

## 1. Meeting Minutes

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NASSAU COUNTY LEGISLATURE

RICHARD NICOLELLO

PRESIDING OFFICER

HEALTH AND SOCIAL SERVICES COMMITTEE

LEGISLATOR ROSE MARIE WALKER

CHAIR

Theodore Roosevelt Building

1550 Franklin Avenue

Mineola, New York

March 9, 2020

10:20 A.M.

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2     A P P E A R A N C E S :

3

4     LEGISLATOR ROSE MARIE WALKER

5                     Chair

6

7     LEGISLATOR JAMES KENNEDY

8                     Vice Chair

9

10    LEGISLATOR LAURA SCHAEFER

11

12    LEGISLATOR C. WILLIAM GAYLOR

13

14    LEGISLATOR DELIA DERIGGI-WHITTON

15                     Ranking member

16

17    LEGISLATOR ARNOLD DRUCKER

18

19    LEGISLATOR JOSHUA LAFAZAN

20

21

22

23

24

25

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2 LEGISLATOR WALKER: Good morning  
3 everyone. My name is Legislator Rose Walker  
4 and I'm the chairwoman of the Nassau County  
5 Legislative Health Committee. I'm joined  
6 here this morning by Legislator James  
7 Kennedy, Legislator C. William Gaylor,  
8 Legislator Thomas McKevitt, Legislator Steve  
9 Rhoads. Also, Legislator DeRiggi-Whitton,  
10 who also is on the Health Committee. We  
11 have legislators on their way as we speak.  
12 Legislator Debra Mule, Legislator. Minority  
13 Leader Kevan Abrahams, Legislator Ellen  
14 Burbahm with Carrie Solages and Legislator  
15 Bynoe.

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

20 I want to thank everyone for  
21 being here this morning and welcoming those  
22 tuning in via live stream on the legislative  
23 website. It is my hope that at the  
24 conclusion of this hearing we will have been  
25 reassured by members of our community -- we

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2 have reassured the members of our community  
3 that we are fully prepared to do everything  
4 we can to contain the spread of this virus  
5 and are doing our best to protect our most  
6 vulnerable population.

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

21 The Legislature is committed to  
22 working closely with our colleagues at the  
23 federal, state and local levels to secure  
24 any additional resources that might be  
25 identified as necessary at this hearing.

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2 So I did give a brief hello. But  
3 before we continue, I'm going to ask all of  
4 you to please rise and we will say the  
5 pledge.

6 And Legislator Gaylor, if you  
7 would lead us.

8 (Whereupon the Pledge of  
9 Allegiance was recited.)

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

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

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

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

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

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

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

16 And just to go back to the  
17 beginning, Coronavirus is a respiratory  
18 virus. It's cold and flu season. That's a  
19 nice way of saying respiratory virus season.  
20 And the measures that we take to protect  
21 ourselves against all of the other cold and  
22 flu viruses, some of which are other types  
23 of Coronaviruses, everybody here has been  
24 exposed to some kind of Coronavirus.  
25 They're one of the most common causes of the

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2 common cold.

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

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

23 I have a very short PowerPoint  
24 presentation, it's four or five slides.  
25 I'll give you a situational update. The

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

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

20 Is there a lower risk exposure,  
21 such as you might have been at the same  
22 event as somebody else but you didn't have  
23 immediate close contact with them that the  
24 State is calling approximate contact. And  
25 defining that can be a challenge. Very

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2 often it's on a case-by-case basis with the  
3 State Health Department.

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

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

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2 of an abundance of caution and the name of  
3 this is Novel Coronavirus, the novel being  
4 new.

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

17 We're starting to understand  
18 better. The reason the quarantines are 14  
19 days is because we don't think the  
20 incubation period is longer than that. We  
21 think it's less than that and we're being  
22 cautious by making it 14 days. I can tell  
23 you for most Coronaviruses, the incubation  
24 period is usually in the three to five day  
25 range.

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2 While this Novel Coronavirus is a  
3 coronavirus, it's a different virus than  
4 other Coronavirus's, so we can't treat it.  
5 That's caused confusion because hospitals,  
6 sometimes on their normal respiratory panel  
7 that they've had for years, look for  
8 different viruses and so some people might  
9 have seen a Coronavirus test in the past  
10 that's not Novel Coronavirus. This is its  
11 own unique test. We're happy that  
12 Northwell, and soon commercial labs, will be  
13 testing because the key strategy is finding  
14 people who have this and isolating them.

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

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

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

25 We have 17 cases. As of this

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

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

19 The cases since those literally  
20 happened after I walked in so I won't be  
21 able to answer, I haven't seen the charts  
22 yet, but my staff right now, a war room over  
23 at the Health Department is working  
24 diligently on tracing every one of those  
25 cases; where they've been, where they are,

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2 where they work. Just because somebody  
3 works somewhere doesn't mean they were there  
4 while they were sick. And so I think it's  
5 important that we don't panic if you hear  
6 that somebody worked somewhere. We're going  
7 to evaluate the work exposure and let the  
8 workplace and whoever is appropriate know  
9 for whatever exposures exist.

10 We have worked very closely with  
11 the State Health Department, the CDC  
12 guidance is coming out generally daily or  
13 more frequently than that, and so those are  
14 some of the basic points about what we know  
15 about the disease. We don't have a  
16 mortality rate. I could tell you that  
17 clearly we see things where senior at-risk  
18 populations are hit the hardest with regard  
19 to fatalities. There was the situation that  
20 occurred in a nursing home in Washington  
21 State where there were four deaths among  
22 patients there, so out of 500 known cases,  
23 those were four of the deaths. Excuse the  
24 data and the mortality rate, but I think  
25 that the lesson there was learned and heard

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2 by our nursing homes here in New York State  
3 and Nassau -- New York State, Nassau County.  
4 Following the Westchester exposure in New  
5 Rochelle, nursing homes where the index case  
6 in that outbreak is the original case, have  
7 ceased. Visiting hours -- and I think that  
8 nursing homes are under state jurisdiction  
9 as Article 28 licensed facilities -- but I  
10 think many of them are taking precautions  
11 and limiting exposure.

12 As far as the general public,  
13 I've been asked a lot is it time to close  
14 schools, is it time to stop events. It  
15 really is going to be as this expands  
16 something that we evaluate and I want to  
17 talk about the process in the presentation  
18 shortly. I don't want anybody to panic.  
19 There are many many thousands of flu cases  
20 that go around and we don't stop events.  
21 But we also have to be smart. We have to  
22 rely on the public to stay away if they're  
23 sick. To keep children who are sick away  
24 from their grandparents and more elderly  
25 at-risk people. And we need to look at

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2 specific events. Knowing the risk is to the  
3 senior population, while we haven't yet had  
4 an outbreak in a community that might make  
5 me say maybe senior events shouldn't happen.  
6 That might change today. I haven't  
7 evaluated the new cases that came today.  
8 And that's where a high risk would be.

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

25 Financial costs to date. So

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2 thankfully the governor has declared a state  
3 of emergency meaning that the Health  
4 Department will be reimbursed for much of  
5 the expenses. I know how that impacts the  
6 Health Department, I don't know about other  
7 county agencies, but I'm sure Commissioner  
8 Morelli can talk about that.

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

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

22 Estimates of what has been  
23 reported are in the -- between the -- I've  
24 seen different numbers about two percent,  
25 about three percent of all the people who

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2 get it are fatalities. However, many people  
3 may get it and have no symptoms or mild  
4 symptoms so they're not counted in the math.  
5 So if we knew all of those the denominator  
6 in the math may be higher and the fatality  
7 rate may come down. Also, United States has  
8 top of the line supportive care so that  
9 people who have been exposed are more likely  
10 to get treatment here than in a place that  
11 doesn't have this kind of supportive care.

12 So what we can do, and this is  
13 every resident and all of you as elected  
14 leaders, non-pharmaceutical interventions.  
15 The CDC and the Health Department and the  
16 State Health Department all have what's  
17 called a Pandemic Flu Plan. It's called the  
18 Pandemic Flu Plan because historically  
19 influenza is the most likely emerging  
20 respiratory virus to mutate and cause a mass  
21 event. But the Coronavirus is a respiratory  
22 virus fits in under the plan. The flu, mass  
23 flu plan is for all and any potential  
24 respiratory viruses. So we've activated  
25 ours. The CDC has a wonderful flu plan,

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2 it's on their website. By the way their  
3 website is the main source of breaking news  
4 for this; CDC.gov. It is excellent. You  
5 click on the Coronavirus banner and there's  
6 categories for anything you might want.  
7 Information for healthcare providers, for  
8 elected officials for schools, for social  
9 organizations. There's great categories,  
10 it's nice.

11 So, what is a non pharmaceutical  
12 intervention? The goal is to reduce the  
13 societal impact of a pandemic. I want to  
14 set our expectations. The goal is not zero,  
15 that is not realistic on a viral outbreak in  
16 a community where there is no immunity  
17 whatsoever in the population. So our goal  
18 is to minimize disease. Make it as few as  
19 possible. I'm hopeful that while I reported  
20 to you today there are 17 new cases, because  
21 of our efforts, the number's not higher than  
22 that. There's no way to count what the  
23 number would have been without our efforts,  
24 but our efforts of isolating people have  
25 been thorough and have been helpful and I do

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2 believe that although I have 17 reported  
3 cases and there's going to be more, that the  
4 number that we see is much less than what it  
5 would be without our efforts.

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

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

19 Quarantining people would a next  
20 level. Cancelling events or closing down  
21 facilities would be a next layer. And so  
22 it's step wise that we take these actions  
23 but also based on what's happening in a  
24 community. If there's one community or  
25 school district or event that's particularly

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2 hard hit, you might close one place or one  
3 school but not all of the schools in the  
4 county and this is what we are here to  
5 assess and provide guidance on.

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

12 Personal measures. We really  
13 need our residents to help us with this.  
14 The spread of disease goes from people who  
15 are sick goes to people who are not sick, so  
16 we're asking everybody to do their part.  
17 Hand hygiene, washing hands, using  
18 sanitizer. If you sneeze in your hand, wash  
19 it before you touch anybody or anything.  
20 Respiratory etiquette; cover the sneeze.  
21 Don't touch your face because if you do  
22 happen to get a virus on your hand from a  
23 sneeze or touching something, virus on your  
24 hand isn't going to get you sick. It's when  
25 you scratch your nose or your eye or your

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2 mouth that the virus gets into your mucus  
3 membranes.

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

19 But, please, stay home if you're  
20 sick. Stay home if you're sick. And if  
21 you're worried about other people, think  
22 about your own family members. Okay.  
23 Children with a cold can give it to a  
24 grandparent. The child will be fine in two  
25 days and the grandparent may die from this.

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2 I'm not going to sugarcoat this. We need to  
3 understand what we're dealing with here.  
4 That's what we're seeing, that seniors and  
5 immune compromised are much more likely to  
6 do poorly with this at this point. So  
7 please stay home if you're sick. And  
8 isolating sick individuals is important.

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

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

22 Things like personal protective  
23 measures; masks on sick individuals. Now,  
24 this is important. The wording is very  
25 vital. Masks on sick individuals. The

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2    masks are not indicated by the CDC on

3    healthy individuals. The masks do not

4    prevent healthy individuals from obtaining

5    the virus. Their eyes or mucus membranes

6    that are entry high entry points for virus,

7    they're still wide open. The masks on sick

8    individuals can catch a lot of the droplets

9    going out. So the masks would go on sick

10   individuals if they're around others.

11   Hopefully they're in isolation and they're

12   not but if they need to be transported. If

13   they, for whatever reason, first learning

14   about it, the masks are for sick individuals

15   and we really don't want the public hoarding

16   masks. I know yesterday we had a press

17   conference that Commissioner Morelli was at

18   with me where people were selling masks

19   online for like \$100 for 12 masks or

20   something crazy that normally costs 30 cents

21   or something ridiculous like that. I'm

22   exaggerating but not by that much.

23                                   So we want -- we want our

24   healthcare providers to have access to the

25   equipment that they need. We don't want the

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2 supply to change or dry up. And remember,  
3 our healthcare providers are dealing with  
4 this but all the other routine diseases are  
5 still here. They're still dealing with  
6 normal pneumonias and normal other viruses  
7 and heart attacks and cancers and all the  
8 things. We want our healthcare providers to  
9 have the resources, so we want to make sure  
10 people aren't just using masks because they  
11 think it's the right thing to do when it's  
12 not indicated and it's not right.

13 Environmental. Right now, most  
14 of the guidance is for standard cleaning of  
15 facilities. We know the virus is not  
16 particularly hardy once it comes out of the  
17 body. We don't know how long it lives on  
18 surfaces. And even if it does live on  
19 surfaces, we don't know if it stays a viable  
20 transmitter from a surface. But standard  
21 cleaning measures is currently recognized by  
22 the CDC. And if it escalated more, which  
23 you're starting to see in other parts of the  
24 world like in Italy where a part of the  
25 country has been quarantined. Things like

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2 school closures, community quarentine and  
3 event cancellations may occur. We have 17  
4 cases now, the number is growing. We have  
5 over -- well over a million residents, close  
6 to a 1.4 million residents, you are much  
7 more likely today to encounter flu than you  
8 are this.

9 I want to us to continue going  
10 about our lives but using common sense. And  
11 so people who are sick should not be out in  
12 the public. People who are at high risk may  
13 want to avoid larger scale events starting  
14 now because we're starting to see the  
15 numbers go up. The guidance on this is  
16 going to change but for the average person,  
17 if they take standard precautions, they  
18 should still be going about their lives.  
19 We're not just going to shutdown society now  
20 for this. This may change. The guidance on  
21 this can change dramatically and we will be  
22 here to guide you and schools and agencies  
23 and whatever events there are but we're not  
24 in this alone. Westchester recently has had  
25 a lot of cases. I think I saw they were in

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2 the 80s this morning if I read correctly.  
3 Some schools have closed. Some nursing  
4 homes.

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

10 COMMISSIONER EISENSTEIN: Let me  
11 --

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

16 COMMISSIONER EISENSTEIN: Yeah,  
17 turn it over to Commissioner Morelli and the  
18 last thing I want to do, which I'll do after  
19 this call, is this graph shows what we're  
20 trying to achieve. This is your strategy.  
21 This is our strategy. The purple is what  
22 happens without these interventions. The  
23 striped curve is what we try to achieve with  
24 these interventions. We're not trying to  
25 achieve zero, we're trying to minimize it

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2 and I will -- and I will -- I apologize.

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

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

22 Just to give you a little bit of  
23 background here, the Office of Emergency  
24 Management largely sits in support of all  
25 the other agencies, whether it's the police

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

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

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

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

19 As Dr. Eisenstein had pointed  
20 out, we try to give them, you know -- the  
21 first thing we wanted to do was to calm  
22 everybody down. The offer that we give them  
23 is to follow the Department of Health's  
24 guidelines, as well as to go to [cdc.gov](https://www.cdc.gov),  
25 which is where pretty much everybody's

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2 getting their information regarding this  
3 Coronavirus.

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

20 One of our biggest concerns is  
21 keeping government up and running. We want  
22 to make sure that number one, everybody in  
23 the Legislature, as well as every other  
24 county agency and county department is  
25 protected. We want to make sure that the

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2 public knows that no matter what, the county  
3 government is there. Whether it be the  
4 Legislature, whether it be any other  
5 department, we will be there to make sure  
6 that our residents get the care and the  
7 attention that they require. In doing so,  
8 the Office of Emergency Management has  
9 requested from every county department a  
10 continuity of operations plan. We want to  
11 know what's going to happen should there be  
12 a problem with any of you being able to get  
13 into your offices or buildings, being able  
14 to access any of the information that you're  
15 -- is imperative for you to be able to  
16 manage your constituency.

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

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2 unable to access your offices.

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

10 As of 10:30 Sunday morning, we  
11 requested through New York Response. Now  
12 New York Response is a portal that we use to  
13 go through New York State to request  
14 additional resources. We've requested  
15 100,095 masks, 100,000 gloves, rubber gloves  
16 and 25,000 isolation kits. That's not to  
17 say that the panic is there that we're going  
18 to need all those, we need to be prepared.  
19 One of the problems has been that the  
20 federal government has come right in and  
21 told whether it's 3M, Kimberly Clark,  
22 Condor, any of the other manufacturers, do  
23 not sell to the public. And it's not that  
24 they're doing that to spite everybody, the  
25 objective is to make sure that healthcare

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2 providers and first responders have the  
3 supplies that they need. I've been to the  
4 supermarket and I'm watching people wearing  
5 masks. Costco, you saw the mad run on  
6 toilet tissue and paper towels and I don't  
7 know how that's going to fix the Novel  
8 Coronavirus but at least everybody will be  
9 able to have the supplies they need.

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

19 A request was made from New York  
20 State for us to hold our supplies in the  
21 event we have to replenish hospitals that  
22 have depleted their supplies due to the  
23 increased usage. So we've been doing the  
24 best we can in providing stopgap measures  
25 should some hospitals be in a position where

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2 they're going to need them, to single them  
3 out. Surgical masks are also a priority,  
4 again, it's to put on the sick that as they  
5 entered the rooms, as they enter the  
6 emergency rooms or into the doctors offices  
7 and what not.

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

20 New York State has implied to our  
21 office that in order for to us replenish  
22 supplies that we're not giving to any OEMs  
23 statewide. They are not going to  
24 replenishing supplies. They have further  
25 clarified that in saying, they will

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2 replenish that which we go through. So  
3 we've -- as I said, we've made a very large  
4 request, we will be requesting more. Once  
5 we make those requests and we're assured  
6 that we will see delivery, we're going to  
7 deliver out to the volunteer fire service.  
8 Been receiving a lot of calls from a lot of  
9 fire departments and a lot of ambulance  
10 calls that are requesting additional  
11 supplies. Once we know the supplies are  
12 going to be coming in, we will make it --  
13 we've actually put together a system where  
14 we will be distributing them to the  
15 volunteer fire service.

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

21 Cost measure wise, the Office of  
22 Emergency Management is largely grant funded  
23 and we keep a pretty tight budget but we do  
24 make some assurances for this, some  
25 allowances for this. We're not burning

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2 through it quickly but it's going to happen.  
3 So what we're in the process of doing is to  
4 maintain adequate records of our equipment,  
5 of our time and leave usage and we're making  
6 sure that once reimbursement through the  
7 federal government becomes available, we're  
8 going to apply for it as everybody else  
9 will. With the declaration of the state of  
10 emergency does allow that latitude so we're  
11 assuming that while it's not going to be a  
12 week from Friday, that we will be able to  
13 make the requests and get reimbursed as we  
14 need to.

15 At the moment, our office staff  
16 is in everybody morning at 7:00 a.m. The  
17 Emergency Operation Center will be stand up  
18 at 9:00 a.m. every morning and we'll be  
19 closing about 9:00 p.m. every evening. We  
20 do have staff in the office until about  
21 11:00 p.m. every night, so should there be  
22 any problems or any issues, there's always  
23 somebody there to answer the phone and our  
24 24 hour number is always manned, so should  
25 anybody have any questions, we're happy to

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2 answer them. I thank you very much for  
3 having me.

4 LEGISLATOR WALKER: Thank you.

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

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

10 So, I just want to jump back in,  
11 this is the last slide and I'll be quick and  
12 then we can get to whatever your questions  
13 are. I do want to also say, I pride myself  
14 on being responsive to you. I've known many  
15 of you a lot of years and I know many of you  
16 have called and it's been more delayed than  
17 you're used to for us getting back to you,  
18 but we literally are getting hundreds of  
19 texts and e-mails sometimes by the hour, so  
20 I apologize. No disrespect is ever meant,  
21 we're just doing the best we can to get  
22 through the -- this is about prioritization.  
23 We're prioritizing the most important  
24 lifesaving measures and our team is doing a  
25 great job. Again, I have to thank my team.

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2 We've worked around the clock; weekends,  
3 nights, holidays, it's not been easy. Its  
4 not -- it's frustrating when you do all the  
5 work and then, you know, the number can add  
6 and we know that's going to happen. So I  
7 just want to thank them.

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

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

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

20 In neither of these curves is the  
21 total number of cases zero. But very  
22 important for our public, in both case they  
23 reached an end and that's the better days,  
24 this will end at some point. We don't know  
25 if it's seasonal we don't. We don't. We

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2 don't know if it's going to burn out the way  
3 other viruses have where they run their  
4 course. We don't know if this is going to  
5 become just another routine circulating  
6 virus like the many others that we have.  
7 It's too early to tell but I believe that  
8 with our efforts and with the help of  
9 everybody yourselves and all of our  
10 residents that we could get as close to the  
11 striped curve from the purple curve as  
12 possible. We've already brought down that  
13 purple curve with our isolation measures.

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

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

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2 we want to thank you so much for that.

3 COMMISSIONER EISENSTEIN: Thank  
4 you.

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

8 I have a tremendous concern for  
9 our fire service, so I was very happy to  
10 hear that whatever we can do to help them  
11 because obviously they are all volunteers  
12 and just working on the budgets that they  
13 have in their local communities, you know,  
14 some with very small numbers of budgets.  
15 And they are out there all the time. Our  
16 first responders, you know, sadly people  
17 call our fire department for things that  
18 really aren't even emergencies but they  
19 never know what they're walking into and,  
20 you know, we want to make sure they're  
21 provided with the necessary equipment they  
22 need to keep themselves safe because then  
23 they're coming back into their homes, back  
24 into their communities and we don't want  
25 anything to be -- you know, for them to be

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2 infected and then spread it even more along  
3 there.

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

24 I also sit on the Region EMS  
25 Council, it was a topic of discussion at our

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2 last meeting. Some of the issues there are  
3 exactly that; response, access to supplies  
4 and equipment, and particular points of  
5 transportation for these patients. I can  
6 promise you while we don't have anything  
7 written in ink right now, the processes that  
8 they have to go through are, so at the  
9 moment someone calls for an ambulance or  
10 someone requests some assistance, they're  
11 going to get the question and answer  
12 session, they're going to get the best  
13 possible care at this moment and the first  
14 responders are going to give the best  
15 possible advice.

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

22 COMMISSIONER EISENSTEIN: The  
23 voluntary quarantine parameters have  
24 changed. They were being checked upon. Now  
25 as we're re prioritizing our resources, we

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

14 With voluntary, we will do spot  
15 checks. And voluntary if we hear or see  
16 somebody violating a voluntary quarantine,  
17 we will then serve them with a mandatory  
18 quarantine order because they chose not to  
19 participate in the voluntary. Then they're  
20 legally on notice. So it's almost like a  
21 warning shot. And I want to be clear, the  
22 voluntary quarantine category is considered  
23 low risk. So we have monitored about 150  
24 people. When the voluntary program started,  
25 it was anybody coming back from mainland

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2 China. We were monitoring them, not one of  
3 them got sick out of 150. Most of them have  
4 completed the 14 days already. And the  
5 numbers coming in from China are much much  
6 less than they originally were.

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

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

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

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

25 LEGISLATOR DERIGGI-WHITTON:

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2 Thank you. Just real quick. It might be a  
3 couple questions that you don't know, so I  
4 don't want to put you on the spot.

5 COMMISSIONER EISENSTEIN: Sure.

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

13 COMMISSIONER EISENSTEIN: When  
14 they return?

15 LEGISLATOR DERIGGI-WHITTON: --  
16 for two weeks.

17 COMMISSIONER EISENSTEIN: Well,  
18 there's different CDC categories. This is  
19 based on the federal government. And so the  
20 CDC updates its travel log every day. We  
21 have cruise ships that are coming back from  
22 the Caribbean that are not going under a  
23 14-day quarantine. We had other where  
24 people were sick, that the boat's not even  
25 being allowed to dock. So what I can tell

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2 you is, the five countries that are listed  
3 as high risk travel as of today -- and this  
4 could change before we walk out, it  
5 literally changes that quick -- are subject  
6 to a quarantine when they return. If they  
7 are sick during the travel, they are a  
8 mandatory quarantine. And if they return --  
9 like a bunch of college students arrived  
10 back from Italy for example, if they're  
11 well, they are voluntary quarantine.

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

20 LEGISLATOR DERIGGI-WHITTON:

21 Right.

22 COMMISSIONER EISENSTEIN: So the  
23 key thing about these quarantines, voluntary  
24 and mandatory, is we give them instructions  
25 what to do. And if they become sick, we

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2 prepare, help them with a safe transport, if  
3 necessary, or maybe we swab them right where  
4 they are if they're not -- if it's just a  
5 mild cold they don't need to go to a  
6 hospital for that. We don't want hospital  
7 exposure. So the answer is the protocol  
8 right now is those five countries that are  
9 on the alert. If you need, I can name them  
10 if you want.

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

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

23 LEGISLATOR DERIGGI-WHITTON: But  
24 as of right now, other than those five  
25 countries?

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2 COMMISSIONER EISENSTEIN: I don't  
3 believe so but the protocol is --

4 LEGISLATOR DERIGGI-WHITTON:

5 Okay. I know. I know.

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

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

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

17 LEGISLATOR DERIGGI-WHITTON:  
18 Right.

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

25 LEGISLATOR DERIGGI-WHITTON: All

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2 right. Now humor me on a couple of these  
3 because I get questions. And it's part of  
4 our job to answer them.

5 COMMISSIONER EISENSTEIN: Yes.

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

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

24 But airborne is slightly  
25 different. So, for example, measles --

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2 if this were measles and somebody in  
3 here had it, the whole room would be  
4 exposed. But if this were Coronavirus  
5 and I had it, people in the back of the  
6 room are not exposed.

7 LEGISLATOR DERIGGI-WHILTON:

8 Okay.

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

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

22 COMMISSIONER EISENSTEIN: So now,  
23 if you sneeze and it's wet for a little  
24 while, yes. Fabrics typically don't  
25 support viruses. Porous surfaces,

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2 cardboard, paper. But obviously if  
3 there's a large amount of virus because  
4 you sneezed right into a tissue, a wet  
5 tissue could be potentially  
6 transmissible. We honestly don't know  
7 how long it lives on surfaces and then  
8 the second question is, just because  
9 it's living on a surface is it still  
10 transmissible of disease.

11 LEGISLATOR DERIGGI-WHITTON: Got  
12 it.

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

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

19 Is the temperature influencing  
20 it? For instance --

21 COMMISSIONER EISENSTEIN: We  
22 don't know.

23 LEGISLATOR DERIGGI-WHITTON:  
24 Okay. So you don't know if it can  
25 survive in the cold or the hot?

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2 COMMISSIONER EISENSTEIN: Don't  
3 know. Is summer going to chase it  
4 away? We don't know. People think  
5 that because that flu typically is a  
6 winter thing, but I remind you, H1N1  
7 started in April and ran through the  
8 summer. So I'm not going to predict  
9 Mother Nature no way.

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

14 COMMISSIONER EISENSTEIN:  
15 Antibacterial soap kills bacteria, this  
16 is a virus, but both will work on  
17 viruses and bacteria and it's the  
18 rubbing action that is the key thing.  
19 So if you find yourself in the  
20 unpleasant experience where there's a  
21 sink and there's no soap, rubbing with  
22 water is till better than doing nothing  
23 because it's the friction of the  
24 rubbing. Now, having a detergent,  
25 helps the virus and the bacteria cell

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2 walls be destroyed, et cetera and it  
3 worked. But it's the friction of the  
4 rubbing which is why we say 20 seconds  
5 of rubbing really helps but any soap  
6 will do.

7 LEGISLATOR DERIGGI-WHITTON:

8 Okay. So there's really no preference,  
9 antibacterial or Ivory?

10 COMMISSIONER EISENSTEIN: I would  
11 use either.

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

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

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

4 So the Nassau County Call Center  
5 number is (516)227-9570. Again, seven  
6 days a week, 9:00 to 5:00. New York  
7 State call center, I was told its 24  
8 hours now. I haven't confirmed that.  
9 It's 1-888 --

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

12 LEGISLATOR WALKER: Okay. It's  
13 188-364-3065.

14 LEGISLATOR DERIGGI-WHITTON:  
15 Okay.

16 LEGISLATOR WALKER: One more  
17 time? New York State 188-364-3065.  
18 Nassau County (516)227-9570.

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

21 COMMISSIONER EISENSTEIN: Thank  
22 you.

23 LEGISLATOR DERIGGI-WHITTON: You  
24 know, it's a fine balance from  
25 panicking and just being cautious and,

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2 you know, you don't want to give anyone  
3 the wrong advice.

4 COMMISSIONER EISENSTEIN: Yeah.

5 And the truth is, the guidance that we  
6 give is going to be a best guess based  
7 on the evidence that we have, and I am  
8 going to error on the side the caution  
9 but not the side of panic. We don't  
10 want to panic. We don't stop life  
11 because it's flu season but we do take  
12 precautions and that's what we're  
13 recommending currently.

14 LEGISLATOR DERIGGI-WHITTON:

15 Thank you.

16 LEGISLATOR WALKER: Legislator  
17 Steve Rhoads.

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

24 COMMISSIONER EISENSTEIN: Yes.

25 Yes. But you know, that's why I keep

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

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

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

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

11 This is very helpful these  
12 bottles and I think for all of us are  
13 going to have some community exposure,  
14 it's impossible to always wash your  
15 hands and always not touch your face.  
16 We don't even realize we do it. I know  
17 I fix my glasses and touch my face  
18 doing that probable ten times an hour,  
19 15 times an hour. But if we're more  
20 cognizant of it, I drive my kids nuts  
21 with the don't touch your face, they  
22 think I'm crazy. You know, don't touch  
23 your face, don't touch your face. Come  
24 on, what are you talking about, I got  
25 an itch. Yeah, well it'll be okay.

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2           No. We do the best we can. Do the  
3           best you can. Sanitize surfaces  
4           normally. The key thing here is people  
5           who are at risk, just keep them away  
6           from people who are sick. That is the  
7           single most important thing. This  
8           isn't going to be spread much on  
9           surfaces. You know, of the first seven  
10          cases we had, six of them are all  
11          interrelated. I knew cases two, three,  
12          four, five and six, or some of them,  
13          were going to be positive based on the  
14          history and the exposures and the  
15          symptoms. I knew it. But there wasn't  
16          outside of that a lot of cases -- none  
17          outside of that connected to that  
18          within that community, so to speak. So  
19          it really is limiting exposure and  
20          people who are sick keeping them away.  
21          And wash hands. And even when there's  
22          no soap, just plain water is better  
23          than nothing. It's not 100 percent but  
24          rubbing for a while under warm water is  
25          better than nothing, the friction

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2 helps. It's not going to be the same  
3 as with soap but it's better than  
4 nothing.

5 LEGISLATOR RHOADS: Thanks,  
6 Commissioner.

7 COMMISSIONER EISENSTEIN: Yes,  
8 thank you.

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

12 COMMISSIONER EISENSTEIN: Sure.  
13 Go ahead.

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

23 COMMISSIONER EISENSTEIN:  
24 Correct.

25 LEGISLATOR RHOADS: Is there a

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2 point in time where there would be a  
3 consideration of mandatory limit in  
4 terms of visiting hours?

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

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

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

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

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

19 LEGISLATOR RHOADS: Okay. With  
20 respect to o private industry and the  
21 question was specifically raised with  
22 respect to supermarkets, but I guess it  
23 has a much wider application to that.  
24 Do we issue protocols for private  
25 industry, as far as how they should be

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2 sanitizing things like shopping carts  
3 or things that people would touch on a  
4 regular basis?

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

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

22 LEGISLATOR RHOADS: One of the  
23 other things that was mentioned  
24 specifically - I just touched my face  
25 again --

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2 DR. EINSTEIN: That's all right.

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

13 DR. EINSTEIN: It's funny, I as  
14 an infectious disease person -- as an  
15 infectious disease person I cringe when  
16 I've got to go in to buy fruits and  
17 vegetables because I wonder that, but  
18 the answer is, you should be washing  
19 the fruit anyway. This is just one  
20 thing but I got to tell you, there's  
21 any number of food borne viruses  
22 whether it's hepatitis or bacteria like  
23 salmonella and e-coli, anybody who buys  
24 apples or melons, well melons have a  
25 skin so you peel that off, but for

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2 apples, if you buy them, they should  
3 washed. They should be thoroughly  
4 rinsed and washed and the good news is  
5 it doesn't appear that the virus lives  
6 out -- out of the body for an extended  
7 period of time. So if there's a giant  
8 bin of apples and it's been there for  
9 hours and you put a few in a bag, you  
10 should wash it to get all of the  
11 microbiologic's off of it, but I don't  
12 see that as a particularly more  
13 dangerous situation.

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

24 But yes, I got to tell you, I'm  
25 every -- if you ever see me in a

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2 supermarket by the produce aisle, I  
3 want to buy it, I want it, but I'm very  
4 just nervous, you know, edgy. But it's  
5 a reality and wash your fruits and  
6 vegetables, all of them and that's from  
7 beyond Coronavirus. Honestly, I'm more  
8 worries with fruits and vegetables  
9 about salmonella and e-coli and other  
10 things.

11 LEGISLATOR RHODES: Understood.  
12 In terms of -- and I know you had  
13 mentioned school programing, you know,  
14 I guess sort of large assemblies or  
15 large meetings, is that something that  
16 at this point we should be avoiding or  
17 should we still be going through with  
18 those.

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

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

6 So if we have communities where  
7 we don't have cases of virus, maybe  
8 somebody who's at risk or is elderly or  
9 immune compromised may want to stay  
10 home but I don't think that all events  
11 need to be cancelled at this time.  
12 There -- if there's a localized  
13 situation where there's staff and  
14 students within a school then that  
15 community and that school board --  
16 superintendent may make that decision.  
17 But I would not across the board  
18 recommend cancelling everything now.  
19 It really is not to that scale, yet.  
20 And that is way down on the layer list  
21 of these non pharmaceutical  
22 interventions. So I wouldn't just  
23 routinely cancel something unless there  
24 was a known risk and reason to do it.  
25 We don't cancel when there's a flu, in

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

7 You're going to start to see some  
8 things be cancelled, so my daughter is  
9 in a school play and she was telling me  
10 that before the play, they go to a  
11 nursing home and do the play for the  
12 seniors, you know. If that's something  
13 that would be on my earlier list to say  
14 maybe that's not a great idea just  
15 because the kids who might just a  
16 little sniffly are still going to do  
17 the play, could present maybe a risk to  
18 the people they're presenting to. So  
19 that's an example where you have to  
20 evaluate it. But as a whole, we're not  
21 at a point where I would say just start  
22 cancelling events. There has to be a  
23 reason and a risk behind it and, like I  
24 said, most Nassau communities don't  
25 have one case. And so in those

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2 communities for now, they should have  
3 school and they should have sports and  
4 they should have events. And might  
5 that change it might -- the other thing  
6 I want to mention, as far as closing  
7 schools, which I understand might one  
8 day become a reality and other  
9 countries have done it. Evidence has  
10 shown that closing schools isn't a  
11 great mechanism on these curves because  
12 when schools are closed kids aren't  
13 staying home isolated. Parents still  
14 have to go to work and so other people  
15 watch kids and kids still need to have  
16 some kind of social experience. So  
17 closing schools -- the act of  
18 completely closing schools, while it  
19 may be necessary, doesn't have the  
20 community impact that say keeping  
21 seniors away from an event might. I  
22 think that's an important point.

23 There's a lot to this and for  
24 events I would -- I would respond that  
25 it really should be evaluated on a

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

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

20 COMMISSIONER EISENSTEIN: I'm not  
21 saying anything.

22 LEGISLATOR RHOADS: I do have a  
23 couple of -- obviously, one of the  
24 reasons why we wanted to have this  
25 hearing is to see if there was anything

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2           you needed from the Legislature,  
3           anything that we could provide. I know  
4           that, obviously, based upon your  
5           current staffing, your staff is working  
6           overtime and is doing everything that  
7           it can. You know, I do note that in  
8           2019 you had a budgeted head count of  
9           175, you had requested ten additional  
10          people for this year. Your actual  
11          budget had been cut. Instead of an  
12          increase of ten, it had been cut by  
13          eight, which we had put in budget  
14          amendments to restore but those were  
15          then vetoed by the County Executive.  
16          So right now, it's a swing of 18. You  
17          would ask for 185 and now based on math  
18          you're down to 167, as far as I can  
19          tell. Do you have adequate staffing  
20          right now to be able to meet the  
21          challenges that you have to face? I  
22          know you mentioned, for example, that  
23          some of the voluntary checks that you  
24          were doing early, obviously those are  
25          going to have to be discontinued

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2 because you simply don't have enough  
3 people. Is there anything that we can  
4 be doing in terms of getting you  
5 additional resources or getting you  
6 additional staffing so that you can  
7 meet the challenges that you have to  
8 meet?

9 COMMISSIONER EISENSTEIN: So to  
10 be fair, and I appreciate the question,  
11 I appreciate the support. To be fair,  
12 as this has unfolded everything I've  
13 asked the administration for, I've  
14 received as far as support. We have a  
15 medical reserve corp trained of over  
16 1,000 volunteers who can call on for  
17 help. This is isn't going to be a  
18 health department alone event. You  
19 know, Commissioner Morelli is ready to  
20 help us and if it grows to a certain  
21 point, we may have to relocate out of  
22 the Health Department to OEM, for  
23 example, where other departments might  
24 help us.

25 We have worked, we've needed the

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2 support of mental health because during  
3 quarantines sometimes people need  
4 mental health evaluations and that's  
5 done through their agency.

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

24 So far we've been able to do the  
25 work and we are prioritizing as a

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

21 If it's true that it gets to  
22 quarantine numbers like Westchester  
23 I've heard in the thousands, we're  
24 still going to do what we can. The key  
25 is we are able to do the contact

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2 investigations and the mandatory  
3 quarantine and I believe with the  
4 assistance of our agencies and the  
5 police that we're going to be able to  
6 it.

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

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

16 COMMISSIONER EISENSTEIN: I will.  
17 And I'm not -- you know me a long time,  
18 I'm not shy. If we need it, I'm very  
19 quick to ask. I just -- what I do  
20 need, and I appreciate is, a lot you  
21 have reached out to me and I want to  
22 get back to you as quick as possible,  
23 just give me a little bit of time.  
24 That's what I really need because right  
25 now, I think there's probably been 40

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2 texts of elected officials, school  
3 leaders, et cetera, and I can't just  
4 stop and speak to them and that's what  
5 we're up against. We're up against  
6 trying to respond to everybody and  
7 provide the guidance, but I'm so proud  
8 of my staff that I've not heard  
9 complaining. They've been working  
10 around the clock on weekends and  
11 nights. Many of them have little kids  
12 at home who they're not seeing. You  
13 know, for me it goes with the job, I  
14 expect it. But this has been a  
15 challenge and nobody's complaining.  
16 They understand this is lifesaving work  
17 and this is why you have a health  
18 department. This is our time to shine  
19 and we'll never be able to quantify how  
20 many people don't die because of our  
21 efforts but people will stay alive  
22 because of our efforts, that's for  
23 sure.

24 LEGISLATOR RHOADS: Thank you,  
25 Commissioner.

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2 COMMISSIONER EISENSTEIN: Thank  
3 you.

4 LEGISLATOR RHOADS: And we  
5 appreciate your efforts, certainly.

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

22 COMMISSIONER MORELLI: Well, one  
23 of the concerns is the number of people  
24 that we send in. You know, again,  
25 being in the voluntary fire service,

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2           sometimes the ambulance is like the  
3           clown car, by the time it arrives at a  
4           patient's house, six people are piling  
5           out of it. Our concern is not having  
6           that. Some of the information that  
7           we're releasing through the regional  
8           counsel and through the -- the  
9           association of fire districts, as well  
10          as through the individual battalions,  
11          is to begin to limit the number of  
12          people that you're sending into calls.  
13          Nothing has been written as of yet, as  
14          far as a protocol goes. I've been in  
15          touch with some of the folks from the  
16          regional council. It's not a matter of  
17          me, you know, trying to stay in my lane  
18          but I spent 35 years with the FDNY as a  
19          paramedic, so I do understand the  
20          information and the ramifications.  
21          We've been doing what we can and in  
22          personal conversations to do just that.  
23          Limit the number of people that are  
24          approaching patients. Heed the advice  
25          of the call receiving operators from

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2 fire comm and the police department as  
3 well. One of our concerns is the fact  
4 that there are 34 other dispatch  
5 agencies for volunteer fire departments  
6 and the ambulance corps that may not be  
7 getting the message. So the  
8 association of fire districts, as well  
9 as the fire commission, is trying to  
10 put together some information so we're  
11 able to get the same message out to  
12 everybody.

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

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

25 LEGISLATOR RHOADS: Thank you,

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2 Commissioner. And same question for  
3 you, and this is the last one as with  
4 Commissioner Eisenstein, just is there  
5 anything that we can be doing as a  
6 legislature to assist you in what you  
7 have to do?

8 COMMISSIONER MORELLI: Again, the  
9 administration's been very kind in  
10 getting us anything that we need,  
11 gratefully our needs have been small at  
12 this point. The only thing that I want  
13 is for people, as Dr. Eisenstein and  
14 everybody else has been saying, you  
15 know, we understand the need for  
16 diligence. If everybody manages  
17 themselves, we shouldn't really have  
18 that big of a problem. Hand washing,  
19 make sure your children are washing  
20 their hands. I agree with you, sitting  
21 here waiting to go write on my face  
22 because I forget to close my pen, I'm  
23 trying not to touch my face. It's just  
24 a matter of everybody heeding the  
25 warnings. The hand sanitizer, if it's

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2 out there, that's great, if your hands  
3 are not soiled, use hand sanitizer.  
4 There's the price gouging and there are  
5 other issues in obtaining it. We  
6 attempted to make an emergency purchase  
7 and while we were on the phone they --  
8 the vendor we were dealing with went  
9 from 1,000 to zero, so it's running out  
10 of there.

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

23 Should there be a number of  
24 people within your own departments,  
25 with your own agencies, stay home. If

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2 the office needs to be closed we're  
3 working out issues with the IT  
4 department and getting people VPN  
5 access so they'll be able to work from  
6 home. You know, other issues aside,  
7 government still needs to function, so  
8 whether it's hear or whether it's the  
9 Legislature or the towns, villages  
10 there's 69 different hamlets, towns,  
11 villages and cities. We need to make  
12 sure that everybody is up to continuing  
13 their jobs.

14 LEGISLATOR RHOADS: Thank you,  
15 Commissioner. Thank you, Madam  
16 Chairwoman.

17 LEGISLATOR WALKER: Legislator  
18 Drucker.

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

24 Dr. Eisenstein, you know, every  
25 year we get a flu shot or some of us

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2 get flu shots and even though we know  
3 that the flu shot really protects us  
4 against one particular strain of a flu  
5 virus; isn't that correct? There are  
6 still every year thousands of people  
7 die from the flu. I just found out  
8 recently myself that the Coronavirus  
9 has been around for quite some but the  
10 Novel Coronavirus is what we have now,  
11 what we're facing and that's a very  
12 different type of situation. But I  
13 mean, in past, I mean, I've been in a  
14 house where someone's had the flu and I  
15 never got the flu. This particular  
16 type of strain of the Coronavirus is  
17 completely different than other forms  
18 of viruses that we are always concerned  
19 about year after year in terms of  
20 protecting ourselves from the flu; is  
21 that correct?

22 COMMISSIONER EISENSTEIN: It's  
23 new. It's different and we haven't  
24 really studied it yet to know, exactly,  
25 the answer to your question but all

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

15                There are a few strains covered,  
16      there's an A and B strain covered,  
17      annually, in the flu shot which is  
18      usually a decent match to what's  
19      circulating but not 100 percent. But  
20      flu shots saves thousands of lives.  
21      Last I heard, there were already -- and  
22      this was old, this was a few weeks ago,  
23      there are already 12,000 deaths in the  
24      United States this year due to the flu  
25      and I know nine pediatric deaths. The

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2           overwhelming majority of people who die  
3           from the flu were not vaccinated.  
4           People who are -- this year, we did  
5           see, especially in kids, people who  
6           were vaccinated still get the flu but  
7           they had very mild cases. And so, even  
8           when you do get it, because the vaccine  
9           didn't take 100 percent protection, it  
10          provided enough to keep a lot of people  
11          alive, and that's what we're trying to  
12          achieve. So I think we need to see --  
13          I came up with an analogy, I don't know  
14          that it exactly applies, but I think  
15          it's kind of -- I just made this up, so  
16          this is not evidence based when people  
17          say what do you mean I've come across  
18          Coronavirus but this is a different  
19          Coronavirus. And the way I thought of  
20          it is, imagine a little dog -- I'm not  
21          a -- imagine a, I don't know, a poodle  
22          that, you know, there's a poodle and  
23          then there's a German Shepherd and the  
24          damage that one can do to you is very  
25          different than the damage the other.

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2 They're both dogs but they're  
3 genetically still different. That's  
4 the way I would kind of present this to  
5 you.

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

20 With this one, one of the main --  
21 I didn't talk about this before -- one  
22 of the main complications that causes  
23 death with viruses is pneumonia and flu  
24 can cause post flu pneumonia's, which  
25 is a source of death in many people,

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2 that particularly occurs with people  
3 who have respiratory conditions. I've  
4 anecdotally heard that a lot of the  
5 cases around the globe have diabetes or  
6 high blood pressure or another  
7 contributing factor as well. But we're  
8 learning this now and I would just urge  
9 caution until we're comfortable saying  
10 it's just another respiratory virus  
11 that unfortunately is more severe for a  
12 few people. We don't know the  
13 epidemiology yet. We do know it can be  
14 deadly and so we're trying to keep  
15 people alive.

16 LEGISLATOR DRUCKER: So does that  
17 really explain why -- I mean, we've  
18 that the governor, there's a sense of  
19 urgency to try to come up with a  
20 vaccine for it, but is it concerning  
21 that we should -- do you think we'll  
22 have a vaccine for it or is just like  
23 something like other forms of virus  
24 it's going to -- with procedure  
25 precautions it'll run its course and

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2 maybe die out, but is there really a  
3 sense of urgency for us to come up with  
4 a -- for a vaccine?

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

20 And so, you know, what we want to  
21 make sure it goes back to the curve  
22 that's up on the screen is that we  
23 limit the number of people who are  
24 exposed and limit the number of people  
25 who will die. We know some people will

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2           die, it's already happened in  
3           Washington state and others. I'm very  
4           appreciative and thankful right now  
5           that of the first group of people that  
6           we know who had this, none of them are  
7           critically ill, but this is lifesaving.  
8           I want to be clear. This is a virus  
9           that has caused death around the globe  
10          and that's what we're trying to  
11          minimize. And if it were just another  
12          common cold, we don't like to see the  
13          spread of any disease, that's why you  
14          have a health department. But  
15          certainly the -- I think the potential,  
16          and we're also managing expectations.  
17          This is unknown. Part of the panic and  
18          fear is part of the unknown. We don't  
19          know what this is going to lead to.  
20          We've been trained by Hollywood that  
21          viruses are going to come and cause all  
22          kinds of damage. But that historically  
23          has happened. The flu of 1918 ravaged  
24          the earth, it killed millions of people  
25          around the globe. I don't -- we're

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2 going to do everything we can to limit  
3 the damage here and that's what --  
4 community mitigation, that's what we're  
5 trying to do. I do think it's prudent  
6 to try and protect, especially the  
7 people most at risk.

8 LEGISLATOR DRUCKER: Thank you  
9 very much.

10 COMMISSIONER EISENSTEIN: Yes.

11 LEGISLATOR WALKER: Legislator  
12 Lafazan.

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

23 COMMISSIONER EISENSTEIN: Thank  
24 you.

25 LEGISLATOR LAFAZAN: Not a

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2 question, just more of a statement.  
3 Obviously, with the fluidity of  
4 information, the public's relying more  
5 and more on press conferences and mass  
6 media communications. My ask is to  
7 please remember, not just for the both  
8 of your departments, but for every  
9 county agency, the first law I wrote  
10 unanimously passed by this body is to  
11 have a sign language interpreter, a  
12 qualified ASL interpreter within view  
13 of the camera at those press  
14 conferences, so, please, as we continue  
15 to rely on these mass media  
16 communications, please make sure we  
17 have those in camera, and anything you  
18 need from my office or this body, we're  
19 here to help.

20 COMMISSIONER MORELLI: I agree  
21 with you there. And that was an  
22 interpreter upstairs this morning and  
23 the irony of it is, we had an event on  
24 Saturday that was too short notice. I  
25 reached out to our friends over at

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2 Melnick and they've been spectacular.  
3 Every time we request them, they're  
4 there. Saturday was unfortunate  
5 because I gave them 89 minutes of lead  
6 time. We're doing everything we can in  
7 that respect because we do understand  
8 that population also needs to be  
9 informed.

10 LEGISLATOR LAFAZAN: Thank you.

11 LEGISLATOR WALKER: Legislator  
12 Bynoe.

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

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

19 COMMISSIONER EISENSTEIN: I met  
20 with all the school superintendents and  
21 we went over the protocols. The  
22 protocols have changed, they changed on  
23 Friday since that meeting which was  
24 about a week and a half ago. We are  
25 going to first assure that the people

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2 who need to be quarantined are  
3 quarantined. Making sure that they are  
4 kept away from the public is the single  
5 most important thing and doing it in a  
6 timely fashion before they get to the  
7 building. Once that happens, we will  
8 be notifying the school that students  
9 won't be coming to school. We have to  
10 be very careful with regard to privacy.  
11 Somebody being under a quarantine does  
12 not make them sick. Does not make them  
13 a risk.

14 Now, the discussion we would have  
15 with school districts would be very  
16 different if a staff member, a teacher,  
17 a bus driver, whatever, had the disease  
18 and had been exposed, then our contact  
19 investigation would actually go into  
20 the school and we would work with the  
21 school and try to identify, I don't  
22 know, who had lunch at what time or who  
23 was on what bus, whatever the  
24 circumstance might be. Who was in that  
25 science class. Whatever it might be.

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2 So schools are not part of the  
3 contact investigation unless the  
4 disease is within the schools but  
5 certainly if a student is going to be  
6 out or a staff is going to be out, we  
7 would want the school to know so  
8 that -- that schools have been asked.  
9 There are going to be students who are  
10 kept home. Schools have been asked to  
11 make an accommodation so that the  
12 students are able from home to do some  
13 of the so they don't fall behind and we  
14 will keep them informed.

15 Very often schools want  
16 information, medical, private medical  
17 information that's not relevant to them  
18 and not part of the story and we won't  
19 give that. We will protect student  
20 privacy. What we will tell the school  
21 is what the risk is to them and what  
22 the suggested measures would be. And  
23 ultimately, the schools make their own  
24 decision on whether to stay open or  
25 not.

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2 LEGISLATOR BYNOE: What would be  
3 the time frame though? Let's say, for  
4 instance, someone was notified  
5 yesterday, mandatory quarantine.

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

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

23 LEGISLATOR BYNOE: I understand  
24 if we have --

25 COMMISSIONER EISENSTEIN: That's

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

6 LEGISLATOR BYNOE: I'm just  
7 sticking with mandatory.

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

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

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

21 LEGISLATOR BYNOE: I'm just  
22 asking a question.

23 COMMISSIONER EISENSTEIN: I think  
24 that we are thorough in our work and I  
25 think to commit to something that an

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2 emergency might pull us away from, I'm  
3 unaware -- it's part of what we do,  
4 it's par t-- it's not necessarily, you  
5 know, step wise. There isn't that says  
6 okay, from the time a child is notified  
7 within two hours we're going to tell  
8 the school. But we are going to tell  
9 the school, we are working with them  
10 and so I think it is part of our  
11 protocol, quite frankly, already.

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

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

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

5 I understand -- and part of this  
6 is managing panic. I understand that  
7 people hear -- sometimes even on  
8 Facebook I see wrong information that's  
9 passed around and somebody calls me and  
10 says hey, have you read this report and  
11 I look at it. We want to make sure  
12 that the information that we give is  
13 appropriate. We want to make sure that  
14 we have answers and we have  
15 recommendations and when you call a  
16 school and say so and so student is  
17 going to be under mandatory quarantine  
18 and they're not going to be coming to  
19 school. The discussion doesn't end  
20 there. That always leads to whole  
21 other questions. Well, what action  
22 should we take and who else were they  
23 exposed to and were they on the school  
24 bus and who is it and are they sick and  
25 what's their condition. We have to

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2 make sure that we have appropriate  
3 information before we communicate. We  
4 have to make sure that we're available  
5 to protect a student or -- it's not  
6 only student, staff member, whoever it  
7 is and we take that very seriously.  
8 But in my assessment, not everything  
9 has been perfect. This is an emerging  
10 rapidly evolving situation, but I think  
11 my team's done well, as well as we can  
12 do under the circumstances.

13 And look, just this morning we're  
14 talking about eight new cases since  
15 I've worked in the building. The  
16 team's working on that. I don't know  
17 what it's going to be by the end of  
18 today or tomorrow, we're going to try  
19 and keep everybody informed. I think  
20 the most important thing I can say is  
21 the measures that we're taking, as it  
22 actually comes to protecting the  
23 community, are immediately addressed.  
24 Immediately addressed. Notification  
25 we're doing the best we can to keep up

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2 with it to make the school aware. If  
3 the school is at any risk that is an  
4 immediate phone call. If the school is  
5 just being notified somebody's not  
6 coming, it's hard to find some people  
7 on a Sunday evening, you know, so we  
8 might wait until Monday morning to let  
9 them know when the administration's  
10 there. Now most school administrators  
11 are responsive 24 hours a day, to be  
12 fair. But it's certainly -- that's an  
13 easier task to notify during school  
14 business hours. We also have a much  
15 larger staff perhaps on a Monday. We  
16 had a full unit this weekend, a lot  
17 emerged very rapidly and I was very  
18 proud of how they did.

19 LEGISLATOR BYNOE: Thank you for  
20 that answer. I was contacted  
21 throughout the weekend so I know your  
22 department was working and I definitely  
23 appreciate all the efforts. Just  
24 wanted to know about the protocols and  
25 as we move through a process, you know,

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2 things will change.

3 COMMISSIONER EISENSTEIN: Yes.

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

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

10 LEGISLATOR BYNOE: Okay.

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

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

17 COMMISSIONER EISENSTEIN: Seven  
18 days a week.

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

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

5 COMMISSIONER EISENSTEIN: So we  
6 do have nurses in that early but  
7 they're not part of the call center.  
8 The call center is for general  
9 information. Any medical scenario is  
10 going to be handled by the team. And  
11 the team is available 24 hours. We do  
12 have an after hours number, 24 hours a  
13 day we can take calls but routine calls  
14 we want to happen during the day when  
15 --

16 LEGISLATOR BYNOE: That 24-hour  
17 call is --

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

24 LEGISLATOR BYNOE: Can we make  
25 sure that every school district has

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2 that number, please?

3 COMMISSIONER EISENSTEIN:

4 Absolutely. Absolutely.

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

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

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

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

12 COMMISSIONER EISENSTEIN: So PPE  
13 training is part of all EMS response,  
14 all of our responders. We try and  
15 limit exposure, things that we can do  
16 from outside a home like talk to  
17 somebody on the phone but see them in a  
18 window we would do on certain  
19 occasions. Our health department staff  
20 is trained and our medical reserve corp  
21 is trained on the proper PPE. There's  
22 plenty of supplies as Commissioner  
23 Morelli testified before. And we --  
24 EMS is -- goes through training, I'm  
25 not part of that but I know they go

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2           through training and our hospital  
3           partners are excellent. We have had to  
4           arrange a couple of transportations  
5           over the course of a month and that's  
6           been done appropriately with the proper  
7           measures in place and I'm comfortable  
8           that that protocol and that we would  
9           not put somebody, send somebody into a  
10          situation that was not safe. We were  
11          with the police commissioner had a  
12          press conference earlier this week  
13          showing the different masks and the  
14          different materials and the equipment  
15          and the training that they have. I  
16          believe there's a press conference  
17          later today out somewhere, Malverne,  
18          about infection control and transport  
19          and the like. Certainly keeping our  
20          own staff safe is our top priority. If  
21          we don't -- and even within our  
22          department, if somebody is sick, I  
23          don't want them there. The worst thing  
24          that could happen is our department  
25          gets hit by something that takes a lot

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2 of people out. We are -- I mean, there  
3 are so many of these bottles in our  
4 command center right now but taking  
5 care of our staff and making sure we  
6 cycle people in is concern number one.  
7 We can't serve the public if we're  
8 unable -- we got to take care of  
9 ourselves so we can take care of the  
10 public.

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

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

21 COMMISSIONER EISENSTEIN: Sure.

22 LEGISLATOR WALKER: But what are  
23 we doing in particular, I know we've  
24 talked about a lot of departments, but  
25 over in our correction facility, what

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2 are we doing to make sure that they are  
3 covered? I know Legislator Birnbaum  
4 did ask but, you know, of course, their  
5 population changes constantly, and  
6 also, the workers there.

7 COMMISSIONER EISENSTEIN: So the  
8 question had been raised, and I know  
9 we're working on it of should there be  
10 screening for visitors, screening for  
11 employees. And look, we know that  
12 that's a high-risk population. Staff  
13 there, from what we understand, is  
14 doing an excellent job making sure that  
15 they're practicing sanitary protections  
16 and the guidance is the same routine  
17 cleaning. Routine cleaning is  
18 important. But I think the most  
19 important thing is sick people staying  
20 away. It's the same theme that I'm  
21 saying for every aspect. Whether it's  
22 a school or a senior center or a jail,  
23 the key feature is sick people staying  
24 away. I don't know if the sheriff has  
25 any plans to change visiting hours or

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2 anything of that like. I do know the  
3 question is being battled around about  
4 doing temperature checks on visitors.  
5 I don't know what will happen with  
6 that. But it comes back to the same  
7 measures; people who are sick, whether  
8 they're visitors or staff, should stay  
9 away and that's true for schools and  
10 jails and senior centers and hospitals  
11 and restaurants and every aspect of  
12 society. The measures aren't  
13 different, although I do acknowledge  
14 that the risk and the potential  
15 exposures varies in different settings.

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

20 COMMISSIONER MORELLI: So far no  
21 requests have been made to us for any  
22 supplies at the correctional center.  
23 We did receive a request from the  
24 juvenile center. The population there  
25 is low, I believe the census of only 16

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2           individuals that are there. We are  
3           making arrangements to get some  
4           supplies over to them. From what I'm  
5           told, and I'm just reading a text about  
6           concerning this, their facility was  
7           sanitized over the weekend by an  
8           outside vendor but that does not negate  
9           the fact that there could be somebody  
10          there that's still ill. We will be  
11          providing, they should have picked them  
12          up this morning, some masks and gloves  
13          for those over at the juvenile center.  
14          And from what I'm told, at the  
15          correctional center itself, they do  
16          have their own on-staff cleaning people  
17          and both the correctional center and  
18          the juvenile center are screening their  
19          visitors with respect to travel and any  
20          of the risk that they're getting. I  
21          mean, it's a pretty informal question  
22          and answer back and forth when they  
23          come to visit. Has there been travel,  
24          has there ben anybody at risk. So they  
25          just want to prevent them from coming

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2 in also. But as I said, the  
3 correctional center hasn't requested  
4 anything. The juvenile center has and  
5 we are providing for them.

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

9 COMMISSIONER MORELLI: Yes.

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

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

17 COMMISSIONER MORELLI: Good  
18 morning.

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

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2 great county. Thank you very much.

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

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

11 COMMISSIONER EISENSTEIN: Thank  
12 you.

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

16 I was informed by several parents  
17 from a local school district in the  
18 community that I represent that there  
19 were students who came back from Milan  
20 and a teacher and they were under, you  
21 know, either they were sick and they  
22 exhibited other, you know, one student  
23 had pneumonia. And I understand that  
24 they reached out to your department and  
25 you went above and beyond and you

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2 answered their questions and the test  
3 came back negative.

4 COMMISSIONER EISENSTEIN:

5 Thankfully, yes.

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

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

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

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

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

25 Should the school make an

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

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

13 LEGISLATOR SOLAGES: Understood.  
14 My next question: Has the Health  
15 Department or the County Executive  
16 issued any directives to the bus  
17 service, NICE bus service to clean  
18 their buses? I've seen, again, in New  
19 York City with MTA, they've been doing  
20 a lot of work in terms of cleaning the  
21 subway terminals. Are they cleaning  
22 the apparatus on the bus where people  
23 put in the card?

24 COMMISSIONER EISENSTEIN: That's  
25 a fair questions but that's a question

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2 that would be for the administration.  
3 I know they were talking about it but I  
4 wasn't in the conversation so I don't  
5 know what was said or not so I don't  
6 want to comment.

7 LEGISLATOR SOLAGES: Understood.  
8 Nothing further. Thank you.

9 COMMISSIONER EISENSTEIN: Thank  
10 you.

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

17 COMMISSIONER EISENSTEIN: So far  
18 it seems that way.

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

24 COMMISSIONER EISENSTEIN: I think  
25 in a case like that, it really requires

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2           -- each case is different and I think  
3           they really should consult with their  
4           pediatricians on that, as far as what  
5           is the risk, is it seasonal asthma,  
6           what are the triggers for asthma. I  
7           have not seen -- anecdotally I have not  
8           seen a published link to asthma and  
9           this disease, but there are might be  
10          that I just haven't seen. There are  
11          many many publications coming out very  
12          rapidly and I'm trying to stay on top  
13          of all of them. So I don't want to  
14          make a general statement about that.  
15          I'm not a pediatrician and I think that  
16          we have enough pediatricians here in  
17          the community that can guide these  
18          families through it that I would  
19          recommend a phone call to a  
20          pediatrician and say are there any  
21          special precautions. Certainly we  
22          don't want anybody to be sick. We're  
23          happy that it appears that children  
24          aren't suffering as severely as adults  
25          but that doesn't mean they can't. And

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2 certainly there are children who are  
3 immune suppressed and we don't want  
4 them getting sick. So the message to  
5 stay home does apply to children as  
6 well. When a child is sick, please  
7 don't send them to school. There are  
8 other children who have asthma and who  
9 have other immune compromising  
10 situations. So it's easy that a kid  
11 gets sniffles and you send them to  
12 school. We're asking parents not to.

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

19 COMMISSIONER EISENSTEIN: Well,  
20 it's shorter because the test doesn't  
21 have to take a three-hour car ride to  
22 Albany and then wait in line, there was  
23 one lab doing the tests from all over  
24 the state so now it's a ten-minute car  
25 ride and hopefully they're able to

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2 batch and give results out much much  
3 more quickly. So I think what you're  
4 seeing is an increased capacity to do  
5 testing. Wadsworth lab in Albany and  
6 CDC lab in Atlanta were really our only  
7 two places to do it. Now we have  
8 Northwell System lab is doing testing  
9 and I've understood that commercial  
10 labs will be up and running in the next  
11 week, maybe ten days. So the capacity  
12 to do labs and get results back  
13 quickly, which is a key part of this.  
14 Find people and isolate them. The  
15 timing should be much better. I don't  
16 know the specific kits themselves but  
17 it's taking less time just because we  
18 don't have to get a sample three hours  
19 with traffic, four hours up to Albany.

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

23 COMMISSIONER EISENSTEIN: That's  
24 a really important question. The are  
25 -- the national capacity to test is

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2           still limited. And while the new  
3           guidance allows any physician to order  
4           a test, which is new guidance, there's  
5           a couple of asterisks that I think are  
6           very important. First, if a doctor  
7           chooses to test somebody because they  
8           -- hopefully because they have symptoms  
9           that would match and they've ruled out  
10          other things, there still has to be a  
11          cause to test somebody. This is very  
12          important. Anybody who gets tested  
13          because a doctor is concerned that they  
14          have this, is automatically going to be  
15          entered in mandatory quarantine. That  
16          is the state's protocol, brand new  
17          protocol. So we don't want doctors  
18          just doing it because people want it or  
19          they have a cold and they think they  
20          have it. There are symptoms and  
21          history that have to be evaluated. But  
22          in the near future, as the capacity  
23          expands, any doctor will be able to  
24          order the test. But they're going to  
25          have to report it to the State Health

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

8 As of now, the capacity is  
9 expanding each day. When Northwell  
10 opened, I believe I had read they only  
11 going to be to 75 or 100 a day and  
12 their hope was to get up to 1,000 by  
13 the end of the week. We have a million  
14 and a half people here, 1,000 is a very  
15 small number. But doctors, providers,  
16 whoever's ordering the test and  
17 patients need to be cognizant, we want  
18 to find people, we want to  
19 appropriately use the resources that we  
20 have. We don't want to abuse it. And  
21 if you're tested, you're not being put  
22 under mandatory quarantine as a  
23 punishment, you're being put under  
24 mandatory quarantine because you're  
25 considered possible enough to have it

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2 that we don't want you spreading it in  
3 the community. So I hope the public  
4 will understand that but that is a key  
5 part of this process.

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

10 COMMISSIONER EISENSTEIN: We go  
11 to their house.

12 LEGISLATOR BIRNBAUM: We go to  
13 their house?

14 COMMISSIONER EISENSTEIN: We go  
15 to their house. We make sure they're  
16 there. We check their temperature. We  
17 knock on the door and say are you here.  
18 And we will be going to everybody who  
19 is mandatory quarantine. So when I say  
20 it's all hands on deck. We'll have  
21 inspectors, we'll have people from  
22 other agencies and government doing  
23 this. We'll have volunteer medical  
24 reserve corp people doing this. We are  
25 going -- people who are under mandatory

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2 quarantine, it is the governor's  
3 instruction that we go and physically  
4 check that they are there.

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

7 COMMISSIONER EISENSTEIN: Health  
8 Department.

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

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

15 LEGISLATOR BIRNBAUM: Yes.

16 COMMISSIONER EISENSTEIN: But,  
17 yes, the answer to your question is  
18 yes. We have people that are going to  
19 be doing this. Some of them -- we have  
20 a lot of field workers, some of them  
21 are going to be inspectors who if there  
22 is a restaurant that they have to  
23 inspect and there's a home two blocks  
24 away, we're going to do one trip.  
25 They'll do one and then the other vice

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2 versa, so we're coordinating all of  
3 that, which is why monitoring -- this  
4 goes back to when we put people in  
5 mandatory quarantine, we want to put  
6 all of this in place and go forward.  
7 So that's the answer. We are going to  
8 check that they are complying. We are  
9 not going to be there 24 hours a day  
10 but if we see or it's reported, they  
11 will immediately be taken by law  
12 enforcement, with a mask appropriately,  
13 to a quarantine, a legitimate locked up  
14 quarantine.

15 LEGISLATOR BIRNBAUM: So you  
16 actually are going to be able to follow  
17 every single person who will tested  
18 that mens, because everybody who's  
19 going to be tested is being put into  
20 mandatory quarantine. That number is  
21 going to be --

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

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2 place, they're in hospitals.

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

6 COMMISSIONER EISENSTEIN:  
7 Correct.

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

10 COMMISSIONER EISENSTEIN: Oh,  
11 this is work. This is overdrive. This  
12 is overdrive. That was the perfect  
13 word. We understand the scope of what  
14 we're dealing with, which is why I said  
15 this has been a massive amount of work  
16 around the clock but we have a very  
17 large medical reserve corp, we have  
18 partners in other government agencies  
19 who are already contributing and  
20 helping out. The whole health  
21 department knows that routine things  
22 that we do, the process is going to be  
23 altered a little bit. Everybody's  
24 going to -- I just gave you some  
25 examples but we have this model.

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2 LEGISLATOR BIRNBAUM: Right but  
3 when they get a negative test result  
4 back.

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

19 But if somebody was exposed,  
20 family member in the house, we test  
21 them today and their test was negative,  
22 they still might develop this in two  
23 days so their -- based on their risk  
24 factor, they're going to stay in  
25 quarantine.

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2 LEGISLATOR BIRNBAUM: Do you know  
3 the percentage of false negatives? I  
4 mean, does that mean they didn't  
5 actually have enough symptoms to test  
6 positive yet.

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

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

23 COMMISSIONER EISENSTEIN: Sure.  
24 Yes.

25 LEGISLATOR BIRNBAUM: Otherwise

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

4 COMMISSIONER EISENSTEIN:

5 Correct.

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

9 COMMISSIONER EISENSTEIN: Yes.

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

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

20 LEGISLATOR BIRNBAUM: Yes.

21 COMMISSIONER EISENSTEIN: So then  
22 what we do in emergency circumstances,  
23 what I would say with medicine is,  
24 don't throw it out. See if you can get  
25 one that's not expired. If you can't,

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2 it's better than nothing. It's not  
3 ideal, it's not indicated. But if  
4 there's such a shortage that all you  
5 have is one that expired last month, I  
6 would still use it. That's an off  
7 label use, I have to, you know,  
8 clarify. Yes, the specifics are  
9 circumstance but that would be better  
10 than nothing. If it's five years  
11 expired, I don't know what the efficacy  
12 of it is, but it's the alcohol base  
13 rub --

14 LEGISLATOR BIRNBAUM: It's the  
15 primary alcohol --

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

24 LEGISLATOR BIRNBAUM: Based on  
25 what you're saying, could somebody make

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2 their own home solution using alcohol?

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

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

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

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2 don't and supplies are coming in.

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

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

20 I think we're starting to see  
21 incubation periods tend to in the two  
22 to five day range. I'm not willing to  
23 say there aren't cases that extend out.  
24 So 14 days is chosen because it's  
25 considered the maximum -- at this point

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2           -- with the information we have, the  
3           maximum possible incubation. If we  
4           learn that nine days is the maximum  
5           possible, then we'll change the -- but  
6           science is -- one of the key things  
7           about this curve, the lower curve on  
8           the graph on the screen, the striped  
9           one is what we're aiming for. As you  
10          see, it pushes the cases out in time.  
11          And that get -- you might say well, we  
12          want to end this quicker. You don't  
13          want to end it quicker if it affects  
14          and kills many more people. You want  
15          to give science time to answer these  
16          questions and so that's what happens  
17          when you mitigate in the community and  
18          push the cases out later. Hopefully --  
19          I would think in a couple of months  
20          we'll know the incubation period and we  
21          may alter the 14 days, maybe it becomes  
22          ten days, maybe it becomes 17 days and  
23          we were wrong. It's likely to be less  
24          than 14 days in the future, but right  
25          now, I agree with the 14 days and that

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2 is the federal and state protocol.

3

4 LEGISLATOR BIRNBAUM: Thank you  
5 so much.

6 COMMISSIONER EISENSTEIN: Thank  
7 you.

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

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

17 COMMISSIONER EISENSTEIN: Sure.

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

23 COMMISSIONER EISENSTEIN: We are  
24 at the very beginning. The very  
25 beginning.

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

5 COMMISSIONER EISENSTEIN:  
6 Correct.

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

12 COMMISSIONER EISENSTEIN: So I  
13 don't know the answer to the second  
14 question but we are just now starting  
15 across America to see the exponential  
16 increase. We went in to the weekend  
17 with 200 cases and came -- in country,  
18 and nation and we came out with 500 and  
19 something in a weekend. So your  
20 doubling time is down to two or three  
21 days or one day. I mean, we added  
22 today, doubled our cases from yesterday  
23 but that's in part because we're  
24 testing. When you test you're going to  
25 find more. So you're going to see a

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2           sharp rise now because testing  
3           facilities are able to test more  
4           rapidly. So we're at the very  
5           beginning of this. I heard anecdotally  
6           that China appears to have peaked and  
7           they're starting to drop but I don't  
8           know if that's because of the drastic  
9           measures that exist and that if they're  
10          lifted it would go back up. This is  
11          not a perfect model, it's just an  
12          illustration of what our measures try  
13          to do but we are at the very beginning  
14          of this and now we're starting to see  
15          more cases and there's going to be more  
16          cases. I don't want anybody to panic  
17          when they see more cases. We're trying  
18          to find cases so we can isolate them.  
19          That's what we're doing. It's not --  
20          the number will go up. That's not a  
21          terrible thing. We don't want to see  
22          deaths, we don't want to see cases and  
23          remember, all the measures that we're  
24          taking, we're not trying to have zero  
25          cases, we're trying to keep as low a

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2 number as possible. I can't -- the  
3 hardest part of being in public health  
4 is we can't quantify how many cases did  
5 not happen. You can't count what  
6 didn't happen, but I'm sure that a lot  
7 of cases are not happening because of  
8 the measures that we've put in place.

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

12 COMMISSIONER EISENSTEIN: Thank  
13 you.

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

16 LEGISLATOR WALKER: Legislator  
17 Abrahams.

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

21 COMMISSIONER EISENSTEIN: Thank  
22 you.

23 LEGISLATOR ABRAHAMS:  
24 Commissioner Morelli and your entire  
25 team and staff are doing a phenomenal

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2 job in trying to communicate to the  
3 public in these very difficult and  
4 challenging times.

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

7 COMMISSIONER EISENSTEIN: Sure.

8 LEGISLATOR ABRAHAMS: I wasn't  
9 too sure if it was through the live  
10 stream from my office or was it  
11 potentially through the live stream  
12 that we do through the Legislature.  
13 But I did receive a message, which I  
14 kind of know the answer but to answer  
15 this person's question who took the  
16 time to post on our page. I just want  
17 to make sure I answer the question  
18 properly or ask the question properly.

19 But their question was related  
20 to, and I'm reading it verbatim:  
21 Hello, in light of the Coronavirus  
22 rapidly spreading, what does Nassau  
23 County plan to do about the Jurassic  
24 World live show. Does Nassau County  
25 have any authority to make a decision

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2 to cancel all the upcoming shows. I  
3 have tickets for Saturday but I'm not  
4 planning to attend. I called the  
5 coliseum for a refund, I didn't  
6 purchase insurance, I was told the  
7 coliseum has made a decision to remain  
8 open. Who in Nassau County can I speak  
9 with if Hofstra is taking precaution  
10 shouldn't someone make an executive  
11 decision to safeguard children now.

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

25 COMMISSIONER EISENSTEIN:

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2 Correct.

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

23 COMMISSIONER EISENSTEIN:

24 Absolutely.

25 LEGISLATOR ABRAHAMS: Actually, I

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2 was just there last night. There  
3 wasn't thousands and thousands and  
4 thousands, there may be a few thousand  
5 for the basketball championship for the  
6 girls and boys in the county.

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

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

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

15 If it gets to that level, that's  
16 going to be a larger level decision  
17 that I think, you know, the governor's  
18 office and our administration have  
19 worked closely and I think there's  
20 going to be a big discussion that's not  
21 going to be unique to the coliseum. I  
22 think that that's going to be something  
23 that's got to be policy wide. We have  
24 a bunch of arenas in the area. Now, if  
25 there was something localized that

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2 might impact the employees at a  
3 specific arena or whatever, maybe that  
4 -- there would be a unique  
5 circumstances. But I think -- right  
6 now we still only have 17 cases, the  
7 risk of getting this is very low, the  
8 risk of getting other respiratory  
9 viruses is still much higher. If  
10 people take precautions and stay away  
11 when they're sick, and they're healthy  
12 people, I would have no reservation  
13 taking my child to the coliseum this  
14 weekend. That might change. That  
15 might change but I don't know what the  
16 threshold is of cases. I think we're  
17 really going to have to look at the  
18 regional pattern for something as big  
19 as a coliseum event to close.

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

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

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

10 COMMISSIONER EISENSTEIN: I  
11 wouldn't have gone yesterday.

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

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

8 COMMISSIONER EISENSTEIN: Yes.

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

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

16 LEGISLATOR ABRAHAMS: It's still  
17 there.

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

23 LEGISLATOR ABRAHAMS: Yeah, it's  
24 Glen Cove, it was NYU Winthrop, I  
25 believe. It was Stony Brook.

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2 COMMISSIONER EISENSTEIN: Okay.

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

15 COMMISSIONER EISENSTEIN: Yes.  
16 And so that's very important. I know a  
17 couple of the original seven are still  
18 hospitalized. This is not -- does not  
19 require negative pressure rooms. It  
20 requires isolation rooms. And I know  
21 even that is limited but we have  
22 secured. I've spoken with different  
23 hospitals and I know, for example, NUMC  
24 is preparing a floor that's going --  
25 they're going to empty and have. All

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2 the rooms would be isolated from the  
3 rest of the building, should we develop  
4 large numbers of people that need to be  
5 isolated. And the capacity of that, I  
6 think, was like 30 rooms.

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

11 COMMISSIONER EISENSTEIN:  
12 Correct, in a hospital.

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

16 COMMISSIONER EISENSTEIN:  
17 Correct.

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

21 COMMISSIONER EISENSTEIN:  
22 Correct. And that's such an important  
23 point that it's -- on the slide it says  
24 allow flu season to end. On the left  
25 under the third bullet, the second sub

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2 bullet down, allow flu season to end.  
3 That's because those beds are the beds  
4 we're going to need if this were to  
5 become exponentially larger.

6 LEGISLATOR ABRAHAMS: Gotcha.

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

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

24 COMMISSIONER EISENSTEIN: And  
25 that's we are urging -- I know I saw

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2           one of the hospitals put out  
3           limitations on how many people can  
4           visit and the like. Hospitals are  
5           places where sick people go and flu is  
6           the perfect example that you brought  
7           up. You go to the hospital with one  
8           thing, the last thing you want it so  
9           catch a flu from the person you're by,  
10          but our hospitals are excellent in  
11          infection control, cohorting [sic]  
12          patients when they can. It's not a  
13          perfect system. This is another  
14          message - I don't know if I mentioned  
15          it today -- but we don't want people  
16          just walking into an emergency room if  
17          they're sick because they could walk  
18          into a waiting room with 40 people and  
19          spread it to people who are already  
20          there because they're sick. So we want  
21          people who are not hospital level  
22          people to not go to the hospital. So  
23          if somebody's under quarantine and they  
24          get sick, they should call the Health  
25          Department. If they'll mildly ill, we

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

9 LEGISLATOR ABRAHAMS: Got you.

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

12 LEGISLATOR ABRAHAMS: Okay.  
13 Legislator Burbahm just asked a  
14 question. Do they have to call the  
15 Health Department for this test or  
16 should they go through their healthcare  
17 provider?

18 COMMISSIONER EISENSTEIN: If  
19 somebody's not on our protocol, we  
20 don't know about them and they think  
21 for some reason they're sick, they  
22 should call their healthcare provider  
23 who's welcome to speak with us. The  
24 healthcare providers have the criteria  
25 from the state. They have the

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2 conditions that they should be looking  
3 for. If they're on our quarantine  
4 list, they're going to get instructed  
5 when they're quarantined to call us  
6 should they get sick.

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

13 COMMISSIONER EISENSTEIN:  
14 Multiple strains. A couple of strains.

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

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2 one of the viruses the flu --

3 COMMISSIONER EISENSTEIN: No.

4 LEGISLATOR ABRAHAMS: So there is  
5 absolutely none?

6 COMMISSIONER EISENSTEIN: It's  
7 like cats and dogs.

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

11 COMMISSIONER EISENSTEIN:  
12 Influenza virus.

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

15 COMMISSIONER EISENSTEIN: Totally  
16 different species.

17 LEGISLATOR ABRAHAMS: Different  
18 species. Okay.

19 LEGISLATOR WALKER: Legislator  
20 Mule.

21 LEGISLATOR MULE: Thank you,  
22 Madam Chair. I have a couple of  
23 questions. I will be brief but I'm  
24 being asked to ask are there a  
25 sufficient number of testing kits

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2 available in Nassau County?

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

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

19 LEGISLATOR MULE: Just to  
20 piggyback on something that Legislator  
21 Birnbaum said. With Northwell and  
22 perhaps the other labs being authorized  
23 to do the test, we're talking about the  
24 same test, it's not a different test,  
25 correct?

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2 COMMISSIONER EISENSTEIN:

3 Correct.

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

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

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

20 COMMISSIONER EISENSTEIN: No,  
21 that was mandatory.

22 LEGISLATOR MULE: Mandatory.

23 COMMISSIONER EISENSTEIN: Now  
24 some of those people may be the people  
25 that ruled in or tested positive. I've

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2 been here the whole time, I haven't  
3 seen it but there were 72, I believe,  
4 under voluntary quarantine this  
5 morning.

6 LEGISLATOR MULE: In addition to  
7 the 40?

8 COMMISSIONER EISENSTEIN: Yes.

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

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

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

24 COMMISSIONER MORELLI: Isolation  
25 kits are something that first

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2 responders and hospital providers have.  
3 The kit consists of a disposal gown, an  
4 N95 mask. I believe they also have a  
5 surgical mask that provide protection.  
6 Covers for your feet and gloves is to  
7 be use whenever you're dealing with any  
8 sort of infectious disease you're not  
9 certain of. They also use them when  
10 you're dealing with large amounts body  
11 fluid, whether it's blood or anything  
12 else so they're able to protect  
13 themselves, keep themselves clean and  
14 it's all disposable so one use and it  
15 goes away.

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

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

21 COMMISSIONER EISENSTEIN: I  
22 haven't actually seen one of the tests  
23 and that's not been done by us so I  
24 honestly haven't paid closer attention.  
25 I think it's an oral swab and a

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

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

10 COMMISSIONER EISENSTEIN: Thank  
11 you.

12

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

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

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2 LEGISLATOR MULE: Thank you.

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

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

18 LEGISLATOR WALKER: Again, we  
19 thank you --

20 COMMISSIONER MORELLI: I'm sorry.  
21 I agree with Dr. Eisenstein, just share  
22 the message that's coming out. We want  
23 to make sure that there's a concerted  
24 message and they're not getting any  
25 mixed messages. County government is

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2 here for you, we're doing everything we  
3 can to help everybody else. Just as  
4 you're doing for your constituency, all  
5 I ask is that we share the same message  
6 so there's no confusion out there.  
7 It'll help alleviate a lot of the calls  
8 and questions for everybody else.  
9 They'll also know that they're getting  
10 the right amount of help from their  
11 legislators which they can count on.

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

25 LEGISLATOR ABRAHAMS: I would

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

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

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

20 LEGISLATOR ABRAHAMS: I  
21 apologize. I know I'm not on the  
22 committee so I'm recommending things  
23 for the committee I'm not on but I just  
24 thought that it'd be fruitful to have  
25 that kind of --

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2 LEGISLATOR WALKER: Information  
3 disbursed. Thank you very much.

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

12 (TIME NOTED: 12:50).

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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