



Cornell University

Martha E. Pollack
President

August 11, 2020

Assemblyperson Barbara Lifton
106 East Court Street
Ithaca, NY 14850

Dear Assemblyperson Lifton:

Thank you for your continued interest in Cornell's reactivation plans and for submitting an additional set of questions from your constituents, the answers to which we are pleased to provide below. Please note that the response to Question #5 has been provided by Cayuga Medical Center.

Cornell continues to actively share information with residents of Tompkins County through a series of virtual town hall forums throughout neighborhoods in the region. These have included: Forest Home, the Collegetown Neighborhood Council, Belle Sherman, Cayuga Heights, Fall Creek, Northeast Ithaca, the Town and Village of Lansing, the Tompkins County Council of Governments, Lifelong, the Downtown Ithaca Alliance and Tompkins County Chamber of Commerce. Upcoming forums include the Board of Realtors, and on August 18 we will be participating with Ithaca College and Tompkins Cortland Community College in a joint forum open to the entire community. I would encourage you and your constituents to attend that event.

Sincerely,

A handwritten signature in black ink that reads "Martha E. Pollack".

Martha E. Pollack

cc: Frank Kruppa, Director, Tompkins County Health Department
Leslyn McBean-Clairborne, Chair, Tompkins County Legislature
Svante Myrick, Mayor, City of Ithaca
Dr. Martin Stallone, CEO, Cayuga Medical Center

- 1. A number of local residents are interested in updates from Dr. Frazier’s re-modeling team, as they incorporate fresh data about spikes in other states, new ideas about how the modeling can be done, or changes in the underlying assumptions. Can you provide an update on Dr. Frazier’s current analyses that could have an impact on the larger community?**

Professor Frazier and his team have [updated their modeling](#) to address your question, examining, specifically, the rise in national COVID-19 cases during the month of July and the projected impact of the Cornell reopening decision on the Greater Ithaca community. Of note, this updated modeling suggests that, as previously, there would be hundreds more infections and dozens more hospitalizations for both Cornell and the Greater Ithaca community under a purely virtual semester. This results from our much greater ability to enforce public health policies, especially compliance with frequent (twice a week) virus testing for our undergraduate students when they are enrolled in a residential (versus virtual) semester.

- 2. There is concern that, since students usually live with several other students off-campus, we could see significant virus spread in the first few days, given the projection of 1,200 students with positive results living in close quarters with other newly-arrived housemates. Constituents have asked about the exact plans for students to isolate within the first few days after arrival, before they have test results. Are all students being tested immediately upon arrival? Are they being instructed to isolate until they have their results? Where are they expected to isolate? In hotels? On campus? In their off-campus residences?**

Students are being asked to schedule an “arrival” test immediately upon their return to Ithaca, or are being tested now if they are currently in Ithaca. Results are typically available within 24 hours. Students living on campus will have their test scheduled as part of move-in and will be quarantined for one night until they receive their results, in either on-campus or local hotel locations depending on their arrival date. Move-in this year will be staggered over a number of days to accommodate this testing and quarantine. Note that these tests are not being done for cause (i.e., the students are not symptomatic), so isolation (which is required for individuals who are symptomatic) is not necessary unless a student tests positive.

- 3. People are concerned about the Cornell Behavioral Compact for students, which we still haven’t seen, as of today. Given the widely-held perception that it is very difficult to enforce restrictions on student behavior, especially off-campus behavior, what does the *Compact* say about Cornell -- or City or County authorities -- enforcing restrictions related to masks and distancing, testing, isolation and quarantine, big parties and unnecessary travel? Specifically, what is a resident supposed to do when they witness an infraction, such as off-campus gatherings of unmasked students, or a large party of over 50 people? Whom can they call for a quick response? Should they call 911? Can**

residents expect an immediate response? What is the list of infractions and penalties, and how rapidly would those penalties escalate?

The [Cornell Behavioral Compact](#) was released on Wednesday, August 5. *All* students – undergraduate, graduate and professional and those living on- and off-campus – are required to attest that they will abide by federal, state, local and university public health guidelines, or face consequences. By accepting the compact, students agree to practice science-based behaviors that Cornell is reinforcing through a public health campaign. Those include following university policies on [face coverings](#) and physical distancing. Students also commit to participating in the mandatory surveillance testing program.

The compact also details required behavior in classrooms as well as at events hosted by organizations or in social settings on and off campus. Students agree only to participate in in-person gatherings of fewer than 30 people, while wearing masks and at staying least six feet apart. Finally, students agree to limits on travel, including not inviting family or guests to campus; following state and university limitations on nonessential travel; and complying with health agencies' testing and quarantine requirements when travel is necessary.

Students must also take a course created by health professionals at Cornell Health describing the virus, its transmission, prevention measures, and its effects on vulnerable populations; they are required to pass a quiz on this educational module; they are then required to review and attest to understanding of and agreement with the compact. Each of these actions are required of students *before* they will be able to register for classes.

These processes are being managed through a “Re-entry Checklist” that requires all students to complete other additional actions, including (for off-campus students) providing the university with their off-campus address. The university has previously never required students to provide their local address. This change in policy will assist us – and the county health department – in efficiently enforcing the compact. If, for example, anyone witnesses an off-campus gathering that is in violation of public health requirements and the compact, they will be able to file a report with the university through the online Behavioral Compact Reporting Form found on our COVID website. When a report is submitted, members of the Cornell Compact Compliance Team (CCCT), led by the Dean of Students, will pursue appropriate sanctions up to and including suspension from the university.

- 4. For transparency to the surrounding community, would Cornell consider creating a mechanism for notifying the community regularly about Behavioral Compact violations and the specific actions Cornell is taking in response to violations, such as an anonymized “violations blotter”? It has been suggested this might be helpful in reassuring the community that there are consequences for violations. This could be similar to the current public information about crimes on campus, required under law.**

As noted above, the university is creating an online reporting form where violations of the Compact may be reported by any member of the community. These will be responded to by

the CCCT, led by the Dean of Students. Consistent with our overall approach to student conduct, we do not intend to provide the public with information about compact violations.

5. Prior questions about the capacity of the local health system have been met with assurances that health system leaders can make it work. I am now being asked: upon what data, what assumptions, and what models are hospital and health care leaders basing those assurances?

Cayuga Medical Center (CMC) has established dozens of teams to handle its response to COVID-19 cases. The medical center has engaged in simulations, tabletop exercises and drills to demonstrate preparedness for various patient surge scenarios. These efforts have been very encouraging. With respect to real-world experience, many of CMC's nurses and providers have cared for actual hospitalized, critically-ill COVID patients in bona-fide surge environments at New York Presbyterian Hospital, Lower Manhattan Hospital, and Maimonides Medical Center. The number and medical complexity of COVID patients that the CMC teams handled in New York City is far greater than what CMC would reasonably experience in Tompkins County, based primarily on population size/density and population health demographics.

CMC is well prepared for the realistic range of patient demands it might face and has the capacity in terms of number of beds, number of ventilators and supplies, and number of trained personnel required to care for COVID patients. Taken together CMC is confident in its ability to respond to the community's healthcare needs throughout the fall and winter.

In terms of CMC's surge plan and the data behind it, please refer to the separate [document](#) on CMC patient capacity that CMC previously shared with Cornell. A key assumption behind CMC's stated readiness is that there would be a cooperative, regional response to patient surge experienced by any hospital in the region. There is no reason CMC would face a patient surge alone. In fact, area hospitals have entered into a mutual assistance agreement for this very purpose.

A separate key assumption of CMC's position is that inadequate capacity relative to a high demand for patient services would happen gradually, with time to respond to real-world circumstances. In the unlikely event patient demand exceeded hospital capacity, CMC's models show this would not occur over hours, but rather over many days to weeks. As such, there would be a calculated response to the evolving situation, and the strategy would entail some combination of (1) augmenting capacity at CMC through the relocation of resources from different parts of Cayuga Health System to the hospital, (2) mutual support given to CMC by health systems that are capable of doing so, and (3) CMC transferring patients to a facility in NY State with available capacity. It may be instructive to recall that CMC's mobilization and deployment of over 50 providers to New York City in April happened before NYC experienced its peak of COVID patients. CMC also received COVID patients earlier this year to help overburdened facilities in New York City meet their demand for patient services.

Dr. Stallone and the CMC executive team are willing to answer direct questions about their surge plan if you would like more information.

- 6. Former HHS Secretary, Katherine Sebelius, recently mentioned how important it is to have a threshold number at which a college or university reopening process must shut down. While it may be difficult to give an exact threshold number of COVID-19 cases (hospitalizations? deaths?) at which Cornell would shut down in-person instruction, what is Cornell's (or Tompkins County Health Department's or the state Department of Health's?) criteria that would trigger such a shutdown? It is certainly good to have public data on cases, hospitalizations and even deaths, but without a sense of goals or parameters for what is acceptable or tolerable to the community, the data is just that, data, with no meaningful context or purpose. Would the criteria consider rates only among Cornell students? Among faculty and staff? In the surrounding community?**

We will be monitoring testing results daily to help us to determine whether and when to escalate or de-escalate our planning protocols. Any decisions will be informed by ongoing consultation with the Tompkins County Health Department, Cayuga Health System and the New York State Department of Health (DOH).

We are planning to publicly share (via our COVID website) a dashboard with key data. While the specific data to be contained in the public dashboard have not yet been finalized, it will almost certainly contain the overall results of our surveillance testing (number of tests performed, number of positive tests sent for diagnostic testing to Cayuga Health System), as well as a simple metric to indicate alert levels (we are considering a color coded alert scheme) that would summarize the comprehensive data that we will be tracking on a daily basis.

We must expect the national landscape around the virus to continue to change. We will remain vigilant, and it is likely that our approach will also continue to evolve as the situation warrants.

- 7. It appears, with many thousands of students already in town, that Cornell's reopening plans have been approved. Is that the case? What exactly is the status of the NYSDOH review?**

Cornell's [reactivation plan](#) has been submitted to DOH as required by Governor Cuomo's guidance for higher education.

It is important to note that the return of students to the region is not dependent on the status of the DOH review. Most Cornell students reside off campus in houses and apartments for which leases were signed a year or more ago, and the majority of these students previously indicated to Cornell that they expected to move into their rentals prior to the beginning of the fall semester, regardless of instructional modality. Cornell does not have the legal ability to prevent its students from taking up occupancy in their privately leased accommodations, or to

compel them to leave the area if in-person instruction were halted at any point in the semester.