



**Children's book has underlying message about refugees, asylum seekers, page 8**

# The Observer

**NORTHPORT'S COMMUNITY WEEKLY NEWSPAPER**

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**We remember**



**NEVER FORGET:** In red-white-and-blue masks during the ongoing coronavirus pandemic, members of the Northport American Legion march down Main Street in Northport Village on Memorial Day Monday, May 25 to place wreaths and crosses on a dozen monuments and memorials that mark the nation's many wars. **-Steve Zaitz photos**

## Northport American Legion marks Memorial Day with modified Main St. march

By **DAVID AMBRO**

Overcoming government restrictions imposed by the coronavirus (COVID-19), the Northport American Legion held its annual Memorial Day ceremony Monday, May 25.

The Legion usually hosts a Memorial Day Parade during which a wreath is placed at more than a dozen monuments and war memorials on Main Street and then there is a ceremony in Northport Village Park. It is an event that draws a large crowd to the village. This year, a more subdued ceremony was held due to COVID-19.

About a dozen legionnaires, all wearing masks and socially distanced, marched down Main Street on each side of a village truck. Accompanied by pipers from the Northport Pipe and Drum Band, legionnaires took turns taking wreaths and homemade crosses from the truck and placing them at the various monuments, from the World War I monument at Ocean Avenue to the World War II and Vietnam Memorials at the foot of Main Street.

"In these uncertain times, it's important that we not forget the reason why we set aside a day dedicated to remembering our nation's military heroes," Northport American Legion Commander James Porciello said. "Memorial Day is a somber day, a day our nation takes pause to honor and pay homage to those heroes who sacrificed their lives for us."

"Plans for our annual parade had to be canceled early on. Therefore, only members of the Northport American Legion walked, with masks at proper social distance, to the 12 veteran monuments along Main Street and placed floral wreaths at each location to remember and respectfully honor each military branch's war dead. We will never forget

*(Continued on page 26)*

# It takes a hospital

## A closer look at how Northwell Health answered call during global pandemic

By DAVID AMBRO

As part of his job as executive director of Huntington Hospital, Dr. Nicholas Fitterman, a 28-year resident of Northport, is the ambassador of goodwill. With a lingering global pandemic in the community, that means he has plenty of work to do.

After being besieged by coronavirus (COVID-19) patients during March and April and restricted to only essential surgeries since March 23, the New York State Health Department allowed hospitals on Long Island to resume elective surgeries May 19. As a result, Dr. Fitterman is leading the effort to restore community confidence in Huntington Hospital.

"This is an important message to get out, because we have people dying at home who don't need to be. We have people afraid to come to the hospital and they are having heart attacks at home or they are having strokes, we just had one yesterday, where they are missing the window of critical therapy, where we could have given them treatment to reduce the impact of a stroke but they waited too long because they are afraid," Dr. Fitterman said during an interview last week.

In March and April they told people not to come to the hospital because they needed every bed and every staff member to care for COVID-19 patients. "It wasn't because we were afraid of giving them COVID," he said. "Somehow that message got distorted and they are afraid to come to the hospital because they think they're going to get COVID."

According to Dr. Fitterman, for two months the hospital ICU nurses were taking care of the sickest COVID patients who were on respirators, and having been exposed to the virus, have since been tested for antibodies and their percentage of infection is lower than the general population.

"That tells us two things. One, PPE works and, two, you're safer here than you are out in the community. The public needs to know that," Dr. Fitterman said.

### Finding Normal

As the pandemic subsides and the hospital begins to get back to its normal routine, Dr. Fitterman said pathways

have been created within the hospital so that COVID positive and COVID negative patients will never cross paths. He said it starts in the emergency room where patients who display COVID-like symptoms are led down a different hallway than COVID free patients, and each section has separate staff that do not cross over from one area to the other. That protocol applies to doctors, nurses, food and nutrition and environmental staff, etc.

"So you can be on a COVID free unit and know you are surrounded by COVID free staff and COVID free patients," Dr. Fitterman said. "So that is important for anyone who is at home having chest pains or signs and symptoms of a stroke. They can come in to our ER and they will be triaged and immediately separate from anyone who has COVID."

"They will not be sitting shoulder to shoulder with someone who is coughing and has COVID. That is not going to happen," Dr. Fitterman



**WELCOME BACK:** Huntington Hospital Executive Director Nicholas Fitterman (left) dons a mask to make a video explaining the new hospital protocol to keep patients and the staff safe.

said.

In addition, patients coming to the hospital for elective surgery are being tested for COVID 10 to 14 days before surgery and have them self quarantine. Then two days before surgery a rapid COVID test is performed on the patient to make sure they don't have COVID.

Dr. Fitterman said the

importance of the testing is that patients who are asymptomatic but have COVID-19 do poorly. If a patient tests positive the surgery is postponed. "So no one is going into our operating rooms on an elective basis who has COVID," he said.

As for patients who suffer injuries in accidents and need emergency surgery and there

is no time for COVID testing, Dr. Fitterman said there are separate operating rooms, separate anesthesia rooms, separate recovery rooms and separate nursing staff. "So, again, even in the surgical world they won't cross paths with COVID patients," he said, adding that emergency surgeries have continued  
*(Continued on page 9)*

# Evolution of visiting nurse, hospice house

By DAVID AMBRO

As the coronavirus (COVID-19) outbreak ramped up on Long Island, the Visiting Nurse Service and Hospice House of Suffolk (VNSHS), headquartered on Main Street in Northport Village, had to continuously evolve under difficult circumstances to maintain its home-care service while at the same time support area hospitals overwhelmed by critically ill patients.

During an interview this week, VNSHS Chief Executive Officer Linda Taylor called the agency's coronavirus efforts a "work in progress." She provided an overview of the multi-level response the VNSHS had to implement as the COVID-19 outbreak unfolded.

"It's been a challenge," she said. "I'm not going to understate the depth of the challenge, but everybody has worked very well together. They are considerate of each other and we're just trying to do the right thing for each other and for the community,

and that's where we are right now," Ms. Taylor said.

### Background

VNS has 200 employees and on an average day its census in hospice and home care combined is about 400 patients. From the beginning of the outbreak at the end of March, Ms. Taylor said the agency has treated about 100 COVID patients, half at the hospice house and half at their homes.

"It's a drop in the bucket when you look at Huntington Hospital," she said. "They ended up converting almost their whole hospital to COVID at one point but now they are able to open up some normal functioning units again and they are doing surgeries."

Ms. Taylor said there have been three components for VNSHS to address during the COVID-19 crisis, 1) protect its office staff at the 505 Main Street headquarters, 2) modify policies and procedures for home health care clinicians and their patients, and 3) retrofit the eight-bed hospice house on Laurel Road in East Northport to support the

hospital.

"It started slowly and then grew exponentially as far as what we had to deal with," she said. "It's ever evolving and it's not gone. That's what we have to address moving forward, that it's not gone."

"I describe us as being in a holding pattern. We're in a good place with supplies, we're in a good place with education, we're in a good place with staff. We've actually been able to hire some nurses in the midst of all of this. They were planned ahead of time, but they still came on," she said. "We're all in this together. There are families we are hoping to help and there are the families of our employees and volunteers who we are trying to keep safe. So there are a lot of things we put into place."

### Hospice House

Ms. Taylor said early on Huntington Hospital began sending COVID patients to the hospice house. "They sent the patients who were not going to survive because they needed the space to bring more patients in. They

were overwhelmed," she said. "That's when we really jumped, because we weren't prepared from an infection control perspective to do that. We only have eight beds anyway, so it was like a drop in the bucket compared to what they needed but to them it didn't matter. It was still an avenue."

Ms. Taylor said it was a challenge to ready the hospice house for admission of COVID patients and still keep non-COVID patients safe. April 4 the heating, ventilation and air conditioning system was converted to negative pressure in four of the eight rooms which enabled them to be used for COVID patients with no impact to the rest of the facility. "And we did it lickety-split," she said.

Two rooms were converted first and as soon as the work was completed they took in two COVID patients and they both died within two days. "That's how this happened. It was just like a whirlwind. And when we realized the turnover was going to be such that it  
*(Continued on page 18)*

# Home health care, hospice evolved with COVID crisis

*(Continued from page 2)*

was we decided to add two more rooms," Ms. Taylor said.

In addition, visitation to the hospice house was also minimized to one visitor per patient. Also, there was limited access to general areas and visitors were required to stay only in the patient's room. "We were just trying to minimize the exposure risk," she said. They also started screening visitors to the facility by taking their temperatures and checking them for symptoms and if there was anything problematic they were not allowed in.

"So there was just general precautions to keep everybody safe," she said.

Ms. Taylor said the hospice house was not under orders from the governor to take COVID patients but did so to cooperate with the mission to meet the demand presented by the pandemic. She said the hospice house attempted to fill the need of the hospital and local group residency facilities.

"We didn't have to do it and in our case we didn't want to take any unnecessary risks to either our employees or the hospice patients who aren't COVID, so it was really a delicate balance," she said.

According to Ms. Taylor the demand has subsided from the peak of the COVID outbreak in April, but there is still a constant need for the hospice beds both from the hospital and from the community. "Either they are going home or they are going to rehabilitation facilities," she said.

## Home care

As for the home care nurses and clinicians, Ms. Taylor said the agency had to gear up with personal protective equipment (PPE). "We have been very successful in being able to do that, gratefully, because the people who are making the home visits or who are in the hospice house are at the greatest risk and we have to protect them," she said.

Ms. Taylor said the agency has accessed multiple sources of PPE, including purchasing the supplies from a variety of vendors, including Amazon, and receiving donations from the community. "We have been very successful in keeping our supply up and we maintain an inventory on our computer so we know where we stand and don't run out."

In addition, there had to be extra training about the virus. "We always practice infection control and we had to beef it up with all of the staff to make sure they were practicing good infection control," she said. "Typically in the home we haven't had to use as much

protective gear as we have to during this crisis."

"There are guidelines that have been published from the CDC on how we should screen patients coming in to know what the risks are and anyone who was identified from the very beginning as COVID patients, or what they refer to as person under investigation or suspected, we would treat as if they were a positive case. And in those cases we would use full gear, gowns, gloves, masks, everything, even going into the patients home," Ms. Taylor said.

The training entailed making sure everyone followed the guidelines safely. "It's not just a matter of putting on a gown but also being mindful of how you might contaminate yourself going through all of these processes," Ms. Taylor said. "So in addition to getting adequate PPE we also provided more education for the staff."

## Computer care

VNS also added to its services the ability to conduct virtual visits, which they had been doing prior to the virus through its telemedicine program. They use an iPad modified for the particular program that they put in the patients home and the clinician can do a FaceTime visit with the patient.

Before COVID-19 the VNS telemedicine program was limited to 30 users, so to expand that service virtual visits also began being conducted on Microsoft Team. All of the computer platforms are security protected and confidential.

"So from intake we have been setting it up with families that have a device or are capable of doing this," she said. "We did that especially in the beginning when patients were still in the 14-day quarantine period, or they were newly diagnosed, or we didn't even know if they were confirmed and we wanted to be extra careful, especially when it came to making home visits."

Nurses in the field have also been provided with additional equipment to measure the oxygen level of their COVID patients because they have comprised pulmonary function. They also bought more breathing devices to help improve pulmonary capability and they bought more thermometers to give to families because some people don't have them and they were in short supply in the beginning in pharmacies locally. Finally, she said VNS also provided PPE to some patients so they could receive visits from family members safely.

"So that in combination with the virtual visits has

helped us a lot in the field," Ms. Taylor said.

The virtual visits allowed VNS to visit less frequently and still remain in touch with patient and families. "So that was reassuring."

"Things are starting to pick up again now because people are coming home to recover," Ms. Taylor said. "There are still new COVID cases of course, and the other factor that has influenced the increase in patients is that people had been fearful about going to the emergency room because they don't want to be at greater risk."

"Now things are starting to open up. They are loosening up the visiting and elective surgeries at the hospital so we are starting to see our case load shift back to what it normally was, especially as it relates to the surgeries that are being done."

Ms. Taylor said that physical therapy is something the agency has seen an increased need for in terms of the COVID patients. "They are very debilitated. Besides having compromised pulmonary issues, they are very weak. So we have tried to be sensitive to the need for more therapy to help them."

## Headquarters

Ms. Taylor said that as the virus began escalating, the support staff from the Main Street office began to work from home. "Everything we do is computerized. Even the patient clinical information is computerized. Also all of the processes for support, the admissions, the billing, everything that keeps the place running. We are freestanding and we still have to operate and pay payroll and so on and all of that was able to be facilitated by people working from home," she said.

Now that the virus is subsiding in the region, Ms. Taylor said the agency is implementing a gradual plan of returning employees to the workplace. "We are an essential business so we didn't have to do that but we did it as an extra precaution to protect our staff as well. Everyone, as you can appreciate, was so fearful in the beginning and still, rightfully so, we have to be cautious ongoing. But we have learned a lot," she said.

"We have a terrific IT staff that has been tremendously supportive."

All VNS nurses and clinicians have worked with iPads in the field prior to the COVID outbreak. "So they are used to working on the go, and they put all of the documentation of their patients' visits on the computer." She said the home health aides are also documenting visits on tablets.



**A Visiting Nurse Service clinician with one of her patients.**

"So none of the clinicians from the beginning have had to come into the office, but what we expedited for them was institute Microsoft Team, a software package to have remote meetings online which they have had regularly with the staff.

"So that has kept us in touch with each other and communicating and it has been a wonderful thing."

Ms. Taylor said that on a normal day prior to the virus there were usually about 40 people working at the office on Main Street. About 10 to 12 people on average have been working remotely from home to carry out all of the basic business operations. She said from home they can access their office computers. "It's a beautiful thing. It's as if they are sitting at their desk," she said. "We are getting to the point, though, that this is not the norm and people are actually missing the workplace if you can believe it."

She said the remote work is a good alternative but that it is not as efficient in the long run for an everyday operation. "So we would like to bring it back," she said.

Ms. Taylor said the VNS plan is to start June 1 reopening at half staff and then taking it from there. "So I'm expecting no more than 20 people in the beginning at any given time, she said.

The agency has ordered an infrared thermometer device to check everyone's temperature as they enter the building. "We don't want anyone working with even a cold, let alone with COVID," she said.

There will also be PPE available at the door at both the Main Street office building

and the hospice house. Everyone will be required to wear a mask inside either facility, which has been the rule at the hospice house.

"We're putting in rules for social distancing, we're putting in rules for no more than two people in the bathroom at one time," she said. "Really nitty-gritty stuff that allows us to keep a distance to keep people safe."

"The problem is that you don't know in an office situation where people are coming from and you don't know if they are practicing social distancing at home or with other outside people and that is where the risk is coming from, she said. "If the same people are coming to the office every day and they have just been with their family and not going anywhere else that's all fine, but that's not what's happening. So we are taking extra precautions."

She said the employees are being advised to not have get together with other people when they are not at home and when they are not working. "We can't control it obviously," she said, adding that a webinar on the subject recommended that employers track their workers on Facebook to see where they have been going, but that VNS is not going to go to that extreme.

"How far can you go?" she asked. "We just need people to be aware and sensitive to what they are doing and to be safe, that's all."

## Overview

Ms. Taylor said it has been only two months but the change in operation has been incredible. "Not only in the process of the course of what we are experiencing with the

*(Continued on next page)*

*(Continued from previous page)* disease itself and the infection rate and so on, but also with the recommendations that come out of CDC and the directives that are coming from the health department.”

“Now there is a lot of focus on the nursing homes because of the number of deaths that have occurred in group settings.” She said the VNS clinicians donning full PPE go into those facilities to treat patients and as the rules change for them they are doing more testing.

Early on, Mr. Taylor said testing was an issue. She said now it is becoming more readily available and it is not the issue that it was.

“In our case, even as far as employees are concerned, we have the ability not to start testing now for antibodies even amongst our employees.”

“This affected everybody. We had people who were out sick, and we had people who self quarantined because they were in contact with people who were COVID positive. So our own staffing has been a revolving door of people who have been on quarantine and off quarantine.”

She said over the course of the two months of the COVID outbreak, VNS has had about 40 people out for different periods of time on quarantine. She said all but four of those people are now back at work. “So that presented a challenge for the managers to schedule appropriately,” she said.

**COVID cases**

Ms. Taylor said the increase in COVID cases for the agency was extremely fast. She said the office staff began working from home March 20. “So we were already starting to see it coming, but then it was like a tornado it was coming so fast,” she said. “In the very beginning we were focused on protecting our staff and we were not seeing it in the referrals. But by the end of March we were getting requests.”

Ms. Taylor said a lot of hospice house employees have been tested for antibodies to determine if they had been infected and were asymptomatic and they all came back negative. “To me that is reassurance that using the proper protective equipment and also good practice of hand washing and everything that go with it, they have been protecting themselves from getting sick,” she said, an example of why wearing masks in public is important.

**Reopening**

“Talking about opening in the community at large is a much bigger problem,” Ms. Taylor said, adding that a lot of people refuse to wear masks. “It depends on how well people follow the guidelines.”

She said people should be following the guidelines of the CDC if reopening is going to

be successful. “I would say if we can follow any guidance that is being given, that’s what we should all be doing,” she said. “We also have to follow the markers, and if things do start going back up you can’t ignore that and you have to watch them day by day.”

“All of us want to get back to as close as we can to normal but it is different now and we have to try to help each other in the community to adjust to this change,” she said.

**Conclusion**

“We are seeing things shift in health care,” Ms. Taylor said.

She explained that in the hierarchy home care has been seen as an adjunct to health care but now hospitals are being seen as

an essential service that we all need desperately with the finest possible treatment and interventions. “But the home has become the focus and people want to be at home and that’s what we are here to support. So even we, as a home care organization, have to look more in terms of how we are supporting that and providing people with education about how to live healthy lives and take care of their medical condition after they have been in the hospital.”

“It is no longer a pecking order. It is a resource unto itself for people to have quality in their lives,” she said. “People don’t want to go to hospitals. We’ve learned that, especially when they see



Health care workers at the hospice house in East Northport don personal protective equipment (PPE) to care for their patients.

them as places of risk instead of places for care. But they are places for care and they are places for specialty care and we need them desperately. So we need to work together.”

“This lasts and lingers longer than people want or expect,” she said. “They are not back to speed as with the normal flu. This is not the normal flu.”



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## Editorials & comments

# Remember why we have to wear masks

There are tremendous struggles ahead for many local businesses and for those individuals hit hardest by the extreme measures imposed by the government to stop the spread of the deadly coronavirus (COVID-19), but it feels a lot better coming out the other side of this than it did going in.

Remember that horror in March when the coronavirus was ramping up, when people were starting to be rushed to the hospital, when the virus was spreading, when there were the first reports of people dying then the reports of people we know who have died from COVID-19...

Remember when they told us that it was in our best interest to close schools and when the schools were ordered to remain closed for the rest of the academic year, and when they closed businesses, shut down the economy, discontinued the normal functions of government, and told us to stay home...

Remember when the hospitals were becoming overwhelmed with COVID patients and almost every inch of every one of them had to be converted to treat virus victims, when health care workers, first responders and essential workers on the front lines were in the fight of their lives, when people once pursuing productive careers and working hard at their jobs began lining up for food, and when there was no sign of a light at the end of the tunnel...

Remember where we have been as we get the economy back up and running, government functioning, businesses reopened, and as we set out on the road to recovery, because if we don't, that's where we will be once more. It was such a dark and desperate time that to go back there would be traumatic and likely even more painful to many of us than the first time through...

Remember how dark and desperate a time it was because that might help us avoid going back there, which would be horrible. A rebound of the coronavirus outbreak will be the death knell for many small businesses in our community and it will be a devastating blow to the people among us who have been left in dire straits...

Remember what we have been told about how we can all be part of the solution and how simple that is, first and foremost to wear a mask. Some people are doing it but not everyone, and that's a shame. Governor Andrew Cuomo, like it or not, has led us in the battle against this deadly virus and now he is imploring us to wear masks. Many people have heeded his call, but there is a large population of people who refuse—"if the commander in chief isn't going to wear a mask neither am I." Those are the people who will throw us back into that COVID-19 abyss, so be smarter than that and wear a mask. (Imagine what a positive impact it would have if the president would lead by example and wear a mask

as the governor is doing.)...

Remember the other guidance and how simple that is. Wash your hands regularly, isolate if you have cold or flu symptoms, social distance from others, sneeze into something, the crook of your elbow if nothing else is available, and wash your hands again. It's actually hard to believe how simple those precautions are compared to the death and destruction that will occur if they are not followed....

Remember as we enter phase one of the reopening of our local economy that we are all in this together. As we emerge from this dark and deadly period let's deal with the difficult issues we are sure to face with civility and decorum. And let's try to help one another along as best we can. Shop locally and, now more than ever, have a sense of community. Support those in the most need in whatever way you can, patronize shops, restaurants, stores, and service professionals in your community...

Remember, finally, that this is only phase one of

the reopening and that there is still a long way to go. Economic recovery cannot be complete and will not be successful without our bars and restaurants, our theaters and galleries, our gyms and houses of worship, and without our public schools all reopened and in full swing. To fully recover from the coronavirus we have to make it to the fourth and final phase, up and running as we had been before....

Wednesday, May 27 marks the turning point in the battle against the coronavirus, a day when the phased-in reopening of our economy gets underway. If we remember the road we have traveled, the things we have to do, and the support that we will all need from one another, this will be the day that we put this dreaded disease behind us. It will continue to lurk out there and none of us are safe until there is a cure—a COVID-19 vaccine—but it is certainly a better feeling to be on the downside of this than it was to be falling into the darkness.

Remember?

## Letters from our readers

### Work in progress...

Editor, The NEWS:

We at Visiting Nurse Service & Hospice of Suffolk (VNSHS) are learning together to navigate the uncertain course of the COVID-19 crisis, and we seek to help all deal with its impact through prevention, care of those infected, and recovery to maximum health. In the past 2 short months we adjusted to rapidly changing albeit often conflicting information with enhanced care practices to meet the demand for home care among our neighbors hospitalized with active infection. We protected our staff with adequate Personal Protective Equipment such as masks, gloves and gowns, reinforced infection control practices, and augmented home visits with virtual visits that afforded the protected equivalent of a "face time" encounter with a patient and their family. Once COVID incidence grew to the point where hospital beds were filled with COVID patients VNSHS saw an increase of referrals from local physicians and patients themselves, bypassing the hospital emergency rooms where they feared exposure to the virus that put already compromised health at increased risk. The focus of referrals to VNSHS from hospitals increased for after care of COVID patients discharged post hospital stay or directly from the emergency room having not been admitted at all.

In the absence of effective treatment or a vaccine, our goal is to provide supportive care from prevention to recovery. For people who have been sick with the virus we teach breathing exercises with incentive spirometers to improve compromised lung function, review medications that may include addition of blood thinners, check temperature as a symptom of recurring infection, administer oxygen in concert with monitoring O2 saturation, supply physical therapy to improve muscle strength and overall function of weakened conditions, offer CDC based information about the virus, and instruct all for safe care in the home.

With schools and businesses closed over the past two months, spread of the virus has been contained as reflected in data of declining new cases, hospitalizations, and deaths reported daily, to the point where we now begin to cautiously lift "stay at home" directives. Testing is more available to enable contact tracing of new cases, and in the absence of an effective treatment or vaccine, our most effective tools lie in best infection control practices.

At VNSHS we have been on the "front lines" in high risk environments interacting directly with positive COVID persons or those whose infection might be pre-symptomatic, but we also have been practicing meticulous infection control using full Personal Protective Equipment that always includes

a mask. Having antibody tested many of our own employees, our focused sample revealed that only those who initially tested positive COVID themselves later tested positive for antibodies once recovered. The tests of the remaining majority of VNSHS employees who were never COVID positive or sick at all revealed no antibodies present. This is a message to all - our experience of not contracting COVID even in the absence of antibodies is a testament to the effectiveness of the only protective tool we have to date. As you venture out in the days ahead, I can only encourage all to practice personal best infection control and keep social distance, and please, wear a mask.

Linda Taylor  
Chief Executive Officer

Visiting Nurse Service & Hospice House of Suffolk

### Thank you...

Editor, The Observer:

On behalf of the Incorporated Village of Northport, Mayor McMullen, the Board of Trustees, Fire and Police Departments, residents, and the surrounding community we serve, we would like to express our sincerest appreciation for the brave and courageous work you do to keep us safe!

As you know, in 1974, President Gerald Ford authorized EMS Week to celebrate EMS staff and the important work they do in our nation's communities. The third week of May was designated and this year marks the 46th annual National EMS Week. Each day of this important week has a designated theme that represents the diverse nature of Emergency Medical Services. Friday May 22 was EMS Recognition Day. We recognize each of you, your selfless contributions, and the extremely vital role you assume as practitioners who safeguard the health, safety, and wellbeing of Northport.

EMS Week has even more significance this year because as emergency medical personnel, you are first on scene to the COVID-19 pandemic, making your work more demanding than ever. You continue as consummate professionals who are on the front lines of this crisis; planning, adapting, responding, and rallying to support those affected by this virus, all while still responding to the everyday emergencies. Thank you all for your selfless dedication and extraordinary efforts.

No one better represents the resiliency of Northport Village better than our first responders. We are humbled by your compassion to serve and the personal sacrifice you exhibit while assisting our citizens on their worst day. You are our everyday heroes. Our gratitude will never be enough.

We send our best wishes for the safety and health of all EMS personnel on the front lines.

The Incorporated Village of Northport

## The Observer

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