In The Matter Of:
PUBLIC HEALTH COUNCIL FORMAL MEETING

November 19, 2018

JH Buehrer & Associates
PUBLIC HEALTH COUNCIL
MONDAY, NOVEMBER 19, 2018
10:00 A.M.

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PUBLIC HEALTH COUNCIL
FORMAL MEETING

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HELD AT:
NEW JERSEY DEPARTMENT OF HEALTH
BOARD ROOM – FIRST FLOOR
369 S. WARREN STREET
TRENTON, NJ 08625

BEFORE:  MICKEY GROSS – Chairman
HERB YARDLEY
DENNIS SAN FILIPPO – via telephone
RICH CENSULLO – via telephone

ALSO PRESENT:  KENYA PENNART
KAITLYN WOOLFORD
Department of Health

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APPEARANCES:

SIOBHAN PAPPAS, Ph.D.

COMMISSIONER SHEREEF M. ELNAHAL, M.D, M.B.A.

JACKIE CORNELL
Deputy Commissioner of PHS Branch
MS. PENNART: This is the formal meeting of the Public Health Council. Notice of this meeting has been published in accordance with the provisions of Chapter 231, Public Law 1975, C-10:4.10 of the State of New Jersey, entitled Open Public Meetings Act.

We have four members of the council present, which does constitute a quorum.

CHAIRMAN GROSS: Madam Clerk, roll call, please.

MS. PENNART: Mr. Censullo.

MR. CENSULLO: Here.

MS. PENNART: Mr. SanFilippo.

MR. SanFILIPPO: Here.

MS. PENNART: Mr. Yardley.

MR. YARDLEY: Here.

MS. PENNART: And, Mr. Gross.

CHAIRMAN GROSS: Yes. Here.

Good morning everyone. First order of business is we're expecting the Commissioner here, but we were told that maybe not happen. If it happens, it happens. If not, I need someone to approve the August 2018 minutes.

MR. YARDLEY: I'll make the motion.

CHAIRMAN GROSS: Can I have a second.
MR. SanFILIPPO: I'll second it.

CHAIRMAN GROSS: Madam Clerk, roll call.

MS. PENNART: Mr. Censullo?

MR. CENSULLO: Yes.

MS. PENNART: Mr. SanFilippo?

MR. SanFILIPPO: Yes.

MS. PENNART: Mr. Yardley?

MR. YARDLEY: Yes.

MS. PENNART: And, Mr. Gross?

CHAIRMAN GROSS: Yes. Okay. At this time I'm going to turn the meeting over to Siobhan Pappas in regard to the rules governing elevated lead. Good morning.

DR. PAPPAS: Good morning. My name is Dr. Siobhan Pappas. I serve as the Child and Adolescent Health Program's Childhood Lead Epidemiologist. Thank you for allowing me to present the re-adoption with amendments of N.J.A.C. 8:51A, screening of children for elevated blood lead levels.

These rules require physicians, registered nurses, and healthcare facilities to screen children under 72 months of age for elevated blood lead levels. The Department last adopted
amendments to N.J.A.C. 8:51A on September 18th, 2017 to change the reference value for a blood lead test result to be equal to or greater than 5 micrograms per deciliter of whole blood. During that rule-making process, the New Jersey Legislature adopted the Clinical Laboratory Improvement Act, CLIA, which became effective on January 9th, 2017. The CLIA permits certain blood lead tests to be performed in non-laboratory settings, such as in a doctor's office. This re-adoption with amendments requires these non-laboratory settings to report test results to the Department in the same manner as clinical laboratories. Incorporation of the CLIA into N.J.A.C. 8:51A will ensure that all blood lead testing results are accurately reported, leading to more timely case management and environmental investigation services, and medical treatment provided to children who have an elevated blood lead level.

CHAIRMAN GROSS: Does anyone have any questions?

MR. SanFILIPPO: I move the re-adoption --

CHAIRMAN GROSS: Mr. Yardley has some
questions first.

MR. SanFILIPPO: -- of 8:51A.

MS. PENNART: Okay. There are questions.

CHAIRMAN GROSS: Mr. Yardley.

MR. YARDLEY: I was at the League meeting, I was listening to the Commissioner, and there was some discussions among some of the members there with the lead testing, and doctors performing the lead testing. And, that this is not a routine test. Is that correct?

MS. PAPPAS: It is routine.

MR. YARDLEY: It is routine? Okay. So, then, the second part of this is that there are some doctors that are not doing it as a routine test. And, I have not looked at these fully, these regulations. So, are there penalties for those doctors? I'd like an explanation of penalties for those doctors, who enforces that?

MS. PAPPAS: So, how it is written, doctors have to test at age 1 and age 2. There is no penalty. There was never a penalty written into it.

MR. YARDLEY: So, if a doctor decides he doesn't want to do it because -- he doesn't want
to do it, there's no penalty?

MS. PAPPAS: There is no penalty. We are currently working with the nurse case managers for the local health departments to use public health detailing to inform doctors.

MR. YARDLEY: What does detailing mean?

MS. PAPPAS: Kind of like, if you were a pharmaceutical sales rep, you would go in, you would give a little bit of information, you'd come back two weeks later, give a little more information and see if there's anymore questions.

The problem is is that the National American Academy of Pediatrics recommends targeted screening, as does the CDC. The State of New Jersey has universal screening due to the fact that more than 71 percent of our housing is prior to 1978. Under CDC's recommendation we went to universal screening for that reason. Doctors are following the National American Academy of Pediatrics guidelines, and not the actual rule.

So, the only thing that we can do, since there is not a penalty section currently, is to provide public health detailing to inform doctors what the actual risks are for lead
poisoning. Because there seems to be a disconnect -- doctors believe that it is more based on socio-economic status, that the perceived risk isn't there for certain demographics. Which it does exist. So, that's how we are addressing it, because currently there is no -- we are also in works with Board of Medical Examiners to reach out to have the Board of Medical Examiners reach out to the physicians that are not routinely testing like they're supposed to, and inform them that it is actually a rule. But, it's not a guideline.

MR. YARDLEY: So, we have a document that is a paper tiger, and it really has no teeth. So, why are we passing this?

MS. PAPPAS: So, this is that -- so, if you were doing point-of-care testing, this is what this is about. It's closing the loop.

So, when we did the new 851A, they then -- when that was going through the process -- the CLIA was also going through it's own separate process to say that there was a waiver. But we needed this to make sure that if you are doing point-of-care, say using a LeadCare II machine or filter paper, that you have to report to us. That's what this is saying. That by law, if you
are doing that point-of-care testing you do have to report.

CHAIRMAN GROSS: Well, let me ask you a question. If some doctor decided that he didn't want to do this test, so we have no recourse?

MS. PAPPAS: Currently. What this is about is it's just closing the loop in that testing.

CHAIRMAN GROSS: But, I'm agreeing with Herb. There's got to be some kind of a mechanism in place that, you know -- I mean, I don't know why a doctor would not want to do that test. But, I'm sure there's some out there that don't want to do it. We need something to go back to them more and say, hey, look you got to do this.

MR. YARDLEY: I also have a second question.

MS. PAPPAS: Sure.

MR. YARDLEY: The hospital -- we are now in medical groups. So, for example, Atlantic Health, many of the doctors that I go to are in Atlantic Health. So, are the hospitals, are those groups, notified of this regulation? And, are they being held responsible?

MS. PAPPAS: There is no recourse
currently if you do not screen.

MR. YARDLEY: So, 71 percent -- well, what is the compliance now? Do we have results on compliance?

MS. PAPPAS: We do. But, it's based on we know 80 percent of Medicaid providers screen. They have a report card, per se. So, Medicaid providers. And that is also the perceived risk, would be you assume children would have -- so they would live in older homes. So, that screening is.

Currently we have, for one test -- most doctors are doing one test -- I think it's up to 86 screening rate for one test. The law says two. So, that screening rate is approximately 36 percent.

MR. YARDLEY: And, have you looked at the reason that doctors don't perform these tests?

MS. PAPPAS: We have. It's perceived risk.

CHAIRMAN GROSS: Risk in what regard?

MS. PAPPAS: The perception is that certain demographics are not adverse for lead poisoning, and they are following national guidelines.

CHAIRMAN GROSS: I would think they
would be almost in alignment with this position right now --

MS. PAPPAS: I agree.
CHAIRMAN GROSS: Again, I'm not a lawyer, but you know --

MS. PAPPAS: We are working with the Commissioner's office to increase that screening rate. For example, if you are a grantee for child health, which we cover between sub-awardees like grantees of 99.8 percent of the state is covered, they have to increase their screening rates. And, they have to increase their screening rates by ten percent each year.

CHAIRMAN GROSS: Gentlemen on the conference call, just for the record, the Commissioner just walked in. And, welcome, and thank you for being here, sir.
COMMISSIONER ELNAHAL: Thank you so much.

CHAIRMAN GROSS: Here's what I'm going to say on this issue. Certainly we want to approve it, and go to the Commissioner. But, I think what Mr. Yardley is saying is absolutely correct. We need to get a little teeth in there. Okay? 86 percent is a good number. But, you
know, because the doctor doesn't want to do these screening because of the demographics, I mean, that's just crazy. I know, you know, take for example my situation with my child, my son was small thirty years ago. He stayed at my mother-in-law's house, which was an older house, and all the other stuff that goes with an older house. Okay? So, unless you can definitively say where your kid's going to be every single day and he's going to be here or he's not going to go be visiting these relatives or that, I don't see any reason why this can't get a hundred percent. So, I don't have a problem approving this and voting for it, but I am going to say you need a little teeth in this thing. So, you got to make doctors a little more accountable for this. All right.

With that said --

MR. YARDLEY: Wait. One more thing. There's no reason the provision can't have a waiver if you say, if you ask them when you go in have to fill out an application, some of doctors to say what year was your house built. So, the doctor would say, oh, okay, built in 1990, so we don't have to do lead testing, we only have to do one test.
MS. PAPPAS: There's also other risks for blood to become -- cultural products, ayurvedic medicines, things that were imported in. Medallions, children like to put things in their mouth, so if you're wearing a medallion --

MR. YARDLEY: So, that's wrong. But this has no teeth. It has not teeth. It's a lot like the communicable diseases, and reportable diseases, call the doctor and they don't want to report it. And nobody goes after them. And, at some point that will become an issue. And I think if you have documents requiring it, then you require it.

And, so, the Public Health Council is left, once again, to sometimes -- left to a situation where we're going to pass something that means well, that you'll get a lot of doctors complying. But those doctors that won't, they don't have a way to opt out because their area -- they're in an area, of whatever, where they don't see a big risk. You know, everyone has to do this, but you really can't force compliance.

MS. WOOLFORD: If I may add a point of clarity. This is a re-adoption. So, this is already -- if we added things it would have to --
MR. YARDLEY: Right.

CHAIRMAN GROSS: This is time essential that we pass this, correct, folks?

MR. YARDLEY: That's another thing.

We always get this time essential, every regulation. Am I wrong, Dennis? We get it last minute every time.

MR. SanFILIPPO: I based my recommendation to approve the re-adoption without hearing this information that Herb just brought up, so it's a new issue. And, I'm just going to throw it back to the council to see which way you want to go. I don't think I received a second on that motion, so I can withdraw the motion.

CHAIRMAN GROSS: You have a second on it. I'll be your second.

MS. PAPPAS: Can I provide some clarity?

CHAIRMAN GROSS: Sure.

MS. PAPPAS: This re-adoption is specifically to close the loop. So, currently, because of the CLIA waiver, if I am a doctor's office and I am using point-of-care blood test such as a LeadCare II machine, I do not have to report to child health, to the State of New Jersey, blood
lead results. This re-adoPTION is to cover, to make sure, that if I am using a point-of-care machine, that I do have to report it.

MS. PENNART: Mr. Censullo.

MR. CENSULLO: Yes. I just wanted to add before I vote, that there should be, hopefully, an educational component to this that we can provide to the pediatricians or the doctors. Because the demographics, as we all know in public health, really doesn't hold water, as Herb had mentioned. The communities that I represent in Hudson County -- Union City, West New York -- these are areas where, you know, extreme density. We have people moving out of some of these communities into other communities which have better demographics. That doesn't mean that the child didn't have the exposure.

So, I think that we should look at an educational component. And, maybe advise the doctors strongly why we feel the way we feel in New Jersey. And, proceed until we can put some teeth into it.

That being said, I'll vote yes.

MR. SanFILIPPO: So, we're voting yes to a motion that I don't think received a second.
And, I --

MR. YARDLEY: Mickey just seconded it.

MS. PENNART: Mickey seconded.

CHAIRMAN GROSS: I did.

MR. SanFILIPPO: Oh, he did. I'm sorry. I didn't hear that.

MR. YARDLEY: Well, I'd like to -- if we could interrupt, the Commissioner --

MS. PENNART: We have the Commissioner here.

COMMISSIONER ELNAHAL: I just have some comments on this. I agree with the thrust of this conversation, where you're coming from. I think there needs to be a way to hold different stakeholders accountable for screening. We have not seen enough screening in New Jersey, especially as it relates to the law.

I've tried to explore ways to do that, to hold pediatricians accountable for screening more. And, one of the methods that we're doing -- again, how this relates to the re-adoption of this particular document I think is different, this is a step above and beyond what I tried to do -- which is to, basically, cross-reference and partnership with the ME a list of pediatricians for which we
don't have lab reported screenings, with our database on who's reporting, what physicians are reporting based on the lab information that comes to us. And, send a joint letter to that subset of pediatricians that just aren't screening saying we know who you are, and signed by both me and the ME chief. That will give you a step forward in getting them to make this a part of their routine.

CHAIRMAN GROSS: Yeah.

COMMISSIONER ELNAHAL: And, you know, when I came to Middlesex -- basically all the counties, and I have one left, to talk about this, that has received, towards the later part of my visits, a lot of good feedback. Because most folks believe that the accountability should be on the provider's side for this. I've explored doing it in the schools. That's complicated for a lot of reasons. I've explored a lot of ideas. This one seems to be the most reasonable one. You have thoughts on that?

CHAIRMAN GROSS: Herb?

MR. YARDLEY: Yes.

COMMISSIONER ELNAHAL: The point is to say it's something that we agree with.

CHAIRMAN GROSS: I agree with Siobhan,
we got to put a little more in there at this point.

So, my vote is yes. Okay. Keep going.

MS. PENNART: Mr. Yardley?

MR. YARDLEY: Yes.

MS. PENNART: Mr. SanFilippo?

MR. SanFILIPPO: Yes.

CHAIRMAN GROSS: Thank you. At this point I'm going to turn the meeting over to our Commissioner. I want to thank you for being here this morning, and whatever words of wisdom you have for us, sir.

COMMISSIONER ELNAHAL: My pleasure. I appreciate the, more or less, for crashing the meeting and talk to you.

You know, I think it's been a great working relationship with this body since I've started. We made and proposed a lot of changes to our organization structure, to better meet the priorities that the administration has for public health. We've received endorsement on all those things, and productive discussions that have resulted from them.

I've personally made it a priority to visit the local health departments in every county,
and I have one left, as a mentioned. Because I believe that partnership broadly is extremely important. And, this is a formal body through which we can work with you to make the changes we think we need to make for public health. So, I appreciate, number one, the working relation we have so far; and, the fact that you're there to assist us.

You are probably aware of multiple outbreaks that are happening right now.

CHAIRMAN GROSS: Correct.

COMMISSIONER ELNAHAL: And, I wanted to make sure I address this head on with you, and get some of your thoughts.

Let's take a step back and look at what we've done so far. I've had a close personal working relationship with both our survey team and Marcela's health system shop, and of course, communicable disease service under Jackie's infrastructure in public health. And, I really think that we have done everything possible to contain what is a terrible outbreak that has claimed the lives now of eleven kids in this facility.

In the process we've discovered
opportunities for policy change that would allow these facilities to be protected more going forward. More strict requirements for cohorting is an idea, so bills dropped in the state legislature on that. Thinking about standards for inspecting for inspecting these types of facilities for infection control or making the blood risk remain stronger. And, a number of other issues. Which is to say that we're not content with the outcome by any means. The outcome is a terrible outcome. But, within our protocols and within what we practice, and how we operate, frankly our regulatory framework on what we can do and what we can't do, we've really maximized every option. We've explored options that fall outside of protocol. I considered sending an ECET to attach to the facility so the facility would be able cohort the patients earlier. CDC did not like that idea. They thought it would increase the risk to the patients, so we didn't go with that. I made a call to the Medical Reserve Corp, that by the way was laden with issues around liability, clarifying what the roles are in reporting to the --

CHAIRMAN GROSS: I got a phone call on that this morning on the way here from a health
officer.

COMMISSIONER ELNAHAL: Yeah. But, I wanted to make sure the call was out just in case we can figure that out. And, it turns out with that level of prompting the facility was able to cohort the patients much earlier than I had originally thought. So, we had a cancellation on that. But, I think we've gone to places that are unprecedented in trying to respond. Despite having gone through all our protocols and doing what we need to do. You guys are on the front line at the municipal and local level, so you know how difficult it is. You just mentioned issues with getting folks to even report in the first place. And, that can be a challenge.

MR. YARDLEY: Yeah.

COMMISSIONER ELNAHAL: Most of the New Jersey press corp. has been understanding on this. There's always, in these public health crises, a pursuit for, you know -- is the state doing everything it needs to have done, is the local Health Department doing everything it needs to have done, is the facility doing everything that needs to be done? Which are fair questions to ask. I don't believe that every party in the media has
been equal in their fairness in calling us out on this. And, we're addressing that head on by correcting factual inaccuracies, by clarifying to the public what is actually possible in events like this.

But, what I'm asking of this group -- knowing that part of your role is safeguarding public health in the state -- is to help us get the message out about what public health's role is. Public health is under threat across the country right now. There are health officers being indicted for manslaughter on outbreak situations, for not having done things like, you know, disclosing immediately even if it would have had nothing to do with the outcomes. The responses being scrutinized to a microscopic level. And, mostly it's been with Legionella, but we've gotten some inquiries, as well, whether our situation is related to those in any way.

So, public health is in a bad place in America right now. And, we have to explain to the public what we do. And, the fact that we're doing everything we possibly can in these circumstances to protect public health, knowing what our limitations are in terms of regulatory authority.
There would have been a lot of issues legally if I had sent that external staff into Wanaque, that we're still trying to work out. I had calls with the Attorney General on this. But, we were still trying. Despite all of that, we're still, I think, very unfairly -- by certain parties, again, not the majority, certain parties -- asked to be doing more without a definition of what more should be.

And, so, this is an ask to all of you to help support us in our messaging.

CHAIRMAN GROSS: Well, you have my support, I can tell you that.

COMMISSIONER ELNAHAL: Thank you. And of course, you know, in working with you, for example, in the outbreak at Vorhees, we had nothing with good experiences working with Camden County Health Department on that. And, really nothing but good experiences in every case when we were dealing with a facility outbreak, and what we're dealing with the measles right now in Ocean County, Monmouth County. Incredible responses.

So, we're a team. And I think in this situation we need to hold hands and explain to the public what our role is and what we can do.

Any thoughts or feedback on that?
CHAIRMAN GROSS: Well, I agree with you in one sense wholeheartedly. Public Health Council, I see us working with you and being an arm for you. If you need us to do something, please bring it to our attention. If you need us to go somewhere to speak, bring it to our attention. Whatever you need us to do, we need to work with you, not against you. So, if there's something that we can do to help you, help the people of this great state better, we need to do that. And that's where I see our role is. Whether that's picking up the phone, making phone calls for you on a particular issue or whatever. We need to work with you, and do whatever we can do to make things better. Period. It's that simple.

COMMISSIONER ELNAHAL: Thank you.

CHAIRMAN GROSS: We need to be more than a body that just sits here and votes -- not saying there's anything wrong -- but, if there's things that you need us to do, or need us to stand up to the plate for, we need to be able to do that for you to make things easier for you. Hopefully.

COMMISSIONER ELNAHAL: I appreciate that.

CHAIRMAN GROSS: Mr. Yardley,
MR. YARDLEY: I've been in the field a long time. I'm retired. I hope, Commissioner, that you're able to move forward with your initiatives, and look at the local health departments -- and we have many different types, we have some very small, some very large, counties, regional -- and look at them as partners with the State Health Department.

Over the years I've seen it where the state has either ignored the local health departments -- I'm talking about everyone -- and sometimes they'll work with them. During H1N1, that was a great event. I think things went -- we were able to do what we had to do among many obstacles that were placed there. But, I think if you want the response, you need to make sure that the local departments are communicated with, have an understanding of where they fit. And, possibly on some issues where there's grant funding -- and I think this is one of Dennis SanFilippo was talking about this for years -- many times there's funding that will go out, but it will go to either non-governmental agencies before you look at the locals. We're not saying that locals should get
all of the money. But every once in a while there are some programs which the departments may be able to do and do it well. And, I think those are the things where there's a partnership, and then you see the upgrading in public health. And, the communication to the governing bodies, it's important. Because public health is one of those things -- we don't need it, we don't need it, oh my God, there's this huge breakout, what are you doing? And, that's what you're facing now. Why didn't you do this and why -- and, it's very difficult to sustain a level of training all the time, because when things don't happen we can cut this, we can cut that. It's government, it is what it is.

But, I think that if you keep those lines of communication with all the departments and they feel as though the state is their partner, I think that response there gets better.

COMMISSIONER ELNAHAL: I completely agree. Look, this is why I have, among one of the first things I did, was all summer been visiting local health departments myself, to get to know the players there, for them to get to know me and what we're thinking in terms of priorities. That
personal relationship needs to be there. We can't be getting to know each other during the H1N1 and then it happens again, or, you know any other type of public health crisis. I really believe that. And, I appreciate your thoughts, because it's exactly how I'm thinking.

CHAIRMAN GROSS: I can tell you one thing, Commissioner, and if you haven't been told let me be the one to tell you -- and I'm sure you have heard it -- you got a fantastic staff. This young lady actually used to work for Middlesex County at one point. And, being around 37 years I've dealt with your staff on numerous occasions, and you need to be very proud of them. Because they're really a great bunch of people. And I can't think of a negative thing I can say about the staff of the state Health Department. They're here for all the right reasons. And, I'm certainly proud. And, not lecturing the Commissioner here, but you do got a great staff, and I'm sure you're aware of just that.

COMMISSIONER ELNAHAL: I absolutely am. And, I appreciate you recognizing that. And part of my role in this difficult time, first and most importantly, is to quell this outbreak at
Wanaque that we're facing, to protect public health. But, another role that I have is to ardently defend the work of the dedicated staff that we have, especially when I know that they've done the right thing. That, you know, they're part of the team of good guys trying to stop this thing. And, that's not just them, it's first and foremost the facility's responsibility to make sure that infection control protocols are followed. We're exhausting every option we have to work with them, to consult with them, to hold them accountable. And, to get that message out is going to be really important. Because if I don't create that space and defend that work, then we won't be able to actually do the work, which is a threat to public health.

CHAIRMAN GROSS: Mr. SanFilippo, do you have any comments, sir?

MR. SanFILIPPO: No. I think everything has probably been said that can be said. And, I want to thank the Commissioner for meeting with us. I apologize I'm not able to be there, I have a family commitment today. But, that hasn't been done for quite awhile, since I've been on the Public Health Council, that we've seen a
commissioner to actually voice our concerns with.
So, I thank you.

CHAIRMAN GROSS: Rich, any comments?
And happy birthday to your wife, by the way.

MR. CENSULLO: Oh. Thank you very much. And, again, I want to thank the Commissioner for coming. And just to make aware that the members of the council, you guys, we have collective years of experience. I know I have 39 years of experience in public health. And, I think I'm one of the least experienced members of the council. Every one of the councilmen are licensed health officers with decades of public health experience overseeing major municipalities.

I just wanted to add, Commissioner, if I could, that the situation that occurred I think would be almost a learning experience, if we could. The first part, of course, is to curtail the problem. But then afterwards, maybe we can do something like an M&M or a postmortem, and we can go back and review what happened right, what happened wrong, and what we may need to tweak or correct going forward. But, I think it's important, if I could, that there is a lot of people that are watching this right now, and I
think it's important that if there was any missteps deliberately or otherwise, I think it's important that we take a very strong position on that so that we set the proper precedent going forward so that we do not have a problem with people not reporting what they should be reporting. And that has always been a problem with us as health officers. To get physicians, for example, to report communicable diseases to us in a timely manner so that we can get ahead of it. That's an issue that we've been dealing with -- I know I've been dealing with, for a very long time.

So, again, I think going forward, once we can get this behind us, hopefully soon, that we can go back and examine it. And, certainly, the council and myself with the council would be more than happy to assist in any way that we could.

COMMISSIONER ELNAHAL: Yes. And, by the way, great points. This is the perfect time to argue for more robust resourcing of public health at all levels.

CHAIRMAN GROSS: That's right.

COMMISSIONER ELNAHAL: Because people don't understand that we're the goal keepers. And, you really only know how important public health is
when the ball goes into the net, and you get the outbreaks that happens. Then everyone starts to pay attention to public health again. So, we have to make that opportunity as part of the learning that you're talking about, to start the conversation on how important public health is.

We are very much being intellectually honest, I think, about what we've done, facility has done. And, Jackie is going to describe some of the steps we're taking to make sure that we have our house in order a hundred percent, and we can learn from this experience going forward.

I'm sorry I have to go. But, thank you so much for your time. Go ahead, Jackie.

MS. CORNELL: Thank you, Commissioner. This is Jackie Cornell, Deputy Commissioner.

I just want to sort of echo the sentiment that was raised. So, not only are we planning on doing a postmortem expressly on what's happened at Wanaque, we've also brought on recently a new Assistant Commissioner in our PHILEP division. And, we'll be doing a much more robust series of tabletop exercises, more coup planning. Just realizing that we've had a lot of turnover in the department, both at the leadership level,
assistant commissioners, et cetera. So, yes, definitely a postmortem on Wanaque. But, also, a greater attention to detail on what we need to be doing to prepare. We all know this. Right? You have to do the prep work for the disaster before the disaster happens. So, we will be ever more diligent about scenarios like that to make the Department as strong as it can be in either another outbreak or another high-scale event.

CHAIRMAN GROSS: Good. Anybody have any questions? Mr. SanFilippo?

MR. SanFILIPPO: No. I don't.

CHAIRMAN GROSS: Again, I want to reiterate, we want to work with you not against you.

MS. CORNELL: Absolutely.

CHAIRMAN GROSS: But, I will ask that you take a good serious look at what was just adopted here, and add to it, possibly put an addendum in there where there is a little teeth. I think that's one of the frustrations of health officers is sometimes they want to do the right thing, and they don't have the legal mechanism to do that.

Mr. Yardley, go ahead, sir.
MR. YARDLEY: I think that sometimes the frustrating part of local public health in many of the regulations is that there is not a way to really get someone to comply with certain regulations like this. And, I think sometimes at the local level you have more authority then you do at the state level. Because at the state level you're subject to many more things that influence the regulations. Where at the local level, you know, our concern is the compliance, or has been -- had been. I'm retired, I don't think it's changed.

CHAIRMAN GROSS: It has not.

MR. YARDLEY: And, I think it's looking to the local departments as can you assist, and say here's the authority.

CHAIRMAN GROSS: Is there anybody else have any other questions? Any other questions or comments? If not, I'll ask for an adjournment, a motion to adjourn.

MR. YARDLEY: I'll make that motion.

CHAIRMAN GROSS: Do I have a second?

MR. SanFILIPPO: I'll second.

CHAIRMAN GROSS: Madam clerk, roll call.

MS. PENNART: Herb Yardley?
MR. YARDLEY: Yes.

MS. PENNART: Dennis SanFilippo?

MR. SanFILIPPO: Yes.

MS. PENNART: Rich Censullo?

MR. CENSULLO: Yes.

MS. PENNART: And, Mickey Gross?

CHAIRMAN GROSS: Yes. Thank you everyone.

(Whereupon the proceedings were concluded at 11:00 a.m.)
CERTIFICATE

I, CHRISTINA RESTUCCIA, a Court Reporter of the State of New Jersey, authorized to administer oaths pursuant to R.S.41:2-2, do hereby CERTIFY that the foregoing is a true and accurate transcript of the testimony that was taken stenographically by and before me at the time, place and on the date herein before set forth.

I DO FURTHER CERTIFY that I am neither a relative nor employee nor attorney nor counsel of any of the parties to this action, and that I am not financially interested in the action.

Notary Public of the State of New Jersey
My Commission expires November 14, 2021
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