

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL  
PRESERVATION COMMITTEE**  
Council of the County of Maui

**MINUTES**

**May 19, 2020**

**Online Only Via BlueJeans**

**CONVENE:** 1:35 p.m.

**PRESENT:** VOTING MEMBERS:

Councilmember Shane M. Sinenci, Chair  
Councilmember Tasha Kama, Vice-Chair  
Councilmember Kelly Takaya King  
Councilmember Alice L. Lee  
Councilmember Michael J. Molina  
Councilmember Tamara Paltin  
Councilmember Yuki Lei K. Sugimura

NON-VOTING MEMBERS:

Councilmember Keani N.W. Rawlins-Fernandez

**STAFF:**

Kasie Apo Takayama, Legislative Analyst  
Alison Stewart, Legislative Analyst  
Nicole Siegel, Legislative Analyst  
James Forrest, Legislative Attorney  
Clarita Balala, Committee Secretary  
Lenora Dineen, Council Services Assistant Clerk  
Jean Pokipala, Council Services Assistant Clerk

Gina Flammer, Executive Assistant to Councilmember Shane M. Sinenci  
Lei Kama Sickels, Executive Assistant to Councilmember Tasha Kama  
Kate Griffiths, Executive Assistant to Councilmember Kelly Takaya King  
Sarah Pajimola, Executive Assistant to Councilmember Keani N.W.  
Rawlins-Fernandez

**ADMIN.:**

Richelle Thomson, First Deputy Corporation Counsel, Department of the  
Corporation Counsel  
Stephanie Chen, Deputy Corporation Counsel, Department of the Corporation  
Counsel

**OTHERS:**

Wendy Shore (EACP-45)  
Dr. Lorin Pang, Maui District Health Office, State of Hawai'i (EACP-45)  
Michael Rembis, Chief Executive Officer, Maui Health System (EACP-45)  
Others (1)

**PRESS:**

*Akakū: Maui Community Television, Inc.*

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

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CHAIR SINENCI: . . . *(gavel)* . . . Will the EACP meeting, Environmental, Agricultural, and Cultural Preservation meeting please come to order. It's Tuesday, May 19<sup>th</sup> and it's 1:35 in the afternoon, and I'm Shane Sinenci your Committee Chair. Members, thank you for joining us this afternoon. But before we get started our office staff wanted to extend their condolences to the Kahaialii family on their loss today and also to all other `ohana that is...might be going through some tough times during this pandemic. So, we just wanted to extend our condolences to the families and everyone else out there so, thank you. Before we proceed may I please request that everyone disable their cell phones or anything around you that may cause noises. We've been very open to birds singing so, we're okay with that. And as you know our Council has been recognized for continued work remotely and to include testimony, open testimony so, we ask that all of our participants please be patient with us as we continue our local government business so, mahalo for joining us. Introductions today we have Pro Temp Tasha Kama and Committee Vice-Chair, aloha.

VICE-CHAIR KAMA: Aloha, Chair. Welcome back.

CHAIR SINENCI: Thanks for being here. We also have Councilmember Yuki Lei Sugimura from Upcountry, aloha.

COUNCILMEMBER SUGIMURA: . . . *(waves)* . . .

CHAIR SINENCI: Next we have Ms. Tamara Paltin from West Maui, aloha.

COUNCILMEMBER PALTIN: Yeah. Aloha kākou. Can you hear me?

CHAIR SINENCI: We can hear you. Next we have Councilmember Kelly Takaya King from South Maui.

COUNCILMEMBER KING: Aloha. Good afternoon everybody. Can you see me?

COUNCILMEMBER LEE: You look just like Bob.

COUNCILMEMBER KING: Thanks to my husband for lending me his computer. I think it's gonna work better. He's fixing mine while I'm doing this.

CHAIR SINENCI: Next we have Member Mike Molina. Aloha, Mr. Molina.

COUNCILMEMBER MOLINA: Aloha, Mr. Chairman, and on behalf of my singing birds blessings and greetings to you and my fellow colleagues, the public from beautiful Makawao.

CHAIR SINENCI: Thank you and that was a great meeting this morning and a quick one at that. So, thanks for that. And then we also have Council Chair Alice Lee. Aloha.

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

COUNCILMEMBER LEE: Aloha, Mr. Chair. In Taiwanese we say wu an. Wu an means good afternoon. And I just want to let you know that you won't hear too many noises from our house 'cause I've trained my cats to be very quiet. Thank you.

CHAIR SINENCI: Yeah. We don't want to take any cats over to the Molina house. None of that. Okay and then of course we've got the...our Council Vice-Chair Keani Rawlins-Fernandez joining us today so, thanks for being here this afternoon.

COUNCILMEMBER RAWLINS-FERNANDEZ: Aloha `auinalā, Chair. Mahalo, for allowing me to join today's meeting.

CHAIR SINENCI: Ai maika`i. You're welcome. And so, today we have and of course we have Member Hokama he's always welcome to join us if he so chooses. Today we have Dr. Lorrin Pang the Maui District Health Office State of Hawai'i. Dr. Lorrin Pang he's in our office, thanks for being here, Doctor. Also, later on in the meeting we're gonna have Mr. Rembis the Executive Officer from the Maui Health System. We did have scheduled Lieutenant Governor Josh Green, but we weren't able to reach him so, maybe at a later date we might have Lieutenant Governor on one of our meetings. For our Staff we have Ms. Kasie Apo Takayama, Ms. Alison Stewart, Ms. Nicole Siegel, Ms. Clarita Balala, Ms. Lei Dineen, and Ms. Jean Pokipala. Welcome everybody. Okay. So, today we've got a couple items EACP-45 the Effects of the Corona Virus Pandemic and we wanted to thank Chair Lee for putting this item on all of our Committee agendas so, that we can address some of the issues as we go through this pandemic together. We also have EACP-3, Wastewater Infrastructure Needs; EACP-10, Kihei Wastewater Reclamation Facility Grit System; EACP-14, Energy Efficiency Related Costs of the Kihei Wastewater Treatment Plant; EACP-18, Maui Lani Subdivision Waterline Easements; and EACP-19, A Grant from the University of Hawai'i for Coqui Frog Eradication. And don't get too excited a lot of this is just clean house items so that we wanted to address some of these issues earlier but we cancelled a couple of our earlier meetings. So, just like the first things we did during this stay at home order we want to clean house for the Committee too and what we did was we inventoried some of our resources, we kilo or throw away our non-essential items and then maybe rearrange the landscape and our households for better planning. So, that's what we're doing today. So, thank you guys for joining us. With that we'll go straight to testimony. We'll begin with public testimony, I guess I'll read the items. Oral testimony via phone or teleconference just in case people want to call in and provide testimony. Teleconference will be accepted. Testifiers wanting to provide video testimony should have joined the online meeting via the BlueJeans meeting link at bluejeans.com 840 546 502. Testifiers wanting to provide audio testimony should have participated via phone conference by dialing 1-408-915-6290 and entering the meeting code 840 546 502 also noted on today's agenda. Written testimony is highly encouraged by sending your comments to [eacp.committee@mauicounty.us](mailto:eacp.committee@mauicounty.us). Oral testimony is limited to three minutes per item and if you are still testifying beyond that time, I'll kindly ask to conclude your testimony. When testifying, please state your name, if you're testifying on behalf of any organization or if you're a paid lobbyist. Please be mindful of the use of chat

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

during the meeting, chat should not be used to provide testimony or chat with other testifiers. If you are here to provide testimony, please be courteous to others by turning off your video and muting your microphones while waiting your turn to testify. Participants who wish to view the meeting without providing testimony you can view the live cablecast on *Akakū* Channel 53. You can also visit [maucounty.us/agendas](http://maucounty.us/agendas). I remind Committee Members, Administration and public to please be patient if we run into any technical issues. Members, I'd like to proceed with oral testimony.

COUNCILMEMBERS: No objections.

CHAIR SINENCI: Okay. Thank you. Staff has been monitoring people joining today's meeting by phone and by video and so we'll do our best to take each person up in an orderly fashion. Is there anyone to testify?

**. . . BEGIN PUBLIC TESTIMONY . . .**

MS. APO TAKAYAMA: Chair, the first individual signed up to testify is someone logged in under the name Eva to be followed by an individual logged in under the name guest.

CHAIR SINENCI: Okay. Thank you. Eva, can you unmute yourself and go ahead and provide your testimony. Eva? Okay. We can come back to Eva. Can we call up the next testifier please?

MS. APO TAKAYAMA: Yes, Chair. The next testifier is logged in under the name guest.

CHAIR SINENCI: Okay. Guest, can you please unmute yourself and state your name for the record.

COUNCILMEMBER RAWLINS-FERNANDEZ: The person logged in as guest chatted that they're not here to testify.

CHAIR SINENCI: Oh. Okay. Thank you. Next testifier?

MS. APO TAKAYAMA: Thank you, Chair. The next testifier is calling in with a phone number the last four digits 3181.

CHAIR SINENCI: Three one eight one, please unmute yourself.

COUNCILMEMBER RAWLINS-FERNANDEZ: Chair, it looks like you would need to unmute the person. Oh, there you are. Okay.

MS. SHORE: So, this is 3181. Can you hear me?

CHAIR SINENCI: Yeah. Can you please state your name?

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

MS. SHORE: Sure, my name is Wendy, last name is Shore and I am calling to comment on the COVID crisis that happened on Maui. I'm gonna make it very brief, I am appalled by the behavior of the Kaiser organization that has caused the hospital's morale to deteriorate even before they allowed the COVID crisis to occur. And I would like to suggest that Mike Rembis and the entire group should be fired immediately. I...what's happening on Maui is terrible and there is just no excuse for it. Maui needs its own hospital back. And that is all I wanted to say.

CHAIR SINENCI: Thank you, Ms. Shore, for your testimony. Members, did anyone want to clarify Ms. Shore's testimony? Seeing none, thank you, Ms. Shore, for your testimony today. Ms. Apo Takayama?

MS. APO TAKAYAMA: Chair, we do not have any further individuals signed up to testify.

CHAIR SINENCI: Okay. Is there anyone out there that wants to provide testimony at this time and hasn't signed up, please unmute yourself and state your name at this time. Okay. Seeing none, Members, seeing there's no more individuals wishing to testify, without objection I'll now close oral testimony.

COUNCILMEMBERS: No objections.

CHAIR SINENCI: Thank you. And, Members, are there any objections to receiving written testimony into the record?

COUNCILMEMBERS: No objections.

CHAIR SINENCI: Okay. Thank you.

**. . . END OF PUBLIC TESTIMONY . . .**

**EACP-45 EFFECTS OF THE CORONAVIRUS PANDEMIC (CC 20-211)**

CHAIR SINENCI: Okay. So, our first item EACP-45 the Effects of the Coronavirus Pandemic. And again, we wanted to introduce Dr. Lorrin Pang he's here today from the Maui District Health Office State of Hawai'i and, you know, I wanted to afford the Members a chance to ask any questions of Dr. Pang that we didn't get in with the Mayor the last time or if there's any questions that are particular to the environment or to your district. So, I'll go ahead and hand it over to Dr. Pang for some opening remarks.

MR. PANG: Yes. Thank you. I guess you can hear me, just wave if you can hear me and I will...okay. All right. You all know as well as I what happened in the world, what happened in the US, and what happened in Hawai'i, and what happened in Maui. Hindsight is always wonderful, you can try to second guess, but we ended up...Hawai'i ended up in a pretty good position. We did not have these horrible crises where our hospitals were challenged. Now, we had to do some...there was a little bit

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

miscommunication and some hurt feelings as we went through this. Way back in the beginning of this before I think when the US had 15 cases I think we have a hundred thousand times that many now, but way back I gave a presentation to our staff and to some members of the County what was ahead for us, but I remember my final slide I said we will be at each other's throats, you should have done this earlier, well you should have done it yesterday, you should do it tomorrow, we would fight each other, we would insult each other and that would be the sad thing because some people have their biggest contribution later but you burn many bridges. And in this process maybe not so much Maui but a lot of bridges were burned, a lot of people were insulted, some people don't talk to each other anymore. But I accept that. It would be nice to just let it go and move along. Nonetheless, we find ourselves in a pretty enviable position where we have the case numbers very low. I am not gonna try to second guess what happened, I don't have time for that. We really have to plan to move forward because I believe and I think most medical people believe the second wave that's gonna come will start to show up in about four weeks, then another pulse will come in eight weeks and then in the fall, you know, all hell will break loose. I hope that doesn't happen, but I don't see how we could possibly avoid this. So, I am scrambling now even though we have a little breathing room to keep things going, to prepare, to add some things when we expect fall to come. Okay. So, we can talk in detail what has to be done, but essentially there's a plan, we actually have a plan and it was pretty, widely accepted and the plan was put forth by the former director of the CDC Tom Frieden. I know the current director, Bob Redfield. He and I worked the first epidemics together out in 1980 when we were both in the military assigned to outbreak of Hepatitis A at Fort Leavenworth, Kansas. So, he and I kind of have an understanding what's going on here. But I don't know Tom Frieden, but he had a very good plan after he left the CDC and it's simply called Boxing in COVID. The Mayor tried to present it, he asked me to reinforce it. A box, just four corners. You start with testing widely, for every verb test there's a adverb widely. I use to think it was testing wisely, that's silly everybody's tried to be wise but its widely, cast a broad net to cover all your bases 'cause all kinds of presentations of a COVID case could come in. Once you find some people positive, your next step is to isolate them, separate them from society safely. That means safe to themselves and safe to society. So, usually if the residents we tell them can you go home for until this is over, it's gonna be at least 14 days but can you separate off from society at home. When you do it unsafely that's when their home is not so isolated. Homeless shelter, oh. Some elderly are stuck in Hale Makua, well that's not that safe they could spread it to the rest of the...prisoners. You get the idea. And on the mainland it's meat packers, well you went home but you show up to work every day at the meat packing industry. So, you try to tell them go away. Once you have a case then you will contact trace, this is the third one yeah. Contact trace, completely find all the contacts who were exposed by your case. Not only that, but you look upstream for everyone who could have infected your case. So, classically we had a few cases on Maui which we traced back to clusters of a hundred people exposed. One was the church, the religious retreat. One was the, I guess the restaurant switched to take out, but still the infected worker exposed hundreds of people, some were confirmed. So, we know that very mild exposures could cause cases. And then the final one was the hospital. So, each of

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

these single cases however they got it we tried to figure out who they got it from, but they ended up exposing hundreds each to more contacts. So, that was the third thing yeah, contact trace completely, find them all. And the fourth thing is once you found your contacts, people who were exposed, well, should you test them all? Nope you don't have to test them all, you ask them to separate from society, go home, go someplace for 14 days. Isn't that kind of like quarantine and isolation? Aren't they the same? You told people separate...isolation is when they're sick and they're really gonna start spreading so they really have to behave. Quarantine is we don't know if you're gonna be sick, but you were exposed so we're gonna give you 14 days to declare your illness, and if you get sick call us and we will test you and maybe you're a case so, you feed back into the system and it snowballs. Whatever we did, we did it okay. Out of deference to Mayor Victorino I said that this box, this square, the four corners, yeah, was kind of like a baseball diamond and this is what I call the infield, whatever you case you're gonna give to us especially when you open up the economy. I'm not going to micromanage opening up the economy. Different sectors open up at different times and whatever cases you give us we will try to field them, try not to give us more than ten at once. I know we can handle maybe 20 at once. That test widely, for example, the private sector was stepping up. The Department of Health, the criteria was so restrictive we couldn't test anybody we wanted to. The private sector stepped up and they were quite afraid so they sent them off for the ER for testing. So, they asked us to set up drive-thru testing which we did and then Dr. Miscovich came out and he and I kind of know very well how to do drive through testing without contaminating everybody, without burning through the PPE and we have very similar criteria. So, that's just one example of what we had to do to step up. So, that's fielding any case, any cases you can send to us. I get the feeling that for every case we know about, or try to track, even the hundreds of contacts there's probably four or five that we don't know about that the rest of the community through hygiene, social isolation, social distancing, tell don't go out if you're sick, I call that the outfield. And the outfield is the rest of the community gonna try to shut down anything that gets through the infield and that's that. So, we plan for a very bad fall infield and we never forget the value of the outfield where the community's gonna shut down whatever we miss. So, that's kind of it in a nutshell, we don't quite have time to dissect what happened before, I'm scrambling to cover the fall. And I think if you read the reports, whatever change you make now good or bad, more PPE, less PPE, opening the air travel, less travel, opening the restaurants, not opening the restaurants, it will take about four weeks to see the effects and in eight weeks you're gonna really see the effects and then by then you're so far behind the curve it's gonna take that much to catch up unless it's a good thing then we can kind of pat ourselves on the back. But we're kind of shooting blindly 'cause we don't quite see the effect for four to eight weeks. Watch the mainland, they're beginning to see some of the bad effects now that they claim they opened up, you know, last week or two weeks ago. But probably not, they probably started really kind of slacking off four weeks ago, okay. So, I'll just leave it at that, open it to questions. Thank you.

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

CHAIR SINENCI: Thank you, Dr. Pang, and yes, I know we just have you for a little while so, we'll start, Members, I'll just do two-minute rounds for now and then we'll go from there. We'll start with Committee Vice-Chair and Pro Temp Kama if you have --

VICE-CHAIR KAMA: Thank you, Chair.

CHAIR SINENCI: --any questions for the doctor.

VICE-CHAIR KAMA: Thank you, Chair. Thank you for being here, Dr. Pang. So, my question is so, my sense is I just wish we could all just get it and get it over with one time. But you're saying that there's going to be a phase two and maybe looking forward into spring another phase. So, as we go forward and we're starting to open up our County right now so, are you saying that no matter what we do it's gonna come no matter what so, might as well just brace ourselves, be prepared and when it comes just, you know, face it head on?

CHAIR SINENCI: Dr. Pang?

MR. PANG: Yes. If I was ever wrong about something, I wish I was wrong about this. But the way the dominos lined up it looks kind of bad. A lot of people say we will not even have a...like let's just get it over with. First, getting infected, we are not sure if it protects you quickly or if it protects you at all. But let's just say it does, let's say we...God smiles on you and if you get infected you can't get infected again for six months to a year. Fine. How much do you need, how much herd immunity do you need? The predictions from most people are 60 to 70 percent. Germany, Angela Merkel said, that hey when this is over and we get our herd immunity enough people get it so, it doesn't propagate and snowball she says 66 percent then she goes, oh wait a minute 70 percent. The Germans are telling us the difference between 66 and 70 percent. What percent do you think Maui has been infected already? Oh gosh even if I only saw one out of every four, gee we got like what 100 cases and then maybe they're really 400 cases. Four hundred cases out of our standing population of 150,000. That's not 66 percent, I mean we're not close so we always susceptible to new people coming in. The vaccine, where's our vaccine? That's a game changer. The vaccine, it won't be ready until next year and I keep saying you mean January 1, 2021 or December 31<sup>st</sup>, 2021. Well, yeah, well when they get it and I hope it's good. They're going to...we're gonna fight over this who gets it first okay and then people are gonna end up not talking to each other. They're gonna probably try to target the elderly first but the elderly don't get out and about. So, the rest of us getting out and about are gonna spread it and thank goodness the elderly are protected. So, it's this horrible first fall when the vaccine comes let's say December 31<sup>st</sup> that's gonna kind of leave us in the lurch and I'm already seeing creeping cases rise up in the summer as the rest of the nation opens up. So, things kind of look bad.

VICE-CHAIR KAMA: Thank you, Chair. Thank you, Mr. Pang. Chair, I think I'm just going to allow you to ask all the Members questions just because I just have a sense that

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

they have so much more urgent things to ask so. Thank you very much, Chair, I'll wait for the next round.

CHAIR SINENCI: Thank you, Pro Temp Kama. Next we have Member Sugimura. Start the timer.

COUNCILMEMBER SUGIMURA: Thank you, Chair. Nice to see you, Dr. Pang. Thanks for spending this time with us. I just wanted to know how, how are we doing as a State regarding contact tracing? That seems to be our biggest problem where we see people who are being arrested for not doing their 14-day quarantine and the laws coming down upon that. But I wonder how we're doing with contact tracing? Thank you.

CHAIR SINENCI: Dr. Pang?

MR. PANG: Okay. The contact tracing you remember that's like the third corner of the box. That's actually pretty good, we burned out a lot of people and we're training a lot of people. There's actually online training 3-hours and we got 120 volunteers in the Medical Reserve Corps and they're going through the online training. So, I feel okay about that. But where are we in that first corner of the box test widely. Hey, your contact tracing means you gotta find the cases and from there we do the 100 per case. You know, at the very beginning of this, oh gosh, let's say about 2 months ago we asked for 2,800 tests so that we could conduct our drive thru for 7 weeks and how much did we get? About 300/400 so, then they got serious about the testing and the State made a claim on our behalf about 2 weeks ago for the second wave. They told us everybody should ask for 2½ percent, the 5,000 okay. I said, okay. Maui we ask for 5,000 and, you know, I asked for like reports every 3 days, I know you haven't gotten it, but how are we in line? Are people cutting in line? Are the mainland guys cutting? How are we moving? And they got mad because that old order for 2,800 tests they said 7 weeks man that's over you guys still have that? I said I want...if you give me 5,000 I'm not gonna ask for 2,800, but I'm gonna stay in line because if you give us that one first, then I'll let you off the hook on some of the 5,000. I mean we're fighting for tests and that's the start of the boxing in COVID man. How we gonna do this? So, ugly as it sounds, you know, the government always says that's the private sector, that's Miscovich. Miscovich, the public sector had so few tests Miscovich gave me some of his. I mean and he said I didn't have return, I didn't have to pay him back. On Maui I can guarantee you the private sector and the public sector, us and all the clinics we know real well who's got what and we share. Nicole . . .*(inaudible)*. . . care, she called me up I need more tests I gave her a test. She didn't have...it wasn't COVID it was the flu she said you want them back, no you keep 'em, you keep 'em. And we trade and share, I feel like a bank. But if we don't have new tests coming in the State this whole thing is gonna be pathetic. Okay.

CHAIR SINENCI: Okay. Thank you, Doctor. Thank you, Member Sugimura. We'll go on to Member Paltin and then Member King.

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

COUNCILMEMBER PALTIN: Thank you, Chair. Can you hear me? Okay. Cool. So, my question is how do we mitigate the spread when tourists or residents from other areas return? Are we testing upon entry?

CHAIR SINENCI: Dr. Pang?

MR. PANG: Okay. So, out of State let's just...I know right now it's in State but just...out of State is our biggest worry. When they return, the testing on re-entry is very almost like misleading. When you are sick, you're shedding virus for maybe say six days, six days, okay. You can shed before. The test isn't that great, the test can pick it up six days, but you might be shedding three days before the test can pick it up. And then you might be shedding ten days after the test is picking up because the test can only detect a certain level. We learned that now, it's called limit of detection, LOD. It's not terrific so, Tamara, we are missing some cases okay. That's if you did a test. Now fever whoa you just screening them for fever. A lot of guys don't even have fever. They get these strange symptoms and the woman who first blew this out of the water she said she wasn't even sick and spread it to five people in Europe and then they confronted her and said, hey you were sick. You know, what she said, oh I thought that was jet lag. Really. So, just tiredness, little bit weakness, that could be your first symptom and that fever thing that we do on your head, wow, you missed it or they didn't even have fever. And then we know some people don't even have symptoms by the time they're shedding. So, some people you shed so early you don't even have symptoms. So, that screening at the airport even if I nasal swabbed everybody, I'm sorry, but I missed the window of detection and so we tell them, ask them, force them, well if you're coming in from the mainland can you go away from society for 14 days. In the 14 days we check you, calling up, you up, are you sick, are you not sick, are you sick, not sick. The minute you get sick that's your another chance at the window so we'll go out and we'll nasal swab you and we'll check the fever. But it depends on you telling us 14 days yeah, are you sick, well why should I even talk to you, Dr. Pang, what are you going to do to me if I am sick? Oh. Well we got these quarantine sites that not too pleasant or they're very pleasant. If you drive it underground because they don't like what you're gonna do to them they're gonna lie to you like, no I'm not sick thanks for calling. Okay and that's how epidemics spread. We will not drive it underground, I could force it, I could say according to the Attorney General I get to bust down your door, take your temperature and drag you away. Oh, if you do that, that gets onto Internet, Facebook and nobody is going to report anything to you. So, we do not force the issue, but it's very tricky telling people please go away 14 days and we'll check on you. Now, when they violate it, oh my goodness, that goes on Facebook, but that's kind of good then right. Don't come if you're gonna violate quarantine because we're gonna send you back. But if you are going to behave, don't lie to us if you get sick. Kind of a fine line.

CHAIR SINENCI: Thank you, Member Paltin. We'll go on to...

COUNCILMEMBER PALTIN: Is there any...oh.

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

CHAIR SINENCI: Oh. Did you have another question? I'll come back the next round if we have some extra time. Okay. Member King?

COUNCILMEMBER KING: Thank you, Chair. Thanks for being here with us, Dr. Pang, it's good to see you. I'm glad you're staying healthy. So, my one, my first question is on the level of testing that we're continuing to do. Do you feel...are we doing...can you give us a rough idea of how many tests we're doing on new people on a daily basis and weekly basis? And whether you feel that that's a big enough number that when we see...when we go for a week and we have no new cases that that's meaningful compared to the number of people we're testing?

CHAIR SINENCI: Dr. Pang?

COUNCILMEMBER KING: Dr. Pang, are you still there?

MR. PANG: Yeah. Wait I gotta click...I gotta click back online. Okay. So, there's a general idea right. You don't want to see new cases, don't test. So, way back when parallel to the reports by the Department of Health a small group of investigators and I, we always look at the number of tests you did and the percent positive.

COUNCILMEMBER KING: Right.

MR. PANG: Okay. That kind of adjusts. And Maui has been doing kind of a decent number of tests lately. Look at the State, what they do Maui is 15 percent of the population and we have been doing about 15 percent of the tests. So, we are getting our fair share. Now, now you will always hear the State and the comment is a little off and I wish they would stop saying that. At first when we asked for more tests somebody at the State said, oh tests are no good because the places with the most tests have the most horrible outcomes, New York, Italy, Spain. No, no, no that's because you did the test after the outbreak. You're supposed to do the test before the outbreaks. I think there's no question now if you're gonna do tests the more the better, and please do them before when you get the low numbers.

COUNCILMEMBER KING: All right so, my question --

MR. PANG: Go ahead.

COUNCILMEMBER KING: --my question to you is, do you feel like the level of testing we're doing on Maui specifically is for, you know, not repeat cases but new cases, new potential cases. Is that a high enough number to feel, to take comfort in the fact that we're still testing a number of people and we're not seeing really any new cases?

MR. PANG: Yes. I feel that way. For the number of cases we're seeing now we're doing the right number of tests. That should cover it but remember in the fall all hell breaks loose and I'm gonna ask for ten times the amount of testing. There's one more thing we should discuss here. There is something that's very comprehensive, the antibody

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

test. It is...shows a previous infection, now I don't know when it was, but it gives you the base of the iceberg. So, in the areas where we had transmission the restaurant, the religious retreat, and the hospital I know by our PCR test which detects the germ we saw what 40 staff and 20 patients. But I would like to antibody test the entire hospital not just because of occupational health reasons, I know...want to know the size of the beast, the base of the iceberg that we are dealing with. That is so comprehensive.

COUNCILMEMBER KING: And then you feel like...we have those tests on Maui already or not yet? The antibody tests?

MR. PANG: Absolutely.

COUNCILMEMBER KING: We do?

MR. PANG: We have that test on Maui, it's a very good test. The Department of Health is a little shy about this because if you detect it by antibody, that means they ever had it, do you count that as a new case, are we watching new cases, you can count it as a different category for all I care. It shows us what is really going on here.

COUNCILMEMBER KING: So, Dr. Pang, I've been hearing a lot of ads on the radio --

CHAIR SINENCI: One more.

COUNCILMEMBER KING: --and TV for giving blood and if you do...if you go in to give blood do you get that antibody test? Or is someone going to tell you whether or not you've had it because you...they can't use your blood if you have it?

MR. PANG: Yes. I'm not sure which one they're using for the blood screening, but I do believe with the antibody test they have very good ones now. It can show you did you ever have it. It is worrisome that people who have had it a long time ago by the antibody test they continue to shed, not a huge number but enough to cause new outbreaks and enough to ruin the blood supply.

CHAIR SINENCI: Okay. Thank you, Dr. Pang.

COUNCILMEMBER KING: Thank you, Chair.

CHAIR SINENCI: Thank you. Next we have Member Molina and then Chair King...excuse me Chair Lee.

COUNCILMEMBER MOLINA: Good afternoon, Dr. Pang, and thank you for the update and it is somewhat grim with the fall forecast. At...with regards to the airport and testing is there...are passengers, returning residents and visitors are they being tested at their point of departure before they board the airplane? Do you have any knowledge of that so far?

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

MR. PANG: That was proposed, but I think it was never followed through and there is some talk, sorry, there is some talk amongst the Hawai'i Mayors and Governor that if we open it up for off island visitors they want proof before departure. I don't quite know how we're gonna do this, but they want proof and not just a spot test. I think if it was me I would ask for two repeat tests within three days of departure, then we test them on arrival again. Why'd you do that on arrival? Because I'm convinced that just the airport traffic is a point of transmission. Okay.

COUNCILMEMBER MOLINA: Okay. Thank you. And also, you know, you mentioned the fall the breakout. I can only imagine the Department does not have sufficient staffing to cover what's going on with the airport for incoming passengers and outgoing so, will you...the Department likely ask for more funding to get additional staffing? I know...I'm not sure whether the National Guard play...what role they play as far as supporting the Department. Any thoughts on that?

MR. PANG: Okay. Here's my true thoughts, they're kind of ugly. When we see the mainland cases go up, you know, I think Hawai'i will kind of...well we should kind of panic and say can we...the fall is coming, can we not open it up anymore to off island travel? Why is that? Because we're getting some already. There's some guys coming in from the mainland...returning residents and all, but the worse really are the flight crew. These guys they test and then we quarantined one person yeah, the woman from Canada, boy she didn't like that, that went viral because we didn't have a hotel for her. And the next round the flight crew they set up to come in to us to test and then they don't show up. Because my God help them if they're positive. So, the captain lets them fly 'cause that's flight crew, but the captains block any suspicious passenger. So, we try to get a handle on the flight crew, these guys go all over the place. Now added...okay, if you add, okay, if the fall comes and we even restrict off island travel but we try to step it up at the airport, you remember I don't think the airport does...you just looking at that little window. I would try to draw my...all that resources and do online contact monitoring and tracing. Contact means you were exposed, maybe not to a case, but you came from off island so that's exposure. We have that, we're stepping that up now. Okay.

COUNCILMEMBER MOLINA: Okay. That's good to hear. Thank you, Dr. Pang. Thank you, Mr. Chair.

CHAIR SINENCI: Thank you, Member Molina. Chair Lee, any questions for the doctor?

COUNCILMEMBER LEE: Thank you. Thank you, Mr. Chair. Hi, Dr. Pang. Should we follow the example of Dr. Trump, hydro, what's that hydroxychloroquine or something like that?

VICE-CHAIR KAMA: Yeah.

MR. PANG: Okay.

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

COUNCILMEMBER LEE: Dr. Pang?

MR. PANG: Yeah. You ready? Okay. First of all, I have prescribed thousands of doses of chloroquine myself long ago for malaria. I come from a malaria background. We know chloroquine very well prophylactically okay, prophylactically, not for treatment. That's...prophylactically is you take it once a week okay. It was so safe we used it, we put it in the salt of the country of Columbia. These guys...you don't overdose on salt so they didn't overdose on chloroquine okay. But we gave it so widely the parasite developed resistance. Where have we seen trouble with it? We prescribed it almost blindly to the US military okay and their little kids would take it and take two pills right there instead of once a week, they take two of daddy's pills and they get arrhythmia, and they go into coma and they die. Okay. And if they wake up they're brain damaged 'cause they had arrhythmia. We know full well double the dose of chloroquine, give the adult dose to the child you're messed up, you're screwed okay. All right that's for prophylactic, once a week. I don't think it's gonna have bad side effects prophylactically, but these guys started using it for treatment, that's two or three pills a day. What happens with treatment? First of all, we learned real well you combine it with other drugs and you get toxic levels of chloroquine, I am not surprised at all that you have arrhythmia number one. Number two you should be sued you get chloroquine with Z-Pak azithromycin are you crazy? That should be malpractice even prescribed. How do I know 'cause I gave chloroquine with azithromycin 20 years ago and we saw, we pushed the levels of limiting effects. Okay. And we put some animals into toxicity and caused heart attacks and we resuscitated those animals, don't fuss around with that. Second of all COVID people patients they have liver failure, some of them have liver failure, chloroquine is cleared by the liver, you don't dare give chloroquine to people with compromised liver. Well, how compromised is compromised? I don't know but that was crazy and those people who gave chloroquine a black eye because of problems with treatment combining with other drugs, azithromycin, you kind of spit in the water when chloroquine was supposed to be used prevention wise. Thank God there's Oxford University who's testing it correctly once a week prophylactically. So, that is the stop-gap measure until the vaccine comes. Okay. But it's a very good question, we feel pretty good about chloroquine once a week.

COUNCILMEMBER LEE: Okay. Thank you, Dr. Pang. One more question. So, I know that you've worked really, really hard with the Administration and I know a lot of it in the beginning was trial and error. So, now that I think you guys have everything down, you feel pretty prepared for a second and third surge for Maui?

MR. PANG: Okay. There are two areas we haven't experienced here. First of all, I'm glad we experienced drive thru. You can't imagine the flack I got from Department of Health kept asking what's the purpose, what's the purpose, put in writing, I gave it to you in writing, what's the purpose, put in writing. The flack we got to do a drive thru okay. But I'm glad we did it we know what we can do, we know how to do it. I do mind...*(inaudible)*... Miscovich we pre-phoned so, everybody driving through gets it. Miscovich he will turn some people away after waiting two or three hours, but he and I

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

we understand. If I had to do it his way fine I would do it his way. If he had to do it my way we'd do it my way. The two areas we have not experienced are schools, if you open schools at any level, you know, alternating the classroom, half classrooms, eat lunch together, or whatever, we don't know how to handle COVID in a school. Okay. I don't even know if children get infected and if they don't get sick but get infected hey that's good, they got infected but not sick, they're the ones who's spreading it. Yeeks, okay. So, we don't know schools. The second one we don't know, no I mean the second one we don't know we set up, you know, points of that box yeah, test widely, isolate, contact trace and quarantine, we have our site set up for isolation and quarantine. It took us a long time, many people promised us their hotel, but in the end they pulled out. Whoa. That first couple months they got kicked out of the hotel we had no place to put them, hey man I'll put them up at my house. Okay. No problem. The next one we put up at one of our labs and that person went viral and she said don't come to Hawai'i, look what happens when you're sick, the hotel kicks you out and Department of Health puts you up here. That's fine, we have it down now. We have an experience, how to do it. But what we do not know how to do is when we put the people isolation cause you're sick, you don't get to go in the hospital, you're not that sick but you kind of need some nursing care. So, is there such a place where we put away sick people who need low level nursing care? Oh. So, that's a new game we have to...that's a new challenge we have to face if the numbers really increase. Okay. So, those two areas we kind of don't know what to do. And then of course where's my test? Where's my test? That's a game we always ask for and I don't see a whole lot of progress man. Somebody's asking for so many tests, we get nothing. If they're gonna do that, say it. Because then we'll really keep out the visitors. Okay.

COUNCILMEMBER LEE: One last question, Dr. Pang. Would you...can you see this as a possible industry? Business for people? The low care that's needed for those with patients, the testing, the tracing, the so many aspects of this, of this pandemic that needs attention and probably a certain level of people who have training. So, do you think this could create jobs for people in on Maui? In Hawai'i?

MR. PANG: I think absolutely it can create jobs. Now we're not . . .(inaudible). . . about the test but the testing of it guarantee. Okay. The contact tracing there's a three-hour course, you're good to go after three-hours, you get certified, you got to pass the test. And then there's contact monitoring. So, if you...if I couldn't do the...figure out who's the contact, I take your list of contacts and I just call them twice a day, are you sick or not, are you sick or not. Of course, it's not that crude, you need some rapport so they don't lie to you. But there's lots of, lots of opportunity for job creation. The flack we're getting and get this, Alice, I mean we get plenty volunteers and now the volunteers are saying how come I volunteer and that guy getting paid. Well, I'm sorry but maybe the volunteers I could pay you too I just...I don't know...it's creating some friction okay. So, just kind of be forewarned about that. And then if you try to bring back other people their unions might say wait a minute you can't take that guy to do that one, then the volunteers said, yeah and by the way I'm volunteering and that guy gets paid,

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

but creating a little bit friction here. I think when it really comes people on Maui just put all that aside and just move forward here.

COUNCILMEMBER LEE: Thank you. Thank you.

CHAIR SINENCI: Okay. Thank you, Chair Lee. And we're gonna go to Member Rawlins-Fernandez if you have any questions for the doctor.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Chair. Mahalo for this opportunity. Aloha, Dr. Pang, wherever you went. Mahalo for answering our questions today. Oh, there you are. Okay. My first question is regarding the antibody test that you spoke about. So, I seen people make claims that if you in the last few months had taken a flu shot that you would test positive for the antibodies that you would get if you had contracted the COVID-19 virus. Is that true?

MR. PANG: Okay. So, the question is what does it cross react with? Can you get a positive but it's not COVID? So, the company Abbott which is a very good company they went and addressed, they got I think a thousand something people, yeah, before COVID was ever here. So, they got stored serum and they tested it, now they said, hey and look 99.5 percent are truly negative so, there was one out of whatever...a thousand...no there was...if there was 1,000 at 99.5 there were 5 out of a 1,000 who were positive falsely because COVID wasn't here, this was too long ago. But I'm supposed to contact them and say, oh yeah so you took a 1,000 negatives, who were they, were they Hepatitis A that could cross react, were they the flu vaccine guys. I guarantee you they were...these guys all had flu vaccine. So, that doesn't cross react. But the classic, the classic diseases which cross react which I always ask and they always kind of stare at me one was leprosy, you know, Kalaupapa, Hansen, those guys light up every test under the sun. And the other was malaria, our test, our test lit up HIV. So, I'm supposed to call the company and say, hey you guys did your test include malaria and leprosy and they're gonna go why, do you have malaria and leprosy on Maui? No, we don't, we don't but I was just asking because some countries have plenty malaria and they're gonna light up like who knows what. Anyway, you get the idea. But that's a very good question but I guarantee you they tested against guys who had the flu vaccine if it was cross reacting I think like 90 percent would have lit up but only 5 out of a 1,000 that's 99.5 yeah I think, yeah.

COUNCILMEMBER RAWLINS-FERNANDEZ: Okay. Mahalo for that response. Awesome. Okay. So, as we prepare for the second wave we know that with the Spanish flu the second wave was much larger than the first wave and we're hoping that won't be the case here, but we're doing everything that we can to prepare for that. What we have planned right now for Maui County is...have you been working closely with the Administration to ensure that if we need to scale back or start closing things again that we'll be able to react quickly enough to prevent the massive spread?

MR. PANG: Okay. The County guys and I have been discussing it a long time. And if we open something and in four weeks we see something bad we have to be able to turn

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

this around. Now, General Hara he kind of went on the news and said if you reverse your situation and people going riot, wow. The Governor was kind of upset about that. You know, people in Hawai'i don't riot, we get depressed and we commit suicide, I mean we really do. We don't...we're not violent in that way, we're violent in another way which is just as sad. Okay. We are trying not to reverse things, but we have to be ready to reverse things. That pandemic flu of 1918, I think that one lasted like a year and a half going around the world and it eventually came to Hawai'i and then my grandfather died and wasn't 1918 but like 1919, 1920 or something. It took a while. How long can we stay like this? So, my goal I mean this sounds bizarre but if it's really going around and round and round the world you kind of cannot open it to the outsiders so much, but if it's really clean on your islands or your island or Lāna'i or something go ahead open it up, live it up. Your economy is a little damaged 'cause you don't have outside money but then like, you know, Alice Lee was saying try to convert them to other useful things, grow your food at least without depending on that. Help me do the contact tracing. But when you flatten the curve, you know, that curve you flatten, how long is that flatten curve gonna be? Long time, huh? So, just be ready for that. I hope I'm wrong about this one, but there's so many people say, oh gosh the second wave is gonna be bad for a long time, but you pray for the vaccine by, you pray for the vaccine in let's say Spring of 2021.

COUNCILMEMBER RAWLINS-FERNANDEZ: Yeah. Mahalo, Dr. Pang. Okay and mahalo for working with Dr. Miscovich, he's been doing such amazing work him and his team across the State. So, in your response to Chair Lee's question your concern was...or you made a statement that the tests aren't coming. What did you mean by that and are you confident that we have enough tests right now in preparation for a second, bigger wave?

MR. PANG: Okay. Right now, we have enough tests to continue on like this. We were asked to request for two-months' supply and I said, well we're gonna continue on like this for maybe mid-summer but I'm asking for two-months' supply in the fall and that's when we came up...they told me 2.5 percent of our base population. So, I said give me 5,000, I don't know where we stand on that 5,000 and I refuse to withdraw my prior request until I see some action on this one because I got in line two months ago and I don't see much action. This is kind of weird or sad, but the country is competing against our tests, they're opening up the US. And you remember, well you don't remember, but boxing in COVID is supposed to be when the cases are low, after your hospital peak, before your hospital...your situation ever peaked. Fifteen states are still having rising cases and they're burning up tests chasing their tail. I mean somebody's gotta kind of read the strategy here. You're burning up tests, using them after the thing is rising, you supposed to do it on the rise. So, that's why we might be short of tests and we're competing with each other for these tests. Kind of sad.

COUNCILMEMBER RAWLINS-FERNANDEZ: I see. Mahalo, Dr. Pang. Is my time up, Chair?

CHAIR SINENCI: Yeah.

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

COUNCILMEMBER RAWLINS-FERNANDEZ: Okay. Mahalo, Chair.

CHAIR SINENCI: Thank you, Dr. Pang. Dr. Pang, we're...it's 2:35, did we keep you longer than what you were allotted for? Can you...can you do one or two more questions?

MR. PANG: Sure. I can stay another hour if you want.

CHAIR SINENCI: Okay. I just had a follow-up and then Member Paltin had a follow-up question. So, you mentioned about COVID ruining the blood supply when it came to testing?

MR. PANG: Okay. First of all, we would test for COVID by antibody test. That means you ever had it. Okay. Now the bulk of the people I really don't know how many, but once you had it, it's finished, it's pau, it's over. Okay. But there's a proportion now we're seeing, and we don't know how big it is because the antibody test is new that you're supposed to be over it. Okay. But you keep coming up positive by PCR, those guys can't go into the blood supply and they're gonna say that, oh my goodness. Rather than that I'm just gonna throw out everybody who's antibody positive. Okay. Then do you have enough blood to give to the blood bank? Okay. Right now, we do, not so many positives at least in Hawai'i. And then there was a beautiful antibody study in Spain. Spain had so many deaths, so many cases but when they did the whole country a big chunk of the country only was 1 percent antibody positive. I guess they really shut down, the not stay at home, but stay in your own city, shut down the roads. So, they really did something in Spain. I thought they would just be everybody positive by antibody but it wasn't. So, there's that situation so, that part of Spain can give blood to the other part of Spain.

CHAIR SINENCI: Thank you. And then just a quick question. As far as you know is the hotels the only places to quarantine visitors at this time?

MR. PANG: Oh no. Shane, it was quite the opposite. When people were coming to the hotels and then people, their guests needed some kind of test either because of history or they got sick. Once they were positive, they were kicked out of the hotel so, we scrambled and we found one hotel who would take them all and then we had to set up our own quarantine site for the people who got kicked out of the hotel. The mayors now are asking, asking the hotels maybe we can't force them, but can you please follow our guidelines that if your guest gets sick you got separate rooms for them. And we can't force you to do that but we're gonna ask visitors to query your hotel before you come you have a place for me if I get sick? And if they say no, then I'm not going to that hotel. So, without passing a new law you're kind of getting this feedback by the hotel and their guests who you're gonna go to, which hotel you're gonna go to. Kind of weird but the guests demand that now.

CHAIR SINENCI: Thank you, Doctor. So, Member Paltin, you had a follow-up question for the doctor?

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

COUNCILMEMBER PALTIN: Thank you. Thank you, Dr. Pang. My question was answered.

CHAIR SINENCI: Thank you, Member Paltin. Any other...one more from Member Rawlins-Fernandez then Member Molina.

COUNCILMEMBER RAWLINS-FERNANDEZ: I'll defer to Member Molina since I'm not a voting member of EACP.

CHAIR SINENCI: Okay. Thank you. Member Molina?

COUNCILMEMBER MOLINA: Thank you, Chairman. Doctor, just one quick question. You know, on the mainland you saw...there's been a lot of outbreaks in the senior care assisted care facilities and whereas here in Hawai'i fortunately we haven't had these kinds of outbreaks. What do you attribute that to? And, you know, with the pending outbreak in the fall anything else we should be aware of? Because many of us have loved ones in the senior facilities, the Hale Makua's, the Hale Mahaolu's and so forth. So, what are they doing that have prevented any outbreaks in the senior care facilities as compared to the mainland?

MR. PANG: Okay. I have to be quite honest with you I think we have avoided outbreaks in our elderly care facilities because we were given a heads-up what happened on the mainland. When Seattle was the first one to have the case within like ten days people were already looking at their senior facilities and what a nightmare. So, because of that heads-up I mean it's unfortunate what happened in Seattle and New York. But we've learned from their mistakes. Okay. And then our guys here at our senior...they really clamped down man, these guys were pretty restrictive and pretty stern. I couldn't go see my relative, I was shut down. And in hindsight that was correct, that was correct, but we had that heads-up.

COUNCILMEMBER MOLINA: Thank you for that response, I appreciate it. Thank you, Mr. Chairman.

CHAIR SINENCI: Thank you, Member Molina. Member Rawlins-Fernandez?

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Chair. Okay. So, I know we had that one positive test so, along those same lines as Member Molina but for the homeless shelter where there's a positive test. So, I was curious to find out if we have enough space for those that don't have houses to shelter in place and if there's going to be, you know, something set up where as you mentioned that there's a need for low care, medical...no medical health...I don't know, medical attention for those who are isolating?

CHAIR SINENCI: Dr. Pang?

MR. PANG: Okay. So, the easiest question first, low-level nursing care. That's kind of easy to set up, we have our volunteers. Some of them are like thoracic surgeons they said

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

they would help. So, all you do is send them...put them in their own hotel room we have a nice hotel, you know, who wants to remain not identified and I think they can expand to 72 rooms. We just put them in a room and send the nurses to those rooms or the doctor to those rooms. Fine. Now, the other one, if we have an outbreak in the homeless shelter and just to put it in perspective, yeah, the outbreak in the homeless shelter in Boston I think there were like 35 percent infected, almost all asymptomatic. So, hundreds and then the whole shelter was just like chaos. If you antibody tested them I bet you they're all positive. So, we do not have separate rooms for all of our homeless shelter. Let's say there's 115 people so, our response is to find those guys real quick, remove them, and we put some in our hotel, yeah. We put two homeless shelter guys in the hotel and tried to get them away from the main body of the shelter. So, these kind of situations, elderly care facilities, they kind of all congregated, homeless shelters, the meat packing plants on the mainland, prisoners, prisons oh God, the prisons, Ohio prison is 70 percent infected, ours is pretty good like zero so far. But when if you get into these bad situations ai yai yai because we don't have separate places for them and we don't have that kind of hotel capacity to put them in separate rooms. So, I don't know, I really don't know what we're gonna do and a lot of people are just kind of hoping we don't get there. But...

COUNCILMEMBER RAWLINS-FERNANDEZ: A plan is being developed?

MR. PANG: Well, you know, before we had the hotel we had nothing. Yeah. So, we had our little quarantine site we could take ten people. So, just to back it up I said, well we're gonna put up tents on pallets so, the National Guard built, you know, 15 pallets, we bought 15 tents at a \$100 apiece and each tent can hold 3 people but one per family if it's, you know...anyway we're trying to expand the number. We actually have no idea how we're gonna re-shelter a homeless shelter if it's like 60 people. You have enough room for 60 people? Not without opening another hotel or I'm gonna pitch tents in the War Memorial Gymnasium. How's that? I mean we gotta do something right? I mean.

COUNCILMEMBER RAWLINS-FERNANDEZ: Yes. We have to do something.

MR. PANG: Sorry. Sorry let me expand on this. We're entering hurricane season.

COUNCILMEMBER RAWLINS-FERNANDEZ: Yes.

MR. PANG: The hurricane shelter, right? So, the sky's the limit and once again I asked what would it be like if people stayed in the car and drove into the parking structures, you know, like the solid parking structures like Kaahumanu Shopping. And they said that was raised before but we didn't want to do it because we didn't have COVID, now that there's COVID the parking structure of Queen Kaahumanu is pretty hurricane proof and all we gotta do is make sure they got Porta-Potties somewhere, showers somewhere and they get, you know, I don't know checked or something. But they might have to stay in their cars. So, push gets to shove for the hurricane shelter.

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Dr. Pang.

MR. PANG: Okay.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Chair.

CHAIR SINENCI: Okay. Thank you. Thank you, Doctor. I believe we have one more question before we let you go from Member Kama. You had one more question for the doctor?

VICE-CHAIR KAMA: Thank you, Chair. Thank you again, Dr. Pang, for staying with us. I kind of feel like I don't want to let you go because I don't know, I was okay about it before, but now you've got me worried. So, but what I hear you telling us that we have to hope for the best but prepare for the worst. So, as I think about having to shelter our unsheltered or those in our homeless shelters. If we go through this and we find...and we get a...we do what you say we do, when they're finished their 14 days of quarantine or when they're back to being nice and good and healthy, do they go right back to where they just came out from? If they're unsheltered, living, you know, in the park or if they're unsheltered living in, you know, in their cars. I mean so we get them well enough to go back what to that same place?

MR. PANG: Okay. My battery, this not my laptop but this is...the laptop...this yours, laptop, Shane. The battery is kind of low so if I get cut off, I get cut off. But you know those two we took, we took from the homeless shelter because the shelter was a dangerous situation. But the official recommendation, I know this sounds weird and cruel, but from the CDC is when there's homeless in the field and they're positive don't move them. Because if you move them or try to go somewhere and they don't like shelters you never find them again. So, you never even follow up so, you just say, okay you guys stay away from other people, stay in your tents, here let me make it pleasant for you, I will bring you meals, I will check up on you and stay here. So, that kind of avoids the situation of taking them out and then sending them back to the field. Your situation was what we saw during the hurricane and the fire, the forest fire...the field fires. We opened the shelter, the homeless came in and then they had a kind of okay time, and they took showers and all but then we said, okay back to the field. That seems kind of rough and a lot of them had medical problems that could not possibly be have handled in the field. So, we had to place those people so, it's allowing you a little window on what's really out there and some of these guys should not be back in the field. Okay. I know where you're coming from just from the temporary shelters for hurricane but for COVID you guys can stay out there if you happy, hey we'll bring you food, we'll make it nice to stay out here, don't contact other people.

CHAIR SINENCI: Thank you, Member Kama. One more question from Member Sugimura, Doctor, then we'll move on with our agenda. Try unmute yourself, Member Sugimura.

COUNCILMEMBER SUGIMURA: Got it. Dr. Pang, so I've been hearing from parents recently whose children have to go to kindergarten and with the recent scare that we've been

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

hearing on the news or reading about in the news of COVID-19 affecting young children. I guess they're considering it it's being like Kawasaki disease and I wonder if DOE because you're with the State is preparing for situations of that kind of concern from for the schools?

MR. PANG: Okay. The treatment of that syndrome is pretty well...how you say...can be handled pretty well by Maui Medical, the hospital. Actually, Kawasaki's disease was described real well by a physician in, Marian Melish at UH. So, the Hawai'i docs know pretty well how to handle it. It's kind of rare and they are getting the serum, immune serum to treat it. The trick is to educate the public without scaring them what to watch for. Now, the kids automatically aren't that sick okay. And so, the kid if they're mildly sick you gotta kind of tell the parent, well the symptoms went away, you're not quite out of the woods, this is what you gonna watch for and you tell them and you drill that into them. Because if they can see that and bring it in, then you have time to like save the kid. We know this very well not for Kawasaki disease but for dengue. In the dengue days when your second infection comes you get better and then about a day after your fever goes away mom says, oh let the poor dear rest he had fever, that's when you get in trouble. So, it's when you seem to get better that's when the parents have to watch. So, we will go out with this public messaging without scaring everybody but they got to make it to the hospital to get the treatment okay, which is not really hard or not very difficult, but it is kind of a rare syndrome but you gotta watch for it.

COUNCILMEMBER SUGIMURA: So, I guess from what you're saying though people are getting scared. I think you have to start doing this education because parents are a little bit reluctant to send their kids to kindergarten --

MR. PANG: Yes.

COUNCILMEMBER SUGIMURA: --just not knowing, you know, the effects and...

MR. PANG: Yes. But there's another side to the coin here. If we bring out the vaccine and we have plenty okay. Let's pose this as a second year of the vaccine and they haven't quite worked out the long-term side effects, there were long-term side effects to the smallpox vaccine and we pulled it. You never...you don't remember that too much because we don't hear about it. So, one mom might say, well why should my kid get the vaccine, most kids do well. But then somebody's gonna say, yeah, but a small percent get that bad thing. So, that might be the impotence for everybody to get the vaccine. But some moms will say hey you never told me the long-term effects like two years out so can I hold off on my kid. That's kind of like, oh now we gotta worry about the kids getting this rare syndrome. But that's gonna play out soon someday when the vaccine comes. But until then if they open up the school it'll be public messaging without scaring the parents. You gotta convince them that if you get it you have enough time, and we have the stuff waiting for you at the hospital to do it, to fix it.

COUNCILMEMBER SUGIMURA: Okay. Thank you. Thank you.

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

CHAIR SINENCI: Okay. Thank you, Member Sugimura. So, it looks like I'm getting texts from the office staff that we can go to three o'clock when we'll take our mid-meeting break. So, I've got one more for the doctor. Dr. Pang, we've been in this stay at home order for eight weeks and so to encourage, you know, as some families might be seeing some whether it be abuse or stressors at home. What are some of the, some activities or practices that our families can participate in should we go any further than this? Just for overall mental health and wellness.

MR. PANG: Okay. Fortunately, I can cover two birds with one stone, mental health and wellness at the same time. And, Vice-Chair Lee, I think you asked about what other jobs can we do. You know, all those guys training to handle COVID between when we don't have COVID I'm gonna propose that all those guys handle all the chronic diseases, diabetes, high blood pressure, everything, public education, monitoring of that. Now, we know full well that when you got these underlying chronic diseases many things, diabetes, asthma you can't help, high blood pressure you can, obesity you can, when you fix that even if you've been having this 20 years as you start to fix it you will handle an infection a whole lot better. So, I want the public who's staying at home, the Mayor's kind of lifting things, go off on your own or with one person in your family and start walking, start walking. When you sit around all day you are missing like you're not using 80 percent of your lung. When you get COVID you need all your lung, when you start walking you will start using the rest of your lung. In fact, you want proof that I believe this the guys in quarantine down at our site they supposed to stay inside their RV and we give you food. We actually allowed them come out twice a day dawn and dusk when it's not so hot and walk around the perimeter like 15 times. I mean if you're gonna do it together, space yourself so you're not overlapping the other guy. But I really do believe it's not too late to start fixing your physical activity. So, do some physical activity, you don't have to run a marathon just get out and about and both for your mental health and for your own health. Lucky we can do this year-round in Hawai'i. Try that stunt on the mainland you'll be slipping on the ice and you don't want to go out at all. So, if Hawai'i people can't do it, God you wasted being here. Okay, I mean there's no excuse for not doing this.

CHAIR SINENCI: Thank you for that, Doctor. And then one final...we'll go to three o'clock, Ms. Paltin?

COUNCILMEMBER PALTIN: Thank you, Chair. I just was wondering, you know, that we're doing mail-in voting this year and it's a great time to do it. Can...just wondering if the virus can live on paper and if we should like fumigate the ballots or anything like that?

CHAIR SINENCI: Dr. Pang?

MR. PANG: Okay. Okay. This question was pretty...kept coming up. How long will the virus survive on surfaces? At our, at Hawai'i's environmental temperature, not air conditioned, environmental temperature probably six or seven hours. So, that's how long it's gonna take to mail. I really...I'm glad we don't air condition the post office

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES  
Council of the County of Maui**

**May 19, 2020**

---

when nobody's there. When you have air-conditioned temperatures, the virus can survive on these surfaces maybe three or four days. Okay. So, when you say...the thing I miss most about old Hawai'i is when I grew up air condition was a precious thing, and yes it was a little hot and uncomfortable in between, but that's what marks my seasons. Can we not force air conditioning all the time and the Mayor said this, the busses can you turn down your air conditioning 70 percent of the time? When it's real hot go ahead turn it up, but this is not the land of air conditioning or it shouldn't be, the virus survives well. In fact, you shouldn't even ask me does it survive, you should ask me does it multiply on air condition temperatures. So, is it any wonder why cruise ships, air conditioned, hey, the Navy air craft carrier, hey. MIT drew the line of the air, the cooler climates, you know Washington State, Iran is air-conditioned elevation, Europe, hey. So, hey then how come it spreading in Guayaquil right on the, right on the equator? Why is it spreading in the Philippines? Where's the air conditioning? Check it out man, I believe it's spreading in the richer folks who have air-conditioned office. You live in air-conditioned temperatures, you're spreading around, this thing will survive for like three or four days as opposed to I don't know four or five hours in our temperature now.

COUNCILMEMBER PALTIN: And just clarifying you're sure that the Post Office turns off their air conditioning when no one's there? 'Cause when I check my box at Lahaina I feel the air conditioning coming out of the box during off hours.

MR. PANG: Okay. I'm not sure but when I check the Wailuku guys, you know, and when I went it was kind of warm or something, but maybe if not we should just tell them turn off the air conditioning when people aren't there and the only excuse they can give us, oh it takes so much energy to heat 'em up again. You don't have to walk into an air conditioner, go in, turn it on, bite the bullet, it takes 30 minutes to cool down, okay, I mean really.

COUNCILMEMBER PALTIN: You have that covered? You gonna tell the Feds?

MR. PANG: Sorry, I didn't hear. What was the question?

COUNCILMEMBER PALTIN: I was just wondering if you were going to follow-up with the Lahaina Post Office or if we needed to.

MR. PANG: I don't know. I'll bring it up with the Mayor. But for some odd reason this County Building some of it stays air-conditioned for I don't know why 'cause there's some central thing, but I mean we kind of gotta stop doing that especially if, if it's real hot go ahead turn up the air conditioning because you'll probably get it down to 85 degrees any way and it's warm enough to kill the virus. But to air condition in the winter, in the spring, in the fall what are we doing that for?

COUNCILMEMBER PALTIN: Thank you, Dr. Pang.

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

CHAIR SINENCI: Okay. Thank you, Members. We wanted to thank Dr. Lorrin Pang today for spending some time out of his busy schedule with us and you're always welcome back to talk story with the Council. And so, you have one more, go ahead.

MR. PANG: I had one more comment. I think Yuki Lei and Alice and you maybe, Shane. You knew we started a pilot project for the alternate to cesspools, yeah. We're monitoring that every day, the Berkeley guys are...hey and the thing turned a big corner. It was kind of iffy, the worms weren't so happy, but now the worms are really happy. They weren't dying but they're real happy and I guess it's getting warmer. So, that's a very cheap alternate thing you...they...the Berkeley guys stuck one more filter on it. If you go through the second filter, I'll bet you it's clean enough to put on the land, so you don't have to inject in injection wells. So, that was supposed to address cesspools but if you handle this right you can handle the injection well issue too. So, Yuki Lei, you and Alice know what that is. That pilot project that's running. Okay.

CHAIR SINENCI: Thank you, Doctor.

COUNCILMEMBER KING: Is that the composting toilet?

MR. PANG: Yeah. Yeah. They said don't call it that because composting toilet you got to change the material every three or four weeks. This one you do it once every eight years or something. And then we're --

COUNCILMEMBER KING: Nice.

MR. PANG: --moving aggressively on the rat lung barrier, you know, that shocks them. I'm gonna put it in place with the Kula Community farmers I think tomorrow or something. It should be good keeping the slugs from crawling into the leafy greens and then Mahi Pono will be interested in this too. Okay.

CHAIR SINENCI: Thank you, Doctor. We'll keep in touch --

MR. PANG: Okay.

CHAIR SINENCI: --with you on that. Mahalo.

MR. PANG: Okay. Thank you. Bye.

CHAIR SINENCI: Take care. Bye. So, Members, at this time we've reached the mid-meeting mark so, we'll take our recess at this time and then at 3:15 we have Mr. Michael Rembis of the Maui Health System joining us. So, if you can be back by 3:15 and then we'll...I'm not sure how long he's here but we can do a round of questions for him as well. So, it is 3:01 and the EACP meeting of Tuesday, May 19<sup>th</sup> is now in recess. . .  
*(gavel)*. . .

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

**RECESS: 3:01 p.m.**

**RECONVENE: 3:16 p.m.**

CHAIR SINENCI: . . .(*gavel*). . . The EACP meeting of Tuesday, May 19<sup>th</sup>, please come back to order. It's 3:16 in the afternoon. And so, Members, we have Mr. Michael Rembis has joined us today via telephone conference. He is the Chief Executive Officer of the Maui Health System and so we'll just go straight to him for some opening remarks and then we'll open it up for questioning afterwards. Mr. Rembis, thank you for being here.

MR. REMBIS: Thank you very much. I appreciate the opportunity to talk to all of you. I have with me my communications director, Tracy Dallarda as well. I'm happy to say that everything is moving in the right direction on Maui as it relates to COVID-19. We have not seen a positive case on the island for a few days now. We have actually not seen any positive COVID-19 patients for 17 days being admitted to the hospital. And it's been even longer since we've had anyone serious or on a ventilator. We've had no patients on a ventilator for over 30 days. So, we are moving in the right direction. As of today in the hospital we just have one patient that's positive and that patient's being tested this week and we're hopeful that the patient will test negative. We have not seen admissions, we're seeing more and more healthy patients coming into the hospital as always during the entire COVID-19 crisis. The majority of the patients in the hospital are not COVID-19. They're patients who just need medical care. And I'm happy to say that we are providing exceptional care to a lot of people. COVID-19 is not the focus at the hospital anymore. We are prepared if it should surge again, but I'm happy to say that our amazing staff here at the hospital has done an exceptional job of caring for these patients that had COVID-19 and almost all of them have gone home and are now negative and healthy. Happy to answer any questions you might have regarding the COVID-19 crisis or how we're prepared to move forward and prepared if there's another surge.

CHAIR SINENCI: Mahalo, Mr. Rembis. Yeah. Okay. So, we're gonna open it up for questioning for the Members and we'll start in reverse order. We'll start with Chair Lee and then onto Member Molina. Chair Lee?

COUNCILMEMBER LEE: Hi, Mike. Welcome to the Council again.

MR. REMBIS: Happy to be here.

COUNCILMEMBER LEE: Yeah. Thank you. Of course, you know, we've we heard a lot of issues with the hospital and the fact that...well I don't know if it was a fact, but we were told that certain outbreaks weren't disclosed. Could you comment on that because we still get letters and e-mails from people who were concerned about the incidents that occurred probably a few weeks ago?

MR. REMBIS: Well, we have been very transparent for over a month sharing with the community, with the Mayor any employees here that have contracted the virus. When

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

this first started over a month ago there was a small outbreak cause of one employee who came to work ill without telling us they were ill. And we've been telling every employee if you are ill do not come to work. That's before we were doing screening at every entrance which we've been doing for a very long time now. The reason we didn't respond right away is we were trying to understand the extent of the outbreak and testing other employees to identify if they had transmitted the virus to anyone else. And at that time no hospital was sharing that information. Other patients have been infected in O`ahu and that information is not widely shared. As soon as we were asked about it we quickly identified that...how many employees had been infected or obtained the virus from that one employee and we did share that publicly. I regret that we didn't do it quicker, but we had never faced a pandemic before and need to understand how quickly we could trace it...this patient...this employee's contact with any other employees to identify how significant the outbreak was. But as soon as we did, we shared it.

COUNCILMEMBER LEE: Okay. Well, thank you for that explanation, Mike. One last question, you said screening, what does screening consist of?

MR. REMBIS: Right now, anybody who enters our hospital whether it's an employee, a physician or a visitor and we have very limited visitors right now, they have their temperature checked, there's a number of questions we ask going over all the symptoms that the CDC has identified that could be associated with the COVID-19 virus. If they have any of those symptoms or a temperature, they're not allowed in the hospital. If they're an employee, they're sent immediately to the emergency room so they can be screened by a physician or a nurse practitioner and then they are tested for the virus. And while they are waiting for the results we send them home and we continue their salary, we want them to feel comfortable going home waiting for their results. So, we consistently do not let anyone out in the hospital unless they are screened, and if they have any symptoms or fever they are tested and sent home.

COUNCILMEMBER LEE: Okay. Thank you. Thank you, Mike.

CHAIR SINENCI: Thank you, Chair Lee. Perfect timing. Okay, next we have Member Molina and then Member King.

COUNCILMEMBER MOLINA: Thank you, Mr. Chairman. And good afternoon, Mr. Rembis, and thank you very much for that update. You know, earlier we had Dr. Pang share with us about the potential surge in COVID-19 cases come the fall. What is the hospital's plan and what is that so-called number if you will, where it is a crisis point where the hospital will have a difficult time addressing patients with other medical needs while trying to address those with COVID-19 cases?

MR. REMBIS: Well, fortunately we did not experience at this time thanks to everyone in this community social distancing and bringing down that curve. I would hope if we have any surge in the future we will respond in the same way. We average...our hospital can handle 219 patients a day without any difficulty. We usually average about 25

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

patients less than that, it varies during the season. We have done our own surge planning and we think we could easily with some work expand our capabilities to about 300 patients in the hospital. If we go beyond 300, then we will need to take some extraordinary measures, but we do have a plan to even go beyond 300. We have a mobile hospital that has been provided to us by the State, we also have some outpatient facilities nearby that could be converted for low-acuity patients, patients that are not very sick as well. So, I would say that I would not be overly alarmed until we get close to that 300 number. We never got beyond the 219 this last time with the surge we did have.

COUNCILMEMBER MOLINA: Great. Thank you. And one last question with regards you mentioned that an employee came to work ill and, you know, I'm pretty sure most of your employees are very dedicated to their jobs. Now, since that has happened your employees have they been informed that any, I hate to say any disciplinary action could be taken against an employee who does not...who fails to report...and who comes to work ill, I mean has that been discussed as far as with your employees for failure to report or disclose any potential illness?

MR. REMBIS: We haven't talked about disciplinary action, but we have reminded them every day that they cannot come to work. And if someone was to come to work and we found out about it and they were ill, we would provide whatever is necessary to deal with them. Fortunately, we haven't had to do disciplinary action but that would be part of what we would consider. We do not want anyone in the hospital that's not feeling well. And I think that every employee understands that. The other thing that we've done since that first exposure, boy we have as a society have learned a lot, we now do universal masking. We've been doing that for almost a month now and universal masking means everybody wears a mask, the patients, our employees, everyone, and when you add mask to mask even if someone did come to work sick the risk of exposure is extremely low now 'cause everybody's wearing a mask. But we still, are screening everyone and we remind employees daily now if you see a co-worker that is coughing, not feeling well, please get them out, get them to employee health so we can get them to the emergency room. And so far we see our staff policing themselves and it's worked well. But we would look at disciplinary action as the last resort if someone came to work and they were not feeling well.

COUNCILMEMBER MOLINA: Okay. Thank you, Mr. Rembis, for those responses. Thank you very much, Mr. Chairman.

CHAIR SINENCI: Thank you, Member Molina. Okay, next we have Member King and then Member Paltin.

COUNCILMEMBER KING: Thank you, Chair. Thank you for being here, Mr. Rembis. We can't see you, are you on video or just by phone?

MR. REMBIS: No. I'm sorry I'm not.

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

COUNCILMEMBER KING: Oh. Okay. So, my first question to you is we were...the Mayor came to visit the Council last week and he said that...he confirmed my question was are we broadening the scope of the people we're testing beyond just symptomatic. And he said that we were so that we have a...so what is the criteria now for getting tested? If we're testing beyond just the people who are symptomatic.

MR. REMBIS: We don't test...we don't do screening for the community. The Mayor brought in Dr. Miscovich to do that. Some of the medical groups are also doing their own testing, Maui Medical Group, Kihei/Wailea, Kaiser does testing. In the hospital we only do really two types of testing, we test any patient that comes in with symptoms, any symptom that might be related to COVID-19 we test to make sure that they are negative and if they're positive we can manage that appropriately. And we also have started doing what we call routine screening of employees that work in high-risk areas. So, if an employee works in the emergency room, we routine screening them periodically to make sure they're all negative. Same thing with any unit that admits a patient with symptoms and again they're admitted if they have symptoms and we call them a rule out unit so we can rule out whether they have the virus or not. And I'm happy to say in the last week or two everyone's been ruled out negative. But those employees since they're in a high-risk area are also routinely screened. And I'm happy to say in the last couple weeks they've all tested negative in those areas. But we have tested...we have 1,500 employees and we've done over 986 tests on our employees to make sure that they are negative, and if they are positive, we get them out as quickly as possible. But the very vast, vast majority for now weeks, have all been negative.

COUNCILMEMBER KING: Okay. Thank you for that, that's really great news. But so far...so, you're not testing anyone outside of the hospital like in other high-risk jobs like our first responders or, you know, there's...

MR. REMBIS: No. No, we're not. I think Dr. Miscovich actually had a couple days to do just first responders. And so, that is being done. Now, if first responders comes into our emergency room and is not feeling well we'll test them. But we're not offering routine screening for the community, there's just not enough testing kits available to do that for the entire community unfortunately.

COUNCILMEMBER KING: Okay. So, I'd just like...I'm worried, a little worried about our homeless population and if somebody...but if somebody had those symptoms and was homeless, they would have to get themselves to the hospital to get tested or do you do any outreach?

MR. REMBIS: If someone from one of the homeless shelters was sick and they had symptoms and they brought them here we would test them. But I think there's other places they can be tested...I think our clinic over at the Cameron Center tests them. There are other opportunities but if they came here and they had symptoms we'd test them. But we will not go to them. And I think our homeless shelters have done pretty well in this crisis.

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES  
Council of the County of Maui**

**May 19, 2020**

---

COUNCILMEMBER KING: Okay. Yeah. I'm really looking at the people who are unsheltered right now so, just trying to figure out if there's a way to get a handle on that population and how at risk they are.

MR. REMBIS: I would like to see more testing capabilities on the island and they're growing but we're not where we need to be yet.

COUNCILMEMBER KING: Okay. Thank you for that. Is all the testing that's being done by the private entities too is that all free? Or is that cost?

MR. REMBIS: Right now, I believe it's all free, none of the insurance companies are charging the patients, we're waiving all co-pays. I don't believe anyone is getting a bill, and if they do, they need to bring it to our attention.

COUNCILMEMBER KING: Okay. Great. All right, thank you. Thank you, Mr. Chair.

CHAIR SINENCI: Thank you, Member King. And we'll go to Member Paltin and then Member Sugimura.

COUNCILMEMBER PALTIN: Thank you, Chair. Thank you, Mr. Rembis, for being here today to answer our questions. Just following up on Member King's questions when you said that folks that test positive or people with symptoms being segregated will be dealt with appropriately. Can you elaborate as to what that appropriate dealing with is?

MR. REMBIS: Sure. Patients come in, if they have any symptoms, they go to a special area so we can wait for their test results to come back. If they're negative, we test them usually twice, and then they'll be moved into a normal part of the hospital 'cause we know they don't have the virus. If they are tested positive, they stay in that unit 'cause all of our employees there handle them appropriately, they wear special masks, gowns, gloves, they take certain precautions to not only protect themselves but everybody else in the hospital. So, we know --

COUNCILMEMBER PALTIN: And.

MR. REMBIS: --we spent a lot of time making sure we can safely take care of a positive patient without it causing any harm or danger to our employees or the other patients in the hospital. They're isolated and dealt with appropriately by certain precautions that we take on every single patient that has COVID-19.

COUNCILMEMBER PALTIN: Thank you. And how are supplies of PPE looking for a second or third wave? Adequate?

MR. REMBIS: Well, right now the supplies look really good. Of course, we only have one patient so we're not using as much. But we are building our supplies, I can truly say that I feel better about PPE than I ever have. We're --

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

COUNCILMEMBER PALTIN: Okay. Thank you.

MR. REMBIS: --we are going to do everything we can to grow our supplies. And Kaiser Permanente's helping us grow those supplies as well. We want to be as prepared as possible for another surge and so that we have everything we need. And we created even an emergency operation center here where we are reviewing our supply needs, PPE, ventilators, filters, everything we need on a daily basis, and we're trying to build all those supplies for the community.

COUNCILMEMBER PALTIN: Okay. Thank you. And then my other question is what kind of education and support is being provided to staff to strengthen and support their immune functions to maintain their health and, you know, what is being done so that the hospital can be more supportive of staff during the second wave? As a lot of folks were really stressed out on the first wave, is...are there things being planned on how we can support our staff there during the second wave? Or third or fourth?

MR. REMBIS: Well, let's hope that we don't have that many waves, let's hope we only have a bump if anything. Our employees have been heroes as far as I'm concerned, they've done a great job. A lot of them were very scared as I think everybody in the community was at the beginning of this. So, a lot of education has taken place, making sure they know that if they wear the appropriate PPE, take the appropriate precautions there should be very little if any chance of containing...of contracting the virus. But that education needs to continue. I think it's important when the virus is gone on this island that we continue that education. If it comes back, I don't want the employees scared again. We need to make sure that they feel very comfortable taking care of all patients with appropriate precautions for themselves and their families. One of the things we've instituted and I'm very proud of it, if someone does get tested we want them to stay home for 14 days and we pay them, we don't want them to be economically impacted if they do get positive. And if they get tested and we send them home while we're waiting for the results which could take a couple days, we pay them for that too. We don't want the anxiety of testing impacting their lives. And we're doing --

COUNCILMEMBER PALTIN: Thank you.

MR. REMBIS: --everything we can to make them feel more comfortable, we even have meditation periods each afternoon where they can go to our auditorium and spend some quiet time and reflect. And we --

COUNCILMEMBER PALTIN: Thank you.

MR. REMBIS: --have our...

COUNCILMEMBER PALTIN: My last question --

MR. REMBIS: Yeah. Go ahead.

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

COUNCILMEMBER PALTIN: --is the AC do you guys...my son and daughter visited the hospital for health situations and it was kind of freezing cold and Dr. Pang was saying that too much AC is not a good thing so, I just was wondering how that's working out at your hospital.

MR. REMBIS: Well, the AC's usually at a pretty level temperature. But if an areas pretty empty I suspect it could be a little cooler. It's 'cause there's not as much body heat and activity. But the hospital's regulated, we have separate air-conditioning handlers for every area of the hospital. And that's being regulated on a daily basis. But it's probably not unusual if you walk into an area where it's empty or there's not a lot of activity it could be a little cooler than the patient areas.

COUNCILMEMBER PALTIN: Okay. Thank you. My time might have been up, I didn't hear a timer, but I saw a chat. Thank you.

CHAIR SINENCI: Thank you, Member Paltin. Okay I'll go get the baking one so you guys can hear. So, we have Member Sugimura and then Pro Temp Kama.

COUNCILMEMBER SUGIMURA: Thank you, Chair. Nice to hear you, Mike, and --

MR. REMBIS: Nice to hear you too.

COUNCILMEMBER SUGIMURA: --thank you for the good work I guess you've really progressed from the times that we were all afraid of what's going on at the hospital. But I wonder I think you have your communication person with you and I wonder if you could talk about what systems you've put in place at the hospital. And my second question which would be related is that do you have a hotline that people can call in if they have questions or will you be planning some kind of community outreach, talk, you know, talk show so that people can understand what all your telling us today? Thank you.

MR. REMBIS: Let me share a few things with you. We had a hotline and we probably are not gonna be using it cause as of last week hardly any calls have come in. But we have an e-mail address which is mauihealtheoc which stands for our emergency operation center, mauihealtheoc@kp.org and anybody can e-mail us a question and we'll respond. So, that's real important. We also have instituted a update in writing that we hand out to every employee three times a week and we e-mail it to them at the same time. We realize that many employees don't check their e-mail everyday so we e-mail it Monday, Wednesdays, and Fridays and sometimes more frequently. We also hand them out to every employee when they come to work to inform them and to educate them. We also are doing town halls, we've been doing them two day...two times a week for all of our employees and physicians. We just did one today where they can call in and ask any question. We also have experts here that explain testing to them, explain PPE, explain what is happening in the hospital with our patients. So, we spend half of our time educating them and the other half of the time answering their questions. And Tracy, our Director of Communication and I are looking at

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

planning a town hall for the entire community in the next few weeks if we can put that together.

COUNCILMEMBER SUGIMURA: . . .*(inaudible)* . . .

CHAIR SINENCI: Mahalo Member Sugimura. We have Pro Temp Kama.

VICE-CHAIR KAMA: Thank you, Chair. Thank you, Mr. Rembis, for being here this afternoon. I have a real...for me it's an important question to ask. But, you know, the first time someone in my family actually passed away in a hospital was in 1990. And it was devastating to my family for that to happen because that person passed away alone and by themselves. Since that time when members of our family have ever entered into the hospital we've always tried to see if we could stay overnight. The most recent stay was around Christmas time when my daughter had to be hospitalized and I asked to stay overnight, they allowed me to stay. That's been a common practice in my family from that time in 1990 and then my father, my mother, and our children so on and so forth so, in your process or your protocols for when patients enter into the hospital and they have to be...because they have COVID-19, what happens in that situation like that? Where you allow the family to stay, is there is someone able to stay because, you know, we talk about this when COVID first hit with all of my siblings and, you know, we talk about these things because they're important to us that not ever...not any member of our family will ever pass away without somebody being present. It's important to us as a family, it's important to us as our culture, and so I wanted to put that out to you 'cause I understood that at that time was going on that, you know, visitors were not allowed and things like that. And I would object vehemently to something like that because it is who we are, it is what we are as a people, and I do like to ask for your response regarding that.

MR. REMBIS: Well, I tend to agree with you. I would want to be there with my...if my wife was in the hospital and vice versa. Unfortunately, during the COVID-19 crisis we've eliminated all visitors with two exceptions. If you are having a child, one person can come with you for the birth of the child, and if you have a relative who is passing, that is close to death we will make a compassionate use exceptions and allow visitors to come in with them during that difficult time. All the hospitals in Hawai'i have stopped all visitation at this time. We're not unusual. We have to be consistent with the practices throughout the State and right now there are no visitors allowed in the hospital except for compassionate visitation if people are in a period where they are going to be passing or if they're having a baby. We hope that the whole industry, all the other hospitals in Hawai'i will re-evaluate that as the Governor considers opening up the community and taking some of the emergency declarations away, but right now visitors are not allowed and we're the same as every hospital in the State. But we will be looking at that because I happen to agree with you, if I had a loved in the hospital, I want to be there. But right now, was not the time to make those exceptions.

VICE-CHAIR KAMA: Okay. So, I have follow-up, Chair, please? So, what do you do with children with special health needs who have total dependence upon their parent even

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

if they're adults, totally dependent upon their parent for everything and they have to be quarantined? I mean...you don't do --

MR. REMBIS: Well, if we had a choice...

VICE-CHAIR KAMA: --exceptional cases for an adult?

MR. REMBIS: If we had a child like that --

VICE-CHAIR KAMA: For an adult.

MR. REMBIS: --working with the...if we had a child like that, working with the physician getting his input we could make a compassionate use exception. But they would be reviewed by a panel of physicians to give us a recommendation.

VICE-CHAIR KAMA: Okay. Well, thank you very much for that and I really appreciate it and I certainly would like to be able to urge, encourage because we have family members with children with developmental disabilities and who just need that caregiver whoever that might be and you do more damage than good when you separate the child even if it's an adult child from their caregiver or parent. Thank you.

MR. REMBIS: I agree and caregivers are extraordinarily helpful in the healing of all of our patients.

CHAIR SINENCI: Mahalo, Committee Vice --

VICE-CHAIR KAMA: Thank you, Chair.

CHAIR SINENCI: --Chair Kama. And, Member Keani Rawlins-Fernandez, you have some questions?

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Chair. Aloha, Mr. Rembis, mahalo for joining us again and mahalo for your response to Member Kama's important question. I know there's a lot of people wondering about that. So, I'm happy to hear that caregivers would be allowed with children or adults with any kind of developmental needs. So, my first question is the last time that you joined us you shared with us that you were finalizing a plan for a medium surge. Was that plan completed? And did you start working on a severe surge plan?

MR. REMBIS: Yes. Our surge plan was completed to handle up to 300 beds within the hospital, we know exactly where the beds will be located. I can be happy to share with you that we've almost doubled the number of ventilators. I went out in the market and was able to purchase a number of ventilators and the Mayor helped us get some additional ones made on Maui. So, we have ordered additional equipment which we have not needed to use this time, but it will be here for the future. We've ordered additional beds which we will keep here in storage and we have the ability to go again

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

from 219 to 300 beds and we have all the capabilities. And we have physicians that have, in our community that have volunteered if we have a surge to come and help us in the hospital if they're needed. We are now working on a deeper surge plan which we pray and hope we will never use if we have to go into the community and go beyond the four walls of the hospital and be on 300 beds and that should be done in the next month working with a number of physicians in our community.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo for your response and it's good to hear. So, for the number of ventilators is that...so doubled does that mean you have about 40 ventilators?

MR. REMBIS: Very good. Yes. I think 40 or 41 but yes very close to that number.

COUNCILMEMBER RAWLINS-FERNANDEZ: I know how to multiply. Okay. So, with the surge do you anticipate needing additional healthcare workers out-of-state or the healthcare workers that you've identified within the community would be sufficient for both the medium and severe surge?

MR. REMBIS: If we go to 300 beds I think the staff we have plus staff that we know have volunteered in the community, we have some nurses and some physicians in the community that have offered to help for instance some of the Kaiser nurses and staff have offered to help the hospital if we have a surge. We will be stretched but we should be able to handle it. I can share with you though we always have some travelers from the mainland who work here 'cause we never have enough nurses although that never has gone down tremendously. Two years ago, we were...we had almost 200 nurses a day here from the mainland, we're now down to about 50 but we have made arrangements that if we had a surge, we could get additional nurses from the mainland if we needed them. We prefer to take care of people on Maui with the people here on Maui. That would be our last resort.

COUNCILMEMBER RAWLINS-FERNANDEZ: Okay, great. So, last month you had 200 nurses visiting? I'm sorry when was that? Or was it pre-COVID?

MR. REMBIS: Two years ago, we had about 200 traveling nurses from the mainland here. Now that numbers below 50.

COUNCILMEMBER RAWLINS-FERNANDEZ: Okay. So, the current number is below 50.

MR. REMBIS: Correct.

COUNCILMEMBER RAWLINS-FERNANDEZ: And I guess I'm unfamiliar with why they're here. Is that something that the Maui Memorial requests or is it something that they request to come here?

MR. REMBIS: Maui Memorial Hospital has always relied on what they call traveling nurses, nurses from agencies on the mainland to help staff the hospital. We do not have

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

enough nurses on this island on a daily basis to take care of every patient that's in the hospital. So, when I came here two-and-a-half years ago we had almost 200 of those nurses working on a daily basis out of...we probably have about 600 nurses, 550 to 600. And about 200 of the nurses on a daily basis were contract nurses that were here for six months or longer at a time from the mainland supplementing the staff here. Since I've been here, I've made a pledge to hire every nurse from our local college and I'm happy to say during the last three classes we've hired every single nurse and now our reliance on nurses from the mainland is down to about 50. And my goal is not to rely on the mainland at all for care of our patients and I will hire every nurse that I can that we actually graduate here on Maui.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo for that effort. I definitely applaud that goal and support it. And so, it looks like my timer might be going off soon so, my last question or maybe it went off already, Member Sinenci. But my last question is so, is it that Maui Memorial needs about 50, a little less than 50 nurses? Is that where we're at right now?

MR. REMBIS: To not rely on any outside nurses we probably need --

COUNCILMEMBER RAWLINS-FERNANDEZ: Yes.

MR. REMBIS: --50 to 60 additional nurses in different areas. And unfortunately, some of them are specialty nurses that we don't have on Maui, but the more we can train our own nurses and hire from the State of Hawai'i the better I think the care will be.

COUNCILMEMBER RAWLINS-FERNANDEZ: Great. Thank you so much, Mr. Rembis. Aloha. Mahalo, Chair.

CHAIR SINENCI: Mahalo, Member Rawlins. Mahalo, Member Rawlins-Fernandez. So, I've got a couple questions, Mr. Rembis. So, as we look nationally and we see that retirement homes are one of the hot spots and considering that we have Kula Hospital here. Is there any plans to, for additional precautions up at the Kula Hospital?

MR. REMBIS: Well, to be honest with you Kula Hospital has been our priority from the very beginning, we took exceptional precautions from the very beginning of COVID-19. Even before we started screening patients coming into Maui Memorial, we were screening patients up in Kula. And we also have a small long-term care unit over on Lāna'i as well. We've been following all the guidance from the CDC, from the Department of Health, we've been checking all patients coming into those facilities, any new patients we make sure that they are negative, we test all of our employees, our physicians. There is no visitors unfortunately allowed right now up in Kula or Lāna'i, no vendors, no sales people. We've stopped almost all visitation. We have a triage tent in front of the hospital. If they come into the emergency room, we want... 'cause there's an emergency room up there, we want to screen them outside, not inside the hospital. We've also stopped allowing anyone to eat in the cafeteria, we provide them meals in their rooms. We are doing everything to make sure universal

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

masking, that's our priority. We do not want that vulnerable population impacted at all by the virus and we as a...not only we at Maui Health, but I think Hale Makula [sic] they've done an exceptional job, all of us protecting the people that are the most vulnerable.

CHAIR SINENCI: Mahalo for that.

MR. REMBIS: And that will stay that way.

CHAIR SINENCI: Thank you for that, Mr. Rembis. And then my last question is what can the County of Maui do to help and support you and your efforts?

MR. REMBIS: Well, I think the most important thing is be sure we educate them. The hospital is a safe place. You know, I would say this is probably the safest place in this entire community. I know COVID-19 is scary but with the hygiene, the hand washing, the screening of everyone that walks in, the random testing we're doing, the PPE that everyone's wearing, the masking, this is probably the safest, if not one of the safest places on the island. And most of the patients we take care of even during the COVID-19 are not COVID patients. At the peak of our crisis probably 10 percent of the patients were positive, 90 percent were our friends and neighbors that just needed medical care and they did fine. So, you know, one of the things we need to do and it's so hard for all of us because the COVID-19 generates anxiety and fear among all of us. But I think we all have to work to provide confidence in the caregivers and in the hospital that we're here for them, it is safe, and we need to all be focused on what the Mayor and what all of you have said, social distancing and using responsible actions in our community. I mean Maui and the State of Hawai'i has done an exceptional job and people need to understand we have one of the lowest incidents of COVID-19 in the United States because of what everybody in this community did together. And I think to re-enforce that we can make a difference on the curve, if we all work together as a community, we can beat this virus and do well. I think that's important for people to understand. Reduce the anxiety and fear, let's make sure social responsibility is what we follow all the time and make sure people have confidence in the healthcare workers and the confidence in their hospital. We're there for them and they shouldn't fear the COVID-19, they should be smart and make sure that they take the right precautions and I can't emphasize enough, I know it sounds so trite, wash your hands and wear a mask. Those are the most important things people can do along with social distancing.

CHAIR SINENCI: Mahalo for that reassuring comments, Mr. Rembis. For those visitor...to the visitor industry that may have people that want to come to Maui because they consider this a safe place, what are some of the things that we can express to our visitor industry that, yes, we are a safe place; however, we want to, you know, keep our residents here safe as well? And if there is an upsurge it would technically come from outside the State coming into our State.

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

MR. REMBIS: Well, the first thing I would tell them is what I tell my employees, don't come here if you're sick. We don't want people coming here if they're sick or have any of our symptoms. And preferably if the Governor can find a way to require testing before they get here, we should do that. If there's any way we can help with testing for people that get here, we may not be able to require testing so if someone comes here and they're in a 14-day quarantine I would like to find a way we can test them when they get here. I'd rather test them and let them out of the quarantine if they're negative than to have them potentially be positive and break quarantine without us knowing it. So, whatever we can do to test these visitors, encourage them not to come unless they're tested, and not to come if they're sick is what we need to do and be very careful in how we reopen up this County.

CHAIR SINENCI: Thank you, Mr. Rembis. Mahalo for that. Members, you have any last-minute questions for Mr. Rembis before we release him? I see Member Paltin.

COUNCILMEMBER PALTIN: Thank you, Chair. And thank you, Mr. Rembis. Right before you came on we had Dr. Lorrin Pang and he seemed to indicate that testing would be misleading before they get on the plane and after they land because they don't always...there's a big window and he was more in favor of the 14-day isolation. And so, I was wondering that last part that you had said is that coming from you as a medical professional and have you discussed it with Dr. Pang and you disagree with him?

MR. REMBIS: No, I don't disagree. The problem is no one knows the best way to handle the visitors coming back. Testing in and of itself is not 100 percent assurance that you understand what's happening with the virus. The quarantine is the right way to go but I would say that even here at the hospital if we have someone with symptoms and they test negative and they still have symptoms we'll test them more than once. A negative test in and of itself if you have symptoms does not necessarily guarantee you, you don't have the virus. So, I would agree with him testing is not perfect, that quarantine is the best answer, but I'm also a realist and I'm concerned that people...if we have thousands of visitors under a 14-day quarantine are they gonna stay quarantined. And I...this is a real challenge for government and the hotel industry. But I would agree with him quarantine's the best way but I'm concerned about how we keep them in quarantine and I'm also concerned that we have enough testing 'cause in many cases you got to test more than once.

COUNCILMEMBER PALTIN: Thank you for that clarification.

CHAIR SINENCI: Mahalo, Members. Any last questions? Seeing none, Mr. Rembis, we appreciate you being here with us. Thank you for taking time out of your busy schedule to spend some time with us, we appreciate it.

MR. REMBIS: And as you know at any time you want to do this again, I'm happy to do it. I appreciate your support and your leadership for the County of Maui.

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

CHAIR SINENCI: Thank you.

MR. REMBIS: Okay. Bye-bye.

VICE-CHAIR KAMA: Bye.

CHAIR SINENCI: Okay, Members, so we've got a couple other items on our list and we can quickly go over them and if we run out of time we can always defer to our next meeting. So, but without objections the Chair would like to defer this item.

COUNCILMEMBERS: No objections.

**COUNCILMEMBERS VOICED NO OBJECTIONS.**

**ACTION: DEFER PENDING FURTHER DISCUSSION.**

CHAIR SINENCI: Okay. Thank you.

**EACP-3 WASTEWATER INFRASTRUCTURE NEEDS (CC 17-99)**

CHAIR SINENCI: Okay. Moving on to EACP-3, Wastewater Infrastructure Needs. So, in February of 2017 Councilmember Elle Cochran requested that this item be referred to Committee via County Communication 17-99 and included a report titled, Options to Improve the Wastewater Management in South Maui. A month later an additional marine pollution bulletin article on the influence of wastewater discharge and water quality in Hawai'i. There was correspondence to and from the Department of Management about how to improve the treatment of wastewater and so at the end of the 2016-2018 term this item was referred to our Committee. And so, I just wanted to get a feel from the Members, we're going through our agenda and looking at what can we address at this time and this is one of them that I'd like to recommend to either refer this to another committee if this body feels that way or I'll entertain some suggestions. Member Sugimura?

COUNCILMEMBER SUGIMURA: So, I think of any committee I think it belongs, fits more I think for what you're saying in my Committee. I haven't read the report that you're referencing but just in title it seems like it would be infrastructure, DEM, as part of the...my Committee the WIT Committee.

CHAIR SINENCI: Okay. Committee Vice-Chair Kama?

VICE-CHAIR KAMA: Thank you, Chair. As I look at your agenda it almost seems as if County Communications 17-99, 18-167, 14, they look like they kind of like belong at Member Sugimura's Committee. I'm just wondering if... 'cause they all have to do with

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

water and wastewater and I don't see anything else that...of course coqui belongs to you, right. You own the coqui frogs, but --

CHAIR SINENCI: Yeah.

VICE-CHAIR KAMA: --so, I'm just looking that maybe we can send them all to her if she's okay. And if some other Members are okay with that.

CHAIR SINENCI: Okay. Sure. Member King, any comments?

COUNCILMEMBER KING: Chair, yeah. I would support those three going to the WIT Committee they originally came out...they originally were referred to Ms. Cochran's Committee because she was the Infrastructure, she had...she had...what was it...

VICE-CHAIR KAMA: Senior moments.

COUNCILMEMBER KING: Infrastructure and...I'm trying to think what it was...

COUNCILMEMBER RAWLINS-FERNANDEZ: Environmental Management.

COUNCILMEMBER KING: Environmental Management was part of that right. Yeah --

COUNCILMEMBER RAWLINS-FERNANDEZ: IEM.

COUNCILMEMBER KING: --that's right Infrastructure and Environmental Management, so.

COUNCILMEMBER RAWLINS-FERNANDEZ: Yeah.

COUNCILMEMBER KING: We don't really have a specific environmental management committee right now, but I would support those going to Committee and hopefully we can get reports on those different items.

CHAIR SINENCI: Okay, other Members? Okay. The Chair would entertain a motion to refer County Communication 17-99 to the WIT Committee.

VICE-CHAIR KAMA: So, move.

COUNCILMEMBER LEE: Second.

CHAIR SINENCI: Okay. So moved by Pro Temp Kama, seconded by Chair Lee. Any discussion?

COUNCILMEMBER KING: Chair?

CHAIR SINENCI: Member King?

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

COUNCILMEMBER KING: Can we amend that to add on County Communication 18-167 and Miscellaneous Communication dated 5/21/2018?

VICE-CHAIR KAMA: Second that motion.

CHAIR SINENCI: As a friendly amendment? Okay. Member Sugimura?

COUNCILMEMBER SUGIMURA: And it looks the...your next one also should be referred which is County Communication 19-45.

COUNCILMEMBER LEE: Forty-six.

COUNCILMEMBER SUGIMURA: Oh, is it 46? I'll put my glasses on, 46.

CHAIR SINENCI: Which one is that, Member Sugimura?

COUNCILMEMBER SUGIMURA: Yeah. Oh, the next page in your agenda.

COUNCILMEMBER KING: The Waterline Easement. So, it's your EACP-18. The next item on your agenda.

COUNCILMEMBER RAWLINS-FERNANDEZ: I think that one Member Sinenci wanted to keep because of the cultural sensitivity to that one, yeah.

CHAIR SINENCI: Yeah, and some of them we're gonna file as well. So, we can just go one by one if it's okay and then we can just have a fast discussion if anything.

COUNCILMEMBER KING: You want me to withdraw my motion then?

VICE-CHAIR KAMA: Your amendment, the amendment.

COUNCILMEMBER KING: My motion for the amendment.

CHAIR SINENCI: Okay.

COUNCILMEMBER KING: You want to take them up one at a time?

CHAIR SINENCI: Yeah, we'll take them up one at a time.

COUNCILMEMBER KING: Okay. I'll withdraw my motion to amend.

CHAIR SINENCI: Okay. All right. Any other discussion on EACP-3 Wastewater Infrastructure Needs? Okay. So, I'll call for the vote all in favor of referring the County Communication to the WIT Committee raise your hand and say "aye."

COUNCILMEMBERS: Aye.

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

CHAIR SINENCI: Okay. The motion passes unanimously.

**VOTE: AYES: Chair Sinenci, Vice-Chair Kama,  
Councilmembers King, Lee, Molina, Paltin, and  
Sugimura.**

**NOES: None.**

**ABSTAIN: None.**

**ABSENT: None.**

**EXC.: None.**

**MOTION CARRIED.**

**ACTION: Recommending REFERRAL to the Water,  
Infrastructure, and Transportation Committee.**

CHAIR SINENCI: Thank you, Members.

**EACP-10 KIHAI WASTEWATER RECLAMATION FACILITY GRIT SYSTEM  
REPLACEMENT (CC 18-167)**

CHAIR SINENCI: Okay. Moving on to the next...Pro Temp Kama?

VICE-CHAIR KAMA: Yes, Chair, I was gonna make the motion to move EACP  
Communication 18-167 to WIT also.

COUNCILMEMBER LEE: Second.

CHAIR SINENCI: Six seven. Oh okay. For this one, Members, EACP-10 we were waiting on  
some input from the Environmental Management. So, my intention was to just defer  
this until we can get some communication back from Environmental Management. If  
that's okay with you guys.

**COUNCILMEMBERS VOICED NO OBJECTIONS.**

**ACTION: DEFER PENDING FURTHER DISCUSSION.**

CHAIR SINENCI: Okay, so...

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

COUNCILMEMBER LEE: Why don't you just tell us which ones you want to refer? That'd be easier.

CHAIR SINENCI: Okay, just that one.

**EACP-14 ENERGY EFFICIENCY AND RELATED COSTS AT THE KIHEI WASTEWATER TREATMENT PLANT (MISC)**

CHAIR SINENCI: And then so, moving on to the next one EACP-14, Energy Efficient and Related Costs at the Kihei Wastewater Treatment Plant. This item was referred to our Committee on May 21<sup>st</sup> of 2018 through the Parks, Recreation, Energy, and Legal Affairs Committee. There's no record of any communication regarding this item except an end of term referral to the EACP Committee. And in January, this past January the Climate Action and Resiliency Committee was created and the South Maui representative, Member King was named Chair. So, again if Member King or some other wanted to address. This is a larger item that could be referred and included with other future items.

COUNCILMEMBER KING: Chair?

CHAIR SINENCI: Member King?

COUNCILMEMBER KING: Thank you, Chair. No, you know, this, you kind of jogged my memory with this because I believe this came out of a budget discussion in 2018 where we were looking at the large amount of solar that was put on the Kihei Wastewater Treatment Facility and the County spent a lot of money on it, but we...it actually wasn't enough so, the bill, the utility bills were very large so, I think that's what we wanted to look at. And I'm happy to take that under the CAR Committee because it is related to renewable energy and where we're going with that as far as island-wide policy.

CHAIR SINENCI: Any comments from the Members? Okay. The Chair would entertain a motion to refer this miscellaneous communication to the CAR Committee.

VICE-CHAIR KAMA: So moved.

COUNCILMEMBER LEE: Second.

CHAIR SINENCI: Okay. Moved by Pro Temp Kama, seconded by Chair Lee. Any discussion? Okay seeing none, I'll call for the vote. All in favor please raise your hand and say "aye."

COUNCILMEMBERS: Aye.

CHAIR SINENCI: Okay. The motion passes unanimously.

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

**VOTE: AYES: Chair Sinenci, Vice-Chair Kama,  
Councilmembers King, Lee, Molina, Paltin, and  
Sugimura.**

**NOES: None.**

**ABSTAIN: None.**

**ABSENT: None.**

**EXC.: None.**

**MOTION CARRIED.**

**ACTION: Recommending REFERRAL to the Climate  
Action and Resilience Committee.**

CHAIR SINENCI: Thank you, Chair. Thank you, Member King.

**EACP-18 MAUI LANI (LARGE-LOT) SUBDIVISION 7 WATERLINE EASEMENTS W-8 &  
W-9 (PORTION OF TAX MAP KEY (2) 3-8-007:153), WAILUKU (CC 19-46)**

CHAIR SINENCI: Okay. The next item EACP-18 is the Maui Lani (Large Lot) Subdivision 7 Waterline Easements W-8 and W-9 (Portion of Tax Map Key (2) 3-8-007:153) in Wailuku. And so, this item came from the County Communication 19-46 which was a notification to Council on February of 2019, from the Department of Finance, of the acceptance of an easement for waterline infrastructure in Maui Lani. So, the intent was to discuss the broader topic of iwi protection during construction and myself and the Committee were working on a subject matter referral for a larger, a broader issue as far as iwi protection. So, if this is the case, I mean I'll entertain a motion to file the communication. But I wanted to get some comments from the Members.

COUNCILMEMBER SUGIMURA: So move.

COUNCILMEMBER LEE: Second

CHAIR SINENCI: Ms. Sugimura? So moved by Member Sugimura, seconded by Chair Lee.  
Discussion?

COUNCILMEMBER KING: The...question.

CHAIR SINENCI: Member King?

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

COUNCILMEMBER KING: Thank you, Chair. So, the purpose of filing it would be to replace it with another item that is a broader item? Or...

CHAIR SINENCI: Yeah. We'll be working...we'll work...we're working on a larger item that addresses iwi protections. So, correct.

COUNCILMEMBER KING: Okay.

CHAIR SINENCI: Any other comments? Okay. So, Chair will entertain a motion to file County Communication 19-46.

COUNCILMEMBER KING: I think you have a...I think you already have a motion...

CHAIR SINENCI: We already did that?

COUNCILMEMBER LEE: Yeah.

CHAIR SINENCI: Okay. So, I'll call for the vote. All in favor please raise your hand and say "aye."

COUNCILMEMBERS: Aye.

CHAIR SINENCI: Okay. Motion passes unanimously.

**VOTE: AYES: Chair Sinenci, Vice-Chair Kama,  
Councilmembers King, Lee, Molina, Paltin, and  
Sugimura.**

**NOES: None.**

**ABSTAIN: None.**

**ABSENT: None.**

**EXC.: None.**

**MOTION CARRIED.**

**ACTION: Recommending FILING of communication.**

CHAIR SINENCI: Thank you, Members.

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

---

**EACP-19 GRANT G4814 (UNIVERSITY OF HAWAII) COQUI FROG ERADICATION (MISC)**

CHAIR SINENCI: Moving along here. Okay and then our final one is EACP-19, Grant G4814 (University of Hawai'i) Coqui Frog Eradication. And so, for this one, Members, this was in February of 2019 and was scheduled before our Committee where we went over this \$750,000 grant. At this point the grant has been expended, we're looking at now the 2020 budget funding and beyond to 2021 which we just heard about. So, the Chair is looking just to file this item to make room for future items.

CHAIR KAMA: So moved.

COUNCILMEMBER LEE: Second.

COUNCILMEMBER MOLINA: Second.

CHAIR SINENCI: Okay it's been moved by Pro Temp Kama, seconded by Chair Lee. Discussion? Okay, great I'll call for the motion [sic], all in favor raise your hand say "aye."

COUNCILMEMBERS: Aye.

CHAIR SINENCI: Okay. It's unanimous, 7-0.

**VOTE: AYES: Chair Sinenci, Vice-Chair Kama,  
Councilmembers King, Lee, Molina, Paltin, and  
Sugimura.**

**NOES: None.**

**ABSTAIN: None.**

**ABSENT: None.**

**EXC.: None.**

**MOTION CARRIED.**

**ACTION: Recommending FILING of communication.**

CHAIR SINENCI: Thank you, Members. It's 4:13. It looks like that's the end of the agenda. So...

COUNCILMEMBERS: No objections.

CHAIR SINENCI: Thank you guys.

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES  
Council of the County of Maui**

**May 19, 2020**

---

VICE-CHAIR KAMA: Well done, Chair, well done.

CHAIR SINENCI: Appreciate it. Thank you, Members. And I wanted to thank all of our outside resources today coming and bearing with me and the Staff through this lengthy agenda. However, this concludes today's meeting of the Environmental, Agricultural, and Cultural Preservation Committee meeting. I did want to check with Staff, Ms. Apo Takayama, is there anything else that we should be...prior to adjournment?

MS. APO TAKAYAMA: Chair, there's no further business before the Committee.

CHAIR SINENCI: Okay. Great. Thank you, Members.

COUNCILMEMBER MOLINA: Thank you, Chair. Good job.

COUNCILMEMBER PALTIN: PSLU.

COUNCILMEMBER LEE: Meeting is adjourned.

CHAIR SINENCI: Yeah, this meeting --

COUNCILMEMBER KING: PSLU tomorrow.

CHAIR SINENCI: --is adjourned.

COUNCILMEMBER LEE: Okay, good job.

CHAIR SINENCI: It's 4:14. . . . *(gavel)* . . .

**ADJOURN: 4:14 p.m.**

APPROVED:



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SHANE M. SINENCI, Chair  
Environmental, Agricultural, and Cultural  
Preservation Committee

**ENVIRONMENTAL, AGRICULTURAL, AND CULTURAL PRESERVATION COMMITTEE  
MINUTES**

**Council of the County of Maui**

**May 19, 2020**

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CERTIFICATE

I, Cheryl von Kugler, hereby certify that the foregoing represents to the best of my ability, a true and correct transcript of the proceedings. I further certify that I am not in any way concerned with the cause.

DATED the 10<sup>th</sup> day of June, 2019, in Kihei, Hawai'i



Cheryl von Kugler