



Nassau County
Department of Human Services

Laura Curran
County Executive

Dr. Carolyn McCummings
Commissioner

THE HUMAN TOUCH

Volume 3

Issue 2

IN THIS ISSUE

Coronavirus pandemic taking much bigger mental health toll on young adults compared to older adults, survey finds

By The Associated Press



The coronavirus pandemic has taken a harsh toll on the mental health of young Americans, according to a new poll. The survey finds adults under 35 are especially likely to report negative feelings or experience physical or emotional symptoms associated with stress and anxiety. A majority of Americans ages 18 through 34 — 56% — say they have at least sometimes felt isolated in the past month, compared with about 4 in 10 older Americans, according to the latest COVID Response Tracking Study conducted by NORC at the University of Chicago. Twenty-five percent of young adults rate their mental health as fair or poor, compared with 13% of older adults, while 56% of older adults say their mental health is excellent or very good, compared with just 39% of young adults.

In the midst of the pandemic, young adults are navigating life transitions such as starting college and finding jobs, all without being able to experience normal social activities that might be especially essential for people who are less likely to have already married and started their own families. Some young people are just beginning their adult lives amid a

recession, and older members of the group are already experiencing their second. Christina Torres, 32, a middle school teacher in Honolulu, had to postpone her June wedding and was not able to travel to her grandmother's funeral in California because of the pandemic. She misses being able to deal with stress by going to the gym and getting together with friends. "And so it's hard to not feel really hopeless sometimes, especially because the numbers keep going up," she said. The study found that younger Americans also consistently show higher rates of psychosomatic symptoms, like having trouble sleeping, getting headaches or crying, compared to

other age groups. The likelihood of experiencing such symptoms decreases with age. The results are surprising because people who are considered most at risk normally report more mental health symptoms, and older adults are more likely to become seriously ill from the coronavirus, said Tom Smith, who has directed NORC's General Social Survey since 1980. The numbers also contrast with stories about some younger people gathering for large parties, seemingly unafraid of the risk posed by the virus, he said. One possible explanation could be that young adults have less experience dealing with a public health crisis, said Smith, 71, who grew up being told not to play in the dirt because of the risk of contracting polio. "This experience facing a pandemic is completely new for most younger adults," he said. Torres thought some of the hardship her generation is experiencing now could be attributed to their lack of historical context, compared with her parents' generation. "So it kind of feels like, oh my God, can this get any worse? When is it going to get better?" she said. "It doesn't feel like it's going to get better." Young adults also face constant exposure to social media, which could make negative feelings about the virus even worse.

The survey found that frequently watching, reading or talking about the virus is consistently linked with higher rates of negative mental health symptoms. Wayne Evans, 18, a freshman at North Carolina State University studying remotely after being sent home because of virus cases at the school, said social media provided daily reminders of COVID-19. "In some ways social media has added to my stressors, yes. Just the information overload that's unavoidable on social media platforms can be distracting," he said. The survey found 67% of young adults, but just 50% of those older, say they have at least sometimes felt that they were unable to control the important things in life. And 55% of 18 to 34 year olds say they have felt difficulties piling up too high to overcome, compared with 33% of older adults. In Arizona, Desiree Eskridge, 17, decided to study remotely in California for her first year at Northern Arizona University partly because she did not want to risk spreading COVID-19 to her family, which is prone to sickness. She also worried she would get sick and have to pay back a student loan for a semester she could not finish on the campus. She did move into her grandparents' house so she could still be more on her own. She relies on friends who are living on campus and taking the same classes to explain things she did not quite understand during lectures and has to schedule extra Zoom appointments with her professors for additional help. "It's extremely stressful, but me being home makes it a little easier because I can do it all in my own time and my own space and I don't have to be in this new environment where I have to learn everything all over," she said.



Robotic cats help senior citizens ward off loneliness during COVID-19

Robotic cats are helping ease anxiety and loneliness among seniors during the ongoing COVID-19 lockdown. With these 21st century felines, there are no litter boxes to clean, vet bills to pay or food to purchase; these robotic cats only need an owner with an imagination, a welcoming lap and a battery. With family visitations to their loved ones in nursing and assisted living facilities curtailed nationwide in mid-March, many residents are experiencing increased feelings of isolation and anxiety. But families are finding robotic cats easing those feelings. Robotic animals are not a new concept. Various toy researchers and manufacturers have crafted a variety of animals, such as cats, dogs and even a seal pup. But though they have been around for years, their purpose and importance have dramatically shifted during the pandemic. They may still look like childhood toys, but their function has evolved, to include the roles of companion and therapy pet. "Quarantine fatigue, loneliness, sadness, inertia and isolation during the pandemic hits all of us, but it's especially hard among the elderly and even worse among those with dementia," said Florida State University College of Nursing professor and certified traumatologist Sally Karioth.



"One of the best finds for combating these feelings are robo-pets. The power of these little 'cuddlers' is stunning. Research finds they lower blood pressure, help keep folks active and raises serotonin levels, but most significantly they reduce feelings of grief and sadness,

and generally help boost positive mindsets.” “I used to stop by several times a week to see my mom and on Thursdays she always loved to beat me at Bingo,” said Christine Reker, whose 89-year-old mother, Judy Coleman, suffers from dementia and has lived in an assisted living facility in Tallahassee for several years. “But I haven’t been able to visit for months and Mom called me dozens of times each day saying she was alone and afraid.” Coleman had been living with her beloved pure white rescue cat, Caspar, but in early January the cat died. “For 14 years that cat was Mom’s constant companion,” Reker said. “It went everywhere with her and slept right on the bed with her at night and never left her side. Most days he snuggled right on her lap in her wheelchair.” Reker’s sister, Lisa Rogers, the home care coordinator at Givens Highland Farms Life Planned Community, a multi-complex senior community in North Carolina, had an idea. She had seen firsthand how robotic cats transformed the lives of her residents. In early spring, when their community began the lockdown, a local retired psychiatrist, Pat Campbell, having studied isolation and loneliness in the elderly, worried about the residents coping with social isolation during the COVID-19 closures. Campbell’s mother was a resident at the Givens Estate facility, so she donated more than 65 cats to distribute to the various Givens facilities residents, many with dementia and Alzheimer disease. “We immediately saw the difference in the residents,” Rogers said. “The cats brought comfort, joy and excitement to their new owners, who had been withdrawn and nervous.

“All of them bonded with the animals, reducing wandering and agitation. In addition, families experienced relief that their loved ones had a companion when they couldn’t be there.” “Being able to bond is so important and these pets offer something to love and care for each day,” added Karioth. “We can’t change the shutdown right now, but we can improve the human condition by using all means to soften the way.” In hopes of bringing back that sense of companionship to her mom, Reker ordered her a robotic cat. One company catalog featured three design options, including an orange striped tabby and a black and white tuxedo version.

Reker selected a long haired white and gray one, closely resembling her mom’s former cat. During a “Healing Hearts Visit,” when Reker could see her mom through a glass window and talk with her via her mobile phone, the caregiver presented her mom with the gift. The robotic cat was an instant hit and immediately took the spot Caspar had inhabited for more than a decade. Her mother was thrilled and straight away named the cat Silver. Soon afterwards, Coleman pulled out the brush that comes with the pet and during the entire 15-minute visit stroked the cat.



The lifelike fur has sensors, so as Coleman brushed and talked, the cat purred and meowed and listened. “It was like night and day; there was a huge smile on Mom’s face,” Reker said. “I haven’t had a single call in the weeks since Silver joined the family.” After seeing the success with her mom, Reker donated two more cats to Tapestry Senior Living Lakeshore. Rather than giving directly to a single resident, the administrators decided to let everyone enjoy them. Anyone who needs a furry friend can share a cat companion even giving him a new name. The same cat is often called Mittens, Charlie, Brownie and Cookie depending on whose lap he is perched on. “The very first time I introduced the cats, I had a wonderful reaction and many residents told us about how they had a cat when they were little that looked just like it, ” explains Andrea Prather, memory care director at Tapestry Senior Living Lakeshore. “The cats sparked conversations between staff and residents. It was great to see.” With a serious tone and Cheshire Cat smile, Prather added, “Being a huge animal lover myself, I know how it feels to feel the love for an animal and how special it is. The love of the resident (for) these cats is ‘purrrrr-fect.’ ”



Vaping linked to COVID-19 risk in teens and young adults

Data collected in May shows that teenagers and young adults who vape face a much higher risk of COVID-19 than their peers who do not vape, Stanford researchers found.



Vaping is linked to a substantially increased risk of COVID-19 among teenagers and young adults, according to a new study led by researchers at the Stanford University School of Medicine. The study, which was published online Aug. 11 in the *Journal of Adolescent Health*, is the first to examine connections between youth vaping and COVID-19 using U.S. population-based data collected during the pandemic. Among young people who were tested for the virus that causes COVID-19, the research found that those who vaped were five to seven times more likely to be infected than those who did not use e-cigarettes. “Teens and young adults need to know that if you use e-cigarettes, you are likely at immediate risk of COVID-19 because you are damaging your lungs,” said the study’s senior author, Bonnie Halpern-Felsher, PhD, professor of pediatrics.

‘Not just a small increase in risk’

“Young people may believe their age protects them from contracting the virus or that they will not experience symptoms

of COVID-19, but the data show this isn’t true among those who vape,” said the study’s lead author, postdoctoral scholar Shivani Mathur Gaiha, PhD. “This study tells us pretty clearly that youth who are using vapes or are dual-using [e-cigarettes and cigarettes] are at elevated risk, and it’s not just a small increase in risk; it’s a big one,” Gaiha said. Data were collected via online surveys conducted in May. Surveys were completed by 4,351 participants ages 13 to 24 who lived in all 50 U.S. states, the District of Columbia and three U.S. territories. The researchers recruited a sample of participants that was evenly divided between those who had used e-cigarettes and those who had never used nicotine products. The sample also included approximately equal numbers of people in different age groups (adolescent, young adult and adult), races and genders. Participants answered questions about whether they had ever used vaping devices or combustible cigarettes, as well as whether they had vaped or smoked in the past 30 days. They were asked if they had experienced COVID-19 symptoms, received a test for COVID-19 or received a positive diagnosis of COVID-19 after being tested.

Results adjusted for confounding factors

The results were adjusted for confounding factors such as age, sex, LGBTQ status, race/ethnicity, mother’s level of education, body mass index, compliance with shelter-in-place orders, rate of COVID-19 diagnosis in the states where the participants were residing, and state and regional trends in e-cigarette use. Young people who had used both cigarettes and e-cigarettes in the previous 30 days were almost five times as likely to experience COVID-19 symptoms, such as coughing, fever, tiredness and difficulty breathing as those who never smoked or vaped. This may explain why they were also more likely to receive COVID-19 testing, said Halpern-Felsher, especially given that in May, many regions limited COVID-19 testing to people with symptoms. Depending on which nicotine products they used and how recently they had used them, young people who vaped or smoked, or both, were 2.6 to nine times more likely to receive COVID-19 tests than nonusers. Among the participants who were tested for COVID-19, those who had ever used e-cigarettes were five times more likely to be diagnosed with COVID-19 than nonusers. Those who had used both e-cigarettes and conventional cigarettes in the previous 30 days were 6.8 times more likely to be diagnosed with the disease. The researchers did not find a connection between COVID-19 diagnosis and smoking conventional cigarettes alone, perhaps because the prevalent pattern among youth is to use both vaping devices and traditional cigarettes. Other research has shown that nearly all nicotine-using youth vape, and some also smoke cigarettes, but very few use cigarettes only, Halpern-Felsher said.

‘Now is the time’

In line with other recent COVID-19 research, the study found that lower socioeconomic status and Hispanic or multiracial ethnicity were linked to a higher risk of being diagnosed with the disease. In addition to warning teenagers and young adults about the dangers

of vaping, the researchers hope their findings will prompt the Food and Drug Administration to further tighten regulations governing how vaping products are sold to young people. "Now is the time," Halpern-Felsher said. "We need the FDA to hurry up and regulate these products. And we need to tell everyone: If you are a vaper, you are putting yourself at risk for COVID-19 and other lung disease." A statistician at the University of California, San Francisco also contributed to the research, which was funded by the Taube Research Faculty Scholar Endowment; the National Heart, Lung and Blood Institute (grant U54 HL147127); and the Food and Drug Administration Center for Tobacco Products.



Clinical Challenges: MS and COVID-19

— Evidence so far is reassuring, but vaccine response remains an open question

by Mike Bassett



The onset of the COVID-19 pandemic affected all aspects of medical care, including the management of multiple sclerosis (MS). "There was some concern about the disease itself increasing the susceptibility, or the risk of complications, from COVID-19," Gabriel Pardo, MD, director of the Oklahoma Medical Research Foundation Multiple Sclerosis Center of Excellence, told MedPage Today. "And by extension there were concerns about the different medications we use because they have an effect on the immune system." "So there were a lot of different recommendations given by institutions and organizations," said Pardo. However, as described in these guidelines published by the Consortium of Multiple Sclerosis Centers, the differences among these recommendations created some confusion. The problem, according to Joseph Berger, MD, an MS specialist at the University of Pennsylvania's Perelman School of Medicine in Philadelphia, is "that we really had no hard data on how the disease itself would be affected by MS, and how MS would be affected by COVID.

And more importantly, how people on disease-modifying therapies (DMTs) would respond to COVID, and whether it would

increase the morbidity and mortality of COVID." One response, Pardo explained, was a concerted effort on the part of the MS field to set up registries of patients living with MS who were infected with COVID-19. For example, COViMS (COVID-19 Infections in MS & Related Diseases) is a joint effort by the National MS Society, Consortium of MS Centers, and Multiple Sclerosis Society of Canada to capture information on outcomes of people with MS and other central nervous system demyelinating diseases who have developed COVID-19. "So far, and this is an evolving concept, it has been very reassuring that we do not have clear evidence that our MS patients are at increased risk for developing the infection or developing complications," said Pardo. "They seem to have the same risk as the general population, with comorbidities playing the same sort of role." In a study published in the *Lancet Neurology*, Italian researchers evaluated 232 MS patients who had either tested positive for COVID-19 or were suspected of having the infection. Most of these patients (96%) had either mild or no pneumonia. The infection was considered severe in four people, and critical (defined as respiratory failure, septic shock, and multiple organ dysfunction or failure, and were hospitalized in an intensive care unit) in six patients. Of those six critical patients, one recovered and five (2%) died. Those patients tended to have comorbidities, higher disability, and/or were age 50 or older. And a French cohort study of 347 patients with MS published in *JAMA Neurology* found that risk factors for severe forms of COVID-19 were neurological disability, age, and obesity (with patients with high Expanded Disability Status Scale (EDSS) and older age at highest risk of severe COVID-19), but that there was no association between DMT exposure and COVID-19 severity. Berger, along with UPenn colleagues Rachel Brandstadter, MD, and Amit Bar-Or, MD, published a review of the current state of knowledge regarding the effect of MS DMTs on COVID-19 illness. Anecdotal reports suggested that "patients with MS, including those on commonly used DMTs, are at no higher risk of contracting symptomatic SARS-CoV-2 viral infection, nor at a higher risk of severe COVID-19 complications, compared with the population at large," the group wrote. Berger said that there was particular concern about drugs such as alemtuzumab (Lemtrada) or cladribine (Mavenclad), which are classified as immune reconstitution therapies. "But with respect to other [DMTs] we didn't think there was likely to be a significant problem," Berger told MedPage Today. "And our own practice was not to change anything when managing these patients. We have kept our own registry and our initial thoughts have been borne out, which is that there does not appear to be a significant effect either on morbidity or mortality with respect to the disease-modifying therapies we employ -- and that includes cladribine. We have people that we have started on cladribine, and have been on cladribine,

and have developed COVID, and they've done well, and the large registries seem to bear this out." "The people who have had a significant problem with respect to COVID-19, and who have MS, are, for the most part, older individuals, with multiple comorbidities that increase the risk of COVID morbidity and mortality, and quite often are not on any therapy whatsoever, and are disabled as a consequence of their disease," he added. Most have EDSS scores of 6 or more, he noted, meaning their ambulation is affected. Berger suggested that some of these DMTs could even have a "salutary" effect by limiting the aggressive immune response that causes the most severe complications associated with COVID-19. For example, fingolimod (Gilenya) is being tested as a treatment for acute respiratory distress in COVID patients. In their report, Berger and his colleagues recommended that most patients with MS continue on their DMT, "particularly those on platform therapy for whom the risk of SARS-CoV-2 infection and COVID-19 is minimal." They added that treatment decisions should be tailored to individual patients, particularly for those with increased risk of either acquiring infection or with serious COVID-19 complications. The onset of the COVID-19 pandemic affected all aspects of medical care, including the management of multiple sclerosis (MS). "There was some concern about the disease itself increasing the susceptibility, or the risk of complications, from COVID-19," Gabriel Pardo, MD, director of the Oklahoma Medical Research Foundation Multiple Sclerosis Center of Excellence, told MedPage Today. "And by extension there were concerns about the different medications we use because they have an effect on the immune system." "So there were a lot of different recommendations given by institutions and organizations," said Pardo. However, as described in these guidelines published by the Consortium of Multiple Sclerosis Centers, the differences among these recommendations created some confusion. The problem, according to Joseph Berger, MD, an MS specialist at the University of Pennsylvania's Perelman School of Medicine in Philadelphia, is "that we really had no hard data on how the disease itself would be affected by MS, and how MS would be affected by COVID. And more importantly, how people on disease-modifying therapies (DMTs) would respond to COVID, and whether it would increase the morbidity and mortality of COVID."

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They added that treatment decisions should be tailored to individual patients, particularly for those with increased risk of either acquiring infection or with serious COVID-19 complications. In its treatment guidelines, the National Multiple Sclerosis Society recommended that DMT decisions should be individualized and made collaboratively between MS patients and their care providers; that discussions between patient and provider should include a consideration of disease factors, risks and benefits of the DMT, and risks associated with COVID-19; and that persons with MS currently taking DMTs should continue treatment. One question that remains to be answered, said Pardo, is how patients with MS will respond to a potential vaccine. "Will the fact that they are on different medications affect the immune system and blunt the ability to mount an appropriate response to the vaccine, or decrease it?" he said. "We don't know that quite yet." Berger agreed that diminished vaccine response might occur "with some of the drugs we use like the anti-CD20 monoclonal antibodies, and perhaps with others as well. It may be that those in our MS

population on these drugs might need more than one dose of the vaccine, and that the antibody response will need to be monitored to ensure that it is adequate." He also noted that clinicians have traditionally advised MS patients on DMTs to avoid live virus vaccines of any kind. But, he said, "it looks like there are very few live virus vaccines in development, and those under development in the U.S., to the best of my understanding, are not live virus vaccines. So any of those vaccines should be fine in the MS population regardless of the disease-modifying therapy they are on."

Disclosures

Berger serves as a consultant and/or on the PML adjudication committees of Novartis and Takeda/Millennium. He also serves on the scientific advisory board of Excision Bio and Inhibikase. He is chair of the Data Safety Monitoring Board for MAPI.

Pardo has received personal compensation for consulting, serving on a scientific advisory board, speaking, or other activities for Alexion, Biogen, Celgene, EMD Serono, Roche/Genentech, Novartis, and Sanofi Genzyme.

Governor Cuomo Announces 38th Straight Day With COVID-19 Infection Rate Below 1 Percent



Governor Andrew M. Cuomo today announced that New York State's COVID-19 infection rate has been below 1 percent for 38 straight days. Yesterday, 0.92 of test results reported to New York State were positive. The number of new cases, percentage of tests that were positive and many other helpful data points are always available at forward.ny.gov. "New York's government sets the tone for the state's response to COVID-19, but New Yorkers drive it home. We can defeat this virus and create a better future, but we need New Yorkers to wear masks, socially distance and wash their hands as local governments enforce state guidance," Governor Cuomo said. "There's no doubt that we've made progress, but this is not over yet. By staying New York Tough, we'll get through this together." Yesterday, the State Liquor Authority and State Police Task Force visited 1,018 establishments in New York City and Long Island and observed 8 establishments that were not in compliance with state requirements.

A county breakdown of yesterday's observed violations is below:

Manhattan - 1

Queens - 2

Nassau - 5

Today's data is summarized briefly below:

Patient Hospitalization - 464 (+0)

Patients Newly Admitted - 43

Hospital Counties - 33

Number ICU - 143 (+12)

Number ICU with Intubation - 59 (+5)

Total Discharges - 75,814 (+47)

Deaths - 4

Total Deaths - 25,394



LAURA CURRAN
COUNTY EXECUTIVE



NASSAU COUNTY
OFFICE OF
HISPANIC AFFAIRS

AMY FLORES
EXECUTIVE DIRECTOR



PSEG Long Island to Reimburse Customers for Food and Medicines Spoiled During Tropical Storm Isaias

PSEG Long Island will reimburse **residential customers up to \$250 for food spoilage** and **commercial customers up to \$5,000** if their service was *interrupted for 72 hours* or more because of Tropical Storm Isaias.

Separately, customers will be reimbursed for losses, of up to a **maximum of \$300, for prescription medications** that spoiled due to lack of refrigeration.

DEADLINE TO FILE CLAIM: SEPTEMBER 30TH

 @NCExecutive @NCHispanicAffairs
  @CountyExecutiveCurran @NCHispanicAffairs
  @NassauExecutive @NassauCountyOHA

LAURA CURRAN
COUNTY EXECUTIVE



NASSAU COUNTY
OFFICE OF
HISPANIC AFFAIRS

AMY FLORES
EXECUTIVE DIRECTOR



PSEG Long Island Reembolsará a los Clientes por Alimentos y Medicamentos malogrados durante Tormenta Tropical Isaias

PSEG Long Island reembolsará a los clientes **residenciales hasta \$250** y **clientes comerciales hasta \$5,000** por alimentos malogrados si su *servicio fue interrumpido por 72 horas* o más debido a la tormenta tropical Isaias.

Por separado, los clientes serán reembolsados por pérdidas, de hasta un **máximo de \$300, por medicamentos recetados** que se estropearon debido a la falta de refrigeración.

ULTIMO DIA PARA SU RECLAMO: 30 DE SEPTIEMBRE

 @NCExecutive @NCHispanicAffairs
  @CountyExecutiveCurran @NCHispanicAffairs
  @NassauExecutive @NassauCountyOHA





Support Services for Immigrant Communities NOW & After COVID-19

- How can I protect my family from COVID-19?
- Where can I get tested for COVID-19?
- How can I get medical care if I have no insurance?
- I am sad and anxious- what should I do?

FCA COVID-19 Crisis Helpline: 516-546-0357

Services

- Spanish and English Services Available
- Crisis Support Hotline
- Medical Advocacy and Guidance
- Support Services
- Translation Assistance
- Referrals for food, legal assistance and more!
- All services are free.

You Are Not Alone.

Contact FCA Today at 516-546-0357



31 Main Street, Hempstead, NY 11550
P: 516-485-4600

info@FCALL.org
FCALL.org

FamilyAndChildrensAssociation
@fca_daily @fca_daily



Servicios de Apoyo para las Comunidades Inmigrantes AHORA y después del coronavirus (COVID-19)

- ¿Cómo puedo proteger a mi familia del virus COVID-19?
- ¿Dónde puedo recibir pruebas para detectar COVID-19?
- ¿Cómo puedo obtener atención médica, si NO tengo seguro?
- ¿Estoy solo, triste y ansioso, ¿qué debo hacer?

LINEA DE AYUDA 516-546-0357

Lunes - Viernes de 9am - 5pm

Servicios bilingües:

- Línea de Ayuda de Crisis
- Guía e información de tratamiento médico
- Consejería y servicios de apoyo
- Asistencia para traducir información en inglés al español
- Referidos: Asistencia de alimentos, legal, y más.
- Todos los servicios son gratis

¡No están solos, FCA está aquí para ayudarte!



31 Main Street, Hempstead, NY 11550
P: 516-485-4600

info@FCALL.org
FCALL.org

FamilyAndChildrensAssociation
@fca_daily @fca_daily





LAURA CURRAN
NASSAU COUNTY EXECUTIVE

CORONAVIRUS/COVID-19 “KNOW YOUR RIGHTS”

DISCRIMINATION/HATE CRIMES

- County Executive Curran established an Anti-Hate Task Force, prior to COVID-19, to help protect our residents from discriminatory and hateful activities.
- Protections against discrimination under Nassau County and New York State law remain in effect during this crisis and extend to places of employment, in housing, and in “public accommodation” (such as restaurants, grocery stores, medical facilities).
- Acts of harassment and intimidation of our residents based on their ethnic backgrounds and or fears and stigma associated with COVID-19 will not be tolerated.

HOUSING/TENANT RIGHTS:

- The County Executive’s moratorium on evictions was adopted by Governor Cuomo and protects tenants from eviction for non-payment of rent through June 20, 2020.
- Landlords cannot discriminate against renters who have contracted the Coronavirus or live with someone who has, or because the landlord thinks a person may have had it.

- Landlords cannot treat you unfairly or differently because you are from or look like you are from a country where there has been a serious COVID-19 outbreak.

EMPLOYMENT AND PUBLIC ACCOMMODATION:

- Employers must be sure their policies and practices, including work from home policies, do not discriminate against or treat workers less well based on their protected status, such as race, national origin, citizenship, immigration status, and disability.
- It is illegal for staff at restaurants and other such establishments to kick someone out, refuse to serve, or otherwise treat any customer less well because of fears or stigma around COVID-19, including harassment or discrimination because of race, national origin or disability.

IMMIGRANT SERVICES:

- Residents can seek and receive medical care regardless of immigrant status or lack of health insurance.
- During the COVID-19 crisis the Federal Government has stopped immigration enforcement at or near health care facilities, including hospitals, clinics, urgent care, and doctors’ offices.

TO REPORT POSSIBLE CASES OF DISCRIMINATION/HARASSMENT

If you are threatened with physical harm, *please call 911 immediately.*

New York State Bias and Discrimination Hotline 1-888-392-3644
 Nassau County Human Rights Commission 516-571-3662

ADDITIONAL RESOURCES:

Nassau County Bar Association covidhelp@nassaubar.org or visit www.nassaubar.org
 Nassau County Office of Minority Affairs 516-572-2240
 Nassau County Office of Asian American Affairs 516-572-2245
 Nassau County Office of Hispanic Affairs 516-572-0750



For any information, please contact:
Carl DeHaney, MPA,
 Nassau County Department of Human Services
 P: (516) 227-8529
 F:(516) 227-7076
Carl.dehaney@hhsnassaucountyny.us

