1. Meeting Minutes
   Documents:

   HEALTH AND SOCIAL SERVICES COMMITTEE, 03-09-20.PDF
A P P E A R A N C E S:

LEGISLATOR ROSE MARIE WALKER  
   Chair

LEGISLATOR JAMES KENNEDY  
   Vice Chair

LEGISLATOR LAURA SCHAEFER

LEGISLATOR C. WILLIAM GAYLOR

LEGISLATOR DELIA DERIGGI-WHITTON  
   Ranking member

LEGISLATOR ARNOLD DRUCKER

LEGISLATOR JOSHUA LAFAZAN
LEGISLATOR WALKER: Good morning everyone. My name is Legislator Rose Walker and I'm the chairwoman of the Nassau County Legislative Health Committee. I'm joined here this morning by Legislator James Kennedy, Legislator C. William Gaylor, Legislator Thomas McKeivitt, Legislator Steve Rhoads. Also, Legislator DeRiggi-Whitton, who also is on the Health Committee. We have legislators on their way as we speak. Legislator Debra Mule, Legislator. Minority Leader Kevan Abrahams, Legislator Ellen Burbahm with Carrie´ Solages and Legislator Bynoe.

Thank you so very much for being here and joining us this morning. And all legislators will get to speak, even though they might not be on the Health Committee.

I want to thank everyone for being here this morning and welcoming those tuning in via live stream on the legislative website. It is my hope that at the conclusion of this hearing we will have been reassured by members of our community -- we
have reassured the members of our community that we are fully prepared to do everything we can to contain the spread of this virus and are doing our best to protect our most vulnerable population.

That said, as of this morning, there have been 13 confirmed cases of the Coronavirus in Nassau County. It is the responsibility of this Committee to make sure that Nassau County departments involved with handling this virus have the adequate staffing, resources, procedures and protocols in place to contain the Coronavirus in Nassau County. I have complete faith in our county departments but felt it was necessary to reach out and offer any assistance needed to obtain the resources they might need to keep our communities safe.

The Legislature is committed to working closely with our colleagues at the federal, state and local levels to secure any additional resources that might be identified as necessary at this hearing.
So I did give a brief hello. But before we continue, I'm going to ask all of you to please rise and we will say the pledge.

And Legislator Gaylor, if you would lead us.

(Whereupon the Pledge of Allegiance was recited.)

LEGISLATOR WALKER: I believe we will start right away hearing from our Department of Health.

COMMISSIONER EISENSTEIN: Good morning. Thank you, Chairperson Walker, and all members of the Legislature. I am pleased to be here and appreciate the invitation to present to you on the situational update and status regarding our response to Novel Coronavirus. It changes very rapidly and one of the challenges we've had since the minute this started is that the guidance we received, the protocols that have been put in place from the CDC, down to the State and down to us, have changed dramatically even to the point where when I
Health - 3-9-20

walked in the building this morning for this hearing, there were 13 confirmed cases and now I'm going to share breaking news that it is up to 17 confirmed cases.

And so what has happened is until yesterday, actually, the Wadsworth Laboratory in Albany was the only lab that we were sending tests to, as well as the CDC, but obviously Albany was much closer and so much quicker and they were getting all the lab tests that were coming in from various counties around the state.

As of yesterday, the Northwell Health System has started testing and so that will get us results much more quickly and we're starting to see results come rather than one at a time -- trickling out in batches, so that's how you go from 13 to 17, the batch of tests come back. It is not a surprise that we are seeing an increased number of results. Very often, we look at the numbers of increasing cases and see it as something that's tragic or disastrous. It is not. It is fully expected at this
Health – 3-9-20

time. And what I want to do is describe to you the strategy that we've implemented. It is a national strategy. Federal government's doing it, state government's doing it and local governments are doing it. And I hope to set expectations and keep you informed.

The numbers are going to change potentially by the hour. The guidance is going to change potentially by the hour. The definitions of quarantined, who's to be mandatory quarantined versus precautionary, a voluntary quarantine, changed on Friday and they're likely to change again.

And just to go back to the beginning, Coronavirus is a respiratory virus. It's cold and flu season. That's a nice way of saying respiratory virus season. And the measures that we take to protect ourselves against all of the other cold and flu viruses, some of which are other types of Coronaviruses, everybody here has been exposed to some kind of Coronavirus.

They're one of the most common causes of the
Health - 3-9-20

common cold.

The measures work. Hand washing works. It wipes the virus off your hands so if you touch a surface or you're talking to somebody and you get a little spray on your hand, if you wash your hands before you touch the portals of entry; the eyes, the nose, the mouth, the mucus membranes, you're not going to get sick. That is why handwashing is such an important and best weapon against respiratory virus.

If you're sitting in a place where there isn't soap and water right there, the alcohol-based sanitizers work very well for this. And anybody who knows me knows I'm trained in infectious disease, for years I've been carrying one of these to the point where I think my family thinks I'm a little crazy, but a little OCD right now is not a bad thing for helping you stay healthy, to be quite honest.

I have a very short PowerPoint presentation, it's four or five slides. I'll give you a situational update. The
Health - 3-9-20

last slide I think is the vital concept for you all to understand as we go forward. It's a graph that shows what our efforts are meant to do with.

So with the disease update, we have 17 cases now confirmed in Nassau County. We have -- with every case a full contact investigation is done to see where that person has been. Where they have eaten, who they have been in contact with, what social events they've gone to, any other potential exposures. And based on those exposures, we reach out and interview every one of them and make a decision on is there an exposure, is there a high-risk exposure, such as would be somebody who's directly in contact with somebody that's been sick.

Is there a lower risk exposure, such as you might have been at the same event as somebody else but you didn't have immediate close contact with them that the State is calling approximate contact. And defining that can be a challenge. Very
often it's on a case-by-case basis with the State Health Department.

We are -- we have State Health Department staff now stationed in our county Health Department. Our command center is working basically around the clock. The calls are coming in around the clock.

And before we go any further, the numbers have blossomed in the last couple of days but my staff has been working on this since the initial voluntary quarantine program began well over a month ago. At the very beginning of February, we started receiving lists from the CDC as travelers returned from China. The list comes from when the plane lands. Doesn't matter if it's 2:00 o'clock or 3:00 o'clock in the morning, and our staff has been working around the clock to make sure that everybody who needed to be put in an isolation away from -- from other members of society has understood that, has received the resources they've needed to do that and we've kept track of the 14 days. Fourteen days is out...
of an abundance of caution and the name of this is Novel Coronavirus, the novel being new.

There are a lot of questions science doesn't know, even myself as an infectious disease doctor. I've been asked what's the incubation period? It's a brand new disease, there are still only 500 or so cases in the United States as of this morning. You cannot make an epidemiologic understanding on such few cases. The CDC and the World Health Organization now have thousands of cases from around the globe. They're evaluating what data is reliable and what's not.

We're starting to understand better. The reason the quarantines are 14 days is because we don't think the incubation period is longer than that. We think it's less than that and we're being cautious by making it 14 days. I can tell you for most Coronaviruses, the incubation period is usually in the three to five day range.
While this Novel Coronavirus is a coronavirus, it's a different virus than other Coronavirus's, so we can't treat it. That's caused confusion because hospitals, sometimes on their normal respiratory panel that they've had for years, look for different viruses and so some people might have seen a Coronavirus test in the past that's not Novel Coronavirus. This is its own unique test. We're happy that Northwell, and soon commercial labs, will be testing because the key strategy is finding people who have this and isolating them.

The number one most important message is if somebody is sick, stay away from everybody else as best as you can. Don't go to work. As we start looking at case reports from across the country and around, when you find people who are sick and you say okay, where have you been the last two days? When did you get sick? Oh, a few days ago. And where have you been? Oh, I've been at work each day. That is the epidemiologist link right there that you
Health - 3-9-20

know that all those people now that were exposed have to become potentially quarantined in this case or their potential contact.

So staying home. We just had a meeting with clergy. Vital -- it appears so far, and this is brand new, this could all change, but it appears so far that the elderly and immune compromised population is particularly hit with this. While that's not good news it is appearing, and it's very early and I'm praying that this holds true, that children seem to be on the milder end of the disease spectrum and that's a nice change from flu where this year -- this year we had a very difficult flu season. There were nine -- so far -- it's still on but it's starting to wane. There have been nine pediatric deaths in the State of New York from flu this year. So far we don't hear that from Novel Coronavirus and that would be, if that holds to be true, that would be a very important positive part of the story.

We have 17 cases. As of this
Health - 3-9-20

morning, we had 40 people in the county under mandatory quarantine. That number is going to dramatically rise as we, our team, right now is evaluating the new cases.

Six of the cases -- so when we walked in today I knew of eight confirmed cases -- seven confirmed cases and we got one. Six of the seven were linked together. So that's the kind of understanding that's helpful that we know it's contained, basically, and we know where it came from and what the path is and then it doesn't surprise you after you do the history when people test positive because we know they have the exposure and they have symptoms. It makes sense. So we know there's going to be more positives, it makes sense.

The cases since those literally happened after I walked in so I won't be able to answer, I haven't seen the charts yet, but my staff right now, a war room over at the Health Department is working diligently on tracing every one of those cases; where they've been, where they are,
where they work. Just because somebody works somewhere doesn't mean they were there while they were sick. And so I think it's important that we don't panic if you hear that somebody worked somewhere. We're going to evaluate the work exposure and let the workplace and whoever is appropriate know for whatever exposures exist.

We have worked very closely with the State Health Department, the CDC guidance is coming out generally daily or more frequently than that, and so those are some of the basic points about what we know about the disease. We don't have a mortality rate. I could tell you that clearly we see things where senior at-risk populations are hit the hardest with regard to fatalities. There was the situation that occurred in a nursing home in Washington State where there were four deaths among patients there, so out of 500 known cases, those were four of the deaths. Excuse the data and the mortality rate, but I think that the lesson there was learned and heard.
by our nursing homes here in New York State and Nassau -- New York State, Nassau County. Following the Westchester exposure in New Rochelle, nursing homes where the index case in that outbreak is the original case, have ceased. Visiting hours -- and I think that nursing homes are under state jurisdiction as Article 28 licensed facilities -- but I think many of them are taking precautions and limiting exposure.

As far as the general public, I've been asked a lot is it time to close schools, is it time to stop events. It really is going to be as this expands something that we evaluate and I want to talk about the process in the presentation shortly. I don't want anybody to panic. There are many many thousands of flu cases that go around and we don't stop events. But we also have to be smart. We have to rely on the public to stay away if they're sick. To keep children who are sick away from their grandparents and more elderly at-risk people. And we need to look at
specific events. Knowing the risk is to the senior population, while we haven't yet had an outbreak in a community that might make me say maybe senior events shouldn't happen. That might change today. I haven't evaluated the new cases that came today. And that's where a high risk would be.

Speaking with the clergy was vital because I know at my synagogue, and a lot of the other religious places that I've been, a senior population is the daily maintenance group that maintains the houses of worship and there's a lot of handshaking and a lot of hugging and that could be deadly right now. And so it was great to get the clergy on board with doing. One of the religious leaders upstairs said they did the holy bump this weekend where nobody actually touched each other but they touched elbows. Things like that are vital, they're a lifesaving measures. You can't count how many lives are saved but it definitely helps.

Financial costs to date. So
thankfully the governor has declared a state of emergency meaning that the Health Department will be reimbursed for much of the expenses. I know how that impacts the Health Department, I don't know about other county agencies, but I'm sure Commissioner Morelli can talk about that.

I can share with you that we started monitoring early in February, February 2nd was the official monitoring start. We were doing work before then. But in February our overtime costs, I know many of you have called my office and asked this, the overtime costs for February, this is overtime, supplies, travel to bring quarantine materials and all of that. The extra cost for February before we had any cases came to about $92,000. We do have an emergency preparedness grant that will cover it. There are state appropriations by the governor that will help and this declaration of emergency will make a lot of our expenses reimbursable and our fiscal teams are working on that. I know that's a concern.
Health - 3-9-20

So when we deal with disease, there are different kinds of interventions. Pharmaceutical interventions we actually have for the flu. We have vaccine. We have medication that does help with the flu, doesn't cure it but it does decrease the illness. Unfortunately, with Novel Coronavirus, all we have is symptomatic treatment. If you're sick with it, it's like the way we get a cold you take medicine to make yourself feel better but as of now, it has to run its course. For those who are more seriously ill, they might require a higher level of medical treatment as bad as being on a respirator and some people have -- there have been fatalities. I don't know what the fatality rate is going to be, it's one of the most important indicators of trying to predict for you what the impact is going to be on the county.

Estimates of what has been reported are in the -- between the -- I've seen different numbers about two percent, about three percent of all the people who
get it are fatalities. However, many people may get it and have no symptoms or mild symptoms so they're not counted in the math. So if we knew all of those the denominator in the math may be higher and the fatality rate may come down. Also, United States has top of the line supportive care so that people who have been exposed are more likely to get treatment here than in a place that doesn't have this kind of supportive care.

So what we can do, and this is every resident and all of you as elected leaders, non-pharmaceutical interventions. The CDC and the Health Department and the State Health Department all have what's called a Pandemic Flu Plan. It's called the Pandemic Flu Plan because historically influenza is the most likely emerging respiratory virus to mutate and cause a mass event. But the Coronavirus is a respiratory virus fits in under the plan. The flu, mass flu plan is for all and any potential respiratory viruses. So we've activated ours. The CDC has a wonderful flu plan,
it's on their website. By the way their website is the main source of breaking news for this; CDC.gov. It is excellent. You click on the Coronavirus banner and there's categories for anything you might want. Information for healthcare providers, for elected officials for schools, for social organizations. There's great categories, it's nice.

So, what is a non pharmaceutical intervention? The goal is to reduce the societal impact of a pandemic. I want to set our expectations. The goal is not zero, that is not realistic on a viral outbreak in a community where there is no immunity whatsoever in the population. So our goal is to minimize disease. Make it as few as possible. I'm hopeful that while I reported to you today there are 17 new cases, because of our efforts, the number's not higher than that. There's no way to count what the number would have been without our efforts, but our efforts of isolating people have been thorough and have been helpful and I do
believe that although I have 17 reported cases and there's going to be more, that the number that we see is much less than what it would be without our efforts.

Non pharmaceutical interventions are written for a pandemic flu, but they apply to all respiratory illnesses. These are actions that people and communities can take to help slow the spread of virus.

Their most readily available interventions to slow transmission, and I'm going to show you examples of them, and they can be phased in or layered. So, washing hands is an initial phase. We should be doing it anyway, even if there is no, but that's an initial layer example of a non pharmaceutical intervention.

Quarantining people would a next level. Cancelling events or closing down facilities would be a next layer. And so it's step wise that we take these actions but also based on what's happening in a community. If there's one community or school district or event that's particularly
hard hit, you might close one place or one school but not all of the schools in the county and this is what we are here to assess and provide guidance on.

Examples. What are non pharmaceutical interventions. These are just examples. Some people do some of them, some people do none of them. But the more we can do in society the better the results would be.

Personal measures. We really need our residents to help us with this. The spread of disease goes from people who are sick goes to people who are not sick, so we're asking everybody to do their part. Hand hygiene, washing hands, using sanitizer. If you sneeze in your hand, wash it before you touch anybody or anything. Respiratory etiquette; cover the sneeze. Don't touch your face because if you do happen to get a virus on your hand from a sneeze or touching something, virus on your hand isn't going to get you sick. It's when you scratch your nose or your eye or your
mout { that the virus gets into your mucus membranes.

Isolating sick individuals is what we are working very hard on. These people who are confirmed are going to be mandatory quarantined. And by mandatory there will be legal consequences if people violate it and we are checking them. We are going to their homes for every positive case and checking that they are not violating the quarantine. And a mandatory quarantine is hand presented, it's a legally binding order and people who violate a mandatory quarantine will be locked in isolation. They will. We've done it before. If we have to we will. That's what we have to do to protect the community.

But, please, stay home if you're sick. Stay home if you're sick. And if you're worried about other people, think about your own family members. Okay. Children with a cold can give it to a grandparent. The child will be fine in two days and the grandparent may die from this.
I'm not going to sugarcoat this. We need to understand what we're dealing with here. That's what we're seeing, that seniors and immune compromised are much more likely to do poorly with this at this point. So please stay home if you're sick. And isolating sick individuals is important.

Social distancing in some places and some companies in the state of Washington, which has been particularly hard early on, are working from home when indicated. Avoid high-risk situations.

So, probably there are certain events that people who are immune suppressed should avoid. If there's going to be a birthday party of a lot of little kids and the virus is going around the community, not a good time to attend that one. People don't like to hear that but it could be a lifesaving measure.

Things like personal protective measures; masks on sick individuals. Now, this is important. The wording is very vital. Masks on sick individuals. The
masks are not indicated by the CDC on healthy individuals. The masks do not prevent healthy individuals from obtaining the virus. Their eyes or mucus membranes that are entry high entry points for virus, they're still wide open. The masks on sick individuals can catch a lot of the droplets going out. So the masks would go on sick individuals if they're around others. Hopefully they're in isolation and they're not but if they need to be transported. If they, for whatever reason, first learning about it, the masks are for sick individuals and we really don't want the public hoarding masks. I know yesterday we had a press conference that Commissioner Morelli was at with me where people were selling masks online for like $100 for 12 masks or something crazy that normally costs 30 cents or something ridiculous like that. I'm exaggerating but not by that much.

So we want -- we want our healthcare providers to have access to the equipment that they need. We don't want the
supply to change or dry up. And remember, our healthcare providers are dealing with this but all the other routine diseases are still here. They're still dealing with normal pneumonias and normal other viruses and heart attacks and cancers and all the things. We want our healthcare providers to have the resources, so we want to make sure people aren't just using masks because they think it's the right thing to do when it's not indicated and it's not right.

Environmental. Right now, most of the guidance is for standard cleaning of facilities. We know the virus is not particularly hardy once it comes out of the body. We don't know how long it lives on surfaces. And even if it does live on surfaces, we don't know if it stays a viable transmitter from a surface. But standard cleaning measures is currently recognized by the CDC. And if it escalated more, which you're starting to see in other parts of the world like in Italy where a part of the country has been quarantined. Things like
school closures, community quarantine and event cancellations may occur. We have 17 cases now, the number is growing. We have over -- well over a million residents, close to a 1.4 million residents, you are much more likely today to encounter flu than you are this.

I want to us to continue going about our lives but using common sense. And so people who are sick should not be out in the public. People who are at high risk may want to avoid larger scale events starting now because we're starting to see the numbers go up. The guidance on this is going to change but for the average person, if they take standard precautions, they should still be going about their lives. We're not just going to shutdown society now for this. This may change. The guidance on this can change dramatically and we will be here to guide you and schools and agencies and whatever events there are but we're not in this alone. Westchester recently has had a lot of cases. I think I saw they were in
the 80s this morning if I read correctly. Some schools have closed. Some nursing homes.

LEGISLATOR WALKER: Dr. Eisenstein, I don't want to interrupt you but you need to take a phone call at this moment if we can have someone fill in for you at the moment.

COMMISSIONER EISENSTEIN: Let me --

LEGISLATOR WALKER: I don't want to make anyone nervous but you should take this phone call. Maybe we'll let -- how about Commissioner Morelli?

COMMISSIONER EISENSTEIN: Yeah, turn it over to Commissioner Morelli and the last thing I want to do, which I'll do after this call, is this graph shows what we're trying to achieve. This is your strategy. This is our strategy. The purple is what happens without these interventions. The striped curve is what we try to achieve with these interventions. We're not trying to achieve zero, we're trying to minimize it
and I will -- and I will -- I apologize.

LEGISLATOR WALKER: Don't you worry. Okay. You're on, Mr. Morelli.

Thank you.

COMMISSIONER MORELLI: Good morning and thank you, Chairwoman Walker, for having me and thank you to everybody on the Legislature for inviting me here this morning. For those of you who don't know me, my name is Steven Morelli, I'm the commissioner with the Office the Emergency Management for Nassau County. For those of you who don't know what we do, when there's an emergency, we're out there managing it and we're doing the best we can, particularly with this problem that we're dealing with here in Nassau County and the last thing we want is for anyone to get nervous and to panic and want everyone to understand that we are on top of this.

Just to give you a little bit of background here, the Office of Emergency Management largely sits in support of all the other agencies, whether it's the police
Health - 3-9-20

department or any law enforcement, whether it's our fire marshal and the volunteer fire service our volunteer (inaudible), the Department of Health and a lot of other county organizations and county agencies that rely on particular assistance that we are able to give.

What are we doing here at the Office of Emergency Management for this particular problem is that our emergency operation center, which is a central location within our facility has been open since 9:00 a.m. yesterday. It's going to be open from 9:00 a.m. to 9:00 p.m. going forward everyday, so there will always be somebody in the office. Actually, during the week we will be open until 11:00 p.m. as we do have staff there. The objective in that office is that we have representation from the Nassau County Police, from the Nassau County Fire Marshal. We would like to have someone from the Health Department but I can attest to it, I was there over the weekend, they are at wits end over at the
Health - 3-9-20

Health Department. There's a lot going on and they're working very hard.

We have people from the MTA there as transportation hubs are also a large area where people are in close proximity to one another, as well as my staff. Our objective is to be able to field information from all the agencies that are out there requesting assistance to be able to keep an eye on our hospitals and healthcare facilities to see if we see a spike in admissions or a spike in emergency room visits or even visits of people going to urgent cares or to their own doctors. We receive a lot of phone calls from the general public and we're happy to answer every phone call requesting some information.

As Dr. Eisenstein had pointed out, we try to give them, you know -- the first thing we wanted to do was to calm everybody down. The offer that we give them is to follow the Department of Health's guidelines, as well as to go to cdc.gov, which is where pretty much everybody's
getting their information regarding this Coronavirus.

We've begun collecting a lot of information from a lot of the hospitals. They're doing the best they can but it won't be long before everybody is taxed because the panic is there and people have to understand as Dr. Eisenstein, and as the County Executive have made the point to everybody, if you're not feeling well, stay home. Don't go to the emergency room and don't go your doctor. Call. They will give you the guidance that you need, the Health Department has been working extremely diligently getting the information to people, bringing thermometers out to the and making sure that we're monitoring those that need to be monitored.

One of our biggest concerns is keeping government up and running. We want to make sure that number one, everybody in the Legislature, as well as every other county agency and county department is protected. We want to make sure that the
The public knows that no matter what, the county government is there. Whether it be the Legislature, whether it be any other department, we will be there to make sure that our residents get the care and the attention that they require. In doing so, the Office of Emergency Management has requested from every county department a continuity of operations plan. We want to know what's going to happen should there be a problem with any of you being able to get into your offices or buildings, being able to access any of the information that you're -- is imperative for you to be able to manage your constituency.

The Legislature hasn't received those documents yes. Not that we don't want to give it to you, but these are documents that actually went out about a year ago. We want to make sure that we're able to collate these, get all the information so you as well will have the information and the ability to be able to continue to function, should there be an issue where you are
unable to access your offices.

Nassau County departments have been kind enough, they're forwarding to my office so we're able to collate them, we're going to review each one of them as we receive them to make sure that they're complete and to make sure everybody is on the same page.

As of 10:30 Sunday morning, we requested through New York Response. Now New York Response is a portal that we use to go through New York State to request additional resources. We've requested 100,095 masks, 100,000 gloves, rubber gloves and 25,000 isolation kits. That's not to say that the panic is there that we're going to need all those, we need to be prepared.

One of the problems has been that the federal government has come right in and told whether it's 3M, Kimberly Clark, Condor, any of the other manufacturers, do not sell to the public. And it's not that they're doing that to spite everybody, the objective is to make sure that healthcare
providers and first responders have the supplies that they need. I've been to the supermarket and I'm watching people wearing masks. Costco, you saw the mad run on toilet tissue and paper towels and I don't know how that's going to fix the Novel Coronavirus but at least everybody will be able to have the supplies they need.

We have at the present time dispensed approximately 17,000 N-95 masks. And 7,500 gloves to law enforcement and to some in the first response community. Nassau County OEM at the moment has 80,095 masks on hand. 90,000 surgical masks and approximately 30,000 gloves and at the moment they are reserved for hospital use and for our EMS providers.

A request was made from New York State for us to hold our supplies in the event we have to replenish hospitals that have depleted their supplies due to the increased usage. So we've been doing the best we can in providing stopgap measures should some hospitals be in a position where
they're going to need them, to single them out. Surgical masks are also a priority, again, it's to put on the sick that as they entered the rooms, as they enter the emergency rooms or into the doctors offices and what not.

What we also have done is we provided to the Nassau County police and the Nassau County Emergency Ambulance Bureau additional supplies because they are the ones that are entering every request for assistance. You ever no idea once you get inside there whether it's someone who's got this virus, whether it's someone who has some other illness or nothing at all but we need to make sure that the people that are providing the care are also provided with the protection.

New York State has implied to our office that in order for us to replenish supplies that we're not giving to any OEMs statewide. They are not going to replenishing supplies. They have further clarified that in saying, they will
replenish that which we go through. So we've -- as I said, we've made a very large request, we will be requesting more. Once we make those requests and we're assured that we will see delivery, we're going to deliver out to the volunteer fire service. Been receiving a lot of calls from a lot of fire departments and a lot of ambulance calls that are requesting additional supplies. Once we know the supplies are going to be coming in, we will make it -- we've actually put together a system where we will be distributing them to the volunteer fire service.

Again, they're all volunteers, a lot of them are young men and women and we want to make sure that everybody is protected because they're -- I mean, they're the ones that we're counting on also.

Cost measure wise, the Office of Emergency Management is largely grant funded and we keep a pretty tight budget but we do make some assurances for this, some allowances for this. We're not burning
through it quickly but it's going to happen. So what we're in the process of doing is to maintain adequate records of our equipment, of our time and leave usage and we're making sure that once reimbursement through the federal government becomes available, we're going to apply for it as everybody else will. With the declaration of the state of emergency does allow that latitude so we're assuming that while it's not going to be a week from Friday, that we will be able to make the requests and get reimbursed as we need to.

At the moment, our office staff is in everybody morning at 7:00 a.m. The Emergency Operation Center will be stand up at 9:00 a.m. every morning and we'll be closing about 9:00 p.m. every evening. We do have staff in the office until about 11:00 p.m. every night, so should there be any problems or any issues, there's always somebody there to answer the phone and our 24 hour number is always manned, so should anybody have any questions, we're happy to
answer them. I thank you very much for having me.

LEGISLATOR WALKER: Thank you.

Dr. Eisenstein, do you want to jump back in?

COMMISSIONER EISENSTEIN: I didn't win the lottery. You know, I thought maybe.

So, I just want to jump back in, this is the last slide and I'll be quick and then we can get to whatever your questions are. I do want to also say, I pride myself on being responsive to you. I've known many of you a lot of years and I know many of you have called and it's been more delayed than you're used to for us getting back to you, but we literally are getting hundreds of texts and e-mails sometimes by the hour, so I apologize. No disrespect is ever meant, we're just doing the best we can to get through the -- this is about prioritization. We're prioritizing the most important lifesaving measures and our team is doing a great job. Again, I have to thank my team.
We've worked around the clock; weekends, nights, holidays, it's not been easy. It's not -- it's frustrating when you do all the work and then, you know, the number can add and we know that's going to happen. So I just want to thank them.

Again, this is the goal of all of these strategies and this is from the CDC Pandemic Flu Plan, I borrowed out of a New York State Health Presentation and I loved this slide. I thought it really describes in a way that everybody can understand what it is we're trying to achieve here. We would love to have zero cases. That's not realistic, it's already not realistic, but the measures that we can take can dramatically lower the number of cases, which will dramatically save lives. And if you look at the bullet points, the measures that we're taking delay exponential growth. It lowers the number of cases, but as you see, the striped graph extends out a little further. It does add time to this but we see that as beneficial. It gives us the
Health - 3-9-20

time for science to create a vaccine or come
-- or test the medication or come up with a
new -- new information to help us put an end
to this.

Also, as of last week, the
governor announced that there are 15,000
people in New York State hospital beds
currently with influenza. Those beds are
going to be vital for capacity if the
numbers keep expanding and we had a very
difficult flu season but numerically, it's
just about starting to drop in a dramatic
fashion. Freeing up even half of those
15,000 beds in the next few weeks will
create a vital capacity. So everything we
do to slow this down, helps us protect the
public and that's all the measures that we
talked about before.

In neither of these curves is the
total number of cases zero. But very
important for our public, in both case they
reached an end and that's the better days,
this will end at some point. We don't know
if it's seasonal we don't. We don't.
don't know if it's going to burn out the way other viruses have where they run their course. We don't know if this is going to become just another routine circulating virus like the many others that we have. It's too early to tell but I believe that with our efforts and with the help of everybody yourselves and all of our residents that we could get as close to the striped curve from the purple curve as possible. We've already brought down that purple curve with our isolation measures.

So I think I'll stop there and turn it back to you, Madam Chairperson.

LEGISLATOR WALKER: Thank you so much, both you and Mr. Morelli for your presentations. We want to all thank you so much for the hard work and the dedication you've given to this. Before it even became, you know, was brought up to this level and as you continue to do it now. I'm sure you pretty much have sleepless nights at this point in time and you're looking pretty good for not much sleep, you know, so
we want to thank you so much for that.

COMMISSIONER EISENSTEIN: Thank you.

LEGISLATOR WALKER: And for trying to keep us as much well informed as you possibly can.

I have a tremendous concern for our fire service, so I was very happy to hear that whatever we can do to help them because obviously they are all volunteers and just working on the budgets that they have in their local communities, you know, some with very small numbers of budgets. And they are out there all the time. Our first responders, you know, sadly people call our fire department for things that really aren't even emergencies but they never know what they're walking into and, you know, we want to make sure they're provided with the necessary equipment they need to keep themselves safe because then they're coming back into their homes, back into their communities and we don't want anything to be -- you know, for them to be
infected and then spread it even more along there.

COMMISSIONER MORELLI: Well, one of our concerns is also the first responders and the actual response modes that they take. When somebody was to call to say they're not feeling good, whatever, the Nassau County Fire Commission and Fire comes, and they're doing a robust question and answer session with the folks on the phone. The police communication bureau, also doing a pretty good question and answer session. They want to know if someone's going to come up with what they call a fever travel call. Someone who fits the criteria of someone that may be exposed or may have been exposed in some manner. What we want to do is to let them know before the first responders arrive that there's universal precautions to be taken and that they need to limit the number of people that are going to be making contact.

I also sit on the Region EMS Council, it was a topic of discussion at our
last meeting. Some of the issues there are exactly that: response, access to supplies and equipment, and particular points of transportation for these patients. I can promise you while we don't have anything written in ink right now, the processes that they have to go through are, so at the moment someone calls for an ambulance or someone requests some assistance, they're going to get the question and answer session, they're going to get the best possible care at this moment and the first responders are going to give the best possible advice.

LEGISLATOR WALKER: Dr. Eisenstein, you have spoken about mandatory quarantines. What if we have someone on a voluntary quarantine, are those people checked or are those people checked upon or just hope for the best on those?

COMMISSIONER EISENSTEIN: The voluntary quarantine parameters have changed. They were being checked upon. Now as we're re prioritizing our resources, we
Health - 3-9-20

expect to have many people under mandatory quarantine, we will give them the same instruction, the same understanding. And let me be clear, it's a voluntary quarantine. The governor talked about that we need people to do the right thing but we will spot check. Spot check. Not daily like the way we are. With the mandatory quarantine, we're checking temperatures, we're checking symptom checks. We're going physically to make sure they're in their home.

With voluntary, we will do spot checks. And voluntary if we hear or see somebody violating a voluntary quarantine, we will then serve them with a mandatory quarantine order because they chose not to participate in the voluntary. Then they're legally on notice. So it's almost like a warning shot. And I want to be clear, the voluntary quarantine category is considered low risk. So we have monitored about 150 people. When the voluntary program started, it was anybody coming back from mainland
China. We were monitoring them, not one of them got sick out of 150. Most of them have completed the 14 days already. And the numbers coming in from China are much much less than they originally were.

So the voluntary quarantine we take equally seriously, but we're not doing a daily temperature check and a daily making sure they're in their house kind of thing. However, if they don't abide by it, then they will be served the mandatory quarantine order, which is, like I said, legally binding and we will take whatever action we have to because mandatory quarantine is considered a higher risk.

LEGISLATOR WALKER: Up to this date, everyone who has been on a mandatory quarantine has been following order?

COMMISSIONER EISENSTEIN: Yes, this process just started over the weekend.

LEGISLATOR WALKER: I do have other questions but Legislator Deriggi-Whitton.

LEGISLATOR DERIGGI-WHITTON:
Thank you. Just real quick. It might be a couple questions that you don't know, so I don't want to put you on the spot.

COMMISSIONER EISENSTEIN: Sure.

LEGISLATOR DERIGGI-WHITTON: So I understand that it's early. When you were just talking about travel, are you recommending anyone who travels out of the country go -- some schools are saying anyone who travels out of the country should have mandatory or voluntary --

COMMISSIONER EISENSTEIN: When they return?

LEGISLATOR DERIGGI-WHITTON: -- for two weeks.

COMMISSIONER EISENSTEIN: Well, there's different CDC categories. This is based on the federal government. And so the CDC updates its travel log every day. We have cruise ships that are coming back from the Caribbean that are not going under a 14-day quarantine. We had other where people were sick, that the boat's not even being allowed to dock. So what I can tell
you is, the five countries that are listed as high risk travel as of today -- and this could change before we walk out, it literally changes that quick -- are subject to a quarantine when they return. If they are sick during the travel, they are a mandatory quarantine. And if they return -- like a bunch of college students arrived back from Italy for example, if they're well, they are voluntary quarantine.

During voluntary quarantine, one of the most important things is we instruct them what to do if they get sick. That's the key thing. We don't want them oh, now I'm sick, I think it's Coronavirus, I'm going to go on down to the local emergency room and in the meanwhile they can infect the whole emergency room.

LEGISLATOR DERIGGI-WHITTON: Right.

COMMISSIONER EISENSTEIN: So the key thing about these quarantines, voluntary and mandatory, is we give them instructions what to do. And if they become sick, we
prepare, help them with a safe transport, if necessary, or maybe we swab them right where they are if they're not -- if it's just a mild cold they don't need to go to a hospital for that. We don't want hospital exposure. So the answer is the protocol right now is those five countries that are on the alert. If you need, I can name them if you want.

LEGISLATOR DERIGGI-WHITTON: What are they, again, I know China.

COMMISSIONER EISENSTEIN: It's China, Japan, South Korea, Italy and Iran. But that could change and we know that it's starting to expand to other places. But when people are coming back from those countries, if they're well, they should go into a voluntary quarantine and they're told that upon entry into the country. If they're sick at any point, they immediately become a mandatory quarantine.

LEGISLATOR DERIGGI-WHITTON: But as of right now, other than those five countries?
COMMISSIONER EISENSTEIN: I don't believe so but the protocol is --

LEGISLATOR DERIGGI-WHITTON: Okay. I know. I know.

COMMISSIONER EISENSTEIN: -- like I said changing every few hours.

LEGISLATOR DERIGGI-WHITTON: I totally understand everything is subject to change.

COMMISSIONER EISENSTEIN: But common sense should also be used. So if somebody was in a different country where there's disease and they were exposed to somebody who has it, they automatically are a mandatory.

LEGISLATOR DERIGGI-WHITTON: Right.

COMMISSIONER EISENSTEIN: So if you were in, I don't know, France has some cases. If you were in France and you were around family there who have confirmed Coronavirus, you should be into a mandatory quarantine. So it's about exposure.

LEGISLATOR DERIGGI-WHITTON: All
right. Now humor me on a couple of these because I get questions. And it's part of our job to answer them.

COMMISSIONER EISENSTEIN: Yes.

LEGISLATOR DERIGGI-WHITTON: So from what I'm understanding, this is not an airborne virus, it's something that basically is on a surface and when we touch a surface and then --

COMMISSIONER EISENSTEIN: No, so -- so the CDC is debating whether to call it respiratory or droplet. It is in droplets. So the radius of a droplet, it's a heavy virus comparatively. So six feet, when I'm -- when you're speaking and, you know, or you sneeze or whatever, it's about a six feet radius before gravity pulls it down to the ground. So if you're having a close discussion with somebody, yes, you can spray it right into them.

But airborne is slightly different. So, for example, measles --
if this were measles and somebody in here had it, the whole room would be exposed. But if this were Coronavirus and I had it, people in the back of the room are not exposed.

LEGISLATOR DERIGGI-WHILTON: Okay.

COMMISSIONER EISENSTEIN: So that's why you have to -- when I say it's a case-by-case basis, our investigators are literally, like, measuring, you know, distances to determine. But we're always on the cautious side.

LEGISLATOR DERIGGI-WHITTON: All right. Again, if you don't know it's fine, but can it live on fabrics as well? So should we take extra precaution with washing our clothes and use bleach or --

COMMISSIONER EISENSTEIN: So now, if you sneeze and it's wet for a little while, yes. Fabrics typically don't support viruses. Porous surfaces,
cardboard, paper. But obviously if there's a large amount of virus because you sneezed right into a tissue, a wet tissue could be potentially transmissible. We honestly don't know how long it lives on surfaces and then the second question is, just because it's living on a surface is it still transmissible of disease.

LEGISLATOR DERIGGI-WHITTON: Got it.

COMMISSIONER EISENSTEIN: And so the best to do is wash your hands and you don't have to worry about it.

LEGISLATOR DERIGGI-WHITTON: Two more questions and I know, but again, these are from constituents.

Is the temperature influencing it? For instance --

COMMISSIONER EISENSTEIN: We don't know.

LEGISLATOR DERIGGI-WHITTON: Okay. So you don't know if it can survive in the cold or the hot?
COMMISSIONER EISENSTEIN: Don't know. Is summer going to chase it away? We don't know. People think that because that flu typically is a winter thing, but I remind you, H1N1 started in April and ran through the summer. So I'm not going to predict Mother Nature no way.

LEGISLATOR DERIGGI-WHITTON: Is there a difference between washing your hands with regular soap and antibacterial soap?

COMMISSIONER EISENSTEIN:
Antibacterial soap kills bacteria, this is a virus, but both will work on viruses and bacteria and it's the rubbing action that is the key thing. So if you find yourself in the unpleasant experience where there's a sink and there's no soap, rubbing with water is till better than doing nothing because it's the friction of the rubbing. Now, having a detergent, helps the virus and the bacteria cell
walls be destroyed, et cetera and it worked. But it's the friction of the rubbing which is why we say 20 seconds of rubbing really helps but any soap will do.

**LEGISLATOR DERIGGI-WHITTON:**
Okay. So there's really no preference, antibacterial or Ivory?

**COMMISSIONER EISENSTEIN:** I would use either.

**LEGISLATOR DERIGGI-WHITTON:** And the last question I have: To update our constituents with -- as you mentioned before would probably be the cdc.gov would the best way to --

**COMMISSIONER EISENSTEIN:** Yes, and there is a -- New York State has a -- we have a call center during 9:00 to 5:00, seven days a week. But CDC -- I'm sorry, State Health Department has opened a 24-hour Coronavirus hotline being staffed by Coronavirus trained people. So being that they're open 24 hours, I think it's a good place to
Health - 3-9-20

start. The number, if you want to pass it along.

So the Nassau County Call Center number is (516)227-9570. Again, seven days a week, 9:00 to 5:00. New York State call center, I was told its 24 hours now. I haven't confirmed that.

It's 1-888 --

COMMISSIONER EISENSTEIN: It is, I've confirmed it.


LEGISLATOR DERIGGI-WHITTON:

Okay.


LEGISLATOR DERIGGI-WHITTON: And I also extend my appreciation.

COMMISSIONER EISENSTEIN: Thank you.

LEGISLATOR DERIGGI-WHITTON: You know, it's a fine balance from panicking and just being cautious and,
you know, you don't want to give anyone the wrong advice.

COMMISSIONER EISENSTEIN: Yeah. And the truth is, the guidance that we give is going to be a best guess based on the evidence that we have, and I am going to error on the side the caution but not the side of panic. We don't want to panic. We don't stop life because it's flu season but we do take precautions and that's what we're recommending currently.

LEGISLATOR DERIGGI-WHITTON: Thank you.

LEGISLATOR WALKER: Legislator Steve Rhoads.

LEGISLATOR RHOADS: Thank you, Madame Chairwoman. I do notice that when you speak about not touching your face, as soon as you started mentioning that, my face became so incredibly itchy.

COMMISSIONER EISENSTEIN: Yes.

Yes. But you know, that's why I keep
Health - 3-9-20

this because if you keep using this, you can touch your face, you're not putting anything in. I don't know if you saw there was elected official that said don't touch your face, and then licked the page to turn it right after saying that. And I said --

LEGISLATOR RHOADS: Which leads me to the next question because obviously hand sanitizer has become in extremely short supply. You mentioned hand washing. Are there any other -- for the average person, are there any other things that they can go about doing in their daily life to assist in sanitizing surfaces or sanitizing themselves?

COMMISSIONER EISENSTEIN: Well, the standard cleaning of surfaces now -- on surfaces it appears that this is kind of a puny virus and the CDC is recommending standard cleaning. You don't need a high level bleach or anything like that, so some facilities
Health - 3-9-20

have called and said we want to buy a super cleaner, what does that -- no, no. Don't make yourself crazy. Just do standard cleaning but do it well and do it thoroughly and I know after 5:00 I'm going to the supermarket or BJ's, whatever, I'm going to wipe down the bar with a wipe, you know, as best I have.

This is very helpful these bottles and I think for all of us are going to have some community exposure, it's impossible to always wash your hands and always not touch your face. We don't even realize we do it. I know I fix my glasses and touch my face doing that probable ten times an hour, 15 times an hour. But if we're more cognizant of it, I drive my kids nuts with the don't touch your face, they think I'm crazy. You know, don't touch your face, don't touch your face. Come on, what are you talking about, I got an itch. Yeah, well it'll be okay.
No. We do the best we can. Do the best you can. Sanitize surfaces normally. The key thing here is people who are at risk, just keep them away from people who are sick. That is the single most important thing. This isn't going to be spread much on surfaces. You know, of the first seven cases we had, six of them are all interrelated. I knew cases two, three, four, five and six, or some of them, were going to be positive based on the history and the exposures and the symptoms. I knew it. But there wasn't outside of that a lot of cases -- none outside of that connected to that within that community, so to speak. So it really is limiting exposure and people who are sick keeping them away. And wash hands. And even when there's no soap, just plain water is better than nothing. It's not 100 percent but rubbing for a while under warm water is better than nothing, the friction.
helps. It's not going to be the same as with soap but it's better than nothing.

LEGISLATOR RHOADS: Thanks, Commissioner.

COMMISSIONER EISENSTEIN: Yes, thank you.

LEGISLATOR RHOADS: I too have a couple of constituent questions which I'm going just to --

COMMISSIONER EISENSTEIN: Sure.

Go ahead.

LEGISLATOR RHOADS: -- summarize. I know you touched upon hospital visiting hours and I believe at this point in time it is voluntary as to whether hospitals will wind up limiting their visiting hours or nursing homes, those types of facilities. Is there a point in time, and I imagine it would be done by the state, not by us.

COMMISSIONER EISENSTEIN: Correct.

LEGISLATOR RHOADS: Is there a
point in time where there would be a consideration of mandatory limit in terms of visiting hours?

COMMISSIONER EISENSTEIN: I think so. For hospitals and nursing homes, that will be from the state. Interesting, because I know somebody's going to ask about if, with schools, that decision is made on an individual school superintendent basis. And, you know, it's one thing in New York City where there's one public school system and the leaders can make a decision but we will provide information and guidance. Schools are under the jurisdiction of the State Education Department, but we're in contact with them. I met with the superintendents to tell them the resources we can provide. We're willing to analyze exposures if there are kids out of school. We'll let them know if there's staff that have created risk, we'll let item know and potentially make a
Health - 3-9-20

recommendation but all schools and school districts are going to make their own determination of what to do. And we saw that -- and that's for public schools and universities. You saw last night Hofstra cancelled classes for this week. I don't know if anybody was aware of that.

So that raised a question, I got a call from a couple of other colleges, should we be doing the same thing? And I said well, they based that on a circumstances, they evaluated risk. I think that's what's got to happen and the Health Department can help that, but at the end of the day, the hospitals are going to be in consultation with the state health department, state education and us. When there are cases in the hospital we are still going to be involved. Thankfully so far none of our cases of the first group of seven was critically ill. I think that's very important and
Health - 3-9-20

we wish them well. They're not criminals. It's not a crime to get sick. We want to -- so that's -- but do I think things like visiting hours et cetera are going to start to be shortened in hospitals. I think it makes sense at some point. We don't want sick people. When people want to go visit loved ones, they'll go even if they've got a sniffle and that can be very dangerous is a hospital or in a senior center.

I thought closing the nursing homes to visitors in New Rochelle in the middle of that outbreak I thought was a very wise move but I don't know whose decision it was.

LEGISLATOR RHOADS: Okay. With respect to o private industry and the question was specifically raised with respect to supermarkets, but I guess it has a much wider application to that. Do we issue protocols for private industry, as far as how they should be
sanitizing things like shopping carts
or things that people would touch on a
regular basis?

COMMISSIONER EISENSTEIN: So, the
answer is we issue guidance. It's not a
legally binding guidance. The guidance
from the CDC right now is for standard
sanitation, the way that you normally
would do it. Supermarkets which are of
a concerned because even during when
people are not going out much, even
when they're limiting, they still have
to get food.

Supermarkets are under state
jurisdiction under the Department of
Agriculture and Markets and we will be
reaching out to them to make sure the
messaging of sanitizing is happening.
I think it's an important point that
we'll take back.

LEGISLATOR RHOADS: One of the
other things that was mentioned
specifically - I just touched my face
again --
DR. EINSTEIN: That's all right.

LEGISLATOR RHOADS: One of the things that was mentioned specifically, for example, is when you go into the produce aisle and you pick up, you know, a melon or an orange or an apple and you're checking the apple, you could have a dozen people have touched that same apple that you're going to turn around and put into your mouth. I mean, are any kind of recommendations?

DR. EINSTEIN: It's funny, I as an infectious disease person -- as an infectious disease person I cringe when I've got to go in to buy fruits and vegetables because I wonder that, but the answer is, you should be washing the fruit anyway. This is just one thing but I got to tell you, there's any number of food borne viruses whether it's hepatitis or bacteria like salmonella and e-coli, anybody who buys apples or melons, well melons have a skin so you peel that off, but for
apples, if you buy them, they should
washed. They should be thoroughly
rinsed and washed and the good news is
it doesn't appear that the virus lives
out -- out of the body for an extended
period of time. So if there's a giant
bin of apples and it's been there for
hours and you put a few in a bag, you
should wash it to get all of the
microbiologic's off of it, but I don't
see that as a particularly more
dangerous situation.

What would be is if the person
that's cooking your food has a runny
nose or a cough while they're doing it
and they're serving it, and they hand
it to you and they hand you the apple
and it goes right in your mouth, and
you still have droplets on that apple.
So again, it all goes back to isolating
and keeping away the people who are
sick from getting you.

But yes, I got to tell you, I'm
every -- if you ever see me in a
supermarket by the produce aisle, I want to buy it, I want it, but I'm very just nervous, you know, edgy. But it's a reality and wash your fruits and vegetables, all of them and that's from beyond Coronavirus. Honestly, I'm more worries with fruits and vegetables about salmonella and e-coli and other things.

LEGISLATOR RHoads: Understood. In terms of -- and I know you had mentioned school programing, you know, I guess sort of large assemblies or large meetings, is that something that at this point we should be avoiding or should we still be going through with those.

COMMISSIONER EISENSTEIN: Yes. So I've been asked that question probably a hundred times in the last two days and the answer is: As an evolving situation it has to really be evaluated on a case by case basis. We have many Nassau communities, many that
Health - 3-9-20

have not had one case of Coronavirus. Many. In fact, six of the first seven cases were all within the same network of people contained.

So if we have communities where we don't have cases of virus, maybe somebody who's at risk or is elderly or immune compromised may want to stay home but I don't think that all events need to be cancelled at this time.

There -- if there's a localized situation where there's staff and students within a school then that community and that school board -- superintendent may make that decision.

But I would not across the board recommend cancelling everything now. It really is not to that scale, yet. And that is way down on the layer list of these non pharmaceutical interventions. So I wouldn't just routinely cancel something unless there was a known risk and reason to do it.

We don't cancel when there's a flu, in
Health - 3-9-20

the middle of flu season, we don't cancel school plays and all that and that's I think -- but we're happy to discuss individual events because I understand the concern.

You're going to start to see some things be cancelled, so my daughter is in a school play and she was telling me that before the play, they go to a nursing home and do the play for the seniors, you know. If that's something that would be on my earlier list to say maybe that's not a great idea just because the kids who might just a little sniffly are still going to do the play, could present maybe a risk to the people they're presenting to. So that's an example where you have to evaluate it. But as a whole, we're not at a point where I would say just start cancelling events. There has to be a reason and a risk behind it and, like I said, most Nassau communities don't have one case. And so in those
communities for now, they should have school and they should have sports and they should have events. And might that change it might -- the other thing I want to mention, as far as closing schools, which I understand might one day become a reality and other countries have done it. Evidence has shown that closing schools isn't a great mechanism on these curves because when schools are closed kids aren't staying home isolated. Parents still have to go to work and so other people watch kids and kids still need to have some kind of social experience. So closing schools -- the act of completely closing schools, while it may be necessary, doesn't have the community impact that say keeping seniors away from an event might. I think that's an important point. There's a lot to this and for events I would -- I would respond that it really should be evaluated on a
Health - 3-9-20

case-by-case basis. In parts of the county where there is no disease, and that could change any day but if there is no disease and there's no risk to the school, per se, have your event, live your life, take precautions. If kids or adults or teachers are sick, they need to stay away and there has to be ability to wash hands. But if there's a school district that becomes inundated and there's a lot of people out on quarantine and a lot of people sick, we might make that kind of recommendation.

LEGISLATOR RHOADS: So we shouldn't be concerned at this point having a meeting at the Legislature, we're okay?

COMMISSIONER EISENSTEIN: I'm not saying anything.

LEGISLATOR RHOADS: I do have a couple of -- obviously, one of the reasons why we wanted to have this hearing is to see if there was anything
Health - 3-9-20

you needed from the Legislature, anything that we could provide. I know that, obviously, based upon your current staffing, your staff is working overtime and is doing everything that it can. You know, I do note that in 2019 you had a budgeted head count of 175, you had requested ten additional people for this year. Your actual budget had been cut. Instead of an increase of ten, it had been cut by eight, which we had put in budget amendments to restore but those were then vetoed by the County Executive. So right now, it's a swing of 18. You would ask for 185 and now based on math you're down to 167, as far as I can tell. Do you have adequate staffing right now to be able to meet the challenges that you have to face? I know you mentioned, for example, that some of the voluntary checks that you were doing early, obviously those are going to have to be discontinued.
because you simply don't have enough people. Is there anything that we can be doing in terms of getting you additional resources or getting you additional staffing so that you can meet the challenges that you have to meet?

COMMISSIONER EISENSTEIN: So to be fair, and I appreciate the question, I appreciate the support. To be fair, as this has unfolded everything I've asked the administration for, I've received as far as support. We have a medical reserve corp trained of over 1,000 volunteers who can call on for help. This isn't going to be a health department alone event. You know, Commissioner Morelli is ready to help us and if it grows to a certain point, we may have to relocate out of the Health Department to OEM, for example, where other departments might help us.

We have worked, we've needed the
support of mental health because during quarantines sometimes people need mental health evaluations and that's done through their agency.

Police is always a big partner and we may need police. We will need police to help us with people who violate quarantine. State Health Department has given us resources that have come down. And I'm watching very closely what's happening in Westchester where they got -- I'm not sure of this, I've heard this through the grapevine, they've got in the thousands under quarantine, so their health department is not bigger than ours and they're finding a way to do it. I'm in touch with my colleagues and spent a day in Albany yesterday in the middle of this speaking with all the other health commissioners and directors about how we're going to get through it.

So far we've been able to do the work and we are prioritizing as a
Health - 3-9-20

health department and I think that's important for everybody to know. The Health Department does a lot of things and provides a lot of services that everybody is comfortable with and enjoys and now we are pulling all of our resources to this and other vital things. We're not stopping the other work, we're still testing water. We're still making sure -- there are other disease that outbreak, there might be a hepatitis case or an e-coli case. Tuberculosis unit keeps working. STD unit keeps working. Inspections will continue. But we are focusing on the highest risk and most impactful to life events and work that we do and that's what we're going to be prioritizing with the resources that we have.

If it's true that it gets to quarantine numbers like Westchester I've heard in the thousands, we're still going to do what we can. The key is we are able to do the contact
investigations and the mandatory quarantine and I believe with the assistance of our agencies and the police that we're going to be able to it.

And I do want to repeat, throughout this any resource I've asked for I've gotten without hesitation and I'm very appreciative of that and I'm being honest about that and I think that we'll be okay with that.

LEGISLATOR RHOADS: Obviously, if that situation changes, I think I speak for all of us, just let us know.

COMMISSIONER EISENSTEIN: I will. And I'm not -- you know me a long time, I'm not shy. If we need it, I'm very quick to ask. I just -- what I do need, and I appreciate is, a lot you have reached out to me and I want to get back to you as quick as possible, just give me a little bit of time. That's what I really need because right now, I think there's probably been 40
texts of elected officials, school leaders, et cetera, and I can't just stop and speak to them and that's what we're up against. We're up against trying to respond to everybody and provide the guidance, but I'm so proud of my staff that I've not heard complaining. They've been working around the clock on weekends and nights. Many of them have little kids at home who they're not seeing. You know, for me it goes with the job, I expect it. But this has been a challenge and nobody's complaining. They understand this is lifesaving work and this is why you have a health department. This is our time to shine and we'll never be able to quantify how many people don't die because of our efforts but people will stay alive because of our efforts, that's for sure.

LEGISLATOR RHOADS: Thank you, Commissioner.
Health - 3-9-20

COMMISSIONER EISENSTEIN: Thank you.

LEGISLATOR RHOADS: And we appreciate your efforts, certainly.

I do have one question for Commissioner Morelli, if you don't mind. Just in terms of -- and of course you know my personal interest in it -- in terms of the volunteer fire service, I know that -- all right, I caught wind that the city, for example, is changing its protocols and its response protocols in terms of not sending fire fighters, for example, to back up and assist on a call for a suspected -- someone who's exhibiting the symptoms, possible symptoms of Coronavirus, have been issuing any similar protocols or is that really up to a department by department response?

COMMISSIONER MORELLI: Well, one of the concerns is the number of people that we send in. You know, again, being in the voluntary fire service,
sometimes the ambulance is like the clown car, by the time it arrives at a patient's house, six people are piling out of it. Our concern is not having that. Some of the information that we're releasing through the regional counsel and through the -- the association of fire districts, as well as through the individual battalions, is to begin to limit the number of people that you're sending into calls. Nothing has been written as of yet, as far as a protocol goes. I've been in touch with some of the folks from the regional council. It's not a matter of me, you know, trying to stay in my lane but I spent 35 years with the FDNY as a paramedic, so I do understand the information and the ramifications. We've been doing what we can and in personal conversations to do just that. Limit the number of people that are approaching patients. Heed the advice of the call receiving operators from
fire comm and the police department as well. One of our concerns is the fact that there are 34 other dispatch agencies for volunteer fire departments and the ambulance corps that may not be getting the message. So the association of fire districts, as well as the fire commission, is trying to put together some information so we're able to get the same message out to everybody.

And one more time, as we are able to, we're going to be providing additional personal protective equipment to all the volunteers, as well as some the local smaller law enforcement agencies from some of the towns and villages, so to make sure that everybody's protected during this.

Going forward, though, that's a message that will -- I believe it will be coming from the regional council to all of the agencies.

LEGISLATOR RHOADS: Thank you,
Commissioner. And same question for you, and this is the last one as with Commissioner Eisenstein, just is there anything that we can be doing as a legislature to assist you in what you have to do?

COMMISSIONER MORELLI: Again, the administration's been very kind in getting us anything that we need, gratefully our needs have been small at this point. The only thing that I want is for people, as Dr. Eisenstein and everybody else has been saying, you know, we understand the need for diligence. If everybody manages themselves, we shouldn't really have that big of a problem. Hand washing, make sure your children are washing their hands. I agree with you, sitting here waiting to go write on my face because I forget to close my pen, I'm trying not to touch my face. It's just a matter of everybody heeding the warnings. The hand sanitizer, if it's
out there, that's great, if your hands are not soiled, use hand sanitizer. There's the price gouging and there are other issues in obtaining it. We attempted to make an emergency purchase and while we were on the phone they -- the vendor we were dealing with went from 1,000 to zero, so it's running out of there.

I'm looking at it from a different perspective, eventually everybody will have it. So it's going to return to the shelves. If everybody just heeds the social distancing, make sure that they clean the surfaces and most importantly they -- can't say it enough -- if you're sick, stay home. There's no need to go out. Which is one of the points that we're doing with the entire continuity of operations planning.

Should there be a number of people within your own departments, with your own agencies, stay home. If
the office needs to be closed we're working out issues with the IT department and getting people VPN access so they'll be able to work from home. You know, other issues aside, government still needs to function, so whether it's hear or whether it's the Legislature or the towns, villages there's 69 different hamlets, towns, villages and cities. We need to make sure that everybody is up to continuing their jobs.

LEGISLATOR RHOADS: Thank you, Commissioner. Thank you, Madam Chairwoman.

LEGISLATOR WALKER: Legislator Drucker.

LEGISLATOR DRUCKER: Thank you, Madam Chairwoman. Doctor, I just -- Mr. Morelli, thank you very much for your presence here today and your information, very helpful.

Dr. Eisenstein, you know, every year we get a flu shot or some of us
get flu shots and even though we know that the flu shot really protects us against one particular strain of a flu virus; isn't that correct? There are still every year thousands of people die from the flu. I just found out recently myself that the Coronavirus has been around for quite some but the Novel Coronavirus is what we have now, what we're facing and that's a very different type of situation. But I mean, in past, I mean, I've been in a house where someone's had the flu and I never got the flu. This particular type of strain of the Coronavirus is completely different than other forms of viruses that we are always concerned about year after year in terms of protecting ourselves from the flu; is that correct?

COMMISSIONER EISENSTEIN: It's new. It's different and we haven't really studied it yet to know, exactly, the answer to your question but all
Health - 3-9-20

respiratory virus, some the precautions work for all of them and that's what we're preaching. And there -- we hope there'll come a time when there is a vaccine against this strain of Coronavirus. A surprising number of people in the population don't get flu shots, it's of the one the things the Health Department, you hear me, I scream about the flu 12 months a year, it's never too late to get your flu shot, and if it is, it's time for the next flu shot.

There are a few strains covered, there's an A and B strain covered, annually, in the flu shot which is usually a decent match to what's circulating but not 100 percent. But flu shots saves thousands of lives.

Last I heard, there were already -- and this was old, this was a few weeks ago, there are already 12,000 deaths in the United States this year due to the flu and I know nine pediatric deaths. The
overwhelming majority of people who die from the flu were not vaccinated. People who are -- this year, we did see, especially in kids, people who were vaccinated still get the flu but they had very mild cases. And so, even when you do get it, because the vaccine didn't take 100 percent protection, it provided enough to keep a lot of people alive, and that's what we're trying to achieve. So I think we need to see -- I came up with an analogy, I don't know that it exactly applies, but I think it's kind of -- I just made this up, so this is not evidence based when people say what do you mean I've come across Coronavirus but this is a different Coronavirus. And the way I thought of it is, imagine a little dog -- I'm not a -- imagine a, I don't know, a poodle that, you know, there's a poodle and then there's a German Shepherd and the damage that one can do to you is very different than the damage the other.
They're both dogs but they're genetically still different. That's the way I would kind of present this to you.

The other former Coronaviruses cause a common cold, they way maybe, you know, I'm not sure that -- this is not a time tested analogy or scientifically proven analogy but it just shows you that within a certain species, you know, within a certain animal, there could be different levels of danger and that's what I'm trying to illustrate with this. Is that the other Coronaviruses, everybody here has had a Coronavirus, they're very common, they spread and cause the common cold and almost all of the people do well.

With this one, one of the main -- I didn't talk about this before -- one of the main complications that causes death with viruses is pneumonia and flu can cause post flu pneumonia's, which is a source of death in many people,
that particularly occurs with people who have respiratory conditions. I've anecdotally heard that a lot of the cases around the globe have diabetes or high blood pressure or another contributing factor as well. But we're learning this now and I would just urge caution until we're comfortable saying it's just another respiratory virus that unfortunately is more severe for a few people. We don't know the epidemiology yet. We do know it can be deadly and so we're trying to keep people alive.

LEGISLATOR DRUCKER: So does that really explain why -- I mean, we've that the governor, there's a sense of urgency to try to come up with a vaccine for it, but is it concerning that we should -- do you think we'll have a vaccine for it or is just like something like other forms of virus it's going to -- with procedure precautions it'll run its course and
maybe die out, but is there really a sense of urgency for us to come up with a -- for a vaccine?

COMMISSIONER EISENSTEIN: Well, I think there is and the reason is, if you look at mortality rates, when you even -- let's just take one percent. One percent of our population is a lot of people and not everybody in the population would contract disease. But even if ten percent of the country, and this is -- that would be a low guess for a brand new virus with no immunity. If ten percent of the -- I don't want to do the math, but 10 percent of 350 million is a lot of people and one percent of that is still a lot of people.

And so, you know, what we want to make sure it goes back to the curve that's up on the screen is that we limit the number of people who are exposed and limit the number of people who will die. We know some people will
die, it's already happened in Washington state and others. I'm very appreciative and thankful right now that of the first group of people that we know who had this, none of them are critically ill, but this is lifesaving. I want to be clear. This is a virus that has caused death around the globe and that's what we're trying to minimize. And if it were just another common cold, we don't like to see the spread of any disease, that's why you have a health department. But certainly the -- I think the potential, and we're also managing expectations. This is unknown. Part of the panic and fear is part of the unknown. We don't know what this is going to lead to. We've been trained by Hollywood that viruses are going to come and cause all kinds of damage. But that historically has happened. The flu of 1918 ravaged the earth, it killed millions of people around the globe. I don't -- we're
going to do everything we can to limit the damage here and that's what -- community mitigation, that's what we're trying to do. I do think it's prudent to try and protect, especially the people most at risk.

LEGISLATOR DRUCKER: Thank you very much.

COMMISSIONER EISENSTEIN: Yes.

LEGISLATOR WALKER: Legislator Lafazan.

LEGISLATOR LAFAZAN: Thank you, Madame Chairwoman. Commissioner Morelli, thank you as always for your service. Commissioner Eisenstein, you're making us proud these past few weeks on TV and I just want to say thank you in the midst of the chaos for taking a phone call from me on a constituent issue unrelated. You've been unbelievable.

COMMISSIONER EISENSTEIN: Thank you.

LEGISLATOR LAFAZAN: Not a
question, just more of a statement. Obviously, with the fluidity of information, the public's relying more and more on press conferences and mass media communications. My ask is to please remember, not just for the both of your departments, but for every county agency, the first law I wrote unanimously passed by this body is to have a sign language interpreter, a qualified ASL interpreter within view of the camera at those press conferences, so, please, as we continue to rely on these mass media communications, please make sure we have those in camera, and anything you need from my office or this body, we're here to help.

COMMISSIONER MORELLI: I agree with you there. And that was an interpreter upstairs this morning and the irony of it is, we had an event on Saturday that was too short notice. I reached out to our friends over at
Melnick and they've been spectacular. Every time we request them, they're there. Saturday was unfortunate because I gave them 89 minutes of lead time. We're doing everything we can in that respect because we do understand that population also needs to be informed.

LEGISLATOR LAFAZAN: Thank you.

LEGISLATOR WALKER: Legislator By noe.

LEGISLATOR BYNOE: Thank you, Madam Chair. Good morning.

Dr. Eisenstein, I start out by asking what is the protocol for communicating with school districts relative to mandatory quarantine.

COMMISSIONER EISENSTEIN: I met with all the school superintendents and we went over the protocols. The protocols have changed, they changed on Friday since that meeting which was about a week and a half ago. We are going to first assure that the people
who need to be quarantined are quarantined. Making sure that they are kept away from the public is the single most important thing and doing it in a timely fashion before they get to the building. Once that happens, we will be notifying the school that students won't be coming to school. We have to be very careful with regard to privacy. Somebody being under a quarantine does not make them sick. Does not make them a risk.

Now, the discussion we would have with school districts would be very different if a staff member, a teacher, a bus driver, whatever, had the disease and had been exposed, then our contact investigation would actually go into the school and we would work with the school and try to identify, I don't know, who had lunch at what time or who was on what bus, whatever the circumstance might be. Who was in that science class. Whatever it might be.
So schools are not part of the contact investigation unless the disease is within the schools but certainly if a student is going to be out or a staff is going to be out, we would want the school to know so that -- that schools have been asked. There are going to be students who are kept home. Schools have been asked to make an accommodation so that the students are able from home to do some of the so they don't fall behind and we will keep them informed.

Very often schools want information, medical, private medical information that's not relevant to them and not part of the story and we won't give that. We will protect student privacy. What we will tell the school is what the risk is to them and what the suggested measures would be. And ultimately, the schools make their own decision on whether to stay open or not.
LEGISLATOR BYNOE: What would be the time frame though? Let's say, for instance, someone was notified yesterday, mandatory quarantine.

How would you contact -- what would be the timeframe to which you would contact that school district Monday morning?

COMMISSIONER EISENSTEIN: So everything is done on a prioritization basis. There isn't a set time limit, we will get to them as soon as possible. But making sure that whoever is not going to the school is situated safely is going to be the priority. Telling the school will be important and we will let them know as soon as we can but first we have to secure the premises and make sure that people are in a safe condition, then we will notify the school.

LEGISLATOR BYNOE: I understand if we have --

COMMISSIONER EISENSTEIN: That's
Health - 3-9-20

if there's no risk to the school. That changes -- that's a totally different story if there is a risk within the school.

LEGISLATOR BYNOE: I'm just sticking with mandatory.

COMMISSIONER EISENSTEIN: We don't have a set -- there's no within one hour or two hours protocol. We're doing it as quickly as we can.

LEGISLATOR BYNOE: I understand you are and I know you're under extreme circumstances here, but wouldn't you think it would be a good idea for us to have some level of protocol in place so it's not a step to get skipped in the process?

COMMISSIONER EISENSTEIN: Well, I don't think it's been skipped.

LEGISLATOR BYNOE: I'm just asking a question.

COMMISSIONER EISENSTEIN: I think that we are thorough in our work and I think to commit to something that an
emergency might pull us away from, I'm unaware -- it's part of what we do, it's part -- it's not necessarily, you know, step wise. There isn't that says okay, from the time a child is notified within two hours we're going to tell the school. But we are going to tell the school, we are working with them and so I think it is part of our protocol, quite frankly, already.

LEGISLATOR BYNOE: I was just trying to understand a timeline, is there a process, is there one person in your department that's tasked with making that call? Is there some level of a protocol?

COMMISSIONER EISENSTEIN: The team is in -- there is an incident commander and people are assigned to different cases. You know, if you're talking about on the weekend, we have people come in and people cycle out and we have to make sure our team gets rest, so there isn't just one person
Health - 3-9-20

the whole time but we do have a large
team working on this and the
communications have been really good.

I understand -- and part of this
is managing panic. I understand that
people hear -- sometimes even on
Facebook I see wrong information that's
passed around and somebody calls me and
says hey, have you read this report and
I look at it. We want to make sure
that the information that we give is
appropriate. We want to make sure that
we have answers and we have
recommendations and when you call a
school and say so and so student is
going to be under mandatory quarantine
and they're not going to be coming to
school. The discussion doesn't end
there. That always leads to whole
other questions. Well, what action
should we take and who else were they
exposed to and were they on the school
bus and who is it and are they sick and
what's their condition. We have to
make sure that we have appropriate
information before we communicate. We
have to make sure that we're available
to protect a student or -- it's not
only student, staff member, whoever it
is and we take that very seriously.
But in my assessment, not everything
has been perfect. This is an emerging
rapidly evolving situation, but I think
my team's done well, as well as we can
do under the circumstances.

And look, just this morning we're
talking about eight new cases since
I've worked in the building. The
team's working on that. I don't know
what it's going to be by the end of
today or tomorrow, we're going to try
and keep everybody informed. I think
the most important thing I can say is
the measures that we're taking, as it
actually comes to protecting the
community, are immediately addressed.
Immediately addressed. Notification
we're doing the best we can to keep up
with it to make the school aware. If
the school is at any risk that is an
immediate phone call. If the school is
just being notified somebody's not
coming, it's hard to find some people
on a Sunday evening, you know, so we
might wait until Monday morning to let
them know when the administration's
there. Now most school administrators
are responsive 24 hours a day, to be
fair. But it's certainly -- that's an
easier task to notify during school
business hours. We also have a much
larger staff perhaps on a Monday. We
had a full unit this weekend, a lot
emerged very rapidly and I was very
proud of how they did.

LEGISLATOR BYNOE: Thank you for
that answer. I was contacted
throughout the weekend so I know your
department was working and I definitely
appreciate all the efforts. Just
wanted to know about the protocols and
as we move through a process, you know,
things will change.

COMMISSIONER EISENSTEIN: Yes.

LEGISLATOR BYNOE: And I'm hopeful that we will create protocols as we move through these different --

COMMISSIONER EISENSTEIN: Absolutely. And we do have plans. We do have plans in place.

LEGISLATOR BYNOE: Okay.

COMMISSIONER EISENSTEIN: There's unique circumstances. A plan can't address every unique scenario.

LEGISLATOR BYNOE: All right. So you talked about the (516) 227-9570 work line and it's open from 9:00 from 5:00?

COMMISSIONER EISENSTEIN: Seven days a week.

LEGISLATOR BYNOE: Seven days a week. Is there any intention to extend those hours, especially as it would relate to being able to be in communication with school districts? We know that most school districts are open as early as 7:00, 6:30, 7:00 in
Health - 3-9-20

the morning, if there were staff that
was available to answer those calls
very early.

COMMISSIONER EISENSTEIN: So we
do have nurses in that early but
they're not part of the call center.
The call center is for general
information. Any medical scenario is
going to be handled by the team. And
the team is available 24 hours. We do
have an after hours number, 24 hours a
day we can take calls but routine calls
we want to happen during the day when

LEGISLATOR BYNOE: That 24-hour
call is --

COMMISSIONER EISENSTEIN: We have
an on call for medical concerns not for
oh, what's, you know, general
questions. And we don't want to use
the middle of the night for general
questions.

LEGISLATOR BYNOE: Can we make
sure that every school district has
Health - 3-9-20

that number, please?

COMMISSIONER EISENSTEIN:

Absolutely. Absolutely.

LEGISLATOR BYNOE: Thank you. So what has been our communication to our staff? I know we're generally telling people stay home. Has that been communicated directly through the ranks of Nassau County's employees?

COMMISSIONER EISENSTEIN: Yes. I believe a letter went out from the administration last week and through HR I've gotten a million e-mails. I'm trying to remember which is which. But we have -- you know, we want people to take precautions but even so business continues and serving the public continues and especially for the majority of the percentage of our population, they've not been exposed to Coronavirus or anywhere near it. So we want our staff to be aware of what's happening and at the same time use common sense precautions. We want to
Health - 3-9-20

make sure that people know to wash
their hands, if they sneeze to wash	heir hands, stay home if they're sick.
That messaging has gone out to our
staff.

LEGISLATOR BYNOE: And is it --
are we taking any additional protocols
in terms of staffers that would be
entering homes or that are working with
our jail population?

COMMISSIONER EISENSTEIN: So PPE
training is part of all EMS response,
all of our responders. We try and
limit exposure, things that we can do
from outside a home like talk to
somebody on the phone but see them in a
window we would do on certain
occasions. Our health department staff
is trained and our medical reserve corp
is trained on the proper PPE. There's
plenty of supplies as Commissioner
Morelli testified before. And we --
EMS is -- goes through training, I'm
not part of that but I know they go
through training and our hospital partners are excellent. We have had to arrange a couple of transportations over the course of a month and that's been done appropriately with the proper measures in place and I'm comfortable that that protocol and that we would not put somebody, send somebody into a situation that was not safe. We were with the police commissioner had a press conference earlier this week showing the different masks and the different materials and the equipment and the training that they have. I believe there's a press conference later today out somewhere, Malverne, about infection control and transport and the like. Certainly keeping our own staff safe is our top priority. If we don't -- and even within our department, if somebody is sick, I don't want them there. The worst thing that could happen is our department gets hit by something that takes a lot
of people out. We are -- I mean, there are so many of these bottles in our command center right now but taking care of our staff and making sure we cycle people in is concern number one. We can't serve the public if we're unable -- we got to take care of ourselves so we can take care of the public.

LEGISLATOR BYNOE: Again, I just want to close by saying thank you for all that you're doing, collectively, all of the county agencies, Commissioner Morelli, appreciate you. Thank you very much.

LEGISLATOR WALKER: Thank you. I just want to ask one quick question before we have four other legislators that want to comment or have questions.

COMMISSIONER EISENSTEIN: Sure.

LEGISLATOR WALKER: But what are we doing in particular, I know we've talked about a lot of departments, but over in our correction facility, what
are we doing to make sure that they are covered? I know Legislator Birnbaum did ask but, you know, of course, their population changes constantly, and also, the workers there.

COMMISSIONER EISENSTEIN: So the question had been raised, and I know we're working on it of should there be screening for visitors, screening for employees. And look, we know that that's a high-risk population. Staff there, from what we understand, is doing an excellent job making sure that they're practicing sanitary protections and the guidance is the same routine cleaning. Routine cleaning is important. But I think the most important thing is sick people staying away. It's the same theme that I'm saying for every aspect. Whether it's a school or a senior center or a jail, the key feature is sick people staying away. I don't know if the sheriff has any plans to change visiting hours or
anything of that like. I do know the question is being batted around about doing temperature checks on visitors. I don't know what will happen with that. But it comes back to the same measures; people who are sick, whether they're visitors or staff, should stay away and that's true for schools and jails and senior centers and hospitals and restaurants and every aspect of society. The measures aren't different, although I do acknowledge that the risk and the potential exposures varies in different settings.

LEGISLATOR WALKER: We just want to be sure they have all the supplies that they need there, you know, in that facility.

COMMISSIONER MORELLI: So far no requests have been made to us for any supplies at the correctional center. We did receive a request from the juvenile center. The population there is low, I believe the census of only 16
individuals that are there. We are making arrangements to get some supplies over to them. From what I'm told, and I'm just reading a text about concerning this, their facility was sanitized over the weekend by an outside vendor but that does not negate the fact that there could be somebody there that's still ill. We will be providing, they should have picked them up this morning, some masks and gloves for those over at the juvenile center. And from what I'm told, at the correctional center itself, they do have their own on-staff cleaning people and both the correctional center and the juvenile center are screening their visitors with respect to travel and any of the risk that they're getting. I mean, it's a pretty informal question and answer back and forth when they come to visit. Has there been travel, has there been anybody at risk. So they just want to prevent them from coming
in also. But as I said, the correctional center hasn't requested anything. The juvenile center has and we are providing for them.

LEGISLATOR WALKER: And we will make sure we keep in contact with them directly.

COMMISSIONER MORELLI: Yes.

LEGISLATOR WALKER: Legislator Birnbaum. Oh, were you next Legislator Carrie' Sollages.

LEGISLATOR SOLAGES: Thank you, Madame Chair, for allowing non committee members to ask questions. Thank you. Good morning.

COMMISSIONER MORELLI: Good morning.

LEGISLATOR SOLAGES: Good morning, Commissioner. Good morning everyone here today. I would like to thank you very much for putting your department in overdrive and working beyond 9:00 to 5:00 and really coming to the call of duty and helping our
Health - 3-9-20

great county. Thank you very much.

COMMISSIONER EISENSTEIN: Thank you. And overdrive is the right word. That's the perfect word, actually.
Thank you.

LEGISLATOR SOLAGES: I hope you're getting your Wheaties and taking your vitamins, we need you. When you succeed, we all succeed.

COMMISSIONER EISENSTEIN: Thank you.

LEGISLATOR SOLAGES: So congratulations and thank you for your hard work.

I was informed by several parents from a local school district in the community that I represent that there were students who came back from Milan and a teacher and they were under, you know, either they were sick and they exhibited other, you know, one student had pneumonia. And I understand that they reached out to your department and you went above and beyond and you
Health - 3-9-20

answered their questions and the test
came back negative.

COMMISSIONER EISENSTEIN:
Thankfully, yes.

LEGISLATOR SOLAGES: And I'm very
thankful for that.

Now I'm in a position to either
in form our community that there was
this scare and everything turned out to
be negative. I would ask you, if you
were in my position, would you issue a
statement informing individuals that
this occurred or not issue that because
it could increase fear and,
unfortunately, people acting in ways
that are not reasonable?

COMMISSIONER EISENSTEIN: So, its
all based on the risk to the community.
If people were traveling back from
Europe and were never in the school,
per se, there is no risk in the school.
It's only the travelers who could
potentially be at risk. I would
protect the privacy of the travelers,
Health - 3-9-20

because everybody in the school is
going to know who the travelers are and
you have to be very careful not to
identify someone in their health
condition.

If people came back sick and went
to school and so there's a fear that
there is an exposure in the school,
that would be something we would be
happy to discuss with you and assess
the risk. So while we're sitting here,
I got a text from somebody that -- one
of the school district doctors who
said, you know, a school district just
called me, they were called by the
Health Department that one of the
students is on quarantine, they're not
allowed to come in but they're not
sick, should the school close? Well,
that student was never sick. There was
never an exposure in that school
through this student so, no. The
school shouldn't close.

Should the school make an
Health - 3-9-20

announcement? The school can announce
what they want but what are you
announcing that there's somebody who's
not sick. There's somebody who's not
sick but we're keeping them home just
to watch them. There's going to be
hundreds of people on quarantine in the
next few weeks, hundreds, maybe more.
I've heard in Westchester there are
thousands of people, so it will quickly
become a lot of people who are asking
to stay home, and if you think about
it, that it's -- your unique situation
that you describe is a unique one case
but there are hundreds of variations of
that and so, I think it really has --
my answer to you is really has to be
done -- I'm touching my face -- on a
case-by-case basis based on the risk to
the community. People want information
but very often they want information
that they're not medically entitled to,
but it's somebody else's private
business or they want information
Health - 3-9-20

that's not actual real. They want to hear there's this and there's this and there's this, and when you say there's really not, they're disappointed, they want a story. I think we have to be very careful not to panic the community, keep them informed of the facts and whenever there is a risk that people need to know, that's when we make sure that we inform them. I don't know --

LEGISLATOR SOLAGES: Understood.

My next question: Has the Health Department or the County Executive issued any directives to the bus service, NICE bus service to clean their buses? I've seen, again, in New York City with MTA, they've been doing a lot of work in terms of cleaning the subway terminals. Are they cleaning the apparatus on the bus where people put in the card?

COMMISSIONER EISENSTEIN: That's a fair questions but that's a question
that would be for the administration. I know they were talking about it but I wasn't in the conversation so I don't know what was said or not so I don't want to comment.


COMMISSIONER EISENSTEIN: Thank you.

LEGISLATOR BIRNBAUM: Thank you for all this information that you've provided to us. I know a group of mothers who have children with asthma and you said children are less, seem to be less susceptible.

COMMISSIONER EISENSTEIN: So far it seems that way.

LEGISLATOR BIRNBAUM: So what would you say to these mothers because they are really fearful about their children since their, you know, their condition already is --

COMMISSIONER EISENSTEIN: I think in a case like that, it really requires
Health – 3-9-20

-- each case is different and I think they really should consult with their pediatricians on that, as far as what is the risk, is it seasonal asthma, what are the triggers for asthma. I have not seen -- anecdotally I have not seen a published link to asthma and this disease, but there are might be that I just haven't seen. There are many many publications coming out very rapidly and I'm trying to stay on top of all of them. So I don't want to make a general statement about that. I'm not a pediatrician and I think that we have enough pediatricians here in the community that can guide these families through it that I would recommend a phone call to a pediatrician and say are there any special precautions. Certainly we don't want anybody to be sick. We're happy that it appears that children aren't suffering as severely as adults but that doesn't mean they can't. And
certainly there are children who are immune suppressed and we don't want them getting sick. So the message to stay home does apply to children as well. When a child is sick, please don't send them to school. There are other children who have asthma and who have other immune compromising situations. So it's easy that a kid gets sniffles and you send them to school. We're asking parents not to.

LEGISLATOR BIRNBAUM: I'd also like to you address the new testing kits that Northwell Health has and I think the testing, the result period is supposed to be shorter than previous tests?

COMMISSIONER EISENSTEIN: Well, it's shorter because the test doesn't have to take a three-hour car ride to Albany and then wait in line, there was one lab doing the tests from all over the state so now it's a ten-minute car ride and hopefully they're able to
batch and give results out much much more quickly. So I think what you're seeing is an increased capacity to do testing. Wadsworth lab in Albany and CDC lab in Atlanta were really our only two places to do it. Now we have Northwell System lab is doing testing and I've understand that commercial labs will be up and running in the next week, maybe ten days. So the capacity to do labs and get results back quickly, which is a key part of this. Find people and isolate them. The timing should be much better. I don't know the specific kits themselves but it's taking less time just because we don't have to get a sample three hours with traffic, four hours up to Albany.

LEGISLATOR BIRNBAUM: And when would somebody actually be sent for a test, who makes that decision?

COMMISSIONER EISENSTEIN: That's a really important question. The are -- the national capacity to test is
Health - 3-9-20

still limited. And while the new

guidance allows any physician to order

a test, which is new guidance, there's

a couple of asterisks that I think are

very important. First, if a doctor

chooses to test somebody because they

-- hopefully because they have symptoms

that would match and they've ruled out

other things, there still has to be a

cause to test somebody. This is very

important. Anybody who gets tested

because a doctor is concerned that they

have this, is automatically going to be

entered in mandatory quarantine. That

is the state's protocol, brand new

protocol. So we don't want doctors

just doing it because people want it or

they have a cold and they think they

have it. There are symptoms and

history that have to be evaluated. But

in the near future, as the capacity

expands, any doctor will be able to

order the test. But they're going to

have to report it to the State Health
Health - 3-9-20

Department and to us. And if they've ordered at test on somebody, that means their suspicion is high enough and we're going to put that person into mandatory quarantine while the test is pending.

As of now, the capacity is expanding each day. When Northwell opened, I believe I had read they only going to be to 75 or 100 a day and their hope was to get up to 1,000 by the end of the week. We have a million and a half people here, 1,000 is a very small number. But doctors, providers, whoever's ordering the test and patients need to be cognizant, we want to find people, we want to appropriately use the resources that we have. We don't want to abuse it. And if you're tested, you're not being put under mandatory quarantine as a punishment, you're being put under mandatory quarantine because you're considered possible enough to have it
that we don't want you spreading it in the community. So I hope the public will understand that but that is a key part of this process.

LEGISLATOR BIRNBAUM: So that's -- the follow-up is: Mandatory quarantine. How do we actually monitor because that was --

COMMISSIONER EISENSTEIN: We go to their house.

LEGISLATOR BIRNBAUM: We go to their house?

COMMISSIONER EISENSTEIN: We go to their house. We make sure they're there. We check their temperature. We knock on the door and say are you here. And we will be going to everybody who is mandatory quarantine. So when I say it's all hands on deck. We'll have inspectors, we'll have people from other agencies and government doing this. We'll have volunteer medical reserve corp people doing this. We are going -- people who are under mandatory
quarantine, it is the governor's
instruction that we go and physically
check that they are there.

LEGISLATOR BIRNBAUM: So when you
say "we" we being --

COMMISSIONER EISENSTEIN: Health
Department.

LEGISLATOR BIRNBAUM: -- Health
Department. You have people who are
doing this?

COMMISSIONER EISENSTEIN: This is
going to be -- you know, we may need
multi agency help.

LEGISLATOR BIRNBAUM: Yes.

COMMISSIONER EISENSTEIN: But,
yes, the answer to your question is
yes. We have people that are going to
be doing this. Some of them -- we have
a lot of field workers, some of them
are going to be inspectors who if there
is a restaurant that they have to
inspect and there's a home two blocks
away, we're going to do one trip.

They'll do one and then the other vice
versa, so we're coordinating all of that, which is why monitoring -- this goes back to when we put people in mandatory quarantine, we want to put all of this in place and go forward. So that's the answer. We are going to check that they are complying. We are not going to be there 24 hours a day but if we see or it's reported, they will immediately be taken by law enforcement, with a mask appropriately, to a quarantine, a legitimate locked up quarantine.

LEGISLATOR BIRNBAUM: So you actually are going to be able to follow every single person who will tested that means, because everybody who's going to be tested is being put into mandatory quarantine. That number is going to be --

COMMISSIONER EISENSTEIN: Yes. But I do want to point out, most of the people being tested are in hospitals, so that's why their sick in the first
place, they're in hospitals.

LEGISLATOR BIRNBAUM: Right. But now that there are tests going to be available --

COMMISSIONER EISENSTEIN: Correct.

LEGISLATOR BIRNBAUM: Many more people are going to be tested.

COMMISSIONER EISENSTEIN: Oh, this is work. This is overdrive. This is overdrive. That was the perfect word. We understand the scope of what we're dealing with, which is why I said this has been a massive amount of work around the clock but we have a very large medical reserve corp, we have partners in other government agencies who are already contributing and helping out. The whole health department knows that routine things that we do, the process is going to be altered a little bit. Everybody's going to -- I just gave you some examples but we have this model.
LEGISLATOR BIRNBAUM: Right but when they get a negative test result back.

COMMISSIONER EISENSTEIN: If they get a negative test result back, let me remember the algorithm, it just came out. We're still going to keep them in quarantine for a set period of time if they were exposed to somebody who had disease. That's the thing. So if we get it -- if somebody's sick and we get a negative but we have no known exposures, they wouldn't have to stay in a mandatory quarantine, I think. I think I got this right. I don't have the algorithm in front of me, so if I'm erring, I will correct it.

But if somebody was exposed, family member in the house, we test them today and their test was negative, they still might develop this in two days so their -- based on their risk factor, they're going to stay in quarantine.
LEGISLATOR BIRNBAUM: Do you know the percentage of false negatives? I mean, does that mean they didn't actually have enough symptoms to test positive yet.

COMMISSIONER EISENSTEIN: We're learning about the shedding of the virus. It's brand new. I don't know how many days in is the test positive. I don't. That's why we're really figuring out the exposure and basing it more on that than anything else. But again, if somebody is in a hospital, isolated in a hospital, we're not serving them quarantine orders, they're fine, and that is the majority of the people who are tested.

LEGISLATOR BIRNBAUM: But like these people are already very sick to warrant going to a hospital, I would imagine?

COMMISSIONER EISENSTEIN: Sure. Yes.

LEGISLATOR BIRNBAUM: Otherwise
Health - 3-9-20

you would think you might just have a
cold or a cough or.

COMMISSIONER EISENSTEIN:
Correct.

LEGISLATOR BIRNBAUM: My last
question would be: The hand
sanitizers, the Purells.

COMMISSIONER EISENSTEIN: Yes.

LEGISLATOR BIRNBAUM: I just
recently got one, never been opened
but I just was reading the ingredients
and then it saw it has an expiration
date on it. So what if it's a year or
two past the expiration date?

COMMISSIONER EISENSTEIN: That
would be very, very old. Because I
know at least a two-year expiration
date on these.

LEGISLATOR BIRNBAUM: Yes.

COMMISSIONER EISENSTEIN: So then
what we do in emergency circumstances,
what I would say with medicine is,
don't throw it out. See if you can get
one that's not expired. If you can't,
it's better than nothing. It's not ideal, it's not indicated. But if there's such a shortage that all you have is one that expired last month, I would still use it. That's an off label use, I have to, you know, clarify. Yes, the specifics are circumstance but that would be better than nothing. If it's five years expired, I don't know what the efficacy of it is, but it's the alcohol base rub --

LEGISLATOR BIRNBAUM: It's the primary alcohol --

COMMISSIONER EISENSTEIN: Yes, 60 percent alcohol is what you should be looking for. Doesn't matter who the maker is, doesn't matter. 60 percent alcohol is what the indicated is and if you look at them, this one doesn't say, does it? The writing is so small I can't see.

LEGISLATOR BIRNBAUM: Based on what you're saying, could somebody make
Health - 3-9-20

their own home solution using alcohol?

COMMISSIONER EISENSTEIN: I don't recommend that. I do not recommend that. It's funny a couple of the liquor companies have actually come out and said please, don't use this to make your own sanitizing solution. I would not recommend that. I would not recommend that.

LEGISLATOR BIRNBAUM: Then it's just soap and water --

COMMISSIONER EISENSTEIN: People can -- they don't understand what chemicals or concentration and alcohol can be toxic if it's breathed in or if it's abused. I don't recommend people making their own. Rather they just use soap and water wherever they can. But the supply chain will refresh and just keep people looking. And I can tell you, I've seen it in stores in the last two days at regular prices, not all the stores I went into but I've seen it. Some places have it and some places
don't and supplies are coming in.

LEGISLATOR BIRNBAUM: So one last question back to the incubation period. So if you quarantined -- is it a 14-day incubation, could it be 14 days after somebody was exposed that they first --

COMMISSIONER EISENSTEIN: So 14 days is considered the maximum possible incubation period. Once we've learned more about it, that may change. Once we've studied and we show that the incubation always ends by day eight or nine, we might shorten that to ten-day incubation. But not knowing the answer, the federal government, which I think was a wise choice, albeit a long peered, picked the number that they think would cover every possible case.

I think we're starting to see incubation periods tend to in the two to five day range. I'm not willing to say there aren't cases that extend out. So 14 days is chosen because it's considered the maximum -- at this point
-- with the information we have, the maximum possible incubation. If we learn that nine days is the maximum possible, then we'll change the -- but science is -- one of the key things about this curve, the lower curve on the graph on the screen, the striped one is what we're aiming for. As you see, it pushes the cases out in time. And that get -- you might say well, we want to end this quicker. You don't want to end it quicker if it affects and kills many more people. You want to give science time to answer these questions and so that's what happens when you mitigate in the community and push the cases out later. Hopefully -- I would think in a couple of months we'll know the incubation period and we may alter the 14 days, maybe it becomes ten days, maybe it becomes 17 days and we were wrong. It's likely to be less than 14 days in the future, but right now, I agree with the 14 days and that
Health - 3-9-20

is the federal and state protocol.

LEGISLATOR BIRNBAUM: Thank you so much.

COMMISSIONER EISENSTEIN: Thank you.

LEGISLATOR WALKER: I'm just going to have Legislator Gaylor, because he's on the committee and then we have Legislator Abrahams and Legislator Mule.

LEGISLATOR GAYLOR: Thank you, Madam Chairwoman. Questions I have are directed to that bell curve and you just brought it up.

COMMISSIONER EISENSTEIN: Sure.

LEGISLATOR GAYLOR: How far to the left are we of the bell curve and how long before we get to the right side of the -- coming slope of the bell curve?

COMMISSIONER EISENSTEIN: We are at the very beginning. The very beginning.
Health - 3-9-20

LEGISLATOR GAYLOR: Right. So how long is this -- this COVID-19 has been going on for two months now.

COMMISSIONER EISENSTEIN: Correct.

LEGISLATOR GAYLOR: How long before we see the exponentially quick increase and then how much longer until it starts coming down and this tapers off?

COMMISSIONER EISENSTEIN: So I don't know the answer to the second question but we are just now starting across America to see the exponential increase. We went in to the weekend with 200 cases and came -- in country, and nation and we came out with 500 and something in a weekend. So your doubling time is down to two or three days or one day. I mean, we added today, doubled our cases from yesterday but that's in part because we're testing. When you test you're going to find more. So you're going to see a
sharp rise now because testing facilities are able to test more rapidly. So we're at the very beginning of this. I heard anecdotally that China appears to have peaked and they're starting to drop but I don't know if that's because of the drastic measures that exist and that if they're lifted it would go back up. This is not a perfect model, it's just an illustration of what our measures try to do but we are at the very beginning of this and now we're starting to see more cases and there's going to be more cases. I don't want anybody to panic when they see more cases. We're trying to find cases so we can isolate them. That's what we're doing. It's not -- the number will go up. That's not a terrible thing. We don't want to see deaths, we don't want to see cases and remember, all the measures that we're taking, we're not trying to have zero cases, we're trying to keep as low a
number as possible. I can't -- the hardest part of being in public health is we can't quantify how many cases did not happen. You can't count what didn't happen, but I'm sure that a lot of cases are not happening because of the measures that we've put in place.

LEGISLATOR GAYLOR: I appreciate all that you do, as well as Commissioner Morelli.

COMMISSIONER EISENSTEIN: Thank you.

LEGISLATOR GAYLOR: All that you do. Thank you, Madam Chairperson.

LEGISLATOR WALKER: Legislator Abrahams.

LEGISLATOR ABRAHAMS: Thank you, Madam Chairwoman. Just a couple of questions and first, Dr. Eisenstein.

COMMISSIONER EISENSTEIN: Thank you.

LEGISLATOR ABRAHAMS: Commissioner Morelli and your entire team and staff are doing a phenomenal
Health - 3-9-20

job in trying to communicate to the
government in these very difficult and
challenging times.

I did receive a question that, I
guess, since we're live streaming this.

COMMISSIONER EISENSTEIN: Sure.

LEGISLATOR ABRAHAMS: I wasn't
too sure if it was through the live
stream from my office or was it
potentially through the live stream
that we do through the Legislature.

But I did receive a message, which I
kind of know the answer but to answer
this person's question who took the
time to post on our page. I just want
to make sure I answer the question
properly or ask the question properly.

But their question was related
to, and I'm reading it verbatim:

Hello, in light of the Coronavirus
rapidly spreading, what does Nassau
County plan to do about the Jurassic
World live show. Does Nassau County
have any authority to make a decision
to cancel all the upcoming shows. I have tickets for Saturday but I'm not planning to attend. I called the coliseum for a refund, I didn't purchase insurance, I was told the coliseum has made a decision to remain open. Who in Nassau County can I speak with if Hofstra is taking precaution shouldn't someone make an executive decision to safeguard children now.

I know you can't answer that question, obviously, and in that interim to try to answer this person a little bit more clearer, I did have counsel take a look at the time counties local state of emergency and suspension of local laws and per the county's charter in regard to this measure -- state law, I'm sorry, state law. The only way this would be enacted is if there was some level of state of emergency taken on by the County Executive.

COMMISSIONER EISENSTEIN:
Correct.

LEGISLATOR ABRAHAMS: Which we give her the authority to do that, which I don't believe she has the intention of doing or hasn't discussed, at least with the Legislature, potentially doing that. There is no other mechanism, explaining to this person, that the coliseum could be closed. We rent the coliseum. And I'm answering the question for you, to a degree, but I mean I guess what I'm really driving at from your standpoint and it kind of goes into your earlier part of your presentation, at what point do you believe a recommendation from your office would warrant something of that magnitude? I've been to events at the coliseum, they draw thousands and thousands and thousands of people.

COMMISSIONER EISENSTEIN:

Absolutely.

LEGISLATOR ABRAHAMS: Actually, I
was just there last night. There wasn't thousands and thousands and thousands, there may be a few thousand for the basketball championship for the girls and boys in the county.

At what point in your recommendation, large scale events, events that are probably hosted at post or at the coliseum, is there a -- if I'm Joe Q. Public or June Q. Public and I'm looking at something and is 100 cases, is it 200 cases? What number are you looking at?

COMMISSIONER EISENSTEIN: Right. So first, I do want to for the constituent who wrote the question, I do want to let them know that my department has been in touch with coliseum leadership to go over measures that they can take, including sanitation, cleaning of rails and that kind of thing. They have worked, they were receptive to us, they understand the challenge. The question that you
Health - 3-9-20

raise is really important and I've read reports that all the major sports leagues are having the same discussion, what's going to happen with hockey and basketball and spring training games and baseball season is going to be starting soon. There are concerts and school sports events. I think if it gets to that point where events of that large scale and I know the constituent brought up Hofstra, having read their statement, I think they had a specific risk that prompted them to do this.

If it gets to that level, that's going to be a larger level decision that I think, you know, the governor's office and our administration have worked closely and I think there's going to be a big discussion that's not going to be unique to the coliseum. I think that that's going to be something that's got to be policy wide. We have a bunch of arenas in the area. Now, if there was something localized that
might impact the employees at a specific arena or whatever, maybe that -- there would be a unique circumstances. But I think -- right now we still only have 17 cases, the risk of getting this is very low, the risk of getting other respiratory viruses is still much higher. If people take precautions and stay away when they're sick, and they're healthy people, I would have no reservation taking my child to the coliseum this weekend. That might change. That might change but I don't know what the threshold is of cases. I think we're really going to have to look at the regional pattern for something as big as a coliseum event to close.

But I encourage -- you mentioned college. I encourage colleges to assess their risk, they're welcome to call us to be part of the discussion but make a decision that they think is right. Out of an abundance of caution,
Health - 3-9-20

as long as it's reasonable thought and
science behind it, we would be
supportive of decisions. But I myself,
presently, would go to an event at the
coliseum.

LEGISLATOR ABRAHAMS: That's good
to hear because I just went to one last
night.

COMMISSIONER EISENSTEIN: I
wouldn't have gone yesterday.

LEGISLATOR ABRAHAMS: My next and
final question, and first I want to
thank all my colleagues, they asked a
lot of good questions and many of them
that I had they asked already so I'm
not going to regurgitate them again.
As you may know in my private life, in
my private practice, I do regulatory
healthcare. And one of the things I
found a bit astonishing, which I may be
not giving a proper answer to this is
that there are very few special
treatment units on Long Island, to my
knowledge. Understanding the state
Health - 3-9-20

regulatory -- if you remember a few years back when we had the big -- there was a big Ebola scare, there were many Ebola labeled units to isolate infected individuals. One of which is Glen Cove Hospital.

COMMISSIONER EISENSTEIN: Yes.

LEGISLATOR ABRAHAMS: And the other was Winthrop and I believe Stony Brook. There may be a few others -- I'm sorry and Winthrop. NYU, Winthrop.

COMMISSIONER EISENSTEIN: I remember Glen Cove specifically has a unit that still --

LEGISLATOR ABRAHAMS: It's still there.

COMMISSIONER EISENSTEIN: -- because Ebola still hasn't disappeared from the globe. Very different disease, not airborne. I remember it being Glen Cove but I could be wrong.

LEGISLATOR ABRAHAMS: Yeah, it's Glen Cove, it was NYU Winthrop, I believe. It was Stony Brook.
COMMISSIONER EISENSTEIN: Okay.

LEGISLATOR ABRAHAMS: So, if an individual or any of these individuals of these 17, and I know you couldn't speak on the numbers 8 through 17, you only have strong knowledge on the 1 through 7. If any of these individuals are going to hospitals, and I read about some individuals appearing at some hospitals that do not have these special treatment units. They're being isolated in conventional isolation rooms?

COMMISSIONER EISENSTEIN: Yes. And so that's very important. I know a couple of the original seven are still hospitalized. This is not -- does not require negative pressure rooms. It requires isolation rooms. And I know even that is limited but we have secured. I've spoken with different hospitals and I know, for example, NUMC is preparing a floor that's going -- they're going to empty and have.
the rooms would be isolated from the rest of the building, should we develop large numbers of people that need to be isolated. And the capacity of that, I think, was like 30 rooms.

LEGISLATOR ABRAHAMS: So they're treating this virus, they're treating COVID-19 very similar to how they would treat the flu --

COMMISSIONER EISENSTEIN: Correct, in a hospital.

LEGISLATOR ABRAHAMS: So it's not reaching the magnitude of how you would maybe treat Ebola --

COMMISSIONER EISENSTEIN: Correct.

LEGISLATOR ABRAHAMS: -- when they built these special treatment units.

COMMISSIONER EISENSTEIN: Correct. And that's such an important point that it's -- on the slide it says allow flu season to end. On the left under the third bullet, the second sub
bullet down, allow flu season to end. That's because those beds are the beds we're going to need if this were to become exponentially larger.

LEGISLATOR ABRAHAMS: Gotcha.

COMMISSIONER EISENSTEIN: Same beds that you would have used for flu patients who are under isolation.

LEGISLATOR ABRAHAMS: I guess the question becomes people have loved ones in hospitals and if loved ones are in ICUs or they're in the hospital and they're in units whether they're in isolation or wherever, and they're in the vicinity of COVID-19 patients, I guess that level of concern was generated and developed and people became a little bit more concerned, so if they're already in the hospital. If they're sick, they're in the hospital, now they could be exposed to something worse.

COMMISSIONER EISENSTEIN: And that's we are urging -- I know I saw
one of the hospitals put out limitations on how many people can visit and the like. Hospitals are places where sick people go and flu is the perfect example that you brought up. You go to the hospital with one thing, the last thing you want it so catch a flu form the person you're by, but our hospitals are excellent in infection control, cohorting [sic] patients when they can. It's not a perfect system. This is another message - I don't know if I mentioned it today -- but we don't want people just walking into an emergency room if they're sick because they could walk into a waiting room with 40 people and spread it to people who are already there because they're sick. So we want people who are not hospital level people to not go to the hospital. So if somebody's under quarantine and they get sick, they should call the Health Department. If they'll mildly ill, we
Health - 3-9-20

will test them -- we'll somebody to swab them in their home. Let them stay in their home. We want to minimize hospital exposure. Hospitals have done a good job for preparing. They don't need negative pressure or the special Ebola unit for this.

LEGISLATOR ABRAHAMS: Got you.

COMMISSIONER EISENSTEIN: But more like the way flu is handled.

LEGISLATOR ABRAHAMS: Okay.

Legislator Burbahm just asked a question. Do they have to call the Health Department for this test or should they go through their healthcare provider?

COMMISSIONER EISENSTEIN: If somebody's not on our protocol, we don't know about them and they think for some reason they're sick, they should call their healthcare provider who's welcome to speak with us. The healthcare providers have the criteria from the state. They have the
conditions that they should be looking for. If they're on our quarantine list, they're going to get instructed when they're quarantined to call us should they get sick.

LEGISLATOR ABRAHAMS: One more thing, I just got another message, Facebook live is picking up. You talked a little bit about obviously when you get the flu shot it covers many different strains of the flu.

COMMISSIONER EISENSTEIN: Multiple strains. A couple of strains.

LEGISLATOR ABRAHAMS: Multiple strains. And I know a couple of years ago I got the flu and I was wondering what -- I got the flu shot, what happened? I've been getting a flu shot for the last 18, 19 years. But anyway, long story short. You said that the Coronavirus has been around for quite some time. Are there any strains of the Coronavirus that could potentially be picked up through the flu shot as
Health - 3-9-20

one of the viruses the flu --

COMMISSIONER EISENSTEIN: No.

LEGISLATOR ABRAHAMS: So there is absolutely none?

COMMISSIONER EISENSTEIN: It's like cats and dogs.

LEGISLATOR ABRAHAMS: It's cats and dogs. So the strains that the flu shot protects you from are strictly --

COMMISSIONER EISENSTEIN: Influenza virus.

LEGISLATOR ABRAHAMS: Influenza virus, which there are many of.

COMMISSIONER EISENSTEIN: Totally different species.

LEGISLATOR ABRAHAMS: Different species. Okay.

LEGISLATOR WALKER: Legislator Mule.

LEGISLATOR MULE: Thank you, Madam Chair. I have a couple of questions. I will be brief but I'm being asked to ask are there a sufficient number of testing kits
available in Nassau County?

COMMISSIONER EISENSTEIN: I believe so. And they're expanding every day. So capacity was an issue at first because it's a brand new test. Now that Northwell is online I know they have an increased capacity. They expect to increase every day.

For the numbers of cases that we have now, you know, we're not testing thousands of people. There's a couple dozen -- I think we have 20 people or so that were pending tests when I walked in this morning. So for the numbers that we have, yes. And by the time we need more, I think the capacity will be here, I think.

LEGISLATOR MULE: Just to piggyback on something that Legislator Birnbaum said. With Northwell and perhaps the other labs being authorized to do the test, we're talking about the same test, it's not a different test, correct?
COMMISSIONER EISENSTEIN: Correct.

LEGISLATOR MULE: That's how I understood it. Will the test generally be covered by health insurance?

COMMISSIONER EISENSTEIN: The governor put out an order mandating that the test be free. Now I don't think if that means insurance picks it up it and there's no co pay or there's no charge at all or the state's paying for it, but I did hear the governor say last week that there would be no charge for testing for anybody.

LEGISLATOR MULE: Great. At the beginning you said 40 people as of this morning are quarantined. Is that a combination of mandatory and voluntary?

COMMISSIONER EISENSTEIN: No, that was mandatory.

LEGISLATOR MULE: Mandatory.

COMMISSIONER EISENSTEIN: Now some of those people may be the people that ruled in or tested positive. I've
been here the whole time, I haven't
seen it but there were 72, I believe,
under voluntary quarantine this
morning.

LEGISLATOR MULE: In addition to
the 40?

COMMISSIONER EISENSTEIN: Yes.

LEGISLATOR MULE: And the
mandatory, could some of those 40
people be in the hospital or is this --

COMMISSIONER EISENSTEIN: Yes,
they could. So when they're in the
hospital we're not -- the quarantine
order applies to them wherever they're
being quarantined but we're not going
to serve them in the hospital. Before
they leave, they would get it.

LEGISLATOR MULE: My final
question, this might be for
Commissioner Morelli. You mentioned an
isolation kit. What is an isolation
kit?

COMMISSIONER MORELLI: Isolation
kits are something that first
responders and hospital providers have. The kit consists of a disposal gown, an
N95 mask. I believe they also have a surgical mask that provide protection.
Covers for your feet and gloves is to be use whenever you're dealing with any
sort of infectious disease you're not certain of. They also use them when
you're dealing with large amounts body fluid, whether it's blood or anything
else so they're able to protect themselves, keep themselves clean and it's all disposable so one use and it goes away.

LEGISLATOR MULE: I do have one further question. I'm sorry. Thank you.

The test, is it a nasal swab, is it a blood draw, what is the test?

COMMISSIONER EISENSTEIN: I haven't actually seen one of the tests and that's not been done by us so I honestly haven't paid closer attention. I think it's an oral swab and a
Health - 3-9-20

nasopharyngeal swab. I think that's what it is when it's a -- detects virus.

LEGISLATOR MULE: Thank you. And I just want to reiterate what everyone else has said. Thank you so much for all of the very well presented nuanced measured presentations.

COMMISSIONER EISENSTEIN: Thank you.

LEGISLATOR MULE: This is something, clearly, everyone's concerned about but what I'm hearing you clearly say is there's no need to go into panic mode and that if we just take simple precautions we're going to be okay.

COMMISSIONER EISENSTEIN: Thank you for that. Look, there's going to be more cases. This is going to be a little bit worse before it gets better but preventing it from getting terrible is what we're going to do.

REGAL REPORTING SERVICE
516-747-7353
LEGISLATOR MULE: Thank you.

LEGISLATOR WALKER: Are there any other legislators. Before we open it up to the public, I'm just going to ask, is there anything that you need, that you feel either one of you need, from us as the Legislature that we need to provide you with?

COMMISSIONER EISENSTEIN: We'll be asking for your help getting information out at right times and be patient with us, we're doing everything we can as quickly as possible and we want to make sure you're equipped to answer constituent questions and we're here to serve you. That's it.

LEGISLATOR WALKER: Again, we thank you --

COMMISSIONER MORELLI: I'm sorry. I agree with Dr. Eisenstein, just share the message that's coming out. We want to make sure that there's a concerted message and they're not getting any mixed messages. County government is
here for you, we're doing everything we can to help everybody else. Just as you're doing for your constituency, all I ask is that we share the same message so there's no confusion out there. It'll help alleviate a lot of the calls and questions for everybody else. They'll also know that they're getting the right amount of help from their legislators which they can count on.

LEGISLATOR WALKER: Well, again, I just want to thank you all and certainly thank everyone in your department for their dedication. And like I said, I know there's been a lot of sleepless nights that you've had because you've been working, really working overtime. But again, we are here for you, too, and whatever you from us, please let us know. With that I'm going to -- I don't know if there's anyone from the public that would -- I'm sorry.

LEGISLATOR ABRAHAMS: I would
Health - 3-9-20

just also recommend, and I commend you
on your fortitude to ensure that we had
a scheduled session today. I would
just say that if it's possible on the
Mondays we do have committee, if not
sooner, depending on how this thing
develops, that we at least get an
update from the Health Department going
forward.

COMMISSIONER EISENSTEIN: We will
be sending you written updates more
frequently. I promise.

LEGISLATOR WALKER: That would be
-- that would be wonderful. And if you
could, you know, possibly meet with us
beforehand, so that you could give us
an update which is then live streamed
to everyone.

LEGISLATOR ABRAHAMS: I
apologize. I know I'm not on the
committee so I'm recommending things
for the committee I'm not on but I just
thought that it'd be fruitful to have
that kind of --
LEGISLATOR WALKER: Information disbursed. Thank you very much.

Is there anyone from the public that did want to speak? Seeing there's none, then we are going to close the hearing and thank everyone for being here. Hopefully those who were able to look online got a lot of information and we will certainly keep everybody up to date on what is happening.

(TIME NOTED: 12:50).
CERTIFICATION

I, FRANK GRAY, a Notary Public in and for the State of New York, do hereby certify:

THAT the foregoing is a true and accurate transcript of my stenographic notes.

IN WITNESS WHEREOF, I have hereunto set my hand this 18th day of March 2020.

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FRANK GRAY