited long-term investments that you've pointed out, that haven't been made to strengthen our public health infrastructure. And I think this is a nationwide problem and it ties to technology infrastructure and systems and human resources. Um, I too had this frustration was that when I was at the department and honestly felt guilt in the beginning of this pandemic, that I hadn't been more successful in investing more when I was at the department.

Speaker 2:

Um, but it is a very difficult thing to maintain public health funding as a priority investment during difficult budget times. And we've seen the result that lack of investment across the country, um, in public health agencies for decades, I have been, um, happy, very happy to hear you say in, in several interviews that this one of the silver linings of this event, um, is that our local public health infrastructure has been bolstered by some of this and, and that you anticipate that this will continue in the future. And I, I totally endorsed that and hope that that's true, but can you talk a little bit more about how this has been done and what you see in the future?

Speaker 3:

Well, I think that more than any time in recent history, people recognize the value of local public health terms like contact tracing horn or isolation and quarantine have made it into common language. It's our lexicon now, um, people really on the street, well, I asked you, have you had to quarantine yet? It's amazing how we have changed our conversation and under the governor's leadership investments in local health agencies to strengthen their acute medical disease response began in 2019, but now we're seeing larger federal investments to build public health capacity at the local level, uh, about 23 million in federal funds are supporting, hiring additional employees to coordinate contact racing, uh, standing up community testing sites, ensuring individuals have a safe place to isolate or quarantine, additionally, and most importantly, hiring vulnerable population outreach coordinators to ensure that at-risk residents, their communities have access to testing and support services such as housing, insurance, coverage, unemployment compensation, to allow them to quarantine effectively, to take care of themselves, to take care of their loved ones, uh, to take care of their communities.

Speaker 3:

We're hopeful that this recognition of the vital role of public health and local public health will continue way past COVID-19 pandemic. We want to be prepared to every day, protect the people closest to the communities, uh, that are called the public health officials. Thank you so much for joining us today. Is there any last thing that you want to share with us before we end our conversation? I think we have to realize that, um, again, this is a novel virus, something we've never seen before, and we're so learning an awful lot about it. We have to continue safe party wearing your mask or shaking your hands frequently, socially distancing, uh, staying home. If you're sick, getting tested, if you don't feel well. Um, those types of activities have to continue for a while. And once we know where COVID-19 is going to land long-term, we need to continue protecting ourselves, our loved ones in our communities and do as good a job as the New Jersey residents have currently done. Uh, I'm proud to be part of this process. We don't do this alone at the department of health. Uh, it's every resident in New Jersey that has a role to play in saving lives. And they've done a great job. Thank you. Thank you commissioner for joining us today and for your continued efforts to help New Jersey get through this pandemic. We really appreciate your work. Thank you for joining us today. And for more information on what is going on in New Jersey related to COVID-19, please visit the COVID-19 information hub at COVID-19 dot nj.gov.

Speaker 1:

You've been listening to on the pandemic. We'll be back soon with new guests and new information from the top minds in health, to learn more about how Rutgers is making a difference during the COVID-19 pandemic visit rutgers.edu/united.