

**HEALTH & HUMAN SERVICES COMMITTEE**

**of the**

**Suffolk County Legislature**

**Minutes**

A regular meeting of the Health & Human Services Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, Veterans Memorial Highway, Hauppauge, New York, on November 30, 2006.

**Members Present:**

Legislator Eli Mystal - Chairman  
Legislator Steve Stern - Vice-Chair  
Legislator Jack Eddington  
Legislator Edward Romaine  
Legislator John Kennedy

**Also in Attendance:**

Ian Barry - Assistant Counsel to the Legislature  
Renee Ortiz - Chief Deputy Clerk/Suffolk County Legislature  
Lance Reinheimer - Budget Review Office  
Linda Burkhardt - Aide to Presiding Officer Lindsay  
Paul Perillie - Aide to Majority Caucus  
Bill Falk - Aide to Legislator Romaine  
Deborah Harris - Aide to Legislator Stern  
Ben Zwirn - Assitant Deputy County Executive  
Brendan Chamberlain - County Executive Assistant  
Christopher Jeffreys - Assistant County Attorney  
Dennis Brown - Deputy Bureau Chief/County Attorney's Office  
Jennifer Blaske - County Attorney's Office  
Len Marchese - Director of Administrative Services of Dept. of Health  
Dr. Patricia Dillon - Director of Division Public Health  
Linda O'Donohoe - Assistant to the Commissioner/Dept of Social Services  
Dr. David Graham - Acting Commissioner/Department of Health Services  
Dominick Ninivaggi - Superintendent of Vector Control  
Vito Minei - Director of Environmental Quality  
Walter Dawydiak - Chief Public Health Engineer/ Dept. Health Division of Environmental Quality  
All Other Interested Parties

**Minutes Taken By:**

Lucia Braaten - Court Stenographer

**Minutes Transcribed By:**

Kim Castiglione - Legislative Secretary

***(The meeting was called to order at 12:30 PM)***

**CHAIRMAN MYSTAL:**

Welcome to the Health and Human Services Committee. Everybody quiet. Please rise for the Pledge of Allegiance to be led by Legislator Kennedy -- Eddington.

**LEG. EDDINGTON:**

We all look alike.

*(Salutation)*

**CHAIRMAN MYSTAL:**

Thank you. We have one -- we have one presentation today from Vito Minei. If Vito will get to the table. If he's not here -- if he's not here, we're going to go -- I don't have any cards, and I don't know if anybody wants to address the committee before we go to the agenda. I'm going to repeat it, does anybody want to address the committee before we go to the agenda? Mr. Minei is not here, so what we will do, we'll go to the agenda, and if he comes in, he'll do the presentation after the agenda. Thank you. Okay. Tabled Resolutions.

**Tabled Resolutions**

**1740, Amending Resolution No. 386-2006, to establish a new fee policy for the Suffolk County Tobacco Cessation Program.** I'll make a motion to table.

**LEG. EDDINGTON:**

Second.

**CHAIRMAN MYSTAL:**

Motion having been seconded, all in favor? Abstention? No? The motion is tabled. **(Vote: 5-0-0-0).**

**LEG. KENNEDY:**

Mr. Chair?

**CHAIRMAN MYSTAL:**

Yes.

**LEG. KENNEDY:**

We have information from BRO. I think we addressed this in the budget, didn't we, in the '07 Operating?

**CHAIRMAN MYSTAL:**

Okay. I'm sorry, Lance. Go ahead, Lance.

**MR. REINHEIMER:**

I think this resolution was stricken, that's the information that I have.

**CHAIRMAN MYSTAL:**

I thought so, too. I don't know what it was doing in that. Madam Clerk, can you check for us?

**MS. ORTIZ:**

I'll double check.

**CHAIRMAN MYSTAL:**

Thank you. **1952, Adopting Local Law No. 2006, A Local Law to require proper supervision at hotel and motel swimming pools.**

**LEG. EDDINGTON:**

Motion to approve.

**CHAIRMAN MYSTAL:**

Seconded by?

**LEG. STERN:**

Second.

**CHAIRMAN MYSTAL:**

Legislator Stern. All in favor? Abstentions? No? Motion is approved. **(Vote: 5-0-0-0).**

**2243, Requiring notification of rabies vaccine drops.**

**LEG. STERN:**

This is something that we continue to work on with Legislator Cooper and others, so at this point I'll offer a motion to table.

**LEG. EDDINGTON:**

Second.

**CHAIRMAN MYSTAL:**

Seconded by Legislator Eddington. All in favor? Abstention? No? Motion is tabled. **(Vote: 5-0-0-0).**

**2259, Approving the appointment of Norma Downey as a member of the Suffolk County Community Mental Health, Mental Retardation and Developmental Disabilities and Alcohol and Substance Abuse Planning and Advisory Board.**

**CHAIRMAN MYSTAL:**

She did come to the committee before and --

**MR. BARRY:**

There was a technical correction.

**CHAIRMAN MYSTAL:**

There was a technical correction for it, so I make a motion to approve.

**LEG. STERN:**

Second.

**CHAIRMAN MYSTAL:**

Before you announce the vote, make sure that Counsel checks to see if we corrected --

**LEG. ROMAINE:**

Are we casting votes? I'd like to be counted with the majority.

**CHAIRMAN MYSTAL:**

I don't even have a Clerk.

**LEG. ROMAINE:**

Counted with the majority.

**CHAIRMAN MYSTAL:**

Motion to approve. All in favor? Abstention? No? Motion is approved. **(Vote: 5-0-0-0).**

**2287, Adopting Local Law No. 2006, A Local Law Expanding Income Eligibility Limits for Real Property Tax Exemption for People with Disabilities.**

**CHAIRMAN MYSTAL:**

Motion to approve by Legislator Eddington, seconded by Legislator Stern. All in favor? Abstention? No? Motion is approved. **(Vote: 5-0-0-0).**

### **Introductory Resolutions**

**2367, Accepting and appropriating 100% State grant funds from the New York State Office of Children and Family Services for the Amy Watkins Caseworker Education Program.**

**CHAIRMAN MYSTAL:**

Motion to approve and put on the Consent Calendar.

**LEG. EDDINGTON:**

Second.

**CHAIRMAN MYSTAL:**

Seconded by Legislator Eddington. All in favor? Abstention? No? Motion carried. **(Vote: 5-0-0-0).**

**2374, Amending the 2006 Adopted Operating Budget to transfer funding for the reimbursement of malpractice insurance paid by the Peconic Bay Medical Center for Physicians at Riverhead Health Center.**

**CHAIRMAN MYSTAL:**

Motion to approve by Legislator Stern, seconded by Legislator Eddington.

**LEG. KENNEDY:**

On the motion, Mr. Chair.

**CHAIRMAN MYSTAL:**

Yes.

**LEG. KENNEDY:**

I'm going to ask BRO if they can go ahead and just speak to this briefly. Is this something where -- I mean, is it self-evident we actually purchase or provide?

**MR. REINHEIMER:**

This is a County Executive resolution and it transfers \$31,852 from fees for services to contract agencies. I assume it's in accordance with the voucher for that particular contract agency.

**LEG. KENNEDY:**

So this -- yeah, thank you, Mr. Zwirn.

**CHAIRMAN MYSTAL:**

Mr. Zwirn.

**MR. ZWIRN:**

This goes to the Peconic Bay Medical Center. They assign two physicians to the Riverhead Health Clinic and they advanced the malpractice insurance for that and this is just repaying them the \$31,000 which was the malpractice policy that they had in effect. That was part of the agreement that we had made with them but it had not been fully executed at the time.

**LEG. KENNEDY:**

We spend money all the time, Ben, and I have to tell you, this is probably some of the best money that we do spend. I've asked this previously and I guess through you I'm going to ask again if we can seek out or understand why this coverage can be put in place for the services rendered in Riverhead, yet we find in other County based operations we don't have any kind of indemnification or coverage anyplace else.

**MR. ZWIRN:**

I just think this was part of the contract that they worked -- that was part of the deal that they worked out in this particular one. I don't know if it's a standard contract with all the --

**LEG. KENNEDY:**

Well, then, I guess, the message I ask is, and for our representatives in the County Attorney's Office, put it into other contracts. Put it into contracts with the other providers for us because God knows we ought to have this across the board.

**CHAIRMAN MYSTAL:**

Okay. The motion -- the resolution have been -- we have a motion and a second. All in favor? Abstention? No? Motion carries. **(Vote: 5-0-0-0)**.

**2399, Approving the Vector Control Plan of the Department of Public Works, Division of Vector Control, pursuant to Section C8-4(B)(2) of the Suffolk County Charter.**

**CHAIRMAN MYSTAL:**

Motion to approve by Legislator Eddington, seconded by Legislator Stern. All in favor?

**LEG. KENNEDY:**

On the motion.

**CHAIRMAN MYSTAL:**

On the motion. Anybody want to say anything?

**LEG. KENNEDY:**

Do we have anybody here to talk to us about this?

**MR. JEFFREYS:**

Legislator Mystal and members, we gave an entire presentation to CEQ on this and I have made available for the entire Health Committee copies of all the transcripts of that proceedings. They're with the Clerk now. We have all the exhibits that were made previously, however, since this body is the prime committee, we have been subject to legal challenge in the past that the prime committee has not taken the requisite hard look and delegated its authority to CEQ. We try to avoid that, try to avoid potential future litigation, so I do have the entire folks here for this presentation. We've given presentations similar to this before, and I'll do whatever this body feels is appropriate, but I want to try to avoid a Legislative challenge for delegation of duty.

**CHAIRMAN MYSTAL:**

Mr. Kennedy.

**LEG. KENNEDY:**

Okay. Thank you. This is a complex issue which we've all got tons and tons and tons of material on. Frame for me, if you will, please, this matter before us right now. This is not an adoption of a long-term plan?

**MR. JEFFREYS:**

No. The resolution that's in front of you now is in accordance with the County Charter. An annual plan of work has to be approved by the Legislature on or before December 31st of the preceding calendar year. This is the 2007 annual plan of work that was presented to the Legislature and has worked through the CEQ process. It is solely for the 2007 plan of work. It's my understanding that the long-term plan is following a different course from the annual plan of work and comes in front of CEQ. I believe it's December 6th is when the long-term plan is still working through that process. This is in no way affiliated with the long-term plan of work.

**LEG. KENNEDY:**

My areas of concern go towards, since my district again this year had the presence of West Nile, we did have both truck based spraying and aerial spraying in the 12th Legislative District. But there is also an additional issue that seems to be associated with this plan. I'm sorry not with this plan, but with the notion, with the concept about ditching and ponding in marsh areas. So first I'm going to ask you to speak about this specifically, what it authorizes, embraces for 2007 regarding a hierarchy of spraying or I believe suppression, if that's the activity. And then what, if anything, is in this plan associated with advocacy or embracing a policy of ponding or ditching?

**MR. JEFFREYS:**

I'll speak briefly on it and then I'll refer to Dominick for the actual substance of it. The annual plan of work is a hierarchical formula starting with searching for mosquitoes that bear the virus, and all of our efforts in that regard. It contains larviciding possibilities and probabilities, it's part of our plan, with the last option of being adulticiding. It is a prevention plan to the extent possible, but especially when virus is found in Suffolk County we're required by the State of New York to respond appropriately, and that does include the application of adulticides, both by ground and by air.

Concerning the ditch maintenance elements, we've been through this with Council for Environmental Quality, and we go through this each year, and I believe, Legislator Kennedy, you were here last year when we went through the ditching elements. The ditching elements are primarily done by hand with a very few incidents where we have to do some machine work and that is primarily DEC issued permits for collect culverts and the like to maintain existing structures.

As far as the ponding goes, this plan doesn't envision what other folks may have considered open marsh water management or IMM or any other term of art such as that. This is a maintenance plan to get us through to the point where the final environmental impact study for the long-term plan is finally approved and we can proceed for future years in accordance with the long-term plan. But for technicalities I'll refer to Dominick.

**LEG. KENNEDY:**

Well, I'm going to stay with you, Counselor, for a couple of items because you bring up concepts that are important concepts and then I am going to yield. I don't want to monopolize the whole dialogue, I know my colleagues have questions as well.

But you hit on a couple of very cogent and important points and one that I guess I'm going to ask for -- probably some comment by Dominick or possibly Dr. Dillon. One of them is the ability for the County to respond to a positive test when it comes to West Nile. Now, in this case, in August, there was a pool, a cluster, that was found in the 12th Legislative District. I know there was a response once there was confirmation, but there was about a 16 day latency from the original collection of sample until the time that there was confirmation from Albany by virtue of the fact that there is a protocol associated with the testing.

Prior, going back about two years ago, I believe, we had an enhanced ability to submit and receive back by virtue of a \$50,000 contract. That was not in place in this past year, and I believe that what happened is, it increased the latency from actual time of collection until time of confirmation or response back from the Health Department. So I am concerned that while we're embracing a plan that's very comprehensive and very thorough and very exhaustive, we're once again being penny-wise and pound foolish. I think it's important when we're looking at something as potentially

dangerous as West Nile infestation that we get quick turnaround.

Secondly, I guess your statement, just so that I make sure that I understand it, nobody is going out into any marsh and digging up any turf and creating any ponds under this thing that we'll take action on today, if we take any action.

**MR. JEFFREYS:**

Correct. There is no ponding.

**LEG. KENNEDY:**

Merely just keeping existing ditches flowing and tidal waters moving. Is that correct?

**MR. JEFFREYS:**

Correct. To keep the status quo in the existing ditch network to the extent that we can. I mean, it's a limited plan because we do limit it to the number of linear feet that can actually be worked on during the course of the year. I believe this plan is a 200,000 linear feet plan and because all of the work that's being done now are -- substantially all of the work is hand work with basically a potato rake to clean out the ditches to keep the tidal flow working. So it's a labor intensive plan without the development of anything new. It's a maintenance plan so we can get through, as we've done in the past years, to get through from this calendar year when hopefully we'll have a long-term plan by mid-calendar year and we can begin functioning under the long-term plan of work.

**LEG. KENNEDY:**

Okay. Counsel, let me shift right, if I can for a second, to

**DR. DILLON:**

Yeah, I'll handle that one.

**LEG. KENNEDY:**

Well, two questions, Doctor. One, I want to hear about the turnaround time, but also I want clarification on the ditch work. Does that activity go only to man-made ditches or I'll speak, of course, about something that's parochial in my area, the green belt, Dominick, where we did have this positive hit. Do we have any active work by Vector Control folks in order to maintain flow of natural waterways or it is only for man-made tidal ditching.

**MR. NINIVAGGI:**

If there are obstructions in a stream or something like that and it's very minor in nature, trees or people have dumped stuff into a stream, you know, we do clear that as part of our general program. If it's anything extensive that could alter the natural waterway then we would go to the State DEC and look and see whether they need a permit or anything. The 2007 plan calls for very minimal work of this nature and to be basically maintenance type work.

**LEG. KENNEDY:**

Is that work separate and apart from that -- I'm sorry, 200,000 or 400,000 foot max that we're contemplating here?

**MR. NINIVAGGI:**

The 200,000 feet basically includes all ditch clearing and maintenance type activities.

**LEG. KENNEDY:**

Okay. I'm not trying to go ahead and split hairs, but then is a naturally occurring stream or rivulet considered ditch or no?

**MR. NINIVAGGI:**

We generally don't go out and clear a natural stream, but we would do things like remove obstructions, you know, if a -- you know, sometimes people dump things in a stream and we do that

kind of clearing work. But natural streams are a little different, you know, being natural water bodies.

**LEG. KENNEDY:**

So if we find in the summer of '07 we're in a similar circumstance and the branch water area that we're talking about is again impacted or pooling, your folks may be able to go ahead and assist under this arthropod control plan.

**MR. NINIVAGGI:**

Probably not under this specific plan, the 2007 plan. But what we generally do in a case like that is we try to work cooperatively with whoever the land owner is, towns, for instance --

**LEG. KENNEDY:**

County and town.

**MR. NINIVAGGI:**

Yeah. If it's something that's outside our normal scope of work we will assist if we have a partner on that and they do want us to do the work.

**LEG. KENNEDY:**

Okay. I'm sorry, Doctor, to have cut you off before, but I'm very interested in your response to that question as well.

**DR. DILLON:**

Sure. Many years ago the only lab that we could send mosquitos to is the New York State lab, and obviously when West Nile spread throughout the State in the early -- 1999 through 2001, the lab was no way near prepared to handle the specimens that were coming in. We were competing against 60 other counties to have our specimens tested. And, in fact, we found one year we had sent them specimens that they did not test for 30 days and that was the time that we found that we had Eastern Equine in the Montauk area. It put us in a bad spot where we were announcing something that had been actually collected 30 days sooner.

So what we did in turn is we actually came to this body and asked for funding so that we could approach another lab to look for another source to get more rapid testing. At the time we were going to try and work with Stony Brook University. Unfortunately, they could not get their lab up and running in time, they wanted funding ahead of time without the services delivered and it just never worked out.

So as a patchwork measure one of our people had worked out a deal with the State lab where we would actually act as if we were another state in working with them, and that our specimens would be processed separately from competing with the other 60 counties. Our specimens would get higher priority. That contract actually worked nicely for us for several years, but then what happened over time is New York State basically got their act together, had more than enough lab people to manage the turnaround times for all of the Counties. There was no longer a delay and thus no more need to have our specimens -- we had to pay extra money to have our specimens given priority treatment. And, in fact, the contract actually limited the number of specimens that we could have tested which was actually less than what we're allotted for free as a county.

The one specimen that was sent late, our lab person over in the ABD Lab collects specimens at various times and he ships them as a batch and he hung on to those for a few weeks before he sent them up. From the time that Wadsworth received them they were processed fairly rapidly.

**LEG. KENNEDY:**

I appreciate the history, Doctor, and as a matter of fact, I learned far more than I ever wanted to about testing protocol this summer. But nevertheless, because I had the presence in my district I felt that it was important. I also became aware of, though my conversations with the Department of

Vector Control, that we are limited to submission of the samples one time a week on a calendar day, on a Monday. So if we get sampling Monday evening, seven days elapses just by virtue of the fact that well, then there was miscommunication.

I'll also explain that I spoke at length with Dr. Banash over at Stony Brook and there was a willingness there on the part of Stony Brook to go ahead and embrace some kind of a testing protocol. So --

**DR. DILLON:**

Absolutely. We enjoyed working with the scientists there. But, however, when the finances got involved, the Finance Department at Stony Brook said that they wanted all their money lump sum ahead of time. That's not the way the County -- doesn't have a Charter that would allow it to work that way.

**LEG. KENNEDY:**

Which I agree 100% on, Doctor, but, again, the thing that I would say sometimes is that we don't become aware of those financial impediments or hurdles, because clearly I would be more than happy to advocate, whether State or federal or any other agency, for some flexibility and ability to go ahead and enter contract so that each entity's needs are met.

And I guess what I'd encourage you to do is, is -- look, all I'm saying to you, Doctor, is if we have the same kind of phenomena next summer, I'd like to be able to have turnaround in less than 16 days period of time. It enables the department to do what everybody knows should be necessary and in the meantime, as you know, there have been a couple of individuals who contracted West Nile. Now, it's questionable whether or not it came as a result of those infestations, nevertheless, there were a couple of individuals that were approximate to the areas.

We are in the business of trying to be proactive. And so all I'm encouraging is, is however this might be, whether it's reengaging the State lab or some dialogue to go ahead and bring Stony Brook back to the table, I'm asking that you go ahead and take some initiative or some efforts and let me know maybe at the next meeting how's the better way to do this. And if it means money let me know. If it means dialogue with another level of government as far as facilitating things, let me know. I don't want to come to next summer and be talking again about three-and-a-half week latency period.

**DR. DILLON:**

I can tell you -- I can assure you this was not a money issue. This was money that we realized could be better spent and that we were not going to get anything more for paying an extra service. We might get maybe 24 hour head start at most, and for West Nile that's not going to make a difference.

**LEG. KENNEDY:**

Okay. Nevertheless --

**CHAIRMAN MYSTAL:**

Jack.

**LEG. KENNEDY:**

I'll yield.

**CHAIRMAN MYSTAL:**

Thank you. I'll come back to you. Legislator Eddington.

**LEG. EDDINGTON:**

I think I have a very basic question. I have -- I'm learning as quick as I can and I see I'm going to be learning a lot more. I have a video or DVD and something else I got from you and I'm trying to

absorb it all.

What I do know is that I represent Fire Island, East Patchogue, and Bellport, and little children were being taken away by mosquitoes last summer so I know it's a problem. And I had a constituent at a social event need to tell me about ditching more than I wanted to hear. And what I heard was that it's so overgrown now that what you're proposing, 2,000 linear feet, is in no way going to even probably keep up with what it was last year. What are we going to -- does that mean more spraying or can we get more staff to do more raking, or what's the solution here.

**MR. JEFFREYS:**

Legislator Eddington, as we've developed this plan for the four or five years that I've been involved in it, we have had the long-term plan going on at the same time. And our hopes have been during the long-term plan process that the annual plans of work would be a minimal stopgap measure until the Legislature decides on a full environmental impact statement exactly what the County should be doing. So we're maintaining ditches that were constructed in the 1930's the best way possible without increasing them, because there may be a conclusion of this Legislature that those ditches should not be maintained anymore.

So we're doing what can be done at a basic minimum to allow the tidal flow to increase.

In your particular district, your district is hard hit. It's particularly hard hit with mosquito infestations in July and August. But for that, let me turn it over to Dominick. He can discuss a little bit more the peculiarities in your particular district with the Fire Island National Seashore, which also gets implicated in the manor on which the County can spray in that particular area.

**LEG. EDDINGTON:**

Thank you.

**MR. NINIVAGGI:**

Okay. We have a couple of things going on. I'm talking about Fire Island separately from the mainland areas. Yeah, the East Patchogue area has a lot of wetlands, a lot of degraded wetlands that do produce a lot of mosquitoes. We've been working on a very minimalistic program the last few years while we did the -- while we've been doing this long-term plan.

Assuming the long-term plan is approved, we think that there are things that we can do in many of these degraded wetlands that will both restore the wetland and control mosquitos. What we will be doing over the upcoming years if the plan is approved is evaluating these areas, and if we can come up with plans that people can agree on that will both control mosquitoes and protect the wetlands then we can proceed with that.

One of the things I think, again, we've learned in the long-term plan is that we need to proceed very carefully with these kinds of projects because there are a lot of side issues in terms of -- besides the mosquito control in particular what we want to emphasize is that the health of wetland is the most important thing in any of these projects.

Fire Island is a little bit of a separate issue because that's federal land and we basically are under federal control in what we can and can't do on the National Seashore. We have been working and have ongoing discussions with the federal agency as far as what we can do in the future there in terms of mosquito control. We're somewhat hampered there because their mandate calls -- does not allow them to authorize mosquito control on the federal lands and some of these federal lands produce enormous numbers of mosquitoes. Some of them are wilderness, which is even more restrictive. And, unfortunately, the mosquitoes don't stay in the wilderness. And, you know, this will be an ongoing problem. I don't know what the solution is, you know, given those severe restrictions. So we are trying to work to keep mosquito control going in the future on Fire Island.

And as far as the East Patchogue area, it is an area that gets a lot of attention from us. I think that there are some creative and very constructive things we can do in the wetlands there as far as

wetlands management, and that's assuming the long-term plan is approved we would try to move forward with that.

**LEG. EDDINGTON:**

Then I'm going to read this, of course, but if you could just let me know in the spring what the forecast is in your plan so that when my phone starts ringing I can say yes, there is a short-term and a long-term plan, and if it's all in here, I'll get it from here then.

Thank you.

**MR. NINIVAGGI:**

It will be in there and I'm sure there'll be a lot of discussion about the long-term plan and about the pros and cons of wetlands management. So you'll hear more than you want to know about this.

**MR. JEFFREYS:**

And, Legislator Eddington, because some of the folks are newer on the panel, I've included stuff back to 2002 because the County is involved in litigation concerning their Vector Control Plan and I've been involved in defending the County on that plan. I've included all of the decisions and the orders from 2002 to 2005, which were the only years there were challenges. There was no challenge in 2006. But we're presently defending a Clean Water Act litigation that implicates the County's Vector Control Plan. I included the docket sheet on that to bring you up-to-date and to bring all of the newer Legislators up-to-date so you can see exactly what's been going on over the past four or five years so you can advise all your constituents.

**LEG. EDDINGTON:**

Thank you very much.

**CHAIRMAN MYSTAL:**

Legislator Romaine.

**LEG. ROMAINE:**

Yes, I understand that this is the annual plan and not the long-term plan. I understand it involves cleaning out ditches and things of that nature. And just to address Legislator Eddington's question, Legislator Eddington, when you see the helicopters fly and the spraying take place you know that Vector Control has lost the battle. Because the battle is not aerial spraying, that's an admission of defeat. The battle is fought in the early spring, in March and April, when you go out amongst there with backpacks and you try to kill the larvae.

If you're fighting adult insects and you haven't been successful when you have infestations, that's the problem there, because when you're aerial spraying it means that your killing the larvae haven't worked. You haven't been able to get them in the initial stages and now they're in the adult stage and they become such a nuisance that you're getting calls all the time from your constituents and you have to address those calls.

I used to represent a district that adjoins your current district where I covered the Wertheim Estate and people in Shirley, you couldn't leave your house, who lived adjacent to that because of the problems.

The concern is and the balance always is what type of pesticides do we use. Now, permethrin is a pesticide that you use or --

**MR. NINIVAGGI:**

Excuse me. I have a bit of a cold. Permethrin is not in the 2007 plan of work.

**LEG. ROMAINE:**

Okay. And are any of the pyrethroids is it?

**MR. NINIVAGGI:**

Pyrethroids, yes.

**LEG. ROMAINE:**

They're in the plan.

**MR. NINIVAGGI:**

There are two primary synthetic pyrethroids that we use. One is called sumethrin or the trade name Anvil, which is primarily hand held units on Fire Island or other materials called resmethrin or scurge, and that's the material we use in our truck-based equipment and sometimes by air.

**LEG. ROMAINE:**

You usually don't do aerial spraying until July or August.

**MR. NINIVAGGI:**

Aerial spraying for adult mosquitoes, yes, is generally not until late July, more likely August, because that's when the mosquito populations start to peak and also typically that's when you see virus activity. And most of -- the last few years all of our aerial applications for adult mosquitoes have been in response to virus.

**LEG. ROMAINE:**

And we've had very limited human virus. It's mostly horses that or birds that are affected by West Nile. And maybe the Health Department can address that.

**DR. DILLON:**

Yeah, I'm going to take that one. It's very difficult to know how many human cases we've had, because, first of all, you have to take whatever number that we tell you have been hospitalized with encephalitis, multiply it times 150. And then -- even then when people are in the hospital with encephalitis, what I've been finding here in Suffolk County is that when they're severely ill their initial tests come back negative. It's only after four or six weeks later that we repeat the test it's blatantly positive. It may be those individuals are not able to mount an immune response and that's why they're so encephalopathic with, so that we are missing many, many cases. And also --

**LEG. ROMAINE:**

So there's a great deal more cases that we're not aware of that are out there, that people feel they have flu-like symptoms. They don't go to the hospital. I'm talking about even less severe cases and two weeks later they're on their way to recovery and no one ever knew that, in fact, it was a mild case of West Nile. Is that correct?

**DR. DILLON:**

Absolutely.

**LEG. ROMAINE:**

And let me just go through this again. There is a public purpose for spending government money to fight mosquitoes and that is, again?

**DR. DILLON:**

To protect the health of the public.

**LEG. ROMAINE:**

Okay. Let's talk about ticks, then. Let's talk about ticks because you're having as many if not more.

**DR. DILLON:**

Okay. But, remember, we've always asked you before please don't pin one disease against another.

**LEG. ROMAINE:**

I'm not. In fact I want fight -- I want to protect public health for all residents. And you know what? I'm looking at my Chairman and he has been gracious enough to give me this time and therefore I will not beat this West Nile horse to death. But I will talk about the deer infected tick -- the tick infected -- deer infected tick later at another date, Mr. Chairman. But clearly public health, there is a public purpose to spending government money to prevent the spread of mosquito borne diseases or even tick borne diseases.

**DR. DILLON:**

Well, the one problem is with ticks, the tick is more like a cockroach. It is almost impossible to kill. The most effective means of eliminating ticks is actually by burning vegetation. With mosquitoes we have very effective means of eliminating them. We also have very severe illnesses that affect people, cause death, cause neurologic disease, and especially when you start seeing hallmarks like West Nile you know that you also are at risk for things like Eastern Equine which can have a 15 to 30% fatality rate for children. That's why we take mosquito borne diseases very seriously and the money spent you get an outcome from it. You will see a reduction in the population. You can get the virus more confined.

I have to say with ticks, I've used the example before, it would be like New York City declaring a health war on cockroaches.

**LEG. ROMAINE:**

On rats?

**DR. DILLON:**

On cockroaches. I mean, cockroaches, they're terrible things. No one wants them but they are difficult to eradicate.

**LEG. ROMAINE:**

But I don't believe they pose a health hazard.

**DR. DILLON:**

Oh, yes. They carry viruses, they carry bacteria, yes. If you could eliminate cockroaches I'm sure that the Health Department in New York City would do that, but they can't. And ticks are the same thing. They are very difficult to eliminate.

**LEG. ROMAINE:**

Well, we don't eliminate mosquitoes in Suffolk County, anyone can tell you that. I mean, our program obviously reduces them, but there's no way that our program even comes close to eliminating ticks, so let's be clear about that -- I mean mosquitoes. Because I can go outside -- for example, if I'm walking along Propose Road in Shirley, if I'm walking along that road or Malba Drive, where Legislator Browning lives, 25 Malba Drive, if I'm walking along that road, and I used to be on Malba Drive a lot, I can tell you, you can be infected by mosquitoes. You can walk outside and I can get 10, 15 mosquitoes and at that point I'm walking inside within the course of maybe ten minutes. So there is no way that we're eliminating mosquitoes. We're just reducing the potential population.

**MR. NINIVAGGI:**

If I could just say something about -- as part of my responsibilities in Vector Control I do keep my eyes and ears open as far as the technology on these various things. And what I can tell you is that while there are well developed technologies for controlling mosquitoes on a wide scale, there aren't any currently available technologies that would work on a large scale for ticks. And that's our fundamental problem. We don't really have the tools.

**LEG. ROMAINE:**

It sounds like a project that will require some research and development.

**MR. NINIVAGGI:**

Research and development is always good.

**MR. JEFFREYS:**

Legislator Romaine, just on one point on the legal issue. You raised where the authority comes from to do our Vector Control Program. It is actually contained in the Public Health Law. We have Public Health Law Section 1500 and the sections that follow it, and that concerns responses -- the municipal responses to arthropod borne diseases. It lays out many of the things, some of them are nuisance control, but some of them are most definitely to respond directly to virus issues. And that's what the West Nile Program, that's why the State has the New York State West Nile Virus Response Plan, which is what we operate under when there's a State declaration of a public health threat.

**LEG. ROMAINE:**

Thank you.

**CHAIRMAN MYSTAL:**

Thank you. Legislator Kennedy, back to you.

**LEG. KENNEDY:**

Thank you. Two points, I guess. One just, again, procedural, but also I want to go back to Dr. Dillon first. Doctor, you spoke about the fact that there may be many cases that just aren't coming to us because they don't manifest themselves into conditions that requires hospitalization, but may actually be treated like flu. Is there long-term or residual effects associated with West Nile or is this something that's like a common flu that infects and then passes?

**DR. DILLON:**

If you wouldn't mind, could I do a 20 minute presentation and show you? I tried to show something that's got a little bit -- impacts each of your areas. Is that too long?

**CHAIRMAN MYSTAL:**

Uh-huh. Today it is.

**LEG. ROMAINE:**

We have enough information to vote on this I believe.

**CHAIRMAN MYSTAL:**

We have enough information. I think we have enough.

**DR. DILLON:**

Okay, then I'll answer that. It's interesting that you ask that. When you are infected with a typical virus, we'll say something like measles. You know, most of us here are old enough, we all had measles as a kid. Someone could have drawn our blood while we were very sick and they would have been able to grow that virus from our blood.

What's interesting with West Nile Virus is that the scientists are unable to draw blood on people who are very, very sick with West Nile. They cannot find it in the blood. So one of the beliefs is that this virus has it's own honing ability to zone in on nerve tissue. And so one of the unfortunate things is that the virus seems to be going towards the brain, seems to be going towards nerves.

Now, what's interesting is that originally we believed that to have West Nile disease means you have to have a fever, a headache and maybe be confused. That was the case definition. Then we started having people showing up who were not confused, they might or might not have a fever, but they had weakness and they presented as if they had acute polio. And it turns out the West Nile Virus got into them, went through their bloodstream, and was looking for the back part of your spinal

cord, the part that gives you the muscular ability and was causing an acute polio type of thing.

So you were asking about does it cause nerve damage. In our County alone when we presented this to the CEQ I had -- Ronald Lasley came and presented with me. His mother was one of the individuals who was a very, very active senior citizen, had never really left the County. I think she went to Atlantic City to go gambling once and that was about it in the previous two years. She was a fantastic cook, she could do everything, and she ended up on a ventilator for several weeks, about six weeks. The family had to make a decision whether or not to pull her off the ventilator, and then magically she made the turn, she got better. But now to this day she's now blind, she's deaf, she's on several medications and she's having emotional behavioral issues that she never had before the illness.

I also had another person who spoke who was 45 years old and she was in the Southampton area. She is very young for a West Nile victim, 45 is young. But to this date she's now 50, she has no depth perception. And so she said she can no longer drive her car out of an area that she's not familiar with. She also has difficulty navigating stairs, which makes it incredibly difficult for her as she's working as a realtor. So she's constantly taking people to homes that she's not familiar with. She says she oftentimes misses doorways and bumps into them.

So those are all things that seem to be long-term, permanent neurological problems. Dr. Halprin, who is over in the Winthrop Hospital area, I had sent him several of our initial West Nile cases. After he examined several of them he said that the West Nile Syndrome seems to be similar to what a herpes virus will do. It seems to be going to a part of the brain that actually controls behavior. So people who were very calm, easygoing personalities might now have problems with anger and temperament. That seems to be one of the issues that -- the country is building up enough cases and scientists are studying that and there does seem to be a syndrome after having West Nile infection.

**LEG. KENNEDY:**

Maybe I got bit, I thought it was I joined the Legislature. But in any event, thank you for the explanation. So, even though they don't manifest themselves into hospitalization, there can be long-term and permanent damage.

**DR. DILLON:**

Yes. The woman who was in the Southampton area never went into the hospital. She told me the reason she didn't go is she didn't want a spinal tap. What happened was several weeks later her doctor had drawn her blood and sure enough they confirmed that she had West Nile disease and she does have, as she describes it and on an MRI, she has calcification on a part of her brain that is inexplicable. So people are attributing that to the West Nile infection.

**LEG. KENNEDY:**

Okay. The last question that I'll pose, then, I guess goes back to Counsel. Thank you, doctor. I believe last year what happened was we operated during the course of the year under a health emergency declaration made by the State? And if that or when that occurs, does that supersede or override what we might adopt with this?

**MR. JEFFREYS:**

For the State of New York, when our first cases of West Nile Virus come back positive, there's a funding mechanism to get a portion of Vector Control's budget back from the State. That's the initial trigger that requires something to go to the State because now we're doing a State function rather than a County annual function and the State tells us how to respond. That's normally in accordance with whatever the existing New York State West Nile Virus Response Plan is at the time. It goes through revisions every couple of years.

Our annual plan is very similar to the State's West Nile Virus Response Plan with the exception of our surveillance activity and our larviciding activity. The State is more concerned with immediate suppression. How can you immediately suppress West Nile Virus, and to do that it's adult spraying.

That's how you immediately reduce it.

So, yes, we operate a portion of the program where we have to get emergency DEC permits for aerial spraying in accordance with the New York State plan, but our other daily activities function right in accordance with our annual plan of work.

**LEG. KENNEDY:**

If we operate under the State emergency, though, emergency declaration, I'll go now to the question about the pyrethroids. Does that engage other types of pyrethroids or is it that same scourge and --

**MR. NINIVAGGI:**

Basically you have to understand that the public health threat declaration for a given year happens only after you actually find the virus for that given year. So generally the public health threat doesn't kick in until late July, sometimes even early August. So at that point when you already have virus circulating you are basically in reactive mode which means you've got infected mosquitoes flying, which means you have to treat for adult mosquitoes.

This overall 2007 plan has a lot of preventive work in it, particularly the larval control. The idea is to minimize or even prevent us getting to the point where we're in an emergency. As far as materials used, the materials used in response to an emergency action are the same as our normal program. We have a couple of key materials we use and we've chosen very carefully for their effectiveness and minimal impact and in emergency or nonemergency we use the same materials.

**LEG. KENNEDY:**

The last item is just a request, I guess, although we had, you know, the suppression actions last year as far as the aerial spraying and things like that, which certainly were warranted with the way things were manifesting. I did get calls and complaints and questions from constituents about notification. What methods, I guess, or could you take something -- a spraying decision occurs within, what, a 24 hour time period or 48 hour time period?

**MR. NINIVAGGI:**

Generally, you know, we have some lead time in that we have an area that's suspect. We make the spray decision about 24 to 48 hours before the actual spray. And we do have an elaborate notification process in terms of hotline, posting on the web, notifying elected officials and the media. The problem we've been having is that West Nile has become a little bit more routine. The media generally doesn't pick this up. And I don't really know what the answer is as far as how we could get information out to people better, you know, when the media doesn't work with us on this, and that's just an ongoing chronic problem we have.

**LEG. KENNEDY:**

That's a different issue, as a matter of fact. So in other words, you are attempting, you are routinely through the department putting it out to like radio and print and television?

**MR. NINIVAGGI:**

Oh, yes. There's a whole Public Notification Law that we follow that includes notification to the school districts, elected officials, media outlets. There's a lot of that. The other thing I do is we have our no spray list where people who have concerns about adulticiding can be on this list, and for a public health threat we override that list but what I do in that case is I telephone the people just to let them know to close their windows and those sorts of things.

**LEG. KENNEDY:**

Thank you. I'll yield.

**CHAIRMAN MYSTAL:**

Thank you very much. We have a motion and it has been seconded. I'll call the vote. Motion to

approve. All in favor? Abstention? No? Resolution carries. **(Vote: 5-0-0-0)**.

**MR. JEFFREYS:**

Thank you.

**CHAIRMAN MYSTAL:**

Thank you. **2408, Amending the 2006 Capital Budget and Program and appropriating funds in connection with the purchase of equipment for the Arthropod Borne Disease Laboratory.** Motion to approve.

**LEG. STERN:**

Second.

**CHAIRMAN MYSTAL:**

Seconded by Legislator Stern. All in favor? Abstention? No? Motion carried. **(Vote: 5-0-0-0)**.

**2437, Accepting and appropriating \$286,787 in 100% grant funding from the New York State Office of Temporary and Disability Assistance for Intensive Case Services for non-compliant families who are in receipt of temporary assistance for the expansion of the Sanctions Intervention Program in the Department of Social Services.**

**CHAIRMAN MYSTAL:**

Motion to approve and put on the Consent Calendar.

**LEG. EDDINGTON:**

Second.

**CHAIRMAN MYSTAL:**

Seconded by Legislator Eddington. All in favor? Abstention? No? Motion carries. **(Vote: 5-0-0-0)**.

### **Memorializing Resolutions**

**M.078, Memorializing resolution requesting United States Congress to authorize the Breast Cancer and Environmental Research Act of 2006.** Legislator Romaine.

**LEG. ROMAINE:**

Motion.

**CHAIRMAN MYSTAL:**

Motion to approve.

**LEG. EDDINGTON:**

Second.

**CHAIRMAN MYSTAL:**

Seconded by Legislator Eddington. All favor? Abstention? No? Motion is carried. **(Vote: 5-0-0-0)**.

**LEG. ROMAINE:**

Motion to adjourn.

**CHAIRMAN MYSTAL:**

We have a small presentation from Vito Minei. Vito, can we talk about this in public?

**MR. MINEI:**

Can we talk about this what?

**CHAIRMAN MYSTAL:**

In public. I'm trying to -- because if in litigation --

**MR. MINEI:**

According to Dennis, if there are any questions, he'd like to go into Executive Session.

**CHAIRMAN MYSTAL:**

See, but that's what I'm saying. Can we -- then let's not deal with it. You cannot do a presentation without questions.

**LEG. KENNEDY:**

Then throw them out. Do it in executive session.

**MR. BARRY:**

Close the room.

**CHAIRMAN MYSTAL:**

We'll have to close --

**MR. BARRY:**

We can do a presentation.

**CHAIRMAN MYSTAL:**

We can do a presentation, but we cannot do -- ask questions. If we ask questions, we'll have to do --

**MR. BARRY:**

Right.

**CHAIRMAN MYSTAL:**

-- it in executive session. How can we do something without any questions? Doesn't make sense. Can we go -- Mr. Brown, can we go into -- can we talk to Dennis? Mr. Brown.

**LEG. KENNEDY:**

Counselor.

**CHAIRMAN MYSTAL:**

Counselor, please, side bar. Side bar.

**(Discussion was held off the Record)**

Five minute recess, please.

***(The meeting was recessed at 1:23 PM and reconvened at 1:25 PM)***

**CHAIRMAN MYSTAL:**

We're back in session. Motion to adjourn.

***(The meeting was adjourned at 1:25 PM)***