

1.
Meeting Minutes

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Super Storm Sandy Review, 8-8-18.pdf

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6 NASSAU COUNTY LEGISLATURE

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8 RICHARD NICOLELLO

9 PRESIDING OFFICER

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11 SUPER STORM SANDY REVIEW COMMITTEE

12

13 LEGISLATOR DENISE FORD

14 CHAIR

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16

17 Theodore Roosevelt Building

18 1550 Franklin Avenue

19 Mineola, New York

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21

22 August 8, 2018

23 3:20 P.M.

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2 A P P E A R A N C E S:

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4 LEGISLATOR DENISE FORD

5 Chair

6

7 LEGISLATOR STEVEN RHOADS

8 Vice Chair

9

10 LEGISLATOR JAMES KENNEDY

11

12 LEGISLATOR DELIA DERIGGI-WHITTON

13 Ranking member

14

15 LEGISLATOR JOSHUA LAFAZAN

16

17 LEGISLATOR DEBRA MULE

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2 LEGISLATOR FORD: Good
3 afternoon. We are going to call the Super
4 Storm Sandy Committee to order and I will ask
5 Legislator Rhoads to lead us in the Pledge of
6 Allegiance.

7 (Pledge of Allegiance was recited.)

8 LEGISLATOR FORD: I will ask the
9 clerk to call the roll.

10 MR. PULITZER: Thank you madam
11 chairwoman. Legislator Debra Mule.

12 LEGISLATOR MULE: Here.

13 MR. PULITZER: Legislator Joshua
14 Lafazan.

15 LEGISLATOR LAFAZAN: Here.

16 MR. PULITZER: Legislator Delia
17 DeRiggi-Whitton.

18 LEGISLATOR DERIGGI-WHITTON:
19 Here.

20 MR. PULITZER: Legislator James
21 Kennedy.

22 LEGISLATOR KENNEDY: Here.

23 MR. PULITZER: Deputy Presiding
24 Officer Howard Kopel.

25 Vice Chairman Steven Rhoads.

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2 LEGISLATOR RHOADS: Present.

3 MR. PULITZER: Chairwoman Denise
4 Ford.

5 LEGISLATOR FORD: Here.

6 MR. PULITZER: We have a quorum
7 ma'am.

8 LEGISLATOR FORD: I would like to
9 thank everybody for being here for the first
10 meeting of the Nassau County Super Storm Sandy
11 Review Committee, and I would like to
12 especially thank the county executive for
13 making available representatives from the
14 Office of Emergency Management and the
15 Department of Health for us today.

16 When we created this committee we
17 laid out a number of very broad goals with the
18 ultimate purpose of leveraging the knowledge
19 gained and lessons learned from the county's
20 past experiences with Super Storm Sandy into
21 our future plans and strategies for an event
22 that we all hope will never occur, another
23 disaster. We are not limiting to just Super
24 Storm Sandy. We have had a number of various
25 issues that have impacted Nassau County and

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2 our communities. So we are looking to look at
3 them as well and moving forward to be able to
4 address no matter what disaster hits us.

5 The purpose of today's hearing is
6 to discuss the county's readiness posture for
7 just such an event. To that end we will
8 receive presentations from both the Office of
9 Emergency Management and Department of Health
10 followed by a question and answer period for
11 the legislators. With that, I will now turn
12 the floor over to Legislator DeRiggi-Whitton
13 to make a brief statement before we begin.

14 LEGISLATOR DERIGGI-WHITTON:
15 Thank you Legislator Ford and I appreciate the
16 idea of this committee. I think it's
17 something that not only can we look at and see
18 what happened in the past but also better plan
19 for the future. Of course most of the damage
20 did occur on the south shore. However, on the
21 north shore there was also much damage and
22 especially the Bayville area, which Legislator
23 Lafazan has now, which was in my district at
24 the time.

25 I think one of our goals is to have

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2 all of the villages and other municipalities
3 absolutely aware of what to do should this
4 happen again. I can mention two or three
5 projects that I know of that we just missed as
6 far as filing for FEMA. I think the more
7 educated we are, and we all hope this never
8 happens again, but it might, so it's better to
9 be educated and ready. And again I appreciate
10 these efforts.

11 LEGISLATOR FORD: Thank you
12 Legislator, and you are very right because
13 education is the absolute key and awareness of
14 what needs to be done.

15 With that in mind, I'm going to ask
16 Dr. Larry Eisenstein from the department of
17 health to come up and perhaps give us a bit of
18 a presentation or discussion in regard to the
19 department of health's with these types of
20 disasters.

21 DR. EISENSTEIN: Good afternoon.
22 I'm standing here with Ann Desimone, our
23 Nassau County Department of Health director of
24 the Bureau of Emergency Preparedness, and Ann
25 was the director of emergency preparedness

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2 during Super Storm Sandy. Don Irwin, our
3 director of environmental health is here as
4 well and that's because when it comes to the
5 health department a very big part of our
6 emergency response has to do with things that
7 the health department deals with environmental
8 health, including water protection, sewers,
9 that sort of thing.

10 Ann and I were -- we had a practice
11 run the year before. I want everybody to
12 remember back that Hurricane Irene came the
13 year before. Just one year before Sandy.
14 That really served us well in that we had the
15 opportunity to take out our plans and put them
16 into motion. To make our decisions on who was
17 going to be evacuated and who was not. Where
18 our resources would lie. And most
19 importantly, how to leverage our community
20 partners in health care, community-based
21 organizations, health providers, hospital
22 systems. And it's that collaborative approach
23 which helped us, and I have to say it because
24 I have the audience, helped us be named the
25 health department of the year for the whole

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2 United States this year by the National
3 Association of City and County Health
4 Officials.

5 And in the application one of the
6 things I wrote about was our department's
7 ability to collaborate and bring our resources
8 together. We are very blessed in Nassau to
9 have the health care infrastructure that we
10 have. All of our hospitals, thousands of
11 licensed providers, making sure that we were
12 all moving in the same direction, playing nice
13 in the sand box was something that we did very
14 well.

15 Ann was magnificent. We had two
16 daily conference calls with all of our
17 hospital and nursing home partners, which
18 together numbered approximately about 70. The
19 numbers change a little bit each year.

20 Ann and I have both been honored to
21 be asked to speak on the health department's
22 response to Sandy in multiple states around
23 the country. I gave a presentation to the
24 state of California Department of Health,
25 which was quite an honor, based on how well we

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2 did. The press was very complimentary of our
3 decision making regarding evacuations. Which
4 certainly on the barrier island we did. And
5 the bigger challenge maybe than anything for
6 us was the complacency and the fact that the
7 majority of storms that are heading our way
8 don't hit us. We are very grateful and
9 appreciative when a storm turns out to sea and
10 does not hit us. But it creates a sense of
11 well, the storm never hits us. We don't need
12 to take our actions and prepare the way we
13 normally would. We believe that we have plans
14 and we are going to follow them. If the storm
15 misses us a 1,000 times we're gonna not get
16 hit by it the next time and be unprepared.

17 So, during the preparation for the
18 storm is the wrong time to change the plan.
19 It's the wrong time to decide not to follow
20 the plan. We are happy that we have this
21 opportunity to share with you and answer any
22 questions that you have about our planning.
23 We've gone over -- we have had hot washes
24 where we went over our responses with various
25 sectors. Basically all the sectors of health

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2 care. We established wonderful collaborative
3 relationships with other parts of government.
4 Including NICE bus who was a great partner in
5 helping us reach people who had medical needs
6 and we needed to get them to some kind of
7 either shelter or dialysis site or whatever
8 the need might have been.

9 I'm very proud of the response that
10 our department had. The challenges in health
11 care go beyond oh well, who knows what the
12 health care needs of people are. But,
13 especially in Long Beach for example, the
14 sewer system was down, the water system was
15 down, the basic life needs were down and our
16 team was on-site to help get the water going,
17 test it, make sure it was safe. We had some
18 people who were selling out of restaurants
19 whatever they had and it wasn't being done in
20 a sanitary way. Our inspectors were in Long
21 Beach immediately after the storm making sure
22 that people weren't going to get sick from
23 food improperly prepared. That's a big part
24 of what the health department's response is.

25 We had first responders who were

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2 digging through rubble and moving garbage and
3 we had to consider things like exposure to
4 tetanus and other bacteria. We were the
5 guidance body for making sure that infectious
6 diseases, which typically happen in a lot of
7 places after storms, were investigated and
8 controlled.

9 With did all this with our health
10 department staff at the time, I don't know the
11 exact numbers, low 200s and we have a county
12 of one point plus three million people. And
13 we got to remember while we may have had a
14 department staff of a little over 200,
15 probably a quarter of them I would guess were
16 directly impacted themselves. Where their
17 homes were damaged and their cars were
18 destroyed. And there was a gasoline shortage
19 and we had to carpool and help people get to
20 work. The challenges were impressive and I
21 think the response of the department and of
22 our partners. This was a combined effort to
23 do so well.

24 We evacuated at the time what was a
25 hospital and I believe six nursing homes and

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2 repatriated them with no deaths. And the
3 people that are evacuated from nursing homes
4 and hospitals are the most at risk and frail
5 and evacuations can be dangerous. As you've
6 seen the pictures, many of those people would
7 have been under water had they remained in
8 those facilities. So I'm very proud that we
9 chose to follow the plan, to not rethink the
10 plan as the storm's approaching. That would
11 have be a deadly mistake. We followed the
12 plan despite people who might say come on, the
13 storm never hits. It costs us money to
14 evacuate. It's dangerous to evacuate. All of
15 those things are true. But when they weigh in
16 the overall factor of the circumstance,
17 following the plan is maybe the single most
18 important lesson that we came up with after.
19 And working on it. Hearing from our partners
20 what we can do better. What lines of
21 communication we need to open or close. What
22 responders will come and not.

23 The one thing I want the
24 legislature to know, we have a group of
25 medical volunteers called the Medical Reserve

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2 Corp. it's almost 1,000 in Nassau. One of
3 the largest in America. Medical Reserve
4 Volunteer Corp. volunteers sign up. They
5 range in every aspect of health care. They're
6 not all doctors and nurses. There are social
7 workers. There are pharmacists. There are
8 EMTs. There are veterinarians. Because as we
9 learned, taking care of people's pets is gonna
10 be just as important as taking care of them to
11 get them to comply and get to safety.

12 Our Medical Reserve Corp. of almost
13 1,000 people, volunteers, Ann leads
14 trainings. We recruit. We do trainings year
15 round. They provide the on-site medical
16 response for the Long Island Marathon, which
17 serves as a real life event but also is an
18 opportunity for us to practice incident
19 command. Assess our skills, find our
20 weaknesses and we do all kinds of new
21 training.

22 And we, as you know, we led --
23 while the Red Cross did the sheltering, we did
24 lead a medical needs shelter at Nassau
25 Community College. We are trained for that.

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2 That shelter housed almost a couple of hundred
3 people for almost 30 days. 29 and a half
4 days. It was staffed by over 250 of our
5 Medical Reserve Corp. volunteers. That is an
6 incredible response statistically for
7 volunteers who are not being paid. Who have
8 other medical jobs that they have to go to,
9 especially during a time of crisis.

10 And the medical special need
11 shelter went so well that, quite frankly, when
12 it was time to close it down that a lot of the
13 people who were there were happier there than
14 the home they were going to go home to. That
15 brought up a whole level of social work
16 involvement that we had to do. And I'm
17 grateful of DSS for the help they provided
18 with that. People don't want to leave our
19 shelter. That's how well our volunteers ran
20 it under Ann's leadership.

21 So I'm very appreciative of the
22 opportunity to talk about what we do in
23 emergency preparedness. Our emergency
24 preparedness unit trains and spends time in
25 our department, at OEM as well. She does

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2 training all around. She recently went to one
3 with OEM in New York City. I am just very
4 proud of our response to Sandy all these years
5 later. And Ann and I, I know I was invited to
6 speak on this in California a couple of
7 times. I know Ann was invited to speak in
8 Atlanta at the CDC. In New Orleans we know
9 they've had their challenges with hurricanes.
10 In Virginia.

11 So the Nassau County experience
12 from the health department's perspective
13 really is a national experience. We've
14 discussed it. We've showed our slides. We've
15 shown our videos of our response team dealing
16 with restaurants in Long Beach who had no
17 power. When we asked somebody you're making
18 chicken, where are you keeping it? In the
19 refrigerator. The refrigerator hasn't had
20 power for a week and they're keeping the
21 chicken in the refrigerators.

22 These are the stories that are real
23 life stories that hopefully will get people to
24 understand when there's an order to evacuate
25 it really is a matter of life and death. We

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2 don't want to evacuate people. We want people
3 to be able to stay in their home. But if we
4 reach the point where we have to it's really a
5 lifesaving decision to leave the danger zone.
6 That's another one of the important lessons
7 that we learned.

8 I will turn it over to Ann, who is
9 nationally known as one of the great public
10 health preparedness leaders. Ann's bureau is
11 relatively small. It's only a few, three
12 full-time people at the health department in
13 emergency preparedness. But at any given
14 moment we will turn the entire department over
15 to her. Including our Medical Reserve Corp.
16 of almost 1,000 people. So ann will instantly
17 in a disaster or a problem will become our
18 incident commander. It's happened on numerous
19 occasions. We do trainings with our
20 volunteers and our staff and we should be very
21 proud to have Ann.

22 If you don't mind, unless you have
23 questions, I'll see if Ann has a few
24 comments. She and I have done extensive power
25 point presentations. We didn't know if you

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2 wanted our very extensive power point
3 presentation, but we are happy to go over them
4 with you. Both of us slightly from a
5 different slant. Mine as the commissioner,
6 leader of the agency, liaison to the
7 government. And Ann as the director of Bureau
8 of Preparedness. Although a lot of the slides
9 and pictures of firemen with sand higher than
10 the cars in Long Beach are the same. With
11 that Ann.

12 MS. DISIMONE: Good afternoon.
13 Thank you. I just have to say it is my
14 responsibility as director of public health
15 emergency preparedness to have plans in place
16 for all events. Whether it's distribution of
17 medication, medical need sheltering, KEM pack,
18 there are various different plans.

19 No plan that we had on our shelf at
20 the time of Super Storm Sandy could have ever
21 prepared us for the events that transpired.
22 But we went into incident command. We
23 followed the Office of Emergency Management's
24 120 hour time line that we change annually we
25 go through. That was part of the reason that

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2 we were able to safely evacuate all of those
3 six nursing homes and hospitals before the
4 storm hit. It was on a very sunny day when
5 they safely evacuated those patients from
6 there.

7 New York City did not have the same
8 luck that we did. The commissioner was very
9 proactive to make sure those people got to
10 safe grounds. New York City had a couple of
11 hospitals that had patients stuck in there.
12 We were very fortunate that we didn't have
13 patients that lost lives during that.

14 As the event went on I was staffing
15 the ESF. That's the emergency support
16 function of the emergency operation center at
17 the time. That's all health care services.
18 So any kind of EMS, mental health. We weren't
19 the sheltering branch. Although we were
20 supplementing the sheltering branch that Red
21 Cross was doing for general population. We
22 had the medical needs shelter. Anyone that
23 could not live in the general population
24 shelter, needed assistance with diabetes or
25 needed assistance with chest tubes but were

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2 not sick enough to go into the hospital, those
3 were the clients that we cared for.

4 At any given time it was 100 to 220
5 people. We had a neuro virus thrown in there
6 at some point. So some people ended up going
7 into the hospital.

8 We had many, many frail, elderly
9 that lost their homes so they were in that
10 shelter and decompensated very quickly. So
11 they were maybe 85, 90 years old, maybe with a
12 caregiver at home. They had no home to go
13 into and there was a shortage of housing at
14 the time. A few of those people we had to
15 work with Winthrop and Northwell to get what
16 we call PRI assessments, to get them assessed
17 to go into nursing homes.

18 The commissioner spoke about NICE
19 bus. We had a couple of people that had
20 family members that were ill. We would
21 transport the family members from the shelter
22 to the family that was in the hospital to
23 visit them, to dialysis, to appointments, to
24 any kind of doctor visits that we thought was
25 necessary.

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2 NICE bus also took them back to
3 their homes to check to see if they could get
4 into them when it was safe to do so with the
5 police department approval with that.

6 We coordinate all of our efforts in
7 emergency operation center. Next to police,
8 next the fire marshal. We were all on the
9 same page with communication. I know Steve
10 Morelli was there at the time. Commissioner
11 Craft was there. It was all hands on deck.
12 So any call that came in, whether it was from
13 our shelter or from the general public, we
14 fielded hundreds and hundreds of calls from
15 the general public. And if I didn't answer it
16 personally we had another staff member that
17 handled it as well.

18 We ended up having two help desks
19 at the emergency operation center. One was
20 specifically for environmental. Don will
21 probably speak about that. Anything having to
22 do with water safety, food safety, oil tanks
23 floating where ever they were and then, of
24 course, the backup of the sewage system at the
25 end.

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2 We did not plan for the people to
3 be in the shelter for 30 days. What became an
4 issue, bathing people. We had to do bedside
5 baths. We had to get literally a Tide truck
6 in. County purchasing had to do emergency
7 purchases for just washing people's clothes
8 because it was becoming a health hazard that
9 people did not have clean clothes in the
10 shelter.

11 We also needed to hire personal
12 care aids because as those frail elderly were
13 decompensating in the shelter we needed people
14 to help them toilet and help with feeding.
15 Just activities of daily living. That would
16 be a common occurrence. We couldn't leave
17 them sitting in the cot all day. We had to
18 get them up and moving and occupied. We did
19 have entertainers come in because the people
20 were very upset that they lost houses or their
21 family wasn't there. We actually had guitar
22 players. Just some entertainment to liven
23 them up while they were in there. It was
24 almost 30 days. I think we closed either
25 right before Thanksgiving or right after.

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2 If you have any questions for me, I
3 have all my power points from everything we
4 did. If there are any facts or figures I can
5 forward them to you. You can look at them and
6 see what else.

7 LEGISLATOR FORD: Thank you very
8 much. And I guess we will first go with
9 questions on this before we have Mr. Irwin
10 testify.

11 For me, I live in the city of Long
12 Beach so I was there during Super Storm
13 Sandy. I guess they evacuated every other
14 disaster and nothing ever happened. So I
15 guess, along with everyone else in the city of
16 Long Beach, enough already with evacuating.
17 We stayed and rode out the storm and probably
18 wasn't the best thing that we could have
19 done.

20 But Dr. Eisenstein I remember you
21 and I standing close to one another probably
22 two days after the storm. You came down. The
23 governor came down to survey the area. The
24 county executive and all his department
25 heads. But I remember especially you and the

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2 concern you had and the fact that you were
3 able to safely evacuate our frail population
4 from the nursing homes and the hospital was
5 very significant. Because when we think about
6 Katrina many people there, some of the people
7 there, weren't so fortunate to have somebody
8 like you were watching out for them. I thank
9 you very much. And being recognized for the
10 effort and all the work you have done on
11 behalf with your the role as department of
12 health chairman and all the people you have
13 working with you and for you. Well deserved
14 on any recognitions and any awards that you
15 get because I know that you work very, very
16 hard.

17 For me, I will just probably jump
18 all over the place but I think will be
19 followed up by a couple of other questions.

20 I just want to go back. I guess
21 when we talked about with the shelters and I
22 think they were very, very key. For those of
23 us who had homes we could live in we stayed in
24 them. And we always recommend to our
25 residents if you have family members that you

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2 can go to leave the area and go live someplace
3 else. Try to afford the shelter at every
4 cost. But I know how critical the shelters
5 can be. Especially for such a long period of
6 time.

7 So Ann, I know that you mentioned
8 about I guess I remember the Tide trucks
9 coming down and allowing residents to throw
10 their laundry in in the city to finally wash a
11 lot of their clothes. I'm happy to hear you
12 were able to get one for the shelter.

13 But I guess my question then would
14 be in the future, looking at the whole
15 situation that you had people in place for 30
16 days and there may be something that can
17 happen where they may be there for 45 or 60
18 days, what would you think about with the
19 shelters any changes that you would make that
20 if we had to go for extended times for many of
21 these people? Are there are any things
22 looking back at what happened after Sandy
23 moving forward what changes do you think that
24 might be warranted?

25 MS. DISIMONE: We were very

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2 fortunate right up front that we did not get
3 the amount of people coming into the shelters
4 that we had planned for. Any kind of research
5 we had done we thought for sure we would get
6 20 to 30,000 people coming in to shelters and
7 inundating the shelters. We very fortunate we
8 didn't get those kind of numbers. I think
9 they reached between 1500 and 2000 at any
10 given time. It's a lot of people, but
11 considering we are 1.3, 1.4 million people we
12 were very fortunate people. Maybe some of the
13 seniors were still in Florida for the winter.
14 Maybe people did heed the word of warning and
15 did go with friends and family. But we were
16 very fortunate that we did not have more
17 people coming in to the shelter. Because
18 quite frankly, we would not have been able to
19 handle the amount of people that we had to
20 manage the shelter.

21 So if we could have more people
22 trained in shelter. Red Cross has only a
23 certain amount of people trained and they're
24 volunteers. If we can train more of our
25 workforce for sheltering. If we can get

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2 emergency purchases in place ready to go for
3 medications. Medication was a huge issue for
4 that. Until the federal contract came in. We
5 could have shower agreements to take portable
6 showers in different areas for that as well.
7 That would be a big help.

8 Food contracts. We have since put
9 food contracts in place but that would be a
10 big help to special dietary things.

11 We have stockpiled since Sandy a
12 large amount of assistive devices. Including
13 oxygen concentrators, wheelchairs, canes,
14 walkers. We've had contracts with Language
15 Line, Mill Neck. We have those contracts in
16 place to help the access and functional needs
17 of the community. But I think the more things
18 that we can anticipate planning for ahead of
19 time would be the best way to go.

20 LEGISLATOR FORD: Thank you. I
21 just have one other. I guess even with the
22 medication, I think that one issue that I
23 remember was that with those that needed
24 insulin, whether or not they were people at
25 home, especially sometimes even some of our

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2 emergency responders, that their refrigerators
3 went out. So maybe the insulin wasn't going
4 to stay 30 days. But if they need to refill
5 the prescriptions they were having difficulty
6 because they couldn't get to the hospitals or
7 to the sites where they could pick it up or
8 they couldn't get their doctors to write the
9 prescription. Whatever. There were some
10 hurdles that people had to overcome with
11 medication like that.

12 What are we going to do moving
13 forward? Because even for emergency
14 responders they had to make sure that they
15 took their insulin because they were out
16 rescuing people. Some were taking care of
17 people. I remember that stuck with me. What
18 can we do to make sure that doesn't happen?

19 MS. DISIMONE: We need more
20 education on people stockpiling. We go out
21 and do education. Stockpile a little bit of
22 your medication if you can. I know during
23 storms pharmacies are very good about being
24 able to fill something that may be a few days
25 shy of being able to refill. I think

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2 especially since Sandy they're more able to do
3 that.

4 The problem during Sandy was a lot
5 of the mom and pop drug stores were closed.
6 Especially on the barrier island out there.
7 If they could be with a larger chain and try
8 to get their prescription so that it's not --
9 they can go to any, not going to say which
10 pharmacy but any one of the them, any one of
11 the large pharmacies, that would be helpful.
12 So if it's just the one little mom and pop one
13 that closes down they can go to the larger
14 chain and get their prescription filled.

15 The biggest issue was, especially
16 in the medical need shelter, people would come
17 in and say I'm on this little yellow pill.
18 I'm on this little white one. Unless they
19 brought the prescription bottle, if we needed
20 to refill it we couldn't do it for them. We
21 actually had NUMC, our county health center at
22 the time, come in and we had family
23 practitioners come in and assess the clients
24 in there and then wrote a prescription if they
25 could identify what the medication was that

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2 they were on. That was in the shelter. That
3 doesn't answer the larger question about
4 people that are still in their homes and need
5 medication.

6 LEGISLATOR FORD: That's
7 something we need to communicate to the
8 residents.

9 DR. EISENSTEIN: It got to the
10 point where we actually asked for the federal
11 government to send help. We had a couple of
12 the DMAT teams, federal medical teams, army
13 teams basically come in and help us out. This
14 went on much longer than we expected. They
15 were gracious and set up a couple of locations
16 around the county. Including they sent teams
17 to the medical needs shelter to help with
18 this.

19 Even the pharmacies wanted to be
20 helpful. Some of them had no power. Some of
21 the supply chains getting up the coast were
22 down. Gasoline was in shortage. So, the
23 resources even getting to the island as a
24 whole, which is obviously beyond our
25 boundaries, but that made an impact.

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2 You talked about we are always
3 prepared. One of the lessons that we learned,
4 I don't know want to say -- I think we were a
5 little surprised by the scope. We know that
6 if people are going to evacuate, they're
7 leaving where they are, and we always see it
8 as okay, they're leaving where they are by the
9 water and going to higher ground. One of the
10 things that surprised me a little bit was how
11 many people evacuated to Nassau County from
12 waterfront communities, say in the Rockaway
13 and other jurisdictions. And when we count
14 our numbers we weren't thinking that people
15 from New York City would think that our
16 shelters or our facilities or our hospitals
17 might be their preferred place. That might be
18 where they get their medical care. It's not
19 unreasonable to think somebody living in
20 Queens uses one of our hospitals. It's not
21 uncommon.

22 So, we as part of our planning, are
23 not only considering the size of our
24 population we got consider the size of our
25 neighboring populations. People from Suffolk

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2 County, if they were going to evacuate Suffolk
3 County, there's only one way for them to come
4 and that was through us. And people from New
5 York City we know that significant amounts
6 came our way. To a certain degree it
7 sandwiched us in. But we handle that well
8 with our hospital partners.

9 And I'm just bringing it up because
10 we talk about our population being 1.3 people,
11 but the fact is during the disaster the
12 population can vary beyond that potentially as
13 far as who is going to provide some kind of
14 life saving and life sustaining measures for.
15 Just putting that out there as one of the
16 lessons we learned.

17 LEGISLATOR DERIGGI-WHITTON: I
18 just have a couple of questions. I was
19 actually -- there were two shelters in my
20 area. One was Glen Cove and one Locust
21 Valley. I was there with my kids. I was
22 telling Denise the first day we were
23 volunteering. The sixth day I was like go
24 charge your phones. By then it was a long
25 time.

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2 But my question is, no one really
3 knew where the shelters were going to be. I
4 was a city councilwoman at the time. At first
5 we heard one school and then we heard the
6 other school. There seemed to be a lot of
7 confusion as to if it was the senior center
8 people should go to. Are there are designated
9 shelters like today that -- I think it would
10 be a good idea if everyone in Nassau County
11 knew where to go. Like if I knew to go to
12 Glen Cove High School or Locust Valley was for
13 Bayville area. It seems like we don't make
14 that decision until the last minute. Is that
15 still the case?

16 MS. DISIMONE: I was going to
17 defer the question to Commissioner Morelli but
18 I'm going to answer it only because I was
19 there at the time of Super Storm Sandy.
20 Whatever was offered to us at the time there
21 is a tiered approach. The commissioner can
22 speak about that. There is a tiered approach
23 to which shelters. They've tweaked that plan
24 since Sandy. And where volunteers could go.
25 I know Locust Valley ended up not being a

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2 great shelter because communication was down.
3 I think that's gone to a different tier. I
4 will let Commissioner Morelli speak more about
5 that. I think at the time whatever facility
6 offers their facility has an agreement with
7 Red Cross and they have volunteers. It may
8 have been changed since Sandy.

9 LEGISLATOR DERIGGI-WHITTON: This
10 might not your area. I personally would think
11 if we knew Glen Cove High School was
12 designated as a shelter and then there's so
13 much room in the basement there could be
14 stockpiles of Campbell Soup. And not to
15 minimize it. But I think setting up the
16 shelter while the storm is approaching was
17 very stressful for us. Then you have to get
18 the word out to people and there's no
19 television. I think there should be a mailer
20 that goes out every six months to a year
21 telling people where their designated shelter
22 is.

23 DR. EISENSTEIN: From the health
24 department's perspective I don't disagree with
25 anything you're saying. We focus our training

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2 year round on the special needs shelters.
3 Certainly at the time I assume the county had
4 a contract with the Red Cross to manage to the
5 shelters. I don't want to speak on behalf of
6 them. But I'm sure the OEM commissioner that
7 would be part of the emergency plan. The
8 health department's plan for the special needs
9 shelter we are constantly working on year
10 round. I think it's important to know what
11 the assets are such as you just described of a
12 potential space to use

13 LEGISLATOR DERIGGI-WHITTON: Then
14 we could also make sure they have generators
15 in place and everything was working. I really
16 think that's what we need to do. We need to
17 have -- everyone know where to go. And of
18 course you might get other people from Queens
19 or whatever. But at least Locust Valley knows
20 where to go. And Sea Cliff knows where to
21 go. It was impossible to get -- we had people
22 at the senior center and there was no one
23 there to help them. It was very confusing.

24 I know that the department of
25 health follows up with as much as you can with

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2 issues with food and all with the
3 restaurants. How did you go about that? Did
4 you go with the worst hit or was there some
5 mechanism involved?

6 MR. IRWIN: I will be happy to
7 answer that. Donald Irwin, director of
8 environmental health.

9 We had three primary areas of focus
10 and challenge with Sandy. Public water
11 supply, food safety and oil spills. The
12 public water systems for the most part were
13 very well prepared. Of 42 community water
14 systems we only lost two. City of Long Beach
15 and Mill Neck Estates. Those two systems went
16 down, lost pressure and had to have pressure
17 restored and have all the sampling done before
18 they could be allowed to continue service.

19 The city of Long Beach lost their
20 water because their one and only generator was
21 flooded. It's now since been raised.

22 After the storm we updated our
23 community water system status on every single
24 system twice a day and reported that both to
25 the state health department and to OEM. We

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2 had a presence at OEM. We communicated with
3 the power system. The rest of the systems
4 were able to operate. But they had power
5 challenges. They had to run their generators
6 either with natural gas or diesel. They had
7 to get deliveries of diesel. It's always our
8 attempt to get them off emergency power as
9 quickly as possible.

10 One of our frustrations during
11 recovery was the power company's inability to
12 focus on some of the problem areas with the
13 water systems that we felt needed to be
14 addressed right away.

15 In terms of food safety, we
16 essentially inspected every single food
17 service establishment in the county within a
18 week. We sent out teams that went block by
19 block to assess the status of the facility.
20 We would placard it close if we had to.
21 Communicate with operators that were there
22 trying to clean up or trying to restore
23 power. Shut them down if we had to because
24 they were serving food that was unsafe.
25 Either because they didn't have proper

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2 refrigeration or didn't have appropriate
3 ability to heat water. You have to have hot
4 water. So we went to every single food
5 service establishment and went back to the
6 ones we had to to reassess. So it wasn't just
7 in the hardest hit areas down on the south
8 shore or on the north shore.

9 Oil spills was also another big
10 concern. There were 1500 reported oil spills
11 related to Super Storm Sandy. Over 1,000 of
12 those were related to homeowner oil tanks.
13 The DEC had a team out assessing those. We
14 assisted residents with how to have it cleaned
15 up. Some were in basements, some were out in
16 the yard. Since the storm we have tightened
17 regulations on having those tanks anchored
18 down to a concrete pad. So even if they're
19 flooded they can't tip over. We are trying to
20 get that word out that. It's certainly out in
21 the oil storage tank industry. If we come
22 across one that doesn't meet that
23 specification we will advise the homeowner to
24 make sure that gets done.

25 LEGISLATOR DERIGGI-WHITTON:

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2 Thank you. I think that's amazing. I didn't
3 know you inspected every restaurant within a
4 week.

5 MR. IRWIN: Talking over 5,000
6 inspections.

7 LEGISLATOR DERIGGI-WHITTON: This
8 gets back to my idea, another thing he said
9 before, Dr. Eisenstein said, of having
10 designated shelters. I think the community in
11 itself would help so much. If they knew --
12 like I see them with homeless shelters -- if
13 people knew to stock up or whatever it would
14 be a good effort.

15 With insulin, for instance, it
16 would be good if we knew a certain shelter
17 because then we could get more insulin there.
18 I know how difficult it is to get extra
19 insulin. The insurance company -- it's so
20 expensive. When I pick up a package of six
21 vials or whatever it costs \$1,500 for the
22 insurance. For me to get -- I had to like
23 tell them I wasn't leaving once because I was
24 low and they hadn't reached my doctor and my
25 daughter was supposed to be going somewhere.

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2 It was a little mixed up with us. But
3 normally I don't let it go that low. But we
4 had it. And they would not -- it was a fight
5 like you wouldn't believe to get this one
6 extra vial. I'm pretty careful with it.
7 She's had it since she was three. But it's
8 not so easy to do. Unless you're going to put
9 out \$1,000 yourself to get a couple of extra
10 vials. Which, honestly, we would do it if we
11 had to. But not everyone can do that.

12 I think if we had designated
13 shelters ahead of time and the pharmacies
14 knew, okay, we have to have X amount they
15 could do it a couple of days ahead of time and
16 if we didn't use it they could get it back.
17 There has to be some other system other than
18 just relying on the patient to pick up the
19 insulin.

20 The other question I had as far as
21 the board of health, I don't know if this
22 would actually involve with you, when we know
23 there is a situation like we had West Shore
24 Road collapse and it's not directly related to
25 the board of health, when you see a public,

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2 possible danger of, I don't know, something
3 under construction or there's some project
4 going on or we're aware, what steps do you
5 take to get involved with -- do you prioritize
6 things or just OEM?

7 DR. EISENSTEIN: I think every
8 situation is unique. We certainly get
9 involved where our the jurisdiction allows us
10 to. We try to anticipate any situations that
11 if we can -- preventive health is what we do.
12 If there is any way we can prevent people from
13 getting hurt or getting sick we do. Certainly
14 our jurisdiction is limited. Just on my ride
15 home today on one road I'm going to be on a
16 village, one I'm going to be on a county road
17 and one I'm going to be on a state road. So
18 sometimes, if it's within our jurisdiction,
19 and certainly I have Don who deals with a lot
20 of issues, our attorney Gerry Guiliano is here
21 to talk about that legally, we get involved
22 where we can.

23 LEGISLATOR DERIGGI-WHITTON: Do
24 you basically focus on the north shore and
25 South Shore as far as the hospitals? The

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2 middle of the island might be higher, might
3 not flood as much. Is that your kind of --
4 I'm trying to picture what your approach is.

5 DR. EISENSTEIN: I'm going to let
6 Ann talk about what we do with the hospitals
7 because that is a key part of our emergency
8 preparedness response. And hospitals are not
9 under our jurisdiction. They are under state
10 health jurisdiction. But we bring them
11 together and that's what I'm going to ask Ann
12 to talk about.

13 MS. DISIMONE: We have and for
14 several years, many years since 2003, 2004 a
15 group of health and medical multiagency
16 coordinating group. It's HMAAC is the acronym
17 that we use. It's every hospital, every
18 nursing home, every assisted living facility.
19 Agencies that represent in stage renal
20 disease. Greater New York Hospital
21 Association. Anybody that we can reach out to
22 that has anything to do with health care,
23 hospice, home health agencies. And we have a
24 distribution list of over 250. We get
25 together quarterly for as many of those

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2 agencies that can. Every time there's an
3 emergency operation center activation we send
4 out a blast email. Even the five snowstorms
5 that happened this past March and we say the
6 emergency operation center is activated. The
7 health desk, the SFA health desk, is
8 activated. If you have any issue at all that
9 you need addressed please let us know.

10 We let them know of road closures.
11 We let them know of NICE bus transportation
12 that's down. LIRR. Anything like that. So
13 that they can communicate with their employees
14 and people can get to work. We treat every
15 hospital and every health care facility equal
16 and we make sure everyone has the same
17 information. Does that answer your question?

18 LEGISLATOR DERIGGI-WHITTON: It
19 does. I guess because I'm a mom, I'm someone
20 with -- I'm vulnerable. So, do you think, and
21 I don't know, we probably have to find out
22 from different lawyers what level of
23 government would handle this, but I would love
24 to see some type of legislation put in should
25 there be a hurricane or something that the

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2 pharmacies distribute insulin or whatever,
3 blood pressure medication, whatever it is
4 that's absolutely urgent. I don't know if we
5 can do that on the county level.

6 MS. DISIMONE: If you can do that
7 that would be great. That would be a great
8 anticipated need for any kind of event more
9 than a few days.

10 LEGISLATOR DERIGGI-WHITTON: Have
11 it prior? If possible, like a day or two
12 prior and then whatever is not used is
13 returned.

14 MS. DISIMONE: Or just access.
15 Just to make sure we have an agreement with a
16 couple of pharmacies, doesn't need to be one,
17 that we can access those medications if
18 needed.

19 LEGISLATOR DERIGGI-WHITTON:
20 Might be looking to you for your support. I
21 was advised it might be state but we will see
22 what we can do.

23 MS. DISIMONE: Thank you.

24 DR. EISENSTEIN: The pharmacies
25 certainly are not under county jurisdiction

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2 but there's no reason we can't advocate for
3 making sure we're prepared to respond to an
4 emergency. One of the things that I've always
5 thought about is we often tell people have,
6 you know, when you evacuate have three days of
7 medicine with you. Not sure that's enough
8 quite frankly. Happy to discuss further.

9 LEGISLATOR DERIGGI-WHITTON: The
10 good will of a pharmacy participating I would
11 switch to a pharmacy that did that. And if
12 you knew what we spend a month on diabetic
13 supplies, you know what I mean, it would be a
14 good PR for certain pharmacies.

15 LEGISLATOR FORD: Legislator
16 Rhoads.

17 LEGISLATOR RHOADS: Thank you
18 Madam Chairwoman. Dr. Eisenstein, thank you
19 very much for being here. It's tough to be
20 the first in any type of public hearing and
21 you did a wonderful job and I want to commend
22 your agency almost six years after the fact of
23 your response. It was absolutely tremendous.
24 I got the opportunity to see that from an
25 emergency services perspective, and what you

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2 were able to put together in a short period of
3 time was simply nothing short of amazing. I
4 appreciate all of the hard work and the
5 preparation your agency did, as well as the
6 office of emergency management.

7 I also want to thank the chairwoman
8 for her idea of this Super Storm Sandy Review
9 Committee. I think it's -- in the fire
10 department every time we have any type of
11 alarm or major incident we always have a
12 critique. We sit down and we analyze what we
13 did well, what we didn't do well, how we can
14 improve for the next time.

15 I think it's absolutely essential
16 after something as monumental as Super Storm
17 Sandy that we actually review not only the
18 county's response to that emergency and how we
19 can improve but also review the response at
20 every level of government. Because when
21 responding to this type of emergency we do not
22 do so in a bubble. We're not just dealing
23 with the county. There are implications upon
24 local townships and villages.

25 Obviously we have seen in each of

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2 our districts we are still dealing with
3 implications of having to deal with the
4 governor's Office of Storm Recovery, with
5 New York Rising. While that portion of it may
6 not impact upon your agency specifically we
7 have to look at it globally and we have to
8 make sure our agencies within the county and
9 municipalities outside of the county are
10 working together and coordinating our efforts
11 so that we are providing services to our
12 residents as effectively as possible.

13 I know that the scope of our
14 committee, while we are focusing on the
15 county's response now, it's our intention to
16 look at responses from other agencies, from
17 other municipalities, from the town and
18 village level up to the state level. Again,
19 to see how we can coordinate better with them
20 and see how they can in fact improve upon
21 their response towards our ultimate goal of
22 making sure we keep people safe and responding
23 effectively to any emergency.

24 Just in terms of -- and obviously
25 in keeping with that, we know that you did an

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2 outstanding job. If you had to do it again
3 one of the things we are focusing on, what
4 areas would you improve upon in terms of
5 incident command firstly? The county has
6 multiple departments. Is there one agency
7 that takes command in this type of incident?

8 DR. EISENSTEIN: We did extensive
9 hot washing in evaluating performance, asking
10 our partners how we could have done better,
11 how they could do better. We exchange ideas.
12 And I agree, I'm very proud of our response
13 but certainly there are things we can do
14 better. Ann led the hot washes and I can ask
15 her to address the specific details.

16 When the county went into incident
17 command at the time I, as the commissioner
18 served as -- in our incident command
19 structure, so these are formal incident
20 command titles that you go into, Ann becomes
21 our department incident commander reporting to
22 the incident commander of the whole
23 operation. Whether that's the county
24 executive or OEM commissioner. When you do
25 weeks and weeks like this the person who is

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2 the incident commander can change. Then the
3 federal government arrives and it can change
4 again.

5 So I'm going to ask Ann to address
6 the incident command structure. My role as
7 commissioner was to be the agency liaison.
8 And as a physician, which is really what the
9 health commissioner is, I'm a doctor first and
10 foremost, to evaluate medical needs as far as
11 we've got first responders going in and we
12 don't want them to get tetanus, we need to set
13 up an immunization pod. Or ask one of our
14 partners to. So we are fully open to
15 discussing and sharing what came up.

16 We discussed at length ways to
17 improve and do better. I was surprised how
18 many people evacuated to our county. I stated
19 that earlier. That was something that we will
20 prepare for next time.

21 I think that, as I stated, again
22 asking people who are evacuating three days of
23 medicine. Especially if it's a lifesaving
24 medicine. I don't necessarily think that's
25 enough.

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2 I think that we need to be more
3 vigilant about when we ask people to leave
4 because it's an emergency that we get them to
5 leave. Because the fact is when our staff is
6 going to a place like Long Beach and thousands
7 and thousands of people remained it could
8 become a life threatening situation the fact
9 that they remained. It also endangers our
10 staff. We went door to door knocking on
11 apartment building doors to make sure -- there
12 was no water, no electric, no sewage running
13 in some of those buildings. We were literally
14 going door to door with our staff in some of
15 those buildings making sure that people had
16 the basic necessities to stay alive. Of
17 course it didn't help that a couple of days or
18 a week after the storm a blizzard came
19 essentially if you remember. I opened the
20 door and saw this and said what more?

21 LEGISLATOR RHOADS: We were all
22 waiting for the locust.

23 DR. EISENSTEIN: That's right.
24 But I will say and I think this is a really
25 important point to reiterate, I have been at

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2 the health department since 2009. I've made a
3 lot of decisions. Some of them have worked
4 out great. Like any other department manager,
5 some of them, if I could do over again maybe I
6 would rethink them. I absolutely acknowledge
7 that.

8 But there's one decision if you
9 asked me now, out of here, on the street, if
10 you just said you've been the commissioner
11 you've been at the health department for
12 awhile, what is the most important decision
13 that you made? Without a doubt, this is a no
14 brainer, of the thousands of times I've had to
15 determine a policy decision or a hiring or a
16 firing or whatever, antibiotic decision,
17 there's one decision I take with me everyday
18 and that's the one where we got a lot of angry
19 pushback by asking some of our facilities to
20 evacuate. They got on the phone and screamed
21 at me, you made us evacuate last year. It's
22 dangerous. It cost us thousands maybe
23 millions of dollars. We're not evacuating.

24 And when you hear this from people
25 who have a lot at stake and are players, there

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2 could be a lot of pressure in that to say you
3 know what, the storms never really do come.
4 Maybe we'll only evacuate these couple. The
5 most important decision I made as commissioner
6 was to stand firm on that decision and say you
7 evacuate or we're going to send the national
8 guard in to evacuate here. That's knowing
9 that I just evacuated them the year before and
10 nothing happened and it cost them a fortune
11 and it endangered the lives of the people we
12 were evacuating.

13 Thank God for that one decision
14 because, especially at the hospital. There
15 were multiple floors under water of people who
16 would have had no way to get out.

17 So, while I emphasize -- I love the
18 question how can we do better? and I'm going
19 to ask Ann to come up and talk about that
20 because she led a lot of great hot washes, I
21 have to emphasize what to me was the single
22 most important lifesaving decision which other
23 jurisdictions did get criticized for making an
24 opposite decision.

25 Again, it goes back to now's the

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2 time to fix the plan. Now is the time to look
3 at the plan and say we didn't have enough
4 access to medication for reasons X, Y and Z.
5 Let's implement the following policies or
6 legislation or whatever it may be.

7 We also should emphasize the key
8 decisions that were life saving in a positive
9 manner because that needs to be replicated
10 every time. No matter who the health
11 commissioner is, if there's a nursing home on
12 the water in Long Beach and we know that a
13 hurricane is going to put it under water that
14 needs to evacuate.

15 The amazing thing is people were
16 angry when the storm missed. The storm missed
17 us. You make us move every time the storm
18 missed us. Thank God the storm missed you the
19 first time. I wish the storm always misses us
20 and you yell at me for evacuating you every
21 single time because then I know nobody
22 drowns. Ann, the hot wash which is your
23 question I'm going to ask Ann to address that.

24 LEGISLATOR RHOADS: I want to
25 make sure, so as the commissioner of health

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2 you do have the authority to order medical
3 facilities and hospitals to evacuate?

4 DR. EISENSTEIN: That's a legal
5 question. I think the order actually came
6 from the county executive on my
7 recommendation. Our attorney Gerry Guiliano
8 is here who can talk about the legal process
9 of an evacuation. I don't want to mislead
10 you. But certainly it was me pushing that we
11 felt that was the appropriate maneuver.

12 Remember, the hospitals and nursing
13 homes belong to the state health department.
14 They ultimately have the responsibility. But
15 during these circumstances they delegate us to
16 make these decisions because they don't know
17 the geography of our land. We know the
18 geography of your land.

19 LEGISLATOR RHOADS: The basis for
20 my question is just that I want to make sure
21 in certain areas that if we don't have
22 authority to do certain things we know what
23 those are so that we can work to be able to
24 obtain the authority to do that. It sounds as
25 though when you have a recalcitrant hospital

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2 or a nursing home it would seem as though we,
3 under force of law, should be able in the
4 interest of public safety and health should be
5 able to direct that to happen. I want to know
6 what our authority is and how that authority
7 is exercised.

8 MR. GUILIANO: Gerald Guiliano,
9 Nassau County Department of Health, department
10 attorney.

11 So, these decisions are not made in
12 a vacuum. The commissioner of health has
13 certain powers under the public health law.
14 However, in situation which involves an
15 evacuation that order is going to come, with
16 discussion with the state department of
17 health, with the county health commissioner
18 and then a recommendation will be made to the
19 county executive, who has various powers in
20 emergencies to order those evacuations as they
21 did with Long Beach. That would ultimately
22 come from the county executive.

23 LEGISLATOR RHOADS: Thank you. I
24 appreciate that. One of the issues that was
25 raised was obviously the availability of

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2 medication. Do we have contracts in place
3 with any providers that in the event we
4 require medication that we are able to obtain
5 it or is that something that we still have to
6 do?

7 MS. DISIMONE: Not at this time.
8 I believe at the time of Super Storm Sandy the
9 agreement that was in place that pharmacy was
10 destroyed in the storm.

11 LEGISLATOR RHOADS: It seems as
12 though when it came to -- I guess the issues
13 we had with food procurement have become
14 legendary in light of certain events -- when
15 it comes to food procurement for our shelters,
16 when it comes to the shelters themselves I
17 know we have coordination with the Red Cross.
18 Is the contract with Red Cross does that still
19 exist?

20 DR. EISENSTEIN: I'm going to
21 defer to the OEM commissioner for that
22 question.

23 MR. MORELLI: Steven Morelli,
24 Office of Emergency Management. Yes, an
25 agreement still exists with the American Red

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2 Cross. We also assist in supplementing. We
3 have thousands of meals ready to eat plus
4 water available. Food is not an issue.

5 LEGISLATOR RHOADS: In terms of
6 the overall incident command structure of the
7 county though, can you just walk us through --
8 obviously the county executive is at the top
9 of the command system. Does every other
10 department fall under OEM at that point? How
11 exactly does our incident command system at
12 the county work?

13 MR. MORELLI: Once the EOC is set
14 up, representatives from all --

15 LEGISLATOR RHOADS: The emergency
16 operation center?

17 MR. MORELLI: Yes.
18 Representatives from all the agencies that
19 would be vital as far as vital services
20 provided to the county would respond there.
21 Based on the incident command structure we
22 would be looking at pretty much a unified
23 command. Because it's not primarily one
24 person making all the decisions. I'm going to
25 be counting on the folks from the Department

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2 of Health. I'm going to be counting on the
3 folks from the police department. From the
4 fire marshal's office. From the American Red
5 Cross. From PSEG. From all those other
6 organizations to bring their information and
7 their wants and needs to the command post.

8 That being said, it would primarily
9 be, and I hate to make it sound as though it's
10 dumping it on somebody, it would probably be
11 to the fire commission, the police department
12 and the county executive. The Office of
13 Emergency Management stands largely in support
14 of every other organization that's going to be
15 there within the emergency operation center.
16 Our goal is to make sure that everybody else's
17 needs are met.

18 LEGISLATOR RHOADS: In terms of
19 emergency response, and I guess we're -- do we
20 want to have the commissioner go through his
21 presentation?

22 LEGISLATOR FORD: Commissioner
23 Morelli, maybe we will have you step aside and
24 focus on the department of health.

25 LEGISLATOR RHOADS: Sorry about

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2 that.

3 LEGISLATOR FORD: As we are
4 waiting for Legislator Mule, Ann, you should
5 also be recognized because I know that many of
6 my residents did end up in the shelters and
7 they did have positive experience. And even
8 afterwards when we had a round table
9 discussion, especially with the special needs
10 population, I know that you were open to
11 changing some things, keeping families
12 together and everything. Believe it or not,
13 even with the pet shelters, so many people
14 will never leave their pets. So knowing they
15 can safely put them in someplace well taken
16 care of kept a lot of stress, additional
17 stress I should say, from people. I thank you
18 very much for all the efforts that you did.

19 LEGISLATOR RHOADS:
20 Dr. Eisenstein, how does the department of
21 health coordinate its effort with respect to
22 the individual townships and villages?

23 MS. DISIMONE: So, that also
24 would be at the emergency operation center.
25 Each of the towns are represented in the

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2 emergency operation center. At the time of an
3 emergency, is that what you are referring to?

4 LEGISLATOR RHOADS: In terms of
5 preparedness and also at the time of an actual
6 emergency.

7 MS. DISIMONE: Again, we do have
8 the representation from all three towns in the
9 emergency operation center and we work very
10 closely with them when there's something going
11 on in each of those jurisdictions so we are
12 not duplicating efforts.

13 LEGISLATOR RHOADS: Would that
14 include sanitation districts?

15 MS. DISIMONE: Good question.

16 LEGISLATOR RHOADS: If it's OEM
17 just say it's OEM and I will move on to the
18 next question.

19 DR. EISENSTEIN: It's OEM.

20 MS. DISIMONE: I have one
21 follow-up to the nursing home question. You
22 said it's according to the county executive
23 says evacuate. You must evacuate. If the
24 administrator of those nursing homes said no,
25 we don't think we are at risk, we are a

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2 hardened structure, at that point we had one
3 of them that said we're not at risk. We might
4 be on a line of Merrick and Sunrise. But
5 we've never had water, never taken water in.
6 They wrote a letter, they wrote an email or
7 something that said they took full
8 responsibility for that sheltering, staying in
9 place. I want to clarify that.

10 LEGISLATOR RHOADS: Incidentally,
11 when we are setting up these shelters and
12 obviously we know now there's still a contract
13 with Red Cross to do that, when setting up the
14 special needs shelter itself, do we have any
15 outreach? Does the county maintain any type
16 of master list of the residents with special
17 needs so that we have the opportunity to be
18 able to communicate to them in the event of an
19 emergency?

20 MS. DISIMONE: No, we do not. We
21 tried to get something in place a few years
22 ago. It's daunting because once you get that
23 list you try to maintain a list. Who checks
24 it? Who makes those phone calls every year to
25 make sure that that person still needs to be

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2 on the list?

3 LEGISLATOR RHOADS: That the
4 needs haven't changed and all that?

5 MS. DISIMONE: Right. Plus you
6 may not capture the group you really need to
7 capture because some people don't self
8 identify and say I might need an issue. Most
9 people will say I'll be fine in an emergency.
10 You won't capture, from the research that we
11 did, you won't capture the people that need
12 really need the assistance.

13 DR. EISENSTEIN: Further, those
14 lists change frequently. People leave.
15 People relocate. People pass away. During an
16 emergency where we have just us and we're
17 doing the best we can from the health
18 department's perspective we can't be chasing
19 people that aren't there. That's one of the
20 challenges in maintaining this list.

21 It's something that's been studied
22 in public health. It's something that we've
23 looked at. If we thought there was a feasible
24 way to we could have that kind of access we
25 would. We rely on some of our partner

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2 agencies. Partner agencies who, for example,
3 know they have somebody that they bring oxygen
4 to every couple of days we will communicate
5 with them. And our outreach is good. While
6 that list that you're specifically asking for
7 doesn't exist, it was something that we
8 studied, evaluated and I think that with the
9 methods that we use we are still able to reach
10 a very significant percentage of the people
11 that needed our help.

12 Another aspect of the special needs
13 shelter, and just to clarify, the Red Cross
14 doesn't run special needs shelter. That's the
15 health department. The Red Cross is the
16 nonspecial medical need shelter. They really
17 served kind of as a relief point for the
18 hospitals. People with medical needs the
19 first tendency when a disaster is coming is to
20 run to the local hospital because they know
21 they will be able to get whatever care they
22 need there.

23 I was speaking frequently, we had
24 twice daily calls, sometimes more, with all
25 the administrators of our hospitals. One of

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2 the things they needed was relief from people
3 who had gone to the hospital that are not
4 hospital level sick. That are now sitting in
5 chairs in the lobby because it's the safest
6 place for them to be with family.

7 We really serve as kind of a step
8 down where people who didn't need hospitals
9 had a place where they can to get a nurse's
10 care or one of our voluntary doctor's care.
11 But they needed more than just what a general
12 shelter could supply.

13 Our role really was significant.
14 And being closely in touch with the hospital
15 and hospital census, and I know there was a
16 time when I was speaking with NUMC and they
17 just said every seat in every waiting area is
18 full. They weren't waiting for anything. It
19 was just a safe place to be.

20 Our special needs shelters kind of
21 serves as a step down to try and relieve a
22 little pressure from the hospital because the
23 couple of hundred people that were in our
24 special needs shelter they weren't going into
25 the general shelter. The next stop would be

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2 to a hospital. That would have added a higher
3 burden on the hospitals.

4 We are happy -- one of our goals is
5 to try and relieve that pressure from our
6 hospital partners. And triage is a very
7 interesting part of what we have to do.
8 Making the decision are we able to care for
9 them here in our special needs shelter? Do
10 they need a hospital? And, do they need to be
11 in special needs shelter or can they go to the
12 general shelter? We got a reputation. People
13 wanted into the special needs shelter versus
14 the general shelter.

15 So, being very strict about what
16 the actual medical needs are so that people
17 could be placed appropriately and what's best
18 for their health and make sure that people who
19 do need our services have a place to go was a
20 big part of what we did. Training our nurses
21 at the health department and our volunteers to
22 serve that triage role and that step down role
23 was really a significant piece of the
24 equation.

25 LEGISLATOR RHOADS: In terms of

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2 the overall shelter list, I know that from the
3 fire department's perspective we often
4 maintain our own lists of residents within our
5 own districts that have special needs. Who
6 are maybe in a wheelchair, maybe on oxygen,
7 maybe unable to move, unable to ambulate. So
8 that -- perhaps this may be an OEM question --
9 is there any central area where at least the
10 fire departments share information with the
11 county so that that information can be
12 disseminated to the health department?

13 MR. MORELLI: I'm can't speak for
14 the agency you're with. I'm with the South
15 Hempstead Fire Department. We got very little
16 information. Generally it comes in with our
17 fund drive information or some people are able
18 to send additional material to the fire
19 district to let us know they have special
20 needs.

21 We generally don't share that
22 information. It's more or less a local
23 concern. And we've made it a point in South
24 Hempstead if there were people that did have
25 specific special needs that we were going to

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2 make sure we attended to those needs. We
3 actually had a one year old that was on a
4 respirator. And one of the points was that we
5 had one portable generator. The rule was,
6 should there be an outage the generator went
7 to her home. Ironically, we did have an
8 outage. We went to her home to find out she
9 moved.

10 We do the best we can to the point
11 that it's a very difficult thing to do to keep
12 a running list, a running tally of those folks
13 that need additional assistance.

14 From what I'm told, I'm new to the
15 business here, PSEG is primarily one of the
16 organizations that's responsible for doing
17 that. I'm not saying that they're looking to
18 pass the buck on to somebody else but they're
19 actually working with us and with the military
20 in an effort to make sure that those people
21 that do have certain physical and mental
22 handicaps where they may not be able to tend
23 for themselves are also managed.

24 LEGISLATOR RHOADS: Thank you
25 Commissioner. With respect to the special

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2 needs shelter specifically, do we have the
3 location preset where the special needs
4 shelter will be? Just that one. I know Red
5 Cross may have other plans with respect to the
6 other shelters.

7 MS. DISIMONE: We are still
8 hoping that it's in the building that's
9 co-located with the general population shelter
10 on Nassau Community College. We do not have a
11 signed agreement. We are hoping out of the
12 goodness of their hearts when an event happens
13 that they will allow to us go in there again.
14 It's a CCB. It's their student community
15 building. It was perfect for our needs.

16 LEGISLATOR RHOADS: Would it be
17 helpful to nail that down?

18 MS. DISIMONE: It would be great
19 if we could nail that down.

20 DR. EISENSTEIN: If I could add
21 legislator, the fact that it's co-located is
22 so important because a lot of people know that
23 the special need shelter might be a little
24 more comfortable, better air conditioned,
25 might be way less people in there. So having

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2 a general shelter for triage to say look, we
3 know you want to come in here but there are
4 people with more significant medical needs and
5 the need to get priority. But if we're
6 co-located we have a place to send them.

7 LEGISLATOR RHOADS: The other
8 issue to is you don't want to split a family.
9 One individual that's in need of special
10 attention and they may have four or five
11 people that come with them that don't
12 necessarily need you don't want them to occupy
13 your space in the special needs shelter so
14 it's easier to have something in the same
15 location.

16 In terms of the volunteers that
17 staff your shelter, one of the issues we ran
18 into with the fire services, look, we are all
19 out doing what we have to do but we all have
20 families back at home that we are all worried
21 about. Do we have any accommodations at the
22 county level for the volunteers that are
23 actually staffing the special needs shelter
24 where their families can go to make sure that
25 at least they have the peace of mind to

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2 continue to work and not have to worry about
3 that?

4 DR. EISENSTEIN: At the time --
5 so, a lot of this goes beyond the health
6 department but I'm going to tell you my
7 experience because I was there. When there
8 were people who had those kinds of
9 circumstances, OEM, the Morelli Center, not
10 this Morelli, the Morelli Center, so there was
11 accommodations made and I know families --
12 like my family was in Bellmore without power.
13 We just got very lucky that my wood from my
14 wood burning stove came in a couple of days
15 before so my wife was able to keep the house
16 warm enough for the family to stay. But I
17 would have had them with me at the Morelli
18 Center with me should need be.

19 As far as the special needs shelter
20 where our staff was working, we tried to do
21 shifts. We had an amazing turnout of
22 volunteers. I mentioned 250 of our Medical
23 Reserve Corp. volunteers volunteered out of
24 about 900 that we had at the time. That's
25 almost, I don't know 27, 28 percent response.

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2 The typical disaster in the literature is
3 about ten percent of volunteers are able to
4 respond just because they're doing their real
5 life job. The fact is that we had so many
6 able to do it in shift work where our
7 volunteers in the medical needs shelter didn't
8 have to stay over.

9 But for workers I know there were
10 families that were sheltering at OEM. I was
11 based at OEM and I slept there a bunch of
12 nights too and there were shower facilities.
13 There were some families, I don't know how
14 many, I wasn't in that section of the
15 building, but I know there were some family
16 members of employees or responders or
17 volunteers or whatever it may be that at the
18 time were invited to stay there. I don't know
19 what the plan is to today regarding that but
20 that's what happened.

21 LEGISLATOR RHOADS: I appreciate
22 it. I understand that there are other
23 legislators that have some questions we will
24 move on follow-up.

25 LEGISLATOR FORD: Legislator

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2 Mule.

3 LEGISLATOR MULE: Thank you
4 Chairwoman. Thank you to everyone who is here
5 to give us this very important information.
6 Given that we are trying to wrap this up by
7 five, I'm not sure that will happen, I will be
8 brief.

9 I just wanted to ask a couple of
10 follow-up questions to what was presented.
11 There was mention made about people who have
12 prescriptions and they didn't know what they
13 were when they came in to shelters and the
14 difficulty with that. Given that we now use
15 electronic medical records is that problem
16 basically solved or not?

17 MS. DISIMONE: So, I think it
18 might be easier now that it's paperless and
19 they can just call their doctor and
20 electronically file it at any pharmacy. I
21 think it might be easier.

22 DR. EISENSTEIN: Let me answer
23 further. We are at the legal stage right now
24 where our lawyers are evaluating. The New
25 York State Department of Health has what's

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2 called The Shining. The State Health
3 Information Network of New York and it's made
4 up of eight regional health information
5 organizations. They're called RHIOs.
6 Regional Health Information Health
7 Organization. That's something that all of
8 our hospitals are signed up on. What it is is
9 it's an electronic health record of all the
10 patients that use those facilities. And the
11 concept being that if you're on Long Island
12 today but you're a college student in Buffalo
13 and you're there tomorrow and you're sick
14 today and you get a prescription and end up in
15 a hospital in Buffalo, when they pull you up
16 the Buffalo Regional Health Network
17 communicates with the Long Island one -- they
18 have formal names but I'm just giving you an
19 example -- and the doctors in Buffalo can see
20 what you got here.

21 We are in negotiations to sign in
22 as a receiving member and when we do then any
23 patient that we have we should be able to pull
24 up their medical record. Assuming they have
25 agreed to it. Patients have the right to not

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2 have their information entered into it.

3 But to answer your question, one of
4 the reasons we are entered into this RHIO as a
5 nonclinical department where we are just
6 reviewing information, not submitting anything
7 into it, we are hopeful that when we have
8 these scenarios we can learn what's been
9 prescribed and that should make things a lot
10 easier. And I think it's a big step along the
11 lines of what you're asking.

12 LEGISLATOR MULE: That's good
13 news. Another question is, you mentioned,
14 Commissioner, that after Irene you learned
15 some lessons. Tell me if I have this
16 correct. You had a plan in place which was
17 used during Irene and you learned some lessons
18 from that. Then the plan that you used for
19 Sandy was the one based on that. So two
20 questions. What were the lessons that you
21 learned? And number two, does the plan get
22 reviewed periodically? On what basis does it
23 get reviewed? That's my question.

24 DR. EISENSTEIN: It definitely
25 gets reviewed periodically. Our emergency

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2 preparedness reviews and drills year round.
3 I'm trying to think back. We have written
4 some of the specific lessons that we learned
5 from Irene. One of the things I can remember
6 right off the top of my head was with Irene
7 New York City evacuated very quickly and we
8 were caught off guard. We thought that if an
9 evacuation of waterfront or village would
10 happen somebody would notify us and I found
11 out watching the TV news in the command
12 center.

13 So one of the things I learned
14 between Irene and Sandy is we need -- while
15 our focus is Nassau County, what's happening
16 to our east and west really impacts us
17 greatly. We can't be caught behind the ball.
18 It did not happen the next year where I found
19 out about it on TV. They found out from us.
20 We improved our communications with the city.
21 We've always had great communication with
22 Suffolk.

23 I think that also from my
24 perspective I had a conversation at the time
25 with the state health commission and said

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2 look, what's happening just a few miles away
3 from us really does impact our facilities and
4 our ability to shelter people and the number
5 of hospital beds we have available and that
6 kind of thing.

7 For me, one of the key lessons was
8 to really stay in better communication and be
9 alert to what's happening outside the county.
10 We have great resources of people inside and I
11 needed to have the awareness of what's going
12 outside is one of the lessons I learned.

13 And we did full hot washes so maybe
14 Ann has more to offer as far as in between the
15 two years. I will tell you the plan that we
16 used in Irene and the plan we used in Sandy in
17 infrastructure were very similar. Because we
18 were very happy with our response to our plan
19 to Irene. We evacuated. We got everybody out
20 safely and everybody back safely. I think
21 there was one fall was the only injury that we
22 had and it was a minor injury. And that was
23 approximately 1500 people when you add up the
24 hospital and all of the nursing homes we
25 evacuated. Did that twice in two years.

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2 Ann, do you want to talk about
3 between Irene and Sandy?

4 MS. DISIMONE: Just the
5 communication piece. What we did find out
6 very early on especially Sandy because it was
7 a very lengthy operation, our communication
8 needed to be stepped up. We needed to make
9 sure that all the information that we got at
10 the emergency operation center was given back
11 to our health department staff. We were cadre
12 of people at the emergency operation center
13 that was privy all of the information that was
14 coming in through the county but some of it
15 didn't funnel back to our own staff. We
16 corrected that very quickly to make sure that
17 it was a two-way street. That information was
18 flowing both ways.

19 The other thing is that I would
20 love to ask each of your districts if you can
21 get information. We didn't realize that there
22 were so many other agencies out there
23 faith-based or community-based that were
24 delivering food and they were helping people
25 on the outside that we didn't find out about

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2 until about six months to a year afterwards.
3 We said if we had known that the donations
4 that were coming into the Office of Emergency
5 Management we could have just called that
6 faith-based or community-based and said here,
7 come pick this up. If you have a mechanism to
8 distribute it that would be great.

9 So if we can ask you going forward
10 if there's an event, knock wood, it's a warm
11 summer and we're in the hurricane season, if
12 you find out that there are community-based or
13 faith-based organizations out there that are
14 doing really great work put them in touch with
15 us at the Office of Emergency Management and
16 the health department to make sure when
17 something goes on it's a two-way street there
18 as well. We'd appreciate that.

19 LEGISLATOR MULE: Thank you.

20 LEGISLATOR RHOADS: With respect
21 to any contamination, obviously as a result of
22 the oil tanks overturning and floating, have
23 we done any long term study or has the state
24 come in to do any long term study with respect
25 to any long term health affects?

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2 MR. IRWIN: No. We didn't expect
3 to see any kind of long term health effects.
4 The greatest risk would have been on inside
5 spills. The spills outside the product is
6 going to dissipate. Most of it would get
7 cleaned up. Whatever residual is left it's
8 going to dissipate. It's going, through
9 ultraviolet exposure with the sun it's going
10 to break down, degraded. Inside, like many
11 other issues of inside of homes that were
12 flooded, there had to be a thorough cleanup
13 and enough time of airing out the home to make
14 it safe again.

15 LEGISLATOR RHOADS: Obviously we
16 have in many of our districts, I represent
17 basically Freeport through Seaford along the
18 south shore, there are many homes that have
19 been abandoned since Super Storm Sandy that
20 have been untouched since Super Storm Sandy.
21 Is there any monitoring or any inquiry on the
22 part of the health department as to any impact
23 those homes may be having on the surrounding
24 community?

25 MR. IRWIN: We don't do any

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2 proactive monitoring of that type. We
3 certainly would respond to a complaint if a
4 neighbor or someone else calls in a complaint
5 about an issue regarding that residence. We
6 would investigate it, absolutely.

7 DR. EISENSTEIN: If somebody
8 doesn't tell we don't know if there's an
9 abandoned home. But if somebody is concerned
10 we respond to every complaint.

11 LEGISLATOR RHOADS: Okay. I
12 certainly appreciate that. Thank you. May be
13 it for now.

14 LEGISLATOR FORD: Commissioner
15 Eisenstein and Ann and Dan and Gerry, thank
16 you very much. I do apologize that we did
17 start late today and I promise from now on we
18 will be on time so that we can capture all of
19 you within the time allotted. I thank you
20 very much, and we look forward to working with
21 you and to work on the recommendations and
22 suggestions that you've offered to us. And
23 that's something that we need to work with you
24 on because we never know when a storm or
25 natural disaster, man-made disaster can

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2 happen. Your response, I have to say, with
3 Sandy was phenomenal. I lived through it and
4 I think some of us here did as well and we
5 know exactly and we're still dealing with it
6 with a lot of residents. I have to say the
7 shelters, working with many of the people with
8 special needs, so forth, you really went above
9 and beyond and I thank you very much.

10 LEGISLATOR DERIGGI-WHITTON: If
11 you don't mind, before we meet again would you
12 guys mind giving us a list of like six of your
13 most favorite or optimal places to have
14 shelters? I really think if we got shelters
15 designated the church groups would know where
16 to go when they're ready if there is a storm.
17 We can have things backed up. We can have the
18 generators checked. We can have the
19 medicals. But without having the designated
20 shelters -- like if you give us your
21 recommendation and maybe we can deal with the
22 Red Cross ourselves.

23 DR. EISENSTEIN: I thank you for
24 meeting with us and I thank you for putting
25 the attention into public health preparedness,

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2 and we are proud to be here and proud that our
3 elected officials understand the significance
4 of this. Thank you very much.

5 LEGISLATOR FORD: Very crucial
6 thank you very much.

7 LEGISLATOR RHOADS: We also want
8 you to realize this is a continuing process.
9 If there are things that didn't come out today
10 that you think we can be doing, ideas that you
11 want to share, I would certainly hope that the
12 agency would submit some sort of follow-up
13 report that we can incorporate into the record
14 officially because the idea is to really try
15 to identify problems and find solutions so
16 that we are better off the next time. I
17 appreciate that.

18 Incidentally, one last question. I
19 apologize Madam Chairwoman. With respect to
20 the oil tanks and the requirement that the oil
21 tanks be anchored, is that a requirement of
22 law as of today or is that simply an agency
23 requirement.

24 MR. IRWIN: At the time of Super
25 Storm Sandy that was not a requirement that

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2 was based in law, and that would the law of
3 the state. However, locally we have now
4 required that by our regulatory authority. So
5 now, yes, tanks that are on the south shore or
6 those tanks that are near a body of water that
7 could be of concern have to be fastened down.

8 LEGISLATOR FORD: I know we have
9 a time constraint and I thank you very much
10 for being here. We are going to start with
11 you but we are hoping because we are going to
12 have another one of these. We are going to
13 continue having these hearings. I'm hoping
14 that you will tolerate us and come back
15 again. As you can tell there's a lot of
16 questions, and I think that it's wonderful
17 that we are reviewing all of this because it
18 is not only for our own knowledge but to help
19 our residents understand.

20 MR. MORELLI: I agree. I heard a
21 lot of information that I know I have a
22 contribution in some way, shape or form and I
23 appreciate the open dialogue. Storm season is
24 here. Even what we saw last night, which was
25 a storm that went by us, a squall that went

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2 by, if you looked at the radar map it was just
3 over us. Over nobody else. We really took a
4 beating last night. But again, it's going to
5 happen. We can't just say when. It's going
6 to be here. We do have to be prepared.

7 I just have a little bit of
8 information. I don't want to say fortunately
9 or unfortunately. This occurred in October
10 2012. I was not with the Office of Emergency
11 Management. I was with another discipline but
12 I was able to see firsthand the devastation.
13 I was with New York City. The very next day I
14 was in the Rockaways to see 155 homes that
15 were burnt to the ground. Most not even
16 present anymore. Just foundations. Which was
17 really disturbing.

18 As I said, I'm new to the Office of
19 Emergency Management. The majority of the
20 staff is new also. There are only two people
21 that are existing within the office now that
22 were there during Sandy. It's not as though
23 the experience is not there. The staff has
24 been working since 2012 and even during my
25 tenure that I'm there to make sure that this

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2 county is prepared. To make sure our
3 residents are safe. To make sure that early
4 notification is going to be made. The only
5 basis for analysis that we had is an after
6 action report that we found on the server from
7 2012. I sent it to Peter Kleins. I can send
8 it to everybody if you want.

9 I can't say it spells out each and
10 every piece of information. I believe it's
11 from one person's perspective how it went.
12 Sadly, there's no other record for me to go
13 by.

14 Our focus is on early warning. By
15 early warning we say the 120 hour mark.
16 People get a little reticent when you tell
17 them to evacuate, evacuate and nothing
18 happens. Sad as it sounds it's a necessary
19 evil. Let's make sure our folks are prepared
20 well ahead of time. If they're not it's going
21 to become a bigger issue.

22 More than that, we need to prepare
23 the staff of government. Government needs to
24 continue. We need to be back at work
25 tomorrow. We need to make sure that everybody

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2 is forewarned about what's going on. The
3 hurricane brochure that went out recently got
4 a lot of information. A lot of that
5 information is posted on our website.

6 Our social media now, believe it or
7 not, is becoming a little more robust since I
8 entered the office there. The Facebook page
9 and Twitter page really weren't as active as I
10 would like them to be. At the moment they're
11 starting to get a lot more tweets out. We're
12 starting to get a lot more hits on the
13 Facebook page. To me that's a great thing
14 because more people are able to get the
15 message and they get that message ahead of
16 time they'll be that much safer.

17 We're also sending out messages
18 through civic and faith-based organizations
19 through our new endeavor we're using
20 Everbridge. We were using Code Red prior to
21 this for pinpointed widespread notifications,
22 robo calls and stuff of that nature to get the
23 message out. Everbridge is a new system that
24 we are using now. It's one of the preferred
25 systems at other -- Suffolk County and New

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2 York City are actually using Everbridge now.
3 A little more of a robust system so we can get
4 the message out.

5 The only other issue with that is
6 people have to opt in. So, one of the
7 outreaches that we are doing is getting people
8 to opt in. Helping them out if they need to
9 do it. We will sit down with a laptop
10 computer and get it done for them do if
11 necessary. But the issue is to get them
12 notified.

13 There's another system we are
14 actually experimenting with and should be
15 rolling out very soon. It's called Alert FM.
16 That's radio based. It's not internet based
17 in as much as they don't need access to a
18 computer. Access to internet. It's radio
19 waves. The message will be transmitted
20 through our local radio stations. WKJY,
21 WBAB. Radio stations of that nature that are
22 able to get the message out to a small
23 transmitter that people will have in their
24 home. The transmitter doesn't have to be on
25 all day. When a storm's approaching, the

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2 person that's in possession of the device will
3 turn that on. Messages will come in that can
4 be read. It doesn't require internet.

5 Doesn't require anything elaborate.

6 There is also an app for smart
7 phones for that very same purpose.

8 What we did notice was that
9 communications were a little bit difficult
10 during Hurricane Sandy. They are in the
11 process of really making that a little more
12 robust. Communications and resilience are
13 actually the key. Right now we are in the
14 process of instituting -- switching over to
15 new interoperability radio system so we will
16 all be able to communicate together. It's a
17 sad state of affairs when we can be standing
18 in the same room on radios and we can't talk
19 to one another.

20 Another problem is that Nassau
21 County unfortunately has 71 different fire
22 districts and 71 different frequencies. It's
23 very hard. Last night was a perfect example.
24 I was at the fire in Hempstead. There were
25 more fire departments that I have seen lately

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2 save for the fact that -- Roslyn last week
3 also was another large event. If you are
4 unable to communicate with one another it
5 becomes that much more difficult. With any
6 luck the interoperability plan that we are in
7 the process of rolling out, it may take a
8 little while, but that should be able to
9 answer that problem.

10 The next big item that we have is
11 COOP, Continuity of Operations Planning.
12 That's not necessarily for the average
13 resident of the community. That's so much for
14 government. That's for business. That's for
15 any organization that provides some measure of
16 a service to the community. If you can't get
17 back in business, if you can't get back to the
18 business of governing and providing the
19 services then it's really going to be a
20 problem for our residents. The last thing in
21 the world we want them to do is to lose
22 confidence in us. We want to make sure that
23 they know when they need our help we are going
24 to be there. So continuity of operation is a
25 very big undertaking.

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2 At the Office of Emergency
3 Management, as I said, a lot of the staff
4 hadn't been there during Sandy. Within the
5 next few weeks or so we're probably going to
6 add about 25 percent more staff to the
7 office. Something that we actually need we
8 need people that are able to move assets.
9 People that are able to handle phones, to
10 handle other things, other endeavors that we
11 have going on.

12 Training is a very big thing
13 happening over at the Office of Emergency
14 Management. We're doing more training now
15 than ever before. New York State has us
16 ranked number two as far as training goes. We
17 have training scheduled through 2019 for first
18 responders, for people in business, for people
19 within government, that are able to get the
20 information that they are required to have and
21 that they need to have tier one, two and three
22 training with respect to emergency
23 preparedness. Very important.

24 This might be of interest to all of
25 you. All legislative trailers have been --

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2 they were falling in serious disrepair. One
3 thing, whether it's bureaucracy or just the
4 way it works out, tires were the biggest
5 issues. I had actually offered to take my
6 credit card out and buy tires for some of them
7 because it was ridiculous. The vehicles are
8 being maintained again. Tires are being
9 changed. The materials that are within the
10 trailers are being inspected. Changed out if
11 necessary and placed back to where they are
12 supposed to be so they are available for your
13 constituents.

14 As we mentioned earlier, there is a
15 constant supply of water. Water and MREs,
16 meals ready to eat. If we need to shelter for
17 long periods of time we can provide food for
18 the folks in the shelters as well as the
19 people that are providing the assistance. I
20 don't know if you've eaten one of those MREs.
21 They're really not desirable. But when you're
22 hungry, I will eat a 12 day old Devil Dog if
23 that's the case. They're high in sodium but
24 also high in nutrition and when you're really
25 hungry that's what you're going to be looking

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2 for.

3 We also do have, it was mentioned
4 earlier, a large number of animal cages
5 because sheltering pets is also a very a big
6 issue. We have a good relationship with the
7 ASPCA and Gary Rogers and his entire group.
8 Plenty of cages. We will do whatever we can
9 to assist with that.

10 As I said earlier, the Office of
11 Emergency Management sits largely in support
12 of every other organization. We provide
13 generators, we provide light towers, we
14 provide expertise. Provide anything that
15 we're physically able to do. But within
16 reason. Only have so many light towers. We
17 only have so many generators. I got a phone
18 call about two weeks ago from someone who's
19 having a party. Can he get a light tower?
20 Sadly, I had to tell him no. His response was
21 I thought that's what you guys were there
22 for. We are there to provide emergency
23 service and emergency response when our
24 citizens need it. I'm not going to give you a
25 light tower for your party.

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2 We provided a generator today for
3 the Massapequa Fire Department because they
4 had an issue last night with the generator
5 went down and their dispatch center is
6 affected. That's what we do. We will do
7 whatever we can to provide any sort of
8 resources that we can. We stand up at all the
9 major events.

10 Our goal right now is to let
11 everybody know what the Office of Emergency
12 Management is about. I have been going out
13 two or three nights a week, various fire
14 districts, various organizations just to let
15 them know what we're doing, what we're capable
16 and what we have available to help.

17 This will be my last item. Mark
18 your calendars for the first or second week in
19 September. We will be holding an all hazards
20 preparedness presentation at the Morelli
21 Center -- no relation -- for all department
22 heads, for members of the legislature and for
23 people from the county executive's office and
24 staff. The goal there is to give you the
25 information to give to your staffs and for you

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2 to in one way, shape of form help develop your
3 own COOP plan. Your own Continuity of
4 Operation Plan.

5 I made the point to Mr. Kleins the
6 other day, should there be no way to get into
7 this building what do you do next? How does
8 the legislature continue to function? How
9 does the legislature continue to operate? How
10 does the people from the county executive's
11 office continue to operate. Only so long we
12 want to work from home. So we have to
13 prepare. We have to make sure there is a plan
14 in place to keep you folks working. That's
15 the most important part.

16 I thank you for your time and I'll
17 take any questions you have if you have in the
18 next three minutes.

19 LEGISLATOR FORD: We may go a
20 little bit over today. I know we have
21 questions. We will do follow-up questions. I
22 just want to thank you. I know you weren't
23 here but you do bring expertise with you.

24 I'm glad that you touched upon
25 communications. For me, I remember going to

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2 city hall the day after the storm hit and
3 trying to communicate with OEM with the radios
4 and stuff like that. I know we had some
5 problems, some issues. It's very, very
6 critical. But I think probably for me one of
7 the issues that I had with communication was
8 communicating to the residents and the people
9 that lived in the affected communities, even
10 whether or not they stayed in place or they at
11 first had evacuated but came back not knowing
12 from day-to-day from hour-to-hour what was
13 happening in our area. That was I think the
14 most frustrating thing for so many people
15 because we didn't know where the resources
16 were. We didn't know where to go.

17 I think one of the follow-up
18 meetings that we had after Sandy a resident
19 did get up -- and I think this might be even
20 when you were talking about even with the
21 shelters -- that people are in that shelter
22 and they don't know what was going on. Maybe
23 what we should do is also consider having TVs
24 with generators. So that if people are in
25 certain locations they are able to see what's

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2 happening with the outside world. What's
3 happening in their communities.

4 I would also like to see if there
5 is a way that we can work with our local
6 governments and maybe with the fire districts
7 or whatever to come up with ways where we can
8 bring in large scale TVs with generators on it
9 so that the residents know like if we have
10 established shelters that's one thing, but if
11 we have established informational centers so
12 that residents can know where they can go to
13 get to MREs. Where they can go get -- if they
14 need to get additional medical supplies. Or
15 if they need to then eventually find a shelter
16 where that shelter is. How to get there.

17 That they know whether or not the
18 governor is sending down troops or where they
19 can get food, gasoline or whatever. That I
20 think was the biggest thing that we just we
21 didn't know.

22 I do have to commend our fire
23 departments in the absence of having any
24 government agency in place. I know for a fact
25 that Point Lookout Lido Fire Department took

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2 it upon themselves to become the government in
3 a way and did briefings two times a day.

4 MR. MORELLI: They really got
5 beat up too. I echo everything you're saying
6 and I agree with you 100 percent. There are
7 mechanisms in place now where in fact that
8 could be done. iPads are more prevalent these
9 days than cell phones. Anything you can see
10 on News 12 or Fios One or any one of those TV
11 stations can come to an iPad. What's the
12 problem there? Eventually the iPad dies. I
13 have had people say you're not wasting my
14 data. However it works.

15 The point being there are
16 mechanisms out there. But I do agree with
17 what you're saying.

18 Back to the idea of shelters and
19 the problem with a lot of shelters means that
20 there's a lot of different places that need to
21 be managed. Therein lies the problem. That's
22 not to say that we wouldn't want to see people
23 do that and I appreciate and adore the fact
24 that communities want to be self-sufficient.
25 Want to be able to manage their own.

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2 I was in the Five Towns about three
3 weeks ago where they asked if I could put an
4 OEM representative into every one of their
5 shelters. I'm out of OEM reps. I don't have
6 that many to do be able to do that. But the
7 idea is they're able to get their shelters up
8 and running within their own city government.

9 Ann made a very good point a little
10 while ago. It may be a better idea if the
11 three towns were to be able to establish a
12 central shelter. Nassau County has the one
13 and if need be we bleed over into
14 Farmingdale. Right? If need be we bleed into
15 Farmingdale. But each individual town, town
16 of Hempstead, North Hempstead and Oyster Bay
17 should be able to denote some location within
18 the township. It becomes an issue because
19 during the school year do the schools want to
20 get open? Can we put people in the schools?
21 Again, people don't want to stay in schools.
22 We want do everything we can to get them
23 moving. I think if we work with the towns we
24 may be better off as far as larger shelters
25 within the townships.

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2 LEGISLATOR FORD: One other
3 question that I have right now because I want
4 to give an opportunity for the others. With
5 the trailers from Homeland Security, are they
6 currently in the locations or are they up at
7 OEM?

8 MR. MORELLI: The ones that have
9 had maintenance, the tires and everything
10 done, are back where they are supposed to be.
11 There are still some up in Cedar Creek that
12 are being worked. And every day I'm on my
13 material management what's the status? I want
14 to make sure they are all where they're
15 supposed to be and we are doing everything we
16 can to get them there.

17 LEGISLATOR FORD: Do you know how
18 many are still laid up?

19 MR. MORELLI: I believe there are
20 five that are still at Cedar Creek and
21 tomorrow morning that's going to be the first
22 thing on my list.

23 LEGISLATOR FORD: You know what
24 it is, I guess I here the longest so I
25 remember these Homeland Security trailers, and

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2 what they were able to do is get these
3 trailers that have emergency supplies, water,
4 blankets, other types of stuff that you would
5 need in case like with Sandy. What it would
6 be would be that the trailer then would be
7 able to be brought to a location so that they
8 would be able to distribute the supplies to
9 the people as they come. They could come up
10 to this one -- right? We're still going to
11 move them?

12 MR. MORELLI: No. What these
13 trailers primarily have is they are to open an
14 emergency shelter in a hurry. They contain
15 100 cots, blankets and pillows and water.

16 LEGISLATOR FORD: I thought they
17 would also help -- okay. Sorry.

18 MR. MORELLI: Nothing to be go
19 sorry about. It's a great idea. If we did
20 have the resources and did have the equipment
21 to move stuff like that. I'm not saying we
22 shouldn't be able to. But again, the whole
23 idea is let's get everything up and running in
24 a hurry, so let's devote our efforts towards
25 that. But anybody that needs any measure of

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2 resources we say no to nobody except the guy
3 who wants to have the party with the light
4 tower. Otherwise, whatever you need I promise
5 we are going to do whatever we can to get it
6 to you.

7 I also caution there's only 100
8 cots and whatnot in there. I'm in District
9 Five, Legislator Mule can say, there's got to
10 be 120,000 people in our district. I don't
11 know who's fighting for those 100 beds.

12 LEGISLATOR FORD: Be the first on
13 line.

14 LEGISLATOR LAFAZAN: Thank you
15 Madam Chairwoman. As the representative for
16 some of Nassau County's most vulnerable
17 communities such as Bayville and Middle Neck
18 this committee's charge could not be more
19 important. So first my heartfelt thanks to
20 Legislator Ford and of course for Minority
21 Leader Abrahams for appointing me.

22 We have spoken about evacuations of
23 health departments, evacuations for our
24 vulnerable populations and evacuations in
25 storm prone areas. However, I want to switch

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2 gears and discuss our preparation here in
3 Nassau County for the scenario of wide scale
4 evacuations of hundreds of thousands of people
5 in ultimate time of crisis. There are few
6 aspects of a storm more controversial than to
7 implement a wide scale evacuation. And being
8 located on an island and having poor road
9 infrastructure only further makes this
10 scenario more dangerous here in Nassau
11 County. My questions are as follows.

12 First, the specter of loss of life
13 looms large over a wide spread evacuation
14 regardless of whether or not the area had
15 already been impacted by the storm. Case
16 studies in emergency preparedness and crisis
17 management point to Hurricane Rita in 2005
18 where the Texas Tribune reported that a
19 chaotic evacuation caused 73 deaths before the
20 hurricane even reached Texas. Accounting for
21 more than half of the 139 deaths attributed to
22 Rita.

23 And just 12 months ago, as we know,
24 Houston Mayor Sylvester Turner Muriel went on
25 record as defending his decision not to

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2 evacuate as preventing further loss of life
3 claiming you issue an evacuation order and put
4 everyone on the highway you are really asking
5 for a major calamity.

6 So what lessons have we learned
7 both from the decision for a wide scale
8 evacuation during Rita in 2005, the decision
9 to not order a wide scale evacuation during
10 Harvey in 2017 and from Sandy in 2012 to avoid
11 catastrophic loss of life during the scenario
12 of a wide scale evacuation?

13 MR. MORELLI: I think one of our
14 greatest hindrances is the fact that we are an
15 island, there are very few roads that
16 transverse the island and very few that go
17 from end to end. Again, the highway
18 infrastructure that we have is also
19 problematic. That notwithstanding, we do need
20 to be able to get ahead of this.

21 As far as why would we would not
22 order an evacuation, I'm sorry, if you're
23 living in a barrier island that's at risk one
24 foot of water is too much. One foot of water
25 does what? It puts a house down and you can

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2 no longer function there. You now become a
3 resident of us. I would never say don't
4 evacuate. If it's going to be a problem I
5 would say evacuate.

6 How are we going to get ahead of
7 this? By heeding the 120 hour plan. Once we
8 come out and say we have activated a 120 hour
9 plan they should understand we're not doing
10 that just because it's going to rain heavy
11 tonight. We're doing that because we see
12 something is looming. So don't wait until
13 you're 48 hours away and now the Southern
14 State Parkway is filled. Because that happens
15 at three in the afternoon. The problem is
16 that's generally what people do.

17 Our goal would be to make sure that
18 everybody is getting the information through
19 our use of Everbridge. There are actually
20 other cities that are able to message their
21 own constituencies also. We would work with
22 them. We work with everybody we can to let
23 them know it's time to go.

24 Again, you can't force people. As
25 much as you try to tell people use your better

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2 judgement there are plenty of people that say
3 I want to ride it out. Unfortunately Katrina
4 showed us how that was a bad idea.

5 Our objective is to get as many
6 people out of harm's way. To get them all off
7 the island is going to be a problem. That was
8 one of the issues with the Shoreham power
9 plant. Where are we sending everybody when
10 the horns go off? There was nowhere to send
11 everybody. Unfortunately that's the perils of
12 living where we do. But I believe if
13 everybody is prepared and everybody is of the
14 understanding that when the warning comes it's
15 time to go. We have to count on everybody to,
16 I hate to use that word common sense, but we
17 have to count on everybody to use common
18 sense. It's coming. It's not healthy for you
19 to stay.

20 We did see some injuries and deaths
21 during Sandy in New York City by people who
22 refused to leave. I don't want to see that
23 happen to anybody. Even one life is
24 priceless.

25 LEGISLATOR LAFAZAN: I think your

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2 remarks underguard the true foundation of this
3 committee and why this committee charge is so
4 important. So, parlaying my first question
5 into the second question which is, what is
6 Nassau County or Long Island as a whole have
7 to do to ensure the safest possible wide scale
8 evacuation in a time of crisis and what steps
9 can this legislature take or what steps would
10 you like this legislature to take?

11 MR. MORELLI: Any message that we
12 put out to your constituencies I can't say
13 whether or not they're going to follow our
14 directions. They're going to listen to what
15 we say. You know your constituencies best.
16 You see your people on a regular basis. I
17 know we see our legislator in South Hempstead
18 on a regular basis and we are happy for that.

19 The idea of it is we're going to
20 listen to the message. If you're able to give
21 out the same message -- our other fear is
22 conflicting information. I don't want to give
23 anybody a reason to say that's not what I just
24 heard. They have to all get the same
25 message. We need to be able to share whether

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2 it's through a representative from the
3 legislature or through any one -- people from
4 your own office to be able to deal with --
5 there is a spot for someone from the
6 legislature in our EOC.

7 So, as I said, the message has to
8 get out and it has to get out early. I can't
9 stress that enough. People have to know it's
10 time to go. And we have activate friends and
11 family. We have to activate anything else we
12 have to get people out of harm's way and to
13 get them into a safe location.

14 Issue was made about medication.
15 People think that's a silly thing. I'm a
16 grown man. I've got five days supply in my
17 desk. You never know what's going to happen.
18 I would stress, as the doctor said, three
19 days. I go more than three days. People need
20 to prepare themselves. When it's time to go
21 it really is time to go. I would count on the
22 legislature -- I hope I can count on the
23 legislature to be able to pass that message
24 out.

25 LEGISLATOR LAFAZAN: I appreciate

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2 that. As you mentioned messaging and
3 communications. Switching gears a little bit
4 here. Commissioner, you were just a fantastic
5 partner in helping me craft my first piece of
6 legislation which, of course as you know,
7 mandates a sign language interpreter be
8 present at all emergency press conferences.
9 So do we have a comprehensive plan and the
10 infrastructure in place today to ensure that
11 all residents, regardless of ability, are able
12 to receive critical information at the of
13 adversity?

14 MR. MORELLI: As I said, we are
15 working with a couple of new systems now.
16 Everbridge being one and Alert FM being the
17 next to be able to get the message out to as
18 many people as we can. Anybody that has
19 access to television in any way, shape or form
20 during -- television or radio and believe it
21 or not people they still do listen to the
22 radio -- anybody who has access to a radio or
23 television should be able to get the
24 information that's being put out by the county
25 executive's office and the Office of Emergency

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2 Management and the police department.

3 As much as we are concerned about
4 them getting the message I'm concerned about
5 how we are getting the message out? The EOC
6 would be open. The county executive would
7 more than likely be there. Any messages that
8 would have to come out would be broadcast
9 through. We do have the ability to send a
10 message out to everybody in the county or to
11 specifically pinpoint certain areas of the
12 interest to let people know that there is a
13 message coming out, that this is the message,
14 that they are to be aware of certain aspects
15 of what's going on during the course of the
16 storm or during the course of the recovery.

17 And that's our next biggest problem
18 is recovery. Listen, storm goes by. Super
19 Storm Sandy wasn't much of a storm when you
20 think about it. It was a wind event. There
21 wasn't a lot of rain and it was tidal. Twelve
22 hours later the water was gone. Unfortunately
23 for people that suffered down in the Florida
24 and Louisiana and Mississippi and Texas the
25 water didn't recede as quick as it did. We

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2 were fortunate in that respect. But it still
3 does not account for the damage that it
4 caused.

5 LEGISLATOR LAFAZAN: Madam
6 Chairwoman, with your indulgence briefly being
7 the resident millennial of this committee and
8 this body, as mentioned with the proliferation
9 of social media it seems that during the time
10 of emergency, whether it's Syosset moms or
11 Locust Valley neighbors these social media
12 groups become hubs for dissemination of
13 information whether or not that information is
14 accurate.

15 So given this reality, how does OEM
16 plan to bolster their social media followings
17 on these platforms to spread critical
18 information in real time so that residents can
19 then share that information on their own
20 pages?

21 MR. MORELLI: As I made the
22 point, when I first arrived the social media
23 plan being involved at OEM really wasn't that
24 robust. And I was working with the gentleman
25 that was handling it and I would call him

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2 every morning, what did we tweet out today? I
3 have to be honest with you I have a twitter
4 account. I don't use it. I don't want to say
5 it's a lot of fluff but, believe it or not,
6 the messages that I'm getting every day are
7 from OEM. And that's the message I keep
8 putting out. I put it out to a lot of
9 Facebook friends, and I do that just because I
10 want to see what they're thinking. But it
11 also gives me a platform to be able to push
12 any messages out.

13 I was doing it during the heat
14 because I want people to understand that the
15 heat is no joke. They have to make sure they
16 take care of themselves. That's a way that we
17 are getting it out there. Through the use of
18 our brochures and through the use of our CERT
19 teams. CERT teams is something we haven't
20 really discussed. Again, they're community
21 volunteers who will do whatever we asked them
22 to. I've learned just by seeing the few
23 hundred that I have met over the last three or
24 four months how excited they are to help and
25 how much a tremendous asset they really are to

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2 us.

3 The CERTS meet on a regular basis.
4 They always bring more people to their
5 meetings. We're getting our message out even
6 greater.

7 The hurricane brochure went out. I
8 met with some folks in the Five Towns the
9 other day. He actually said we didn't get
10 these. I said I don't mean to differ, maybe
11 you didn't get yours. We got four calls on
12 that from the Five Towns area. And not bad.
13 They were very appreciative that they got the
14 brochure. All I want is to continue to get
15 the message out. Anything that we can do from
16 this point on we're going to continue to work
17 at it.

18 Social media is a big one. Social
19 media is huge. It goes beyond Facebook and
20 Twitter. There's Tumblr. Linkin is actually
21 another page that I've been pushing stuff
22 out. That's more of a professional social
23 media site. What's that going to do? It's
24 going to let people in business know. People
25 that are in similar disciplines know what

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2 we're doing. And again, they can share that
3 message too.

4 LEGISLATOR LAFAZAN: I appreciate
5 your depth of understanding of the importance
6 of social media. Not just for my generation
7 but for all generations. My one piece of
8 homework if I can give you, on your Facebook
9 now you've got 5,000 likes, which is healthy.
10 You guys are lacking the verification
11 checkmark that is super important in terms of
12 wanting to spread critical information. So if
13 I can give you a piece of homework.

14 MR. MORELLI: You caught me
15 there. I appreciate that.

16 LEGISLATOR LAFAZAN: Call up
17 Mr. Zuckerberg's office and get that blue
18 checkmark to make sure you're verified. And I
19 appreciate your time Commissioner. Thank
20 you. Thank you madam Chairwoman.

21 LEGISLATOR FORD: Legislator
22 Rhoads.

23 LEGISLATOR RHOADS: Thank you. I
24 appreciate it. Just a couple of quick
25 follow-up questions. I know we're short on

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2 time and I tend to be long winded so I will
3 make it quick.

4 In terms of central command, with
5 respect to you've mentioned the fact we have
6 71 fire districts. Is there one -- you spoke
7 a little bit about the fact that we're trying
8 to upgrade our communications so the
9 departments can converse with each other.
10 Presumably that includes our police department
11 as well so we will all be able to communicate
12 together. You've mentioned that we were doing
13 something but can you give a brief description
14 of whatever we are doing?

15 MR. MORELLI: Right now it's
16 actually been funded and we received most of
17 the hardware at this point. It's an
18 interoperability radio system. At the present
19 time anybody outside of the police department
20 is unable to converse with the police
21 department. So the message can get lost
22 across even though they exist in the same
23 building.

24 LEGISLATOR RHOADS: Did we just
25 switched to a another frequency, right?

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2 MR. MORELLI: Yeah. And that
3 became another problem because as recent as
4 train derailment in New Hyde Park they were on
5 opposite sides of the track and couldn't
6 communicate with each other without the
7 benefit of a runner. And that really is a
8 hinderance. I can understand from the police
9 perspective we don't want everybody to
10 communicate over the police frequency. That
11 only ties up the frequencies and can endanger
12 people's lives. Consequently we also don't
13 want to give the frequencies out because we
14 don't want the bad guy to hear what's going
15 on. I can certainly understand that.

16 There are talk groups, hundreds of
17 talk groups that we can open up using this new
18 interoperability radio system. That will
19 allow us to communicate with the police across
20 these lines and not have to worry about it.

21 Our biggest problem is, and I
22 appreciate it because I have been in the fire
23 service for 36 years in South Hempstead, 34
24 years in the New York City Fire Department,
25 everybody wants to help. I can't have

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2 everybody at once talking. Therein lies the
3 problem. Everybody wants to do the right
4 thing. They can't communicate across the
5 thing and there's where our problem lies.

6 Again, this interoperability
7 system, which may take a little while to
8 institute, it had been stalled for better than
9 a year on governance. As soon as I arrived I
10 started working with my deputy commissioner,
11 Joe Kramarky, on working the governance's
12 portion of it. They actually had a meeting
13 with the company today to try and get this
14 back online. They were looking at a three to
15 five year plan. We're actually trying to
16 bring it in in less than half that time. The
17 goal is to make we have that communication
18 system available.

19 Consequently, at the moment, the
20 emergency operation center does have almost 40
21 positions that are going to be manned by
22 people from various agencies. The fire
23 commission primarily deals with the nine fire
24 battalions. Each of the fire battalions --
25 Mr. Rhoads I would only assume it would be the

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2 same by you, each one has their own EOC.

3 Everybody wants to have their own EOC and we
4 don't have a problem with that because it
5 helps us that everybody doesn't come at us at
6 once.

7 We were just in talks with the Town
8 of Hempstead about two weeks ago what they can
9 do as far as their EOC goes. They have a
10 representative in our EOC. So it would be
11 fantastic if they were to manage the town and
12 their needs will come to us. That's the way
13 this works. Anybody just can't make a request
14 for help. They have to go through the
15 county's EOC first. So if anybody needs
16 anything it's going to inevitably come through
17 us. The EOCs, through the fire battalions,
18 communities, I believe Oceanside has their own
19 EOC. I believe Freeport has their own EOC.
20 Long Beach has their own EOC. Any way, their
21 requests have to funnel through us. It also
22 gives us always a little more wide spread
23 visibility because we're able to see what else
24 is going on in the county as opposed to what's
25 right in front of us.

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2 LEGISLATOR RHOADS: Is there a
3 spot for each of the battalions in the EOC?

4 MR. MORELLI: No, there's not.
5 There's one for the fire commission. We used
6 to go to Franklin Square was where the 7th
7 Battalion EOC used to stand up. There's a
8 representative from the fire commissioner,
9 from the fire marshal's office in our EOC to
10 receive those requests.

11 LEGISLATOR RHOADS: But the issue
12 essentially is the 71 fire departments are
13 independent entities?

14 MR. MORELLI: Yes, for the most
15 part, yes. And therein lies the difficulty
16 with communications. It used to be the thing,
17 everybody wanted to have their own frequency.
18 The autonomy was the issue. Like I said, I
19 have been here a good long time. I'd have no
20 problem just going back to 46-10, 46-32,
21 46-20. We knew where everybody was. But
22 communication in itself has grown a little bit
23 more robust. We're doing more than just radio
24 communications, we're transmitting data and
25 other things across these radio lines. So

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2 they do need to be stronger than they are now.

3 LEGISLATOR RHOADS: Would it be
4 helpful to have one single OEM frequency
5 that's just dedicated to OEM?

6 MR. MORELLI: We do frequencies
7 by the 800 radio system. At one time, if you
8 remember, I believe every fire department on
9 Long Island got an 800 radio. Some don't know
10 where they went. Some sold them when they
11 sold their vehicles. We have a few that are
12 very old. We just gave one to Holly Patterson
13 because they didn't have a radio to be able to
14 reach us.

15 Also all of the villages and towns
16 have them. Every Monday a radio roll call is
17 conducted. I believe this week out of the 60
18 some odd people that have the radios nine
19 responded.

20 LEGISLATOR RHOADS: And that's if
21 they're listening.

22 MR. MORELLI: That's the thing.
23 If I've got to bring a you've-been-bad letter
24 out I will sent out to individual holder of a
25 radio to say the purpose of this radio is for

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2 your own safety and well being. If you're not
3 listening to it -- I actually spoke to someone
4 who said our radio doesn't work. How long
5 hasn't it worked? It's been months. Months
6 ago you should have brought it to me. I will
7 give you a replacement. We will do what we
8 need to do. Again, if you don't tell me I'm
9 not clairvoyant. There's only so much I can
10 do.

11 LEGISLATOR RHOADS: Just out of
12 curiosity, I know the radios that we use, not
13 to get into the details too much, the radios
14 that we use probably pick up 30 different
15 frequencies depending on how you have it set.
16 Obviously there's a scan feature that enables
17 you to roll through those frequencies so you
18 can pick up a transmission from anyone that
19 happens to be keyed. Is it possible to get
20 OEM one of those frequencies so that if
21 there's an important message that has to go
22 out, whether it's to emergency services
23 generally, police, fire, whatever --

24 MR. MORELLI: Absolutely. I
25 don't see why not. There's also on the same

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2 lines of thinking here there's got to be a
3 similar way for us to alert that a message is
4 coming out.

5 LEGISLATOR RHOADS: Just because
6 we're running out of time, one of the big
7 issues obviously in Super Storm Sandy was the
8 lack of availability of fuel and the lack of
9 availability for fuel for first responders,
10 both for the individual responders and the
11 individual departments as a whole. Is there
12 any fuel plan that the county has in place?
13 Do we have any reserves for example? that if
14 there is a disruption in the flow of gasoline
15 as there was after Super Storm Sandy, I know
16 that I think the Town of Hempstead requires
17 that every gas station have a generator that
18 will enable them to run their pumps. But that
19 only works if they have fuel. Is there any
20 kind of overall plan?

21 MR. MORELLI: We recently held a
22 seminar presentation at OEM regarding fuel
23 commerce and the interruptions and the
24 problems that it can cause. It goes beyond
25 just the fuel stations and service stations

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2 being able to provide the fuel. It's a matter
3 of the fuel being able to be off-loaded from
4 the tankers to be able to be delivered upstate
5 and to down.

6 OEM actually does have a reserve
7 amount of fuel. That's for use of the
8 generators. There are people that use
9 generators. As I said, Massapequa requested a
10 generator today. We got the generator right
11 over there. Their issue is how do we get this
12 thing fueled? We're going to bring it to you
13 fueled. You're gonna have to worry about
14 getting it fueled on your own.

15 It was a problem for myself also.
16 I was in an FDNY marked car and I ran out of
17 gas. So, let alone the embarrassment that it
18 caused, I had to find a way to gas that car.
19 It happened everywhere.

20 We don't have a stash of fuel that
21 I know of. It's very hard to actually say
22 that there would be a stash of fuel. Fuel
23 needs to be turned over also. Can't just sit
24 there. Before you know it it's varnish and of
25 it's no value, it's useless and can only be

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2 detrimental to a vehicle.

3 But that is another thing I will
4 breach when I get back to the office. I think
5 it's a valid topic. I was under the
6 impression that it was a state-wide thing,
7 generators for service stations, because of
8 that. Because of the problem that it caused.
9 I could be wrong.

10 LEGISLATOR RHOADS: It may have
11 started locally and then the state adopted
12 it. Thanks.

13 MR. MORELLI: Then again, there's
14 a service station down the street from me.
15 They recently did a major renovation. I asked
16 them specifically, do you have a generator to
17 get fuel out of the ground? He told me no. I
18 said that doesn't make sense. He just did a
19 tremendous renovation but he doesn't have a
20 way to get the fuel out of the ground and
21 that's the key.

22 LEGISLATOR RHOADS: What counsel
23 was just mentioning and it was sort of my next
24 point, is that we are interested in not only
25 in whether or not there is a strategic reserve

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2 for use of county vehicles and particularly
3 police vehicles, which obviously need to stay
4 on the road as well as emergency services, but
5 is there a plan for us to be able to get fuel
6 in for municipal purposes? In other words --
7 oh, for general purposes too? Is there a plan
8 for us -- first we have to worry about being
9 able to perform the essential functions of
10 government.

11 Is there a plan for municipal
12 purposes first of all? Do we have contracts
13 with vendors that will, upon call, provide us
14 with a tanker of fuel so we that we would be
15 able to get our police vehicles on the road
16 and our emergency service vehicles on the
17 road? And then do we have a larger overall
18 game plan for what happens if the fuel
19 distribution system is down for residents to
20 be able to get fuel?

21 MR. MORELLI: Unfortunately, I
22 don't have the answer for that. But I will
23 research it as soon as I get back to my office
24 and get an answer to you first thing tomorrow.

25 LEGISLATOR FORD: We're going to

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2 have you back any way. So if you indulge with
3 us -- I didn't mean cut you off but we do have
4 Mr. Budnick who put in a slip.

5 Commissioner, thank you very much.

6 I know we are going to continue this
7 discussion with you because you do play a
8 critical role in any type of emergency. And I
9 think that we touched upon a few things and we
10 are looking forward -- Legislator Rhoads had
11 asked maybe prior to the next hearing if you
12 could us a list of the inventory that have in
13 regards to emergency preparedness that you may
14 distribute. How many generators. Your light
15 towers. Are there like radios? Any other
16 type of equipment that may be needed during
17 emergencies.

18 It's even whether or not storms or
19 ice storms, unfortunately we live in dangerous
20 times as well. I know that we were talking
21 about this in the back room, even the response
22 of Nassau County after the attacks of 911 how
23 especially many of our fire departments came
24 to the assistance of the New York City Fire
25 Department after their great loss in helping

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2 to deal with the aftermath of 911. That's
3 something that we will partner with you but we
4 want to I guess keep the dialogue open and see
5 what you have.

6 MR. MORELLI: I do agree with
7 what you say. I meet with my staff every
8 morning before we begin the workday. That's
9 one of the points that I make to them. It
10 doesn't have to be a storm of that magnitude.
11 It could be anything that causes an
12 interruption.

13 There was an accident in Italy
14 where a truck exploded. It was all over the
15 news. But what did it do is it took out a
16 major highway. A large session of the
17 highway. Should that happen on Long Island
18 Expressway or on any one of the other
19 parkways, Sunrise Highway, knocking out a
20 major artery. That's where we go to work. It
21 doesn't always have to be a storm. It's
22 anything that interrupts our daily life and
23 that's what we're here to prevent.

24 LEGISLATOR FORD: Mr. Budnick. I
25 guess you are the person.

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2 I'm sorry sir. I didn't realize
3 it. You can come up right after him.

4 MR. BUDNICK: John Budnick. I'm
5 just going to go through a list of things.
6 First of all, on August 24th, OEM, CERT and
7 the Red Cross are running a shelter manager,
8 shelter monitor, shelter volunteer program in
9 conjunction with OEM. I think it might be
10 helpful for anybody who is interested in this
11 field or anybody in the public to know about
12 and to participate in.

13 One of the things I think needs to
14 be done is there needs to be a consortium
15 between the county and town, villages, special
16 districts which are very often left out of all
17 planning based upon my experience.

18 By the way, in 1967 I became
19 certified as a civil defense shelter monitor,
20 shelter manager of the shelter that then
21 existed at the Hicksville Public Library.
22 There are large numbers of places that have to
23 be looked at with reference to possible
24 shelters.

25 Another problem is that there is a

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2 need for there to be a consortium of a group
3 that's looking at things post Sandy with
4 regard to things like the fact on yesterday's
5 Town of Hempstead calendar there were 39
6 zombie homes. Most of them left over from
7 Sandy. There's a huge problem out there. If
8 you look south of Merrick Road in Seaford,
9 captain, you see it. Nobody that I know of is
10 really creating a database about these
11 things. We need databases in the possession
12 of OEM, in the possession of local
13 governments. We no longer have town
14 supervisors and city either mayors or
15 supervisors serving on the county
16 legislature. We don't get that kind of
17 communication.

18 I'm going to ask a very
19 embarrassing question. Have you all, pursuant
20 to provisions of the New York State Executive
21 Law, filled out a form as to who your
22 designated emergency successor in office is?
23 It's required by the state executive law to be
24 filed in the county clerk's office. I don't
25 know if it's been done but you can answer that

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2 yourself.

3 We need also a consortium that
4 includes the state. Last night as I was going
5 underneath the railroad tracks in Massapequa I
6 almost got swamped. We need the state
7 Department of Transportation. We need the
8 MTA. We also need the Department of Military
9 and Naval Forces of the city of New York, the
10 National Guard and the Naval militia to all be
11 coordinating with us and the neighboring
12 municipalities.

13 We need a program where -- Nassau
14 County Police headquarters, if the Nassau
15 County Police has to contact the Locust Valley
16 Police Department -- excuse me -- the
17 Muttontown Police Department, they can pick up
18 in four or maybe five keypad tone and have
19 that police department. That doesn't exist
20 over at OEM with regard to all the other
21 municipalities.

22 Now, they have invited the three
23 main towns but not necessarily other
24 representatives and there needs to be a
25 coordination of those issues on an ongoing

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2 basis. There also needs to be cooperation
3 with the county Department of Health, the
4 police department and other county
5 departments, including the correction
6 department. And there also has to be a look
7 at other places, at Nassau County Community
8 College and other places throughout the county
9 for various shelters.

10 MR. PULITZER: Your time is up sir.

11 MR. BUDNICK: I will send you a
12 letter. Okay.

13 LEGISLATOR FORD: Just to
14 follow-up, I just want to say that I have to
15 say after Sandy there was coordination with
16 the state troopers and with the military
17 because they were in our neighborhoods. They
18 were the ones calling us and telling us to
19 augment. Actually within a matter of a day or
20 two I believe because we were getting MREs.
21 We had National Guard. I just think the
22 response -- I guess it came through the county
23 executive as well as OEM that helped
24 coordinate all of that.

25 Also in regard to the shelters,

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2 under Ann's guidance Nassau Community College
3 had been considered or maybe we even housed
4 some of the people in the college properties
5 or you were looking at that. And I have to
6 say that they, even prior to Sandy, because we
7 used to have hearings, meetings on emergency
8 preparedness and they looked at various
9 shelters. They went out. They actually
10 looked at schools, they looked colleges, they
11 looked at so many different neighborhoods to
12 see whether or not just where they could do a
13 standard shelter as compared to special
14 needs. For your pets. For keeping families
15 together. It's a big undertaking.

16 I appreciate your comments and it's
17 something that write to us about. I wrote
18 down a lot of the stuff that you commented
19 on. But we can build upon what we have. But
20 I have to say a lot of the coordination that
21 we have has been very good.

22 MR. BUDNICK: It needs to be
23 better because we just don't know when
24 something will strike and how big it may be.
25 There are potentialities for issues involving

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2 thousands of people. We need to have that in
3 our kick bag to pull out and be able to
4 coordinate.

5 Let me tell you, the Office of
6 Emergency Management is doing 150 percent of
7 what they are currently capable of doing
8 because of their short staffing. Speaking as
9 a member of CERT I am very happy with the
10 training I have been getting and my continued
11 commitment to be a helper in any way, shape or
12 form that I can be to this county.

13 One other thing that I would bring
14 to your attention, we don't have anymore
15 National Guard units located in Nassau
16 County. Those National Guard units that came
17 down from upstate to help us here in Nassau
18 County, thank God. But more coordination with
19 New York State, municipalities, the state
20 parks people, the state DOT, all of these
21 things have to be coordinated and worked
22 together and have to be in constant training
23 to make themselves better prepared for all
24 sorts of possible horrendous potentialities.
25 Thank you.

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2 LEGISLATOR FORD: Mr. Ziev. Did
3 I pronounce it right.

4 MR. ZIEV: No problem at all.
5 Thank you very much. I finally know what
6 3-0-0 means. I just learned that. This is my
7 first time.

8 I just wanted to come here because
9 I'm concerned about this entire process. I've
10 been working with it for 50 years and I'm
11 concerned about several things.

12 One, the organized disability
13 community has been well represented, very
14 active, in most of your considerations. The
15 problem is those who are elderly. The largest
16 portion of people who are disabled are those
17 among the elderly by a far. Vast majority.
18 The significant number of people who are
19 elderly cannot use a telephone. Cannot watch
20 a television. Cannot do anything. They're
21 sort of called the frail elderly, but 80
22 percent of people have, over 70, have hearing
23 loss. It's just a huge, huge number. Those
24 people cannot get information that a storm is
25 coming. These people cannot get to a

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2 shelter. These people cannot find out how to
3 get to a shelter. They can't call for help.
4 They are stuck home.

5 I've been working with FEMA and
6 working with the New York City Office of
7 Emergency Management in reviewing progress on
8 the south shore of Brooklyn and it turns out
9 that a significant number of people were left
10 in their apartments, 30 stories up. They shut
11 off the elevators at noon with the evacuation
12 deadline at five o'clock in the afternoon.
13 They shut off transportation at noon with the
14 evacuation deadline at five o'clock in the
15 afternoon and people didn't get out. We are
16 very fortunate that more didn't die there but
17 faith-based and other organizations had
18 amazing services available on the south side
19 of Brooklyn that came in and really help.

20 We have it here also. But I think
21 what we need here is an outreach to people who
22 are disabled. People who are disabled but you
23 hear from them their experiences in what
24 happened. We can have these nice good things,
25 wonderful services, we didn't reach

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2 everybody. We didn't make it with everybody.
3 I have been to several meetings where people
4 came and testified how what happened to them
5 during the storm and they were stuck at home,
6 they lost their house, they lost everything.

7 OEM did run a conference June 23rd,
8 2015, an excellent conference, was run by
9 Nassau County on this area. It was
10 cosponsored by a new organization, which I sit
11 in not as a leader just as a member, the
12 Functional Needs Advisory Coalition, FNAC, has
13 been very involved in this. OEM sits as a
14 member of that. Department of Health sits as
15 a member of that.

16 There was a court suit -- I will be
17 very brief -- that came in after Irene and it
18 sued New York City, OEM and New York City,
19 that was found to be in favor of the
20 litigants. That New York City has a
21 compliance plan. I've asked repeatedly that
22 Nassau County look at that plan. It's a good
23 plan. In summary, it just requires the ADA to
24 be followed in all work going forward in terms
25 of emergency management. The standards are

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2 not waived for that. That's federal law. I
3 would check that out. Thank you and try to
4 wrap up.

5 LEGISLATOR FORD: Thank you very
6 much. We brought it up before, one of the
7 challenges that we have is with our fragile
8 population. Since I have been in office we've
9 had meetings on emergency preparedness and
10 that has always been the Achilles heel with
11 all of this. Identify and keep in touch and
12 monitor the people. You heard some of the
13 challenges that we have when people move and
14 that's something that we are going to continue
15 to pursue because --

16 MR. ZIEV: Nassau County did
17 start this a number of years ago. And some of
18 your names are on this form. I did register.
19 I don't know what happened to it.

20 LEGISLATOR FORD: That's
21 something we will look at because --

22 MR. ZIEV: Says sign up for Smart
23 911. The new systems just mentioned earlier
24 sound better but this is an opportunity. I
25 have been meeting with your 911 piece app and

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2 the piece app is supposed to provide text
3 information now to get incoming text calls for
4 emergencies. My son is deaf. If he calls the
5 police he has to call by text. Nassau County
6 doesn't have a text system to answer it. The
7 FCC has ruled that you should have one now and
8 it allows for the providers to install it,
9 requires AT&T and Verizon and others to
10 install connections to get to the text people,
11 text operators. This is something else we
12 need to talk about. A whole list of things.

13 LEGISLATOR FORD: I used to work
14 in the phone call company and for the hearing
15 impaired we always had the teletype machines.

16 MR. ZIEV: TTY had one of the
17 first ones in my house in 1967.

18 LEGISLATOR FORD: Then they would
19 have the beehive lights that would go off so
20 that they would know that there was a call or
21 message coming in.

22 MR. ZIEV: I can't believe my son
23 is now in his 50s. So I've been doing this a
24 long time.

25 LEGISLATOR FORD: It's something

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2 very important that you bring up to us. I
3 have in my neighborhood we have COAD which is
4 run by Liz Treston and she's in a wheelchair
5 and always advocates for all those who have
6 special needs.

7 MR. ZIEV: I have a couple of
8 public service announcements that was printed
9 in the papers and others regarding this. I
10 think that political leaders need to say in
11 their messages tell your friends and neighbors
12 who may not hear this message. Reach out to
13 them next door. They're stuck in their
14 house. The storm is coming. Here's where to
15 go. Use friends. The old neighborhood system
16 that we used to have so effectively and reach
17 out to them. David Dinkins did it and several
18 other leaders did it, and I have been
19 corresponding with Channel 12, they're now
20 captioning the emergency announcements that
21 are coming in on closed captioning. I say
22 open it up during those emergencies. Thank
23 you.

24 LEGISLATOR FORD: Thank you very
25 much sir. Thank you everybody for being here,

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2 and I guess we will take a vote to adjourn
3 this committee. Passed by Legislator
4 Lafazan. Seconded by Legislator Kennedy.
5 Thank you all. Thank you.

6 (TIME NOTED: 5:38 P.M.)

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CERTIFICATION

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I, FRANK GRAY, a Notary

9

Public in and for the State of New

10

York, do hereby certify:

11

THAT the foregoing is a true and

12

accurate transcript of my stenographic

13

notes.

14

IN WITNESS WHEREOF, I have

15

hereunto set my hand this 20th day of

16

August 2018.

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FRANK GRAY

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