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 December 14, 2006.

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

Also in Attendance:
George Nolan - Counsel to the Legislature
Renee Ortiz - Chief Deputy Clerk/Suffolk County Legislature
John Ortiz - Budget Review Office
Paul Perillie - Aide to Majority Caucus
Linda Bay - Aide to Minority Caucus
Barbara LoMoriello - Deputy Chief of Staff/P.O. Lindsay
Fran Siems - Presiding Officer's Office
Ben Zwirn - Assitant Deputy County Executive
Brendan Chamberlain - County Executive Assistant
Brian Bielanski - County Executive's Office
Dennis Brown - County Attorney's Office
Len Marchese - Director of Administrative Services/Dept. of Health
Linda O'Donohoe - Assistant to the Commissioner/Dept of Social Services
Dr. David Graham - Acting Commissioner/Department of Health Services
Margaret Bermel - Director of Health Administration/Health Department
Vito Minei - Director of Environmental Quality
John Gilmore
Christine Heeren
Martin Zichittella
Joan Zichittella
Bruce Gorgone
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 P.M.]

CHAIRMAN MYSTAL:
The Committee on Health and Human Services Committee will start now with the Pledge of Allegiance led by Legislator Eddington.

(Salutation)

Thank you very much, and welcome to all. Since this is our last meeting let me do it now, Merry Christmas, happy holidays. Don't do anything I wouldn't do -- that gives you a lot of leeway.

First on the board is Dr. Graham, who's going to update this committee on the E.coli outbreak we had in Suffolk County and in Nassau County and probably in the tri-state area. Dr. Graham, the floor is yours.

DR. GRAHAM:
Thank you very much, Mr. Chairman. I'm Dr. David Graham, head of the Health Department. Today I thought I'd briefly go over in the next half hour or so our food safety program and E.coli update.

CHAIRMAN MYSTAL:
Half hour?

DR. GRAHAM:
Well, 20 minutes.

CHAIRMAN MYSTAL:
Thank you.

DR. GRAHAM:
Twenty minutes, yes. This is very educational and I'm sure that you all would appreciate this.

CHAIRMAN MYSTAL:
I want you to know I'm very hungry right now. I'd even eat at Taco Bell.

DR. GRAHAM:
Okay. Obviously, why should we monitor any food establishment? Well, it's essential for growth and survival, routine, daily function, people enjoy it, and we have to ensure its safety. What's the impact of food borne illnesses? Overall, one in four individuals in the United States every year, out of three hundred million people, about a quarter of them become sick from food borne illnesses. That leads to 300,000 hospitalizations and significant mortality, 5,000 deaths on the average according to the CDC. It primarily affects the very young, the elderly and the immune compromised. Increased global trade and travel may increase the risk.

During the last 20 years we've had a number of major food outbreaks, and those included the most recent one in September with the very similar outbreak of E.coli O157:H7 involving fresh spinach. It resulted in over 200 cases, three deaths and 26 states were affected. But you're very familiar, I'm sure, with raw, undercooked eggs where salmonella outbreaks, unpasteurized milk, campylobacter, fish problems we've had in the past and ready to eat meats. All can be any source, of course, can be contaminated with bacterium or viruses.

What are the important clues that we look for and these all apply to this outbreak investigation, by the way. And I might add that in my tenure here of over 20 years, I have not seen an investigation of this complexity develop so quickly with so much information and I think it's a test to the excellent work of our staff here in the Health Department. And it was independent, by the way, of the investigation in New Jersey. We were not aware of that outbreak situation two weeks ago that

weekend that was also developing concurrently.

What are the four clues that we look at? We look at the incubation period. When does the illness occur? Does it occur in one hour like certain bacterium, like bacillus cereus. Does it occur in a day or two days, something like E.coli O157. How long does the illness last. Duration of illness is very significant. Is it a one day illness, does it last a week or two weeks. What are the predominant clinical manifestations, signs and symptoms, and what population does it target or focus.

Food borne illnesses also can be very -- in a rare event it has been documented that it can be a deliberate contamination, so we always suspect the possibility of deliberate contamination, especially in today's world when we're concerned about bioterrorist events. Some of the reasons you can suggest that is if there's a very unusual pathogen, as we saw in this particular case, or if it's a very common agent and we see an unusually large number of people affected, or if it's very common and it's uncommonly seen or very rare in the clinical practice like in poisonings.

Reporting of illnesses is required by law here in New York State and in the federal -- and by the Centers for Disease Control. All hospitals, all laboratories, all physicians and health care providers report specific pathogens that can cause serious illness in people. Why is this important? Because if we know about an outbreak in community we can begin to tie together important leads in order to prevent further cases, remove contaminated foods, as in this case, or correctly -- correct any inadequate food preparation if it's localized to one facility and educate, inform the individuals about proper handling of the food.

What about our E.coli outbreak here in Suffolk County -- and it's still ongoing, by the way. To date, in -- we have half of all the cases in New York State that are confirmed. We have 11 confirmed cases according to the definition of the Centers for Disease Control, and one probable case. We also have over -- well over 100 other reports and we are investigating them. However, they do not include any laboratory documentation to support them, but there are reports from individuals who do call in and that is an active line as well hotline that we have, and we do refer callers to doctors and hospitals when necessary.

But of our 12 cases, of which 11 have been confirmed by very specific laboratory tests, and those took over a week, by the way, to confirm, even though we have presumptive evidence usually within two or three days from the hospital, which we saw that first week on December 1st through December fourth. Nine of the patients were very seriously ill, admitted to the hospital. Two had what we call a syndrome, Hemolytic Uremic Syndrome. That's a very serious complication where you have red blood cells destroyed, it can cause renal failure, it can lead to death. And I might add that the last outbreak in the country there were three deaths and over 200 individuals who were affected this past September from the fresh spinach. One still is in the hospital, a young child, very serious.

Fortunately, the laboratories at Wadsworth in Albany were able to tie in all of these cases together by finding this very rare strain of E.coli 0157:H7 and it is given the number 1486. That's important because less than 1% of E.coli pathogens are part of this strain. But when you can connect this strain to sick people in five states now, that's very telling, so you know things are connected together here.

And of course the investigation continues on perhaps looking at more cases, looking at suspect foods, and as you heard, there is some statistical evidence leading to shredded lettuce, but that's still not confirmed by direct tests of food items.

Another common feature, all of our hospitalized patients, all of these cases, ate at one of four Taco Bell eateries, Riverhead, Patchogue, Deer Park and Port Jeff Station. You can see how widely spread out the areas are, another serious problem. If we had it one facility we would be more inclined to believe that would be one -- there might be some improper food handling in that facility, we would look at that very carefully.

I might add on that late afternoon/evening of Friday, December 1st, when we first got the indication of a presumptive positive E.coli 0157 in a patient and then within 45 minutes we had an inspector in that restaurant, in that vicinity, and we began to put together three cases quickly. But they required further examination and histories taken from the patient and from the restaurant people and that takes time.

That basically took three days before it went up from three to six to nine cases before we could put together all those clinical histories on Monday, December 4th, and then we released a press release at that time after conferring with the Federal and State officials. Even though they were fully aware or at least we informed them on the same day that we found out about this early, about the early information in this investigation.

The FDA, the Food and Drug Administration and the CDC continue their investigation. There are now 71 cases confirmed in five states. In New York we have 22 cases, Suffolk County we have half of those confirmed, 11 cases.

What about our public health inspections, and this addresses some of your questions that you've forwarded to me, so we'll address many of those questions now over the next few slides so that you understand exactly what's going on.

Currently we have 15 field sanitarians out there inspecting restaurants with four supervisors. They do a total of over 11,200 annual inspections. That's roughly about 800 inspections per inspector per sanitarian each year. We prioritize these establishment. There's high risk establishment. Those consist of large restaurants and caterers that serve hundreds and thousands of people. We've inspected about three-quarters of all of those annually, a total of 3,400 plus high risk establishments here in this County.

There's another category, moderate risk. Those would include fast food chains like Taco Bell and other fast food chains. We've inspected about 57% of them annually, and we've inspected all temporary facilities, about 1,500 of them, every summer and fall, which include fairs, festivals, funding organizations, etcetera. Low risk, a little over 55% were inspected annually. Those include the bars and where there's little food consumption taking place.

In addition, we have a very important safety program, Food Safety Program, here in Suffolk County. On average we provide education of nine hours required of all food managers in Suffolk County. Every three years they must be recertified. And we do anywhere from 3,500 to 4,000 of those managers each and every year. If there are more than one shift in the facility, we require each manager of each shift. So if there are three shifts, all three managers must attend and be certified. We -- this is given free so we have no disincentive to not attend.

And as you can see here, our fees for inspecting facilities ranges anywhere from a very modest $250 to about $650 and that's based on how many people are served and the complexity of the operation. This generates over $2 million a year in revenue just on these fees. And in addition, we also collect substantial money from fines when there are violations.

An important point for all of you as Legislators and members of the Health Committee is that our revenue to cost this food control program in Suffolk County is a little bit less than for every dollar that we generate, we spend a little bit more than a dollar in the cost of the program. So that's very important to note, that ratio is very close. So that makes it very cost efficient, in our opinion, to understand that.

Our food safety enforcement in Suffolk County. It primarily involves embargoing food and when there's suspect contaminated food, and in this past we've embargoed over 10,000 pounds of suspected food. The previous year we embargoed 25,000 pounds, and the year prior to that, 50,000 pounds. This suggests that our restaurants are getting more safe perhaps, or we're doing a

better job of inspecting, but we know that our inspections are pretty much consistent based on the numbers of people we have and the facilities that we need to inspect.

We have -- there is -- we do have the authority to close food establishments and, in fact, we have closed 74 of them voluntarily in 2005 and about the same number in 2004. And what happens there is that when we find a violation and we define them as a critical violation, and that's roughly 30% of our violations are critical, our inspector or sanitarian on the spot, it's required to have corrective action taken on that critical violation prior to that restaurant going on with its function. If the violation is not corrected while the sanitarian, the inspector, is there, the facility will be closed and they have been voluntarily closed as you can see, 74 of them. This has generated fines in excess of $300 million in 2005.

We talked about the critical violations, roughly 30% of all of our -- of the 884 establishments that were involved. Overall we've had 6,256 restaurants are regulated by Suffolk County. This includes the 1,500 or so temporary events which I mentioned, the fairs and festivals and fundraisers that we have every season. High risk establishments require inspections twice per year, the other ones one time with their annual permit.

How can the Federal Government help protect the food supply system? And this has always come up and I think it's important for you to be aware of it as well as our staff. Right now you know of the multiple federal agencies involved, primarily the Food and Drug Administration, the USDA, the US Department of Agriculture and many of their offices. A single food safety agency would be critical here because right now it's unclear who leads a food contamination outbreak. Neither agency can recall contaminated food with the exception of infant formulas right now. Obviously they can put pressure if they find strong evidence pointing to a particular product or company involved, but right now it would be essential that they can demand recalls, that they can fine companies for violations.

The US Department of Agriculture is currently responsible for food, poultry and some egg products. They can perform daily inspections. The Food and Drug Administration, on the other hand, covers just about everything else and their inspections can be as infrequent as every five years. So you can see a wide variation here of actual inspections done by our federal agencies.

What are some of the absurd regulations that you can see that could interfere with a proper investigation. For example, if you have a sandwich company that's producing sandwiches, if it involves two pieces of bread the Food and Drug Administration is in charge. If it involves one piece of bread, the USDA inspects it. Totally ridiculous. Eggs still on the self, the Food and Drug Administration is in charge. If the eggs are broken it goes to the US Department of Agriculture. So you can see how difficult it would be to carry on a very effective investigation of a very complex food outbreak involving multiple states and perhaps hundreds of facilities and sickening many, many people.

There are specific definitions. When you hear E.coli pathogen, and this particular pathogen, 0157:H7, is unique in the sense that it's not normally in people. This is an organism as pathogenic in people, but we get it from other animals, primarily cattle and ruminant animals that can have this normally in their gastrointestinal systems. We have other E.coli variant strains in us. They are not of this particular strain, so that's important to make that distinction with this pathogenic or disease causing strain and other normal, healthy strains that are present in human beings.

If it's confirmed by laboratory tests and we generally talk about culture confirmed or very -- or fingerprint DNA matching of the organism of this 0157 strain, it does require three factors present to be a confirmed case. One, you have to have the illness consistent with E.coli infection, and there is a specific date, since November 15th. You have to have a food history of eating food in a incriminated restaurant facility or restaurant within seven days of that. And three, you need the specific test, PFGE is the one that we refer to, a type of type of electrophoresis, Paul's Field Gel Electrophoresis. It's a nucleic acid test to recognize the DNA fingerprint of that organism. That's the

specific test that confirms this organism. And as I mentioned, of our dozen cases under investigation, 11 have been confirmed and met this national definition.

Probable case, we have one case, the 12th case, involves a diarrheal illness, clinical picture consistent with E.coli infection 0157. Again, the dates are the same. They have the eating food in the incriminated restaurant. Most importantly, though, is they only have presumptive evidence, laboratory evidence, of infection. They don't have the confirmed laboratory evidence or culture necessary. That usually requires one to two weeks to complete.

They may -- you may have heard these words before, for example, if you hear about a toxin, specific Shiga toxin, that might be presumptive evidence of this E.coli infection in people. That's what laboratories and hospitals look for, pathologists and doctors. HUS we refer to as the clinical syndrome of Hemolytic Uremic Syndrome.

Suspect case. These are all of the other self-reported histories of diarrhea. They state that they've eaten in the particular restaurant, they mention the restaurant, within seven days. It's within that period of time that we're looking at. Unfortunately, though, they have no laboratory tests. They have not seen a doctor, have not gone to the hospital. We have no evidence, laboratory evidence, of this. And this we have well over 100 cases under investigation or reported to us. Maybe a few of these may turn out to be significant, but right now they have no documented laboratory evidence or even a visit to a doctor or hospital to substantiate the history given by patients. We still have our hotline open getting these cases. They come in to us and we refer them to appropriate professionals if necessary depending on the history that is given.

Looking at this map you can see in Suffolk County there are wide dispersion of the facilities that were involved in this outbreak. As I mentioned, the Riverhead, Port Jeff Station, Patchogue and Deer Park. The other states have locations of other facilities that may have been part of their investigations. This investigation now has been confirmed in five states, New York, New Jersey, Delaware, Pennsylvania, and South Carolina to date. And those are the -- where the confirmed cases are based on the definition I defined to you earlier.

This is rather interesting, actually like -- we just about in the past year-and-a-half or so we sent out a publication that we put out, Dr. Harper and I, on selected common bacterial food borne illnesses. It went out to the 4,000 or so physicians here in Suffolk County to remind them of this potential problem and what to look for and what to test for, what is the clinical picture. We put in a nice table here and as you can see in the lower portion in yellow, this is what we're targeting, E.coli 0157:H7 specifically occurring.

The incubation period is anywhere from a day or two to up to eight to ten days, although the median time is usually three to four days. Clinical picture, signs and symptoms usually involve severe abdominal pain, bloody diarrhea, often -- may or may not have fever. It doesn't have to be, although it's rare unless they are in young children. The duration of illness can extend anywhere from a few days to a week or two. Primarily associated with undercooked meats, especially hamburger, unpasteurized milk. We saw recently in the fresh spinach, as you know, in the past few months that effected the outbreak in the 26 states.

It does require specific laboratory testing of stools of the patient. They have to be also specifically requested on or by the doctor. We cannot just generally ask for a culture and sensitivity of the stool. That is not certain or -- I mean specific enough for a laboratory to go ahead and look for this particular organism. So as part of educating our physicians and health care providers, they must ask specifically for E.coli pathogen or some other pathogen like salmonella, shigella or campylobacter, etcetera.

There are other organisms here that we mentioned and this is part of our sharing and education of physicians here in Suffolk County. You can see a number of them, shigella, third one down, occurs much more rapidly. You usually see the signs and symptoms within one to two days, and salmonella

even more rapid than that. We can see it as quickly as six hours. So these are all early indicators in any investigation of a food borne outbreak.

Diagnostic clues for any illness like this. As you can see, there are many different signs and symptoms which may suggest a food borne illness, and laboratory testing can provide clues that are important. But any kind of severe diarrhea, with or without blood, dehydration, weight loss, fever, prolonged diarrhea, even neurological involvement, paresthesias, that's sort of numbing or tingling, motor weakness, cranial nerve palsies. These are neurological problems. A sudden onset of nausea, vomiting, diarrhea, severe abdominal pain.

Let's see what this means here. We'll X this, automatic updates. What does that mean? X it out? I hit the X, the X didn't X out. Do you want to restart -- we don't want to restart this, do we? Am I not going fast enough? I'm talking fast enough on this. Hopefully -- I see you're all very alert and attentive and I appreciate that. That's part of this. It's not always easy when we talk to groups, but I appreciate that. Thank you. Moving that over, John? Okay. Thank you very much.

But when a doctor considers other diagnosis in a food borne outbreak, there are many things that are considered. Combinations of medications, recent surgery or radiation, malignancies, cancers, inflammatory bowel diseases -- you've heard of colitis and Crohn's Disease, many of those, malabsorption syndromes. Many immune deficiencies and hundreds of other etiologies or causes.

I think you just moved it to the right corner but unfortunately it didn't allow me to progress to the next slide. Oh, there we go. Good. So we bypassed it. Thank you, John.

There is specific testing, microbiological testing, the laboratory testing. It has to be specified by the doctor when they order tests. Stool cultures in general, when we're looking for an organism like this you usually look at things like if the patient has fever or bloody diarrhea or severe abdominal pain or if the illness persists. These are all indicators of asking for specific tests. There are other things that we can look for in other laboratory tests that may suggest an organism that invades the lining of your intestine, and you can see a number of them, shigella, salmonella, invasive E.coli, which this is one of them.

Now, to end this in a brief period of time, I wanted to share this anecdote with you. You all remember the great British film director, Sir Alfred Hitchcock, who is a master of suspense thrillers. He wrote -- he directed Psycho in 1960 and The Birds in 1963. Well, he was a very large man and he enjoyed eating like most of us. He was at this private dinner that he attended and he was very frustrated, there just wasn't sufficient food there, totally inadequate quantities of food served at this private dinner. So toward the end of the evening the hostess came up to him and said you know, I do hope you will dine with us again soon, she says, and Sir Alfred looks at her and he says by all means, Madam, let's start now. So that's one of my favorite directors, Sir Alfred Hitchcock, but thank you very much and if you have any questions I'll be glad to entertain you.

CHAIRMAN MYSTAL:
Before I call on the other --

DR. GRAHAM:
Now, wasn't that worth that, Elie?

CHAIRMAN MYSTAL:
It was worth it.

DR. GRAHAM:
There you go.

CHAIRMAN MYSTAL:
A question for you. Reading Newsday yesterday, and one of the things that seems to, at least was

prevalent in the reporting they were doing on the E.coli problem, or contamination, was that they could not identify the source of it because the contaminations could be, again, from the food itself, could be from the packaging, could be from the distribution source, it could be from the particular restaurant. Have we in Suffolk County made any progress, because at first we were talking about green onions and then that was a mislabel from Albany.

DR. GRAHAM:
Yes.

CHAIRMAN MYSTAL:
It was white onion. Thank God there was no black onion, so couldn't blame it on that.

DR. GRAHAM:
It's a difficult investigation I might add. A number of reasons for that. Number one is that you have an elapsed period of time here since the onset of the illness. It may be a couple of weeks as we've seen here, two weeks or longer. You can have food discarded, food that may have been consumed, it may not be available. If it affects only one small portion of that distributed or processed or handled food, you can just imagine of the millions of different foods that are delivered to tens of thousands of different fast food restaurants, etcetera.

Evidence right now, there is no pathogen that has been identified specifically with any food item. As I mentioned, the preliminary report as of yesterday from the CDC, Centers for Disease Control, was a statistical look at the number of patients who were ill that visited the restaurants and the number of individuals who went to the restaurants also and ate food and they compare those who are ill and not ill and try to make a statistical connection there. That involved our -- our individuals that visited our restaurants and the sick patients as well. We provided much of that information to them. Unfortunately, it's a -- it's a preliminary finding, by no means does it identify or incriminate a specific pathogen, this one, identified in a particular food item.

We always submit, by the way, for your information, we submit when we go to these restaurants we go and look at foods that are unopened and we submit those packages that are unopened. We submit them to the Wadsworth Laboratory in New York State as well as other food items. But we want foods that are unopened packages because that incriminates the distributor or processor or farm perhaps before they even get to the facility, especially when you have multiple facilities involved as we had in this early investigation.

CHAIRMAN MYSTAL:
I remember reading prior to the release of the report by Newsday saying they have not identified the source of the E.coli. The County Executive Suozzi reported from Newsday saying that they had tested food taken I think from garbage from Taco Bell and they have found that it was from the green onions. Obviously something -- there's something amiss between Suozzi and Albany. I already know that, but that's a different story.

DR. GRAHAM:
I would never pretend to speak for the gentleman in our neighboring county here. We're fortunate to have a very enlightened visionary leader in our County so I'm not worried about that at all. And he was wise enough -- he was wise enough, I might add, not to go to the press. He turned it over to his health professionals and that was a very smart move. Smart move. Very smart move. And you gentlemen here, you have been very supportive of our program, I might add that.

CHAIRMAN MYSTAL:
Thank you.

DR. GRAHAM:
We appreciate that. But obviously we -- and when it comes down to investigations like this, you've got to depend on a very effective inspection capability within your Health Department Food Control

Unit, with the staff that you have, as well as submitting the specimens in a timely manner to reputable laboratories.

CHAIRMAN MYSTAL:
Thank you. Legislator Romaine.

LEG. ROMAINE:
I want to congratulate you for your efforts in coordinating this effort.

DR. GRAHAM:
Thank you, Mr. Legislator.

LEG. ROMAINE:
And certainly if you need any additional staff or any specialist in this field that you'll let us know. To work in a food establishment in Suffolk County, the County Health Department has to provide that food -- someone receives a food manager's certificate. Is that correct?

DR. GRAHAM:
That is correct. It requires nine hours of on-site training in a class. Every food manager for every shift in that facility every three years must be recertified in order to be open.

LEG. ROMAINE:
And you check on these certifications.

DR. GRAHAM:
We certainly do. We require it. We do over 4,000 of those every year. In fact, we have done 70,000 since 1977, and it's one of the first programs in the country that has this required educational component.

LEG. ROMAINE:
Which is commendable. Everyone that gets a food manager's certificate has to be a legal resident of the United States?

DR. GRAHAM:
We -- obviously we -- I mean, we don't -- we don't check their immigration status. I believe that -- I honestly don't know. We don't -- we're not involved in that aspect of it. We're not the Immigration Naturalization Service here. We're here to make sure that as many people as possible are educated about it no matter where they come from.

LEG. ROMAINE:
I understand. One other question. Do the food manager -- do those who receive food manager certificates have to have some minimal proficiency in English?

DR. GRAHAM:
Good question. Now, that's a very good question. In fact, we have a bilingual program. We actually do -- 10% of our certificates go to Spanish speaking individuals. We have an individual who does give the class in Spanish, so we cover both languages, English and Spanish.

LEG. ROMAINE:
Okay. I simply raise that question because one of my constituents who works at a food establishment in Tanger is being replaced by an immigrant to this country who may not be here legally, according to the complaint, and does not speak English. So that's why I asked that question, because sometimes in serving food, instructions, directions, preparation is explained in English, and if you don't have that -- at least a rudimentary knowledge of English, it may be difficult in food preparation.

DR. GRAHAM:
In fact, our program, since we do not charge anything, we want every reason for people to attend these and require it and no disincentive for them not to attend, they actually bring along many of their other staff to understand the information. So, it's not just a food manager, which we require, and frequently facilities bring many employees along and require within their own facility that they all attend.

LEG. ROMAINE:
Thank you. And I thank the Chairman. I do have one other question, but that will wait for later. It's on processing vouchers for vendors from the Health Department. Thank you.

CHAIRMAN MYSTAL:
Legislator Kennedy.

LEG. KENNEDY:
Thank you, Mr. Chair. Doctor, I have to say that, you know, consistently you present at an outstanding level. My letter to you was, you know, primitive and rudimentary questions and clearly once again you've given us a real primer on, you know, a matter that who knew we would have to deal with.

DR. GRAHAM:
Thank you, Mr. Kennedy. That's why we're here, to serve our population.

LEG. KENNEDY:
I want to go to some of the comments that Legislator Romaine made, though, and clearly I do not want to link this line of questions to this most recent outbreak, because I believe that you kind of hit the nail on the head. It's a complex distribution and system as far as food preparation and restaurant service and delivery. And I don't know that any amount of investigation by our local departments could have done anything to this ferret out.

Having said that, I'll go to some of the numbers that you gave us as far as the number of Sanitarians that we maintain now and the number of facilities that we're required to inspect, and what the recommendations are for that caseload, both at a State and a federal level. And I'd like you to speak to that as far as the capability and ability that we have to meet that mission with the number of staff we have in place now.

DR. GRAHAM:
Yes. We're obviously very fortunate to have a very strong Food Control Unit, but the numbers have changed over many years with the retirements and etcetera. But they're all very well trained, skilled individuals involved in our Division of Public Health Food Control Unit. There's no question that it's challenging to address nearly 6,300 restaurant facility establishments and roughly 800 inspections per sanitarian each year. That's a great -- demanding responsibility for each and every one of them.

And, as I said before, we appreciate whatever support our government can provide us. We always appreciate that support, and I just mention to you that if, you know, we can continue to be enlightened in looking at this Food Control Unit we can discuss in more detail as often as you wish the importance of continuing in strengthening this unit. There's no question that the recommendations by the New York State Health Department are in excess of what we have currently. As you --

LEG. KENNEDY:
Certainly. As a matter of fact, Doctor, let me interject, because once again you are a consummate professional, you are an articulate man and you are trying to go ahead and move around a question that I've posed to you and I haven't posed it, you know, meaninglessly. I think that the

recommendation, as a matter of fact, from the State Health Department would be that we would have a compliment closer to around 24 or 25 sanitarians.

DR. GRAHAM:
That's correct.

LEG. KENNEDY:
Right. And there is also federal recommendations that would probably warrant that we would be even higher, in excess of 30 sanitarians.

DR. GRAHAM:
That's correct.

LEG. KENNEDY:
Right. So clearly what you're doing is, is you're articulating that you are struggling to work with the resources that you have. But once again to me it appears it's indicative. We are woefully understaffed in a basic critical mission that our Health Department has to do to protect our public. More importantly, two of your Sanitarians in the summertime have to be taken away from regular restaurant duty to monitoring of summer camps.

DR. GRAHAM:
Absolutely. In fact, their inspections of summer camps, children's summer camps and all these temporary facilities, over 1,500 of them during the summer, the warmer months, obviously they are taken off our regular facilities that are fixed and they must inspect these children's summer camps, these fairs, these festivals. They only go on for a few days or a few weeks at a time. They must be cleared by our inspectors, our Sanitarians, to make sure that the food that is offered there, it meets the requirements of the law. So there's no question that does -- that demand in the summertime does disproportionately draw many of our investigators from their normal duties that -- with our larger facilities.

LEG. KENNEDY:
Thank you, Doctor. As a matter of fact, and what I'm going to do is I'm going to yield with a request, I guess, through -- to the Chairman. I have thoroughly enjoyed the ability to go ahead and serve on this committee throughout this year. I know it is the last committee meeting. I guess with the luck and the wisdom of the Presiding Officer perhaps I'll have the ability to return next year.

CHAIRMAN MYSTAL:
You will be here.

LEG. KENNEDY:
And I would hope to be here with you, Mr. Chair, but I'm going to ask that Dr. Graham through your request perhaps come back to us with some kind of a request for additional staffing so that we do not continue to have to have these dialogues about operating in a reactive manner, but embrace what needs to be a proactive stance for protection of the public.

CHAIRMAN MYSTAL:
Thank you, Mr. Kennedy. I'm sure Dr. Graham will provide us with that information.

LEG. KENNEDY:
Thank you, Mr. Chair.

CHAIRMAN MYSTAL:
Legislator Stern.

LEG. STERN:
Thank you, Mr. Chair. Dr. Graham, it's always good to see you.

DR. GRAHAM:
Thank you very much, Steven. Always a pleasure.

LEG. STERN:
Typically, how long does an investigation take? If an investigator goes out to a certain site do they spend a half hour at the site? An hour? Two hours? Maybe take me through the process, and how many investigations might a typical investigator be able to do in one day or one week or one month?

DR. GRAHAM:
Yes. As I mentioned, we do one investigator -- one sanitarian can do approximately 800 a year, so that's roughly four or five a day. Anywhere from two to six I would say as a range. When -- if it's a first time original investigation it's far more lengthy, can require hours of time with a specific restaurant. If it's a high risk establishment obviously it's a very large restaurant that serves hundreds or thousands of individuals or patrons every day or weekend or it's a large caterer. Those are very detailed.

In fact, as I mentioned, if there's any violation that is deemed critical, and as I said, 30% of our total inspections involve critical violations, the inspector or the sanitarian will remain at that facility until it's resolved or it's closed. And that's a very important regulatory measure that we're very pleased to see that we have the full support of everyone when we have to make those difficult decisions of no one wants to close down a restaurant, but if it's unsafe, they're going to be closed. And, in fact, all of them have been voluntary I might add, so they recognize that. It's in their best interest as a business to have as safe food products as possible.

Now -- so when a restaurant is inspected, something like this, an investigation like this generally would take many more weeks rather than three or four days to -- an investigation of this complexity, as I said, I have not seen it in over 25 years basically, at any level that it's developed this quickly, this rapidly, with this amount of information, especially on an independent investigation from the one that was going on in New Jersey at the same time. We were not aware of that during that long weekend of December 1st through the third.

By the time we tied in, remember, the inspection does not just involve the facility and all the food and taking specimens that are both unpackaged and ones that are also free and open to the consumer, those are obviously collected, they're labeled, there's a chain of evidence involved here, and they're shipped off to the laboratory as rapidly as possible, specifically to -- in our case to the New York State Department of Health Wadsworth Laboratory.

They may be there in a complex investigation I guess for hours. That would be typical in an investigation like this and they'll be back there if necessary the next day, which would be Saturday or Sunday, and more importantly, or just as importantly, they'll be doing their food histories of the sick patients. Actually that's done by our nurses and doctors. But the history of what foods are available and offered to consumers is a detailed food history, a standardized questionnaire that we use from the federal agencies and that is followed meticulously so that we have every item that's present at that restaurant, at that facility or at that fast food facility. We want to know every food product that's available for people to consume at that time. We want to know each and every one of those items, we want to know how they're mixed, we want to know the process of how it's presented to the consumer.

Some things, like meats, are already preheated before they come in. And not only that, in a facility like this, they are actually rethermalized or reheated so that would help -- help rule out and I believe it did in this investigation, that meat products were not involved. That seems to be the case at least to date. There's no evidence of that at all.

Same with other products. There are some vegetables that might require heating. Unfortunately, you get involved with produce and vegetables that do not require heating. You know, you depend

on the processors which do, for example, cut and dice vegetables. They wash them multiple times, three times, in fact, in this particular case on some of these vegetables and then they're packaged and then sent off throughout the distribution system. It usually involves many, many states and thousands of facilities.

One note I think is important here is that some vegetables that are not reheated that are raw, eaten raw, obviously if they have multiple layers in those vegetables, like let's say in this case we had early evidence of the scallions, the green onions. You know, if there is contamination there present or E.coli from the farm, washing won't do the trick. The bacteria actually would be present within the inner layers, the multiple layers. You can't wash that off by multiple rinses, etcetera. That can be a difficult problem with certain raw vegetables, for example. So they're always looked at more carefully.

Lettuce, shredded lettuce obviously is looked at, continues to be looked at and may be involved here, at least statistically. We'll see. That remains to be seen as preliminary evidence. So the food items obviously are looked at it detail, which items would be likely to be involved in any contamination process here and would be a risk to people.

There's no way, of course, that we can eliminate risk entirely by eating. There is no question about that, but we can try to minimize it as best we can, at least locally and then you have to obviously refer to the -- hopefully our federal agencies that follow the food chain, the distribution, the processing going back to the farms for the look back. And we were the ones who actually invited the Food and Drug Administration to do the trace backing of the foods. Initially they would not do it without permission from the State. We insisted on that and they were wise enough to begin that trace back of the foods early on in the investigation.

CHAIRMAN MYSTAL:
Thank you. Legislator Eddington.

LEG. EDDINGTON:
Thank you. Hi, Dr. Graham. I have a question. Actually, I was asked a question. I was at a family affair last week, and it was an Italian restaurant, but -- and -- but I was asked a question about illegal immigration. What I was asked was that are we seeing any increase of diseases or anything from people that have not been immunized? My answer to them was as long as we are you're not going to get sick. Then I said I don't know if that's really correct. Is there anything that's being done proactive? Are you seeing anything? Is that something to be concerned about?

DR. GRAHAM:
Well, I have no evidence to answer that in the affirmative at this time. It is of critical importance to us that our young people, wherever they come from, and we, as I said, we don't do biopsies of their immigration of status. We're interested in immunizing as many people as possible to develop what we call that herd immunity to protect all of us. And we are very fortunate here in Suffolk County to have over 98% immunization of our children. That needs to continue and that actually feeds into the important process of the vaccines that we do have for children now that many of them can get up to 11 or even more vaccines during the age appropriate times, but those vaccines can be given in combination, etcetera, but it is very import to get --

LEG. EDDINGTON:
Just -- I understand about the children having worked in the school system for 30 years.

DR. GRAHAM:
Okay. You are talking about the adults?

LEG. EDDINGTON:
I am talking about the adults who are working in the health, you know, in the food chains.

DR. GRAHAM:
Yes. I mean, there's always a possibility obviously of communicable diseases that can occur in individuals who come from other parts of the world. I mean, that's always a possibility. I'm not aware of any evidence of increased numbers. For example, let's say a childhood illnesses like diptheria or pertussis. We do have cases, and they are usually imported cases. That means they come in from outside of the country. But we're talking about food borne disease here now, aren't we, establishments? You're talking about people working in a facility.

LEG. EDDINGTON:
Yes.

DR. GRAHAM:
A restaurant. So our concern there would be, for example, Hepatitis A, a food borne disease. Hepatitis A is a virus. Many times actually people from other countries are probably immune to Hepatitis A because they've already been exposed to it in their country. So they actually -- like we would be, not exposed to it perhaps being from this country and we may encourage and we do encourage people to receive the vaccine against Hepatitis A for people here in this country. But if you come from another country you may actually already be immune and protected from Hepatitis A so the vaccine wouldn't hurt you any, but it wouldn't be a source of a problem.

It doesn't mean that anyone -- see, anyone can actually excrete any of these pathogens, including E.coli 0157, including other viruses and that could be anyone. That's irregardless of where they come from.

CHAIRMAN MYSTAL:
Thank you very much. I just don't want us to get into a situation as I'm hearing the discussion here between Legislator Romaine and Legislator Kennedy where we start talking about Typhoid Mary, you know. If you all remember that, because she was of obviously decent and somehow, you know, that we sat blaming the whole problem of New York City on immigrants. Thank you Suffolk County for having Typhoid Maria. So please, refrain sometime from your comment in terms of where you're leading with your question. One last question from Legislator Romaine, which has to not with E.coli, with something else.

LEG. ROMAINE:
Yes. Doctor, as you know, I contacted your office earlier this week because I had received a number of complaints from vendors who service the Health Department in the Early Intervention in Preschool Program Services. And in talking with some of your staff, I got the impression that one, they were understaffed, that two, they had a great deal of paperwork. I was dealing with vendors -- and three, that there was a structural problem, which I'm going to be talking to our State Senator and State Assemblyman about the way the State certifies the rates. And that is something that you have no control over.

There were vendors that submitted back in last March and April and May, and I'm looking at a whole list of them here, and weren't paid until November 27th. It's very difficult for vendors to provide services. And I was talking to some of these vendors and I'm not going to name them because one of the things that one of your staff members said is well, are you calling up to mention a specific vendor because we get calls from the County Executive's Office or from the Commissioner or from this person or that person and we have to put them ahead of the list. I said no, I'm not calling about any specific vendor, I'm just trying to understand how the program works because we have people here that have a six month delay in payment that are telling me they're going out on their lines of credit and their credit card to pay their staff because the County is not reimbursing them for legitimate services and it takes forever.

In one particular instance a vendor called and eventually he called the County Comptroller because someone in the Health Department had said oh, we sent them to the Comptroller. The Comptroller went looking for these vouchers -- they were still sitting over in the Health Department. Now, that's

obviously not your specific fault, but it just -- I wanted to raise that problem because it reflects to our taxpayers, because all of a sudden what vendors do in the future, if they know there's going to be a six or seven or eight month delay in payment of vouchers, they build that into their price and that has an impact on our taxpayers.

It also does not speak well of an efficient system. When I was County Clerk I signed every voucher in my department, every single one. And I told my staff the first thing you do as soon as a voucher is prepared, you get it into the hit and miss system, which we call the IFMS, which is a hit and miss system, and you get me that document so I can get that signed because I want to let vendors know that we will pay them for appropriate service in a reasonable amount of time.

CHAIRMAN MYSTAL:
Is there a question in our future?

LEG. ROMAINE:
The question is maybe you'd like to respond to some of this because it's obviously a concern -- I don't know if I'm going to be on the Health Committee. I --

CHAIRMAN MYSTAL:
You will be.

LEG. ROMAINE:
I was going to say I suspect not. I will be diminished to all the small committees that have limited influence, but -- I'm guaranteed of that. But I thought I'd raise that question because this wasn't one, this was several vendors that called. I'm not going to mention anyone specific but just a general problem and I know because I ran a department it shouldn't take that long. And I know there's a structural problem with the certification rate, but these are things that were submitted before the rate issue was an issue.

CHAIRMAN MYSTAL:
I think he got it. I think he got it.

MR. MARCHESE:
Well, Legislator Romaine, I'll take that answer since it's in the finance area. Basically, in the preschool area there's early intervention and preschool, and you're right, we do wait for the State to certify the rates in order for us to pay the particular schools that do their services. Unfortunately, those schools are doing work without a certified rate and they continue to see children and take care of them. However, we can't pay them until we get a certified rate from the State.

LEG. ROMAINE:
The vouchers I mentioned was with the certified rate in place. They were March, April and May.

MR. MARCHESE:
Right.

LEG. ROMAINE:
Because the school year according to the State Education Department, my understanding of it, is July 1st, and then they're supposed to recertify the rate. Unfortunately, this year they didn't recertify it until November. Now, I'm dealing with Senator LaValle and Assemblyman Alessi to get some legislative relief for that. That's a structural problem. But I'm talking about when you had a certified rate why is it taking six, seven or even eight months to get vendors paid?

MR. MARCHESE:
Well -- okay. You know, there again, there are a couple of issues at play and there are delays at different points in the system. You've mentioned IFMS and that is a problem. The County is working at improving the lag time in the IFMS System.

LEG. ROMAINE:
The hit and miss.

MR. MARCHESE:
Okay. So there are different points throughout the chain of processing vouchers throughout the County that there are logjams. The Health Department is one of them. Obviously when we get inundated with -- although this program perhaps had a rate, what happens is we get a bunch of rates established at one given time, so we're influxed with thousands and thousands of vouchers at one particular hit point when the State determines that they want to release rates.

Now we have all of these vendors that have been doing work, perhaps for six months not being paid, and then we are inundated with a ton of vouchers. So we have a lot of backlog. Should we add staff? Well, if you added staff to handle that, within two or three months there'd be nothing for them to do. So there winds up being these enormous peaks of work and then slow down. So we try to accommodate the staff on an annualized basis.

LEG. ROMAINE:
I understand that, and that's why I specifically mentioned vouchers from March, April and May. The State certified the rate from July 1st 2005, through June 30th, 2006 back last -- late October, and these rates were in existence for about four or five months at the time that these lags are happening. So obviously it shouldn't have been one of your peak times.

MR. MARCHESE:
Well, we would have to -- I would have to look into those particular things. I mean, in general I'm just giving you what the Health Department's general policies are, are to process vouchers on a first in, first out basis. So in terms of what -- as a voucher comes in, as it can get processed, we process that one first. The next ones that come in, they get processed at that time. Is there a delay? Yes, there is. Can we do better? Yes, we can.

LEG. ROMAINE:
And are you getting complaints from vendors?

MR. MARCHESE:
We are and we're moving ahead. Most of the complaints that have come in recently had to do with preschool vendors which the State recently certified a bunch of rates which entailed all of our preschool vendors now being able to bill with a six month pent up delay which inundated us with a lot of vouchers.

LEG. ROMAINE:
Well, I understand that you'll be busy in December and January, even February. But what about March, April and May?

MR. MARCHESE:
Again, it's the same instance. We would have to look at those particular vouchers.

LEG. ROMAINE:
Okay.

MR. MARCHESE:
We would be happy to do that.

LEG. ROMAINE:
I appreciate that. I appreciate you looking into that because the better we operate, you know, it saves the taxpayers. Because what happens is vendors start building in cost to do business. Thank you.

CHAIRMAN MYSTAL:
Thank you. One more from Legislator Kennedy and Legislator Lindsay after that.

LEG. KENNEDY:
Doctor, I guess I'll extend this to you and to anybody else from the staff who might be able to address it. We talked during the budget process about how the department was going to go ahead and continue to meet the mission associated with treatment of heroin addicts buying through our methadone clinics. There was a decision on the part of the department to close the Babylon unit and recently there was an article from an east end newspaper, as a matter of fact. I got an opportunity to see it, I know some of the other colleagues did.

Will our system of methadone clinics have the ability to go ahead and treat new patients or new referrals who are coming to us? I mean, sadly you know this, that heroin seems to have been returning as a drug of choice for our younger individuals, and so clearly there's a need to go ahead and go through treatments. Are we going to be able to treat new patients?

DR. GRAHAM:
I think our immediate concern, obviously, is to make sure that we incorporate all those patients that were transferred from the Babylon treatment program to other facilities, primarily Huntington, Hauppauge, but others as well. So that's a major concern. Whether they can treat new patients or not, that could be very challenging, obviously.

As you know, we are -- we have a limited number of compensated positions from New York State. It's something like 1,000 plus a little bit, seven or something. We're about approximately 200-250 patients right now currently over that compensated level by New York State. We have that but we should be -- we should be -- our objective here is to treat as many patients as we can.

LEG. KENNEDY:
I appreciate it, Doctor, and again, you are eloquent in your statements. I guess I need to go ahead and ask then, who do we have to go ahead and contact in order to get a greater number of reimbursables? Because, again, it is lunacy to say that a young person or any individual who's attempting to get off heroin addiction, we're constrained to treat because we're in excess of what our reimbursables are now. State Health Department, are they setting this cap? Where does this cap come from?

MR. MARCHESE:
Well, it's -- the State cap is on in terms of what we get reimbursed from from the State. Any -- you know, if this County chose to fund more positions out of local dollars, that would be your prerogative. What we're talking about is what's basically being reimbursed to the County from New York State Department of Health.

LEG. KENNEDY:
Which is a pass through, isn't it, because ultimately this is federally originated treatment dollars for the methadone program?

MR. MARCHESE:
Yeah. And we get an allocation from New York State.

LEG. KENNEDY:
All right. I'll speak with the Chair. Thank you, gentlemen. I won't take it up again.

CHAIRMAN MYSTAL:
Presiding Officer Lindsay.

LEG. LINDSAY:
Yes, for Dr. Graham. I apologize that I came in a little bit late on your presentation about the Taco Bells and the scare that's really going on nationally, not just locally. From what I read, anyway, in the newspapers, it all seems to go back to produce, whether it's the onions or the lettuce and that's up in the air. Is there any way of pretesting that stuff to find out? This might have been mentioned already.

DR. GRAHAM:
Probably not realistically. It's probably more important to make sure that you do everything you can to prepare those items, especially produce, to make sure that it's washed numerous times prior to packaging. There are checkpoints by the major processors whereby they're obviously taking only a small sampling of produce, for example. Unfortunately, it does not involve the meats anymore or cheeses that might have been reheated or pasteurized in this case.

Those are less likely to be incriminated in -- it doesn't mean they may not be in the future, but certainly decreases the probability of products like meat and poultry and cheeses, etcetera, that are either heated previously or rethermalized prior to it being consumed or are pasteurized, like our milk products and cheeses. That's why it would more likely involve produce, as you suggest. But proving that is another question.

P.O. LINDSAY:
Do you know, with this particular chain, was the produce grown domestically or is it imported?

DR. GRAHAM:
Most of this produce, as I mentioned earlier, comes from the west coast, primarily. And I might add, for example, just to show you how large this processing and distribution center is and yet it involves only a small number of players. Take our butcher industry. Right now there are 13 major butchers and facilities, processing plants, in the United States that serve the majority of our three hundred million people, the meats that we eat here in the United States. So there's very few butchers involving the meats that we currently consume here in this country. And there's very equally small numbers of other major distributors and processors and huge farms as you're fully familiar with in our states that are able to grow these products or serve our people in our food industry.

Anytime you have a centralized system like that, and it's obviously prone to -- at any one of a number of points in its system it's prone to a breakdown or a contamination of some kind and before you know it, it's out in multiple states before you even could detect something like that because it's not -- we're no longer, as in the past 30 years, you know, we've been involved in this huge distribution system.

Prior to that we had our local communities produce our produce and our slaughterhouse for meats, etcetera. So they came from little areas right here where we buy our foods and our meats and our vegetables, etcetera. If one particular facility or meat or a produce establishment, if it had some contaminated food, it would be localized to that particular facility because everything was locally supplied and produced and -- but in the last 30 years no question that the industry has turned to this major cost effective way of feeding the world, actually, feeding the world with the food that we grow and we produce and we distribute. So there's pluses and minuses, as you well know.

P.O. LINDSAY:
And I know I'm taking up some time here, but a different question is the last Health meeting there was a group of people here from Holbrook from Bishop Lane that were concerned about that leaching pool and the groundwater. I wanted to know if we did the testing. They're not here today, but I'm sure they will be calling me, and if we have any results from that as yet.

DR. GRAHAM:

Yes, we have our Director of Division of Environmental Quality, Vito Minei. He'll address that.

MR. MINEI:
Hi, Legislator Lindsay.

MR. BROWN:
May the Chair recognize the County Attorney's Office, Mr. Mystal? Thank you.

CHAIRMAN MYSTAL:
Wait. Mr. Minei, I have to recognize the County Attorney before you say anything, because there may be some stuff going on that you cannot say in public. Mr. Brown.

MR. BROWN:
Thank you, sir. I'd just like to caution the committee that anything that Mr. Minei says may best be taken in executive session. Thank you.

CHAIRMAN MYSTAL:
Would it be better for you to have a private meeting with Legislator Lindsay?

P.O. LINDSAY:
I think that at the very least, the entire Health Committee should be involved in any kind of meeting than just a one on one with me. And I'm a little bit perturbed about, you know, if there's a pending health crisis that it become something that we hear in --

CHAIRMAN MYSTAL:
We can have an executive session before we end this meeting. Would that be amiable?

P.O. LINDSAY:
Well, I'll -- I will go along with the executive session because I really want to hear what's going on, and I certainly don't want to add any potential liability to the County, but it is disturbing to me.

LEG. KENNEDY:
Mr. Chair. I'm just going to add one piece here. I very much want to hear about this as well. This group came to us and spoke two meetings ago and while I appreciate some of what the County Attorney brings to the podium as far as this concern in advance, I'm going to defer to Legislative Counsel and at this point ask specifically about the Open Meetings Law and the Sunshine Act and what it is that we can and cannot go into executive session for. Because I'm concerned that this is being thrown around now ad nauseam.

MR. NOLAN:
There are certain exceptions to the Open Meetings Law. General meetings of this Legislature and its committees are supposed to be open to the public. One of the exceptions is if there's litigation pending or immanent. I don't know what Mr. Brown is citing to exactly as to why we would go into executive session, what exception it would fit under.

MR. BROWN:
If there's litigation immanence, yes.

MR. NOLAN:
Is that the case?

MR. BROWN:
I don't know that personally, but only from the facts that were revealed to me by Mr. Minei that litigation could be immanent, yes.

MR. NOLAN:
I don't know. There has to be a basis for going into an executive session. I don't know that there's enough information here to say that exists yet.

P.O. LINDSAY:
I mean, as far as I know there is no litigation filed. We had a group of citizens come before this body and express concern about something that I think they have a lot of validity as a potential health risk. We asked the Health Department to do an investigation as far as their concerns are and to see if there's any validity and then to seek a solution to the problem.

CHAIRMAN MYSTAL:
I'll tell you what, Mr. Brown, this is the second time that Mr. Minei has come to us and tried to give us some information and we had stopped him dead cold on his track, and as far as I'm concerned right now there's no immanent litigation involved. You are going to sit here and you are going to hear what he has to say because I'm going to let him speak.

MR. BROWN:
Okay. You know, the County Attorney, we've placed our position on the record. Thank you sir.

CHAIRMAN MYSTAL:
Thank you. Mr. Minei, fire up.

MR. MINEI:
Okay. I just wanted to very specifically respond to the Presiding Officer's question and the answer is yes, we have been doing considerable testing of both groundwater levels and water quality in the area, both in and around the sewage treatment plant as well as in the homes in the area. But we are not ready to make a presentation on the results yet. But we are doing considerable testing. In fact, more extensively than when I first related to you what we were expecting to do.

P.O. LINDSAY:
So we don't have the results of the testing.

MR. MINEI:
No, not yet.

P.O. LINDSAY:
Okay.

LEG. KENNEDY:
Can I follow-up on this just for -- the groundwater issue is an issue --

MR. MINEI:
I'm listening, go ahead. I'm sorry.

LEG. KENNEDY:
The groundwater issue is an issue that's important to many of us, similar to the Presiding Officer. I've got groundwater issues in my district. One of the basic elements that I've become aware of is just taking readings from the USGS monitoring wells and other type of wells that are naturally located in particular areas. Has any of that work been done and is there a finding you have as to that?

MR. MINEI:
Yes. Legislator Kennedy, you and I have spoken on many problems of high groundwater levels in your area, certainly around Lake Ronkonkoma. What is a little bit different here, and the point that the Presiding Officer made, was the proximity of a sewage treatment plant and the recharge facility of that sewage treatment plant relative to homes in an area.

We are assisting the USGS in evaluating groundwater levels. Since the historic rainfall of October of '05 we've had concerns expressed by homeowners about groundwater levels in that area. That is not generally a jurisdiction of the Health Department. Again, what separates this specific area is the proximity of a sewage treatment plant. So we've done extensive sampling in that regard, not just as it relates to flooding basements or homes.

CHAIRMAN MYSTAL:
Thank you. Anybody else? Thank you very much, gentlemen. Mr. Brown anything?

MR. BROWN:
No. Thank you, sir.

CHAIRMAN MYSTAL:
Thank you. Thank you very much. Doctor Graham, we wish you and your staff a merry holiday or happy Christmas, however you want to put it.

DR. GRAHAM:
Thank you and the best to all of you and your families.

CHAIRMAN MYSTAL:
Congratulations on the presentation and congratulations for getting out of here without your veins being cut off. We have four cards. We have four cards. Yeah, Ed, you're the one who talked the most. We have four cards.

LEG. ROMAINE:
That's why I'm getting those little seniors and vets.

CHAIRMAN MYSTAL:
The first person to address this committee is Gilmore.

MR. ORTIZ:
Gilmore.

CHAIRMAN MYSTAL:
Gilmore? Mr. Gilmore.

MR. ORTIZ:
John.

CHAIRMAN MYSTAL:
Mr. Gilmore, you got three minutes to talk to us about 2477.

MR. GILMORE:
Okay. I have some handouts here. I thought originally I was going to be able to do a brief power point presentation, so I --

CHAIRMAN MYSTAL:
No.

MR. GILMORE:
I put together the slides.

CHAIRMAN MYSTAL:
You may have, but, Mr. Gilmore, I don't have you on the agenda for a presentation.

MR. GILMORE:
I thought I was. Actually, can I have one of those back, please?

CHAIRMAN MYSTAL:
But you can pass out -- you can pass out the stuff. Please, sir, could you get at the podium?

MR. GILMORE:
There's a -- basically, there's my power point slides there and a -- some information about the flu shot. First, I'll thank you, Chairman, for the opportunity to speak, and thank you, Committee, for listening to what I have to say.

I was here earlier this summer when this -- I believe it was 566 was considered to basically limit exposure of children and pregnant women to mercury in vaccines at Suffolk County Health facilities. I understand that the Health Department wants to modify that to make this a voluntary issue where, basically, they would provide mercury-free shots to people specifically who request it, and I think -- I think that would be a grievous mistake. Basically, the United States, 20 years behind the rest of the world, has been slowly moving towards a completely mercury-free policy in regard to vaccines. We still have a long way to go.

And I would like to take this out of the abstract and just talk specifically about my experience with this. The reason I'm here is because I have a seven year old son, or he will be seven next month, who had distinct reactions to his vaccines as a child. Consequently, he has -- he has been diagnosed with mercury toxicity, a variety of developmental disorders, and he's also been diagnosed as having autism.

And if you could just take a look at the power point slides, there's a picture of my son, Luke, taken several years ago. If you take in the next slide, I know it's sort of hard to see, but there's a little graph, and basically what that shows is when my son was 60 days old, he was given 37.5 micrograms of mercury in a combination of vaccines; okay? According to the FDA standards, the maximum amount of mercury my son should have been exposed to was half a microgram. So, in essence, he was given 70 times as much mercury as would be considered healthy for a fully grown healthy adult; okay? This is when he was 60 days old. Sixty-day year old children do not have any capacity to excrete mercury or other heavy metals from their body, because that's generally done through bile, and 60-day year old children do not produce bile; all right? So that's what happened to Luke.

Immediately following the administration of these mercury-containing vaccines, he developed sensory defensiveness. He did not want to be picked up. He stopped nursing, which is also a symptom of sensory defensiveness. And he also developed a huge weeping rash over most of his body. These are all symptoms of mercury poisoning; okay?

If you take a look at the second page, there is a picture of a bottle there. It doesn't translate very well, but that's a bottle of thimerosal; okay? And if you look closely, you may be able to see that there's the Jolly Roger on there. This stuff is poison. And this is the mercury substance that is used as a preservative in some vaccines. Mind you, it's a preservative. It has no medical function other than to basically shave a few cents or a few dollars off the shot of the cost -- cost of the shot.

If you take a look at the next two slides, what we have is some excerpts from the Material Safety Data Sheets for Thimerosal. I'm sure you're all familiar with Material Safety Data Sheets. They're prepared by the Federal Government for anything that's deemed toxic. If you take a look at it -- pardon me for reading, but I think it is important. We can see that in the 1999 statements, they stated that some of the side effects of exposure to Thimerosal are -- let's see. Effects of exposure include fetal changes; mercury poisoning may occur; exposure in children may case mild to severe mental retardation, which I think my son would classify as suffering from. Hypersensitivity to

mercury is a medical condition aggravated by exposure; hazardous substance and toxic waste disposal.

In the 2001 Materials Safety Date Sheet, they said chronic ingestion or excessive dosage, and I think maybe 70 times the maximum Federal limit may count as excessive dosage, may cause numbness, tingling of hands, feet, lips, painful joints, constriction of visual fields, impaired hearing, emotional disturbances, spastic movement, incontinence, groaning, shouting, dizziness, lacrimation, nausea, hyper-salivation, vomiting, and diarrhea and constipation at the same time. Now, I would think that -- I know there are several other parents of children diagnosed with autism in this room right now and I think we could all testify that those are all also symptoms that our children suffer from regularly.

Okay. Now, moving on, moving right along. Sorry. I know I have limited time. But the next slide has a quote from Dr. Neal Halsey. He was the head of the Federal vaccine program during the late '80's and '90's, when the amount of mercury that children were exposed to in the United States was more than tripled. And, basically, what they found out in 1997, at the behest of some parents in New Jersey and a Congressman there, that the FDA was forced to quantify the amount of mercury the children were receiving. Up to that point, the mercury was expressed as a volume, as a percentage of the shot that they were given, and frequently has expressed that something like .0002 or .0004, which is a very small number, and people thought that wasn't a problem. When they actually went and quantified it according to weight, they found that the vaccine program approved by the FDA was regularly exposing children in the United States to hundreds of times as much mercury as we consider for a full-grown adult. Now, let me put the caveat, that's a full-grown adult that eats the mercury, like in fish; okay? Most of the mercury that is consumed passes right through the body; okay? We're talking about main-lining this into a baby's arm; okay?

Now, one of the things that we are doing with my son is we're chelating him, which actually, according to the Material Safety Data Sheet, is recommended for mercury exposure. If you take a look at that chart there, I know it's very easy to see -- I mean, it's not easy to see, but you'll see there's a very dark line right through the middle; all right? That indicates the mercury level in my son's urine when we started chelating him, which is a treatment to remove mercury. And, literally, you can see that that dark line goes clear off the chart; all right? The chart is not big enough to show how much mercury was actually in my son's urine. And, actually, at the time, it was 27 times what's thought to be normal; okay?

Now, if I could shift a little to the mercury problem with the vaccination program that the -- comes within the jurisdiction of the County of Suffolk, right now, when we're talking about small children, the real area of concern is the flu containing -- I mean, excuse me -- the mercury contained in the flu shot. Unlike the rest of the industrialized world, we are still giving our children flu shots that contain mercury. For children under two -- excuse me, under three, it contains 12.5 micrograms of mercury, and for children over three, it contains 25 micrograms of mercury; okay?

Now, if you take a look at the next page, there is a little chart there, if you could look at that, please. What that shows, folks, is there's two lines there. There's a little line on the bottom. That shows the amount of mercury that would be consistent with the Federal guidelines. The jagged line there is -- demonstrates what a child would get in a single flu shot. And, as you can see, for the smallest children at six months, they were giving twenty-five hundred percent more or twenty-five times as much mercury as would be considered safe for a full-grown adult. The jagged part that goes up, that is -- represents when a child is three years old, and, at that point, the amount of mercury they're exposed to in a single flu shot is doubled.

If you also look, there is a -- oops, I don't have one. If you could take a look at the little folder that I gave you, the brochure, there is -- can I have part of that, please? If you take a look, there's also a table here on the back. What this folder shows you is, if you take a child's weight and they get a regular flu shot, that is the percentage by which the Federal standard is exceeded. This first chart is for children under three, so they would get the 12.5 micrograms. This is for children over three.

And, again, I think it's pretty stunning. If you look at the second one for a thirty-three pound three-year-old, which is average weight, it's sixteen times what is considered safe for an adult.

So, in short, I think you basically made the right decision earlier this year and you should stay with it.

Again, staying with the flu shot, if I could just add a little greater context to it --

CHAIRMAN MYSTAL:
Could you wrap up, please?

MR. GILMORE:
Yeah, very quickly. The flu shot wasn't recommended for children under three until 2003, so this is a very new addition to the recommended schedule. According to extensive studies done in and published in The Lancet and the British Medical Journal, which, arguably, are the two most prestigious medical journals in the world, there is really no clear evidence, and this is actually accepted by the CDC, that the flu shot even works in children under two. And, at this point, several European countries, including the United Kingdom, are starting to question the utility of launching these huge annual flu shot programs. Given the cost and the sort of questions about the effectiveness of flu programs, this is something that we may not be doing in a few years.

So, consequently, one last factoid, I'm sorry, is that we're hearing a lot about the necessity to get flu shots. Well, the CDC has its own program to try and get doctors and nurses, health professionals, to get flu shots themselves, because, apparently, according to the CDC's own statistics, only 36% of doctors and nurses get the flu shot; okay? And they've got a program to try and encourage them to do this. And they've done surveys and, apparently, according to the health professionals, the single leading reason health professionals cite for not getting the flu shot is that they are afraid of contracting the flu from the flu shot, and those are the doctors and nurses.

So, in retrospect, I didn't really get into the issues that was raised by the Department of Health. I simply do not understand what they're talking about, about the need for increased numbers of visits to get shots. That's -- I don't know where that comes from. There are mercury-free flu shots -- excuse me, mercury-free vaccines for all vaccines licensed in the United States, except one, and that's Japanese Encephalitis. I would be very surprised if the Suffolk Department of Health gives out the Japanese Encephalitis shot.

So I think you've made the right decision. Please, stick with it. Thank you.

CHAIRMAN MYSTAL:
Thank you. Mr. Gilmore.

LEG. STERN:
Mr. Gilmore.

MR. GILMORE:
Oh, I'm sorry.

CHAIRMAN MYSTAL:
You've got a question.

MR. GILMORE:
Yes.

LEG. STERN:
Thank you so much for being here. I really appreciate your time --

MR. GILMORE:
Thank you.

LEG. STERN:
-- that you're spending with us. Maybe you can take us through the process for getting the flu shot for very young children. How many vaccinations does it take?

MR. GILMORE:
All right. I'm --

LEG. STERN:
Is there a time period? How does that normally go about?

MR. GILMORE:
All right. I'm not a doctor. According to the information I have is that the first time a flu shot is given, it's recommended to give it twice, okay, and that would be just the first time ever in a person's lifetime. So, actually, I didn't bring this up, that if a child did follow that, they would be getting that exposure that I had spoke about twice within a 60-day period. After that, they're given it at annual intervals after that. There is some information out there that there may be some recommendation to give -- to double the amount of flu shots given this year to some people. So, consequently, depending on how that is applied, they may actually get it four times.

CHAIRMAN MYSTAL:
I think Dr. Graham -- Dr. Graham, can you -- could you provide an answer to Legislator Stern's question? Dr. Graham, let me finish with
Mr. Gilmore, then we'll ask you, so you don't have to answer now.

P.O. LINDSAY:
Maybe Mr. Brown wants to object.

MR. GILMORE:
I'm sorry, did that answer your question?

LEG. STERN:
Yes. And I'll ask the same question of Dr. Graham in just a moment.

MR. GILMORE:
Okay.

LEG. STERN:
But, Mr. Gilmore, I mean, obviously, you're very familiar with so many of the studies that have been done nationally, internationally. I mean, in your -- in your experience, has there ever been a study that's been done that has stated that Thimerosal, you know, contained in vaccinations is safe for children under three or pregnant women?

MR. GILMORE:
Not that I'm aware of. The history of Thimerosal is that it was basically grandfathered in when the FDA was created in the 1930's, and it was basically not looked at since. There's a lot of clinical data there about the dangers of Thimerosal and mercury exposure to small children and fetuses, obviously. Unfortunately, there's a lot of misinformation that's sort of going around about the safety of Thimerosal, and it's usually connected with autism.

There has only been one study done in the United States that took a look at the relationship between mercury exposure and autism that was done by the CDC. Their initial results showed that they compared a group of children who had not received mercury and compared it to those who did, and they found about seven times as much autism amongst the children who did, who got the

mercury. This was not released to the public, this information was gained through Freedom of Information activities. That one study was then sort of reworked three, or four, or five times until it came to the conclusion that they could see no significant effect; all right? The study was published. The author of the study claimed that the only thing you could really conclude from this one study was that further study was necessary; okay? Various organizations tried to get more information about how that study was conducted. They put in Freedom of Information requests to the CDC to take a look at the data sets to see how they start out with seven times as much autism and then it arrived at none.

And we have been told by the CDC that the data sets for that study have been lost; okay? This is a federally financed study. That's a federal crime. All right? Essentially, the CDC is telling us that the "dog ate their homework". And that is the one and only study ever done on the American vaccine program and its affect on autism. That's it, that's what we've got to go on.

LEG. STERN:
Dr. Graham.

DR. GRAHAM:
Yes. My sympathies by --

LEG. STERN:
And by the way -- I'm sorry, Dr. Graham. Before you begin, maybe -- and we'll come back to you. I'm sure my colleagues are going to have additional questions for you, but maybe you can limit your remarks to my specific question that I had posed to Mr. Gilmore, and that is, you know, what is the current process for administering the influenza vaccine to children three and under and to pregnant women in Suffolk County?

DR. GRAHAM:
Yes. Our policy is the following, and we strongly recommend to this Health Committee, as Head of the Health Department -- and, by the way, my sympathies go out to Mr. --

MR. GILMORE:
Gilmore.

DR. GRAHAM:
Gilmore for what he just said. But as the Head of the Health Department, as a physician, it's our policy in the Department to strongly support this Resolution 2477-2006. And by this, our policy here in the Health Department would give a parent, or a guardian, or a person legally responsible for a child the choice to either receive a vaccine free of Thimerosal, or to receive one of the combination vaccines that are also recommended strongly by the Centers for Disease Control to children. And they specifically have concluded that children who do not receive vaccinations, by the way, and all the age-appropriate vaccines, that the theoretical risk from the vaccine itself containing any trace amounts, or what they consider trace amounts of Thimerosal, you know, that the Centers for Disease Control has concluded that the risk of children who do not receive these immunizations is much greater from the diseases themselves, the natural diseases, now -- and I don't want any misunderstanding here at all. Children who don't get fully immunized at the age-appropriate time for diptheria, pertussis, measles, rubella, tetanus, etcetera, these are all childhood diseases and it's one of the distinguishing factors that this country and other developed countries have that, in terms of preventive medicine and providing for the health and safety of its population, is the fact that they can immunize very large percentage of their children and adult populations with these vaccines, but --

LEG. STERN:
Dr. Graham, I'm sorry to -- I'm sorry --

DR. GRAHAM:

Yes.

LEG. STERN:
I'm sorry to interrupt, but the --

DR. GRAHAM:
The question in the --

LEG. STERN:
The vaccinations that you just listed --

DR. GRAHAM:
Correct, are a combination --

LEG. STERN:
Isn't it true that those vaccinations are currently Thimerosal-free anyway?

DR. GRAHAM:
That's correct.

LEG. STERN:
And so, really, what we're talking about here is the flu vaccine.

DR. GRAHAM:
The flu vaccine, actually there's a very important reason to -- that the reason the Centers for Disease Control has decided over the last few years to add the recommendation for young children to receive the influenza vaccine is the fact that most of these young children are the ones who would first get that infection from being around large crowds of other young children. They'll get sick and they'll have this influenza, which can be very serious and has complications. And don't negate the fact that Influenza A in this country right now results in anywhere from 35 to 40,000 deaths from complications in Americans right now every year and over 114,000 hospitalizations. But there's no fact that the vaccine -- it's recommended as safe and effective for children for the very purpose of protecting children, and, more importantly, and just as important I just say, is to protect the people they go home to in the household when you have elderly and people with chronic medical conditions, to protect them from getting the flu from the children who are more likely to spread the flu to them.

LEG. STERN:
But, Dr. Graham, I'm sorry to interrupt.

DR. GRAHAM:
Now, people should have that choice. Yes.

LEG. STERN:
But we're -- nobody is suggesting that --

DR. GRAHAM:
I understand.

LEG. STERN:
-- children don't receive the influenza vaccination.

DR. GRAHAM:
Correct.

LEG. STERN:
The issue here is whether they receive the much needed vaccination that is free of the mercury.

And when we're talking about studies like the EPA already says, that one in six infants are already born starting out with levels of mercury that exceed, you know, every recommended study, and now we're saying that, of course, it's very important for infants, young children to receive the influenza vaccine, but we're just adding on the amounts of mercury that are going to go through their systems. So I guess my question is, in the process --

DR. GRAHAM:
Yes.

LEG. STERN:
-- whether or not we have the ability to provide mercury-free vaccinations to those that we serve in the County health care centers, and if so, why wouldn't we?

DR. GRAHAM:
Well, we would. Number one, our policy is to have the capability of offering any parent or child, or person responsible for that child, to give that vaccine with or without the substance that we're talking about today. More importantly is that, just as -- I should say, just as important is the fact that we should be providing the necessary protection with our vaccines, including influenza, to these children and older people at every one of these visits. And if we don't, if we lose these patients because of noncompliance, there's no question that if people don't get all the vaccines that they should have as children, and sometimes now it's excess of 11, if they have to come back for six visits instead of two or three visits, there's no question you're going to lose protection for many of these childhood vaccines. Now, flu, influenza vaccine in particular, it's important to have the capability to offer this vaccine to mothers and their children, if they wish to have that vaccine, and we do offer that capability. That's why we strongly urge you to support this resolution.

CHAIRMAN MYSTAL:
Thank you. Thank you, Dr. Graham.

DR. GRAHAM:
Yes.

LEG. STERN:
I just have one more final question. Dr. Graham, how do you make the jump from two visits to six visits if we're only talking about one vaccination, when we've just determined that all of the other required vaccinations are already mercury-free?

DR. GRAHAM:
Yes. Well, what we're talking about is there are a number of formulas specifically of influenza. As you know, there are five manufacturers now in this country. And, as I said, we'd like the option for that parent to receive that vaccine free of the substance, as well as receiving --

LEG. LINDSAY:
He's not answering the question.

DR. GRAHAM:
Okay.

CHAIRMAN MYSTAL:
Dr. Graham.

DR. GRAHAM:
Yes.

CHAIRMAN MYSTAL:

The question I think that was asked of you, how many times for some -- for a kid who wants to receive the influenza vaccine of free --

DR. GRAHAM:
Yes. Well --

CHAIRMAN MYSTAL:
Well, that's -- okay, he's shaking his head. I don't know -- I think what we're talking about, you know, we're not talking about -- there is vaccine that are on the market with no mercury.

DR. GRAHAM:
That's correct.

CHAIRMAN MYSTAL:
Yes, okay, that's correct. Now, is there a longer -- are there amount of shots that they have to take more with the mercury-free or less?

DR. GRAHAM:
For that particular --

CHAIRMAN MYSTAL:
Or the same?

DR. GRAHAM:
For that particular vaccine required for young children requires two doses at least a month apart on the first year of receiving the influenza vaccine. After that's an annual shot only.

CHAIRMAN MYSTAL:
Okay. Is that the one with the -- is that the one with mercury-free, two doses annually?

DR. GRAHAM:
Yes. We're actually -- pardon?

LEG. STERN:
It's for both. There's no difference.

CHAIRMAN MYSTAL:
For both. So what's the difference? So I don't --

DR. GRAHAM:
We're actually -- when I talk about return visits, I don't know if you understood what I said. When I talk about diptheria, pertussis, tetanus, measles, mumps, rubella, etcetera, these are combination vaccines that children must receive at an appropriate time when they're --

CHAIRMAN MYSTAL:
We understand that, but all of those are already mercury-free.

DR. GRAHAM:
Well, they also have what we call trace or insignificant amounts of Thimerosal in some of these vaccines. And it's important to have those vaccines, that children receive these vaccines at the age appropriate time. We cannot limit this discussion only to influenza.

CHAIRMAN MYSTAL:
I know. But I'm saying to you -- okay. I'm going to try to see if I can get you to talk to me like four-year-old. Are there vaccines for other stuff?

DR. GRAHAM:
Yes.

CHAIRMAN MYSTAL:
Okay.

DR. GRAHAM:
At least a dozen now.

CHAIRMAN MYSTAL:
Do they have mercury on them or do they have some on the market with no mercury, yes or no? Do we have -- for every vaccine that we are talking about, do we have those vaccines that are mercury-free, yes or no?

DR. GRAHAM:
It's not just a simple yes or no, because there are these combination of vaccines that have trace insignificant amounts, anywhere from two ten-thousandths of 1% in their vaccine as a preservative.

CHAIRMAN MYSTAL:
So there are no vaccines --

DR. GRAHAM:
These are combination drugs.

CHAIRMAN MYSTAL:
Okay.

DR. GRAHAM:
And there are --

CHAIRMAN MYSTAL:
Dr. Graham.

DR. GRAHAM:
Yes.

CHAIRMAN MYSTAL:
Would it be safe for me to say that there are no vaccines out there with no mercury, not even trace, even trace? When I say, "No mercury," I mean not even a trace. Are there any vaccines currently on the market with no mercury in it?

DR. GRAHAM:
There are, but also as -- you have to look at, and I have to qualify this, because the Centers for Disease Control, frequently, they'll refer to as having no vaccine -- having no Thimerosal in it basically means, by their definition, a very trace or insignificant amount of vaccine -- of Thimerosal in their vaccine. You have to keep that in mind in their definition.

CHAIRMAN MYSTAL:
Okay. I'm not talking --

DR. GRAHAM:
Okay.

CHAIRMAN MYSTAL:
Dr. Graham, I'm not talking about the CDC's --

DR. GRAHAM:
Well, that's all I can talk about --

CHAIRMAN MYSTAL:
-- definition.

DR. GRAHAM:
-- CDC recommendation.

CHAIRMAN MYSTAL:
To your knowledge, to your knowledge, are there vaccines that we can give to children in -- you know, in the market that have absolutely no mercury, not even a trace, on the market? Forget CDC.

DR. GRAHAM:
Yes.

CHAIRMAN MYSTAL:
Yes.

DR. GRAHAM:
There are certain vaccines, but, by all means, not all of the vaccines that are strongly advised by the CDC Advisory Committee or immunization practices that all children should have. There are a few, yes, there are some. And there are many that have trace --

CHAIRMAN MYSTAL:
I give up.

DR. GRAHAM:
-- insignificant amounts.

CHAIRMAN MYSTAL:
I give up. I give up. Somebody else take it.

MR. GILMORE:
Can I clarify this a little bit, please? Other than the flu shot, there are mercury-free -- there is a mercury-free version of the flu shot available. In addition to that, there are only two shots currently licensed by the FDA for use in children under three that contain what is called a trace amount; okay? One is a Tripedia, which I believe is a DTP shot, and another one is called Endurox B, which is for Hepatitis B. Those are the only two that are still licensed that have a trace, and there are multiple other formulations on the market for both DTP and Hepatitis B, which are mercury-free.

LEG. KENNEDY:
Mr. Chair.

CHAIRMAN MYSTAL:
Thank you, Mr. Gilmore.

DR. GRAHAM:
Those --

CHAIRMAN MYSTAL:
Mr. Kennedy.

DR. GRAHAM:
It's very important to understand --

LEG. KENNEDY:
Oh, no. We'll go to the Presiding Officer first.

DR. GRAHAM:
Diptheria, pertussis, and tetanus, and Hepatitis A and B, these are important vaccines to receive for children.

CHAIRMAN MYSTAL:
Yes, I understand.

DR. GRAHAM:
And I strongly -- I don't want you to miss --

CHAIRMAN MYSTAL:
Dr. Graham.

P.O. LINDSAY:
I just get so frustrated with this. Two years ago, your predecessor sat in that chair and told us that there is no more vaccines, that the government has outlawed vaccines with Thimerosal in it for small infants.

DR. GRAHAM:
I believe that's incorrect.

P.O. LINDSAY:
That's incorrect.

DR. GRAHAM:
Yes, correct.

P.O. LINDSAY:
So Dr. Harper didn't tell us the truth.

DR. GRAHAM:
I believe Dr. Harper told you what he believed at the time to be accurate, truth. There is no question in my mind about that. And I would not disparage --

P.O. LINDSAY:
So this --

DR. GRAHAM:
-- anything that he said or even indicate that --

P.O. LINDSAY:
There are still vaccines on the market for infants under three with Thimerosal in it?

DR. GRAHAM:
That's correct, trace amounts, insignificant amounts of very important vaccines.

P.O. LINDSAY:
And this -- is this the stock that was left over that they grandfathered?

DR. GRAHAM:
No, this is not --

P.O. LINDSAY:
Still being manufactured today?

DR. GRAHAM:
Correct. This is still being manufactured.

P.O. LINDSAY:
Okay.

DR. GRAHAM:
I mean, obviously, they're obviously attempting to produce these combination vaccines with as little, if any --

P.O. LINDSAY:
Do they have a combination vaccine that's Thimerosal-free?

DR. GRAHAM:
There are in certain vaccines, correct.

P.O. LINDSAY:
Yes or no, do they have --

DR. GRAHAM:
Yes, there are certain vaccines, yes.

P.O. LINDSAY:
Yes. Yes, they do, okay.

DR. GRAHAM:
And there are other vaccines that do --

P.O. LINDSAY:
Yes.

DR. GRAHAM:
-- have trace and now required for --

P.O. LINDSAY:
I'm not asking about the trace.

DR. GRAHAM:
Okay. There are vaccines --

P.O. LINDSAY:
Thimerosal-free.

DR. GRAHAM:
Yes, there are.

P.O. LINDSAY:
They exist on the market?

DR. GRAHAM:
For certain diseases.

P.O. LINDSAY:

How about for the shots for children under three years old?

DR. GRAHAM:
For children under three, diptheria and pertussis, tetanus, those are critical diseases that must be protected.

P.O. LINDSAY:
I know they're critical.

DR. GRAHAM:
No. They must be --

P.O. LINDSAY:
Do we have vaccines that are Thimerosal-free?

DR. GRAHAM:
We have both vaccines. We have vaccines -- these vaccines have trace and insignificant amounts of --

P.O. LINDSAY:
No, I didn't ask you that.

DR. GRAHAM:
Okay. Well --

P.O. LINDSAY:
Didn't ask you that.

DR. GRAHAM:
I'm just saying, no, we don't have those.

P.O. LINDSAY:
Do we have Thimerosal-free vaccines for children under three years old?

DR. GRAHAM:
For many of our vaccines, we do. For some of these critically important vaccines, we do not have those supplies.

P.O. LINDSAY:
We don't have the supplies or --

DR. GRAHAM:
They're not available.

P.O. LINDSAY:
They're not available.

DR. GRAHAM:
Correct.

P.O. LINDSAY:
We can't purchase.

DR. GRAHAM:
We can't --

P.O. LINDSAY:
We can't purchase vaccines for children under three that are Thimerosal-free?

DR. GRAHAM:
We can in the future, and we -- in fact, we intend to do that. We --

P.O. LINDSAY:
Can we now?

DR. GRAHAM:
Yes, we can. In fact, we are --

P.O. LINDSAY:
We can now. Isn't that what Legislator Stern's addition to the budget added $300,000, to purchase these vaccines?

DR. GRAHAM:
Yes. We're very grateful for that.

P.O. LINDSAY:
Okay.

DR. GRAHAM:
Thank you, Legislator.

P.O. LINDSAY:
Here's my confusion. Here is my confusion. And I've had everybody tell me this, and I won't go into names, but that if we use Thimerosal-free vaccines, people have to come back six times with the babies.

DR. GRAHAM:
That's correct.

P.O. LINDSAY:
Why?

DR. GRAHAM:
Because these vaccines -- let's take a combination vaccine that has three components in it, diptheria, pertussis, tetanus, acellular pertussis and tetanus. That has three components. If you give that, let's say, during two months, four months, and six months for a child, that would be three shots. If you had to give those single antigen shots, instead of giving three, you now would have to give nine. That would be six more of that particular one.

P.O. LINDSAY:
Okay. But does -- are those --

DR. GRAHAM:
Now that's not -- I don't want you to feel that that's -- that that's the only problem here. What's important is that children receive the full compliment of vaccines, and that any trace amount or insignificant amount, as defined by the CDC, should be taken seriously. The medical community strongly advises these childrens -- that children receive these vaccines, just as --

P.O. LINDSAY:
I'm not -- nobody's saying that.

DR. GRAHAM:
Okay.

P.O. LINDSAY:
Please.

DR. GRAHAM:
Well, I want you to understand that.

P.O. LINDSAY:
Dr. Graham.

DR. GRAHAM:
Yes.

P.O. LINDSAY:
Nobody's saying not to give the vaccines. We're asking a simple question. When a baby comes for a shot --

DR. GRAHAM:
Yes.

P.O. LINDSAY:
-- he gets one shot that has multiple antigens in it.

DR. GRAHAM:
Correct.

P.O. LINDSAY:
One shot.

DR. GRAHAM:
Correct.

P.O. LINDSAY:
Is that shot available without Thimerosal?

DR. GRAHAM:
It is available.

P.O. LINDSAY:
That's all I want to know.

DR. GRAHAM:
Yes.

P.O. LINDSAY:
So why do they have to come back six times?

DR. GRAHAM:
For that particular shot, you want to have -- you'd have to come back for the single antigen shots. You have to give that child three shots.

P.O. LINDSAY:
With or without Thimerosal, or both?

DR. GRAHAM:
Without it.

P.O. LINDSAY:
Without it.

DR. GRAHAM:
Correct.

P.O. LINDSAY:
How about with it, you don't have to come back --

DR. GRAHAM:
With a -- with a trace amount, they get one shot instead of three.

P.O. LINDSAY:
So you're saying without Thimerosal, although the multiple antigen shot is available without Thimerosal --

DR. GRAHAM:
No, I'm -- no.

P.O. LINDSAY:
-- they have to come back three times.

DR. GRAHAM:
Not multiple antigen shot that's Thimerosal-free. They're single antigen shots.

P.O. LINDSAY:
No. But do they have multiple antigen shot, Thimerosal-free?

DR. GRAHAM:
The answer to that is my understanding is that these are single antigen shots that are Thimerosal-free.

MR. GILMORE:
Excuse me, but they are available; okay?

P.O. LINDSAY:
That's all I want to know.

MR. GILMORE:
I mean, if you go to the FDA website and do a search for Thimerosal, there's a complete list of what's available.

P.O. LINDSAY:
You know, I apologize to this Committee and to Dr. Graham for losing my temper. This is so frustrating. It is so frustrating, because we feel like we're being double-talked. We feel like somebody is covering up something and not giving us the truth. I know, and I went through this with Dr. Harper, that there is no direct link, proven medical link between autism and Thimerosal.

DR. GRAHAM:
That's correct.

P.O. LINDSAY:

But I also know that mercury is a recognized toxin for any age level, and that the only reason that it's in our vaccination stream is for a preservative, not to add anything to the vaccination. And, also, I know that autism is at an epidemic proportion. One in 166 births now have autism. There has to be some linkage. Even if we err on the wrong side and don't give our infants mercury into their systems, I mean, we're cutting down putting --

DR. GRAHAM:
Well, no one wants --

P.O. LINDSAY:
-- a toxin into their blood.

DR. GRAHAM:
And no one wants to do that. I might want to make sure that you understand, over the last ten years, as the mercury has been removed from these vaccines and autism -- so mercury has been removed, that number has gone down dramatically, the rate of autism and autistic disorders and their syndromes associated with that have gone up dramatically. They actually have gone in the opposite direction.

P.O. LINDSAY:
Yeah. But isn't it true that they went up dramatically because we've increased our vaccination programs in this country dramatically, where we vaccinate infants with more and more and more vaccines at an earlier and earlier age?

DR. GRAHAM:
I'll tell you right now, as the Head of this Health Department, that our -- vaccines for children is one of the most effective, most safe, most important preventive measures. And I know you agree with that, and I don't want to minimize the importance of that, and that helps distinguish this country from many other countries that suffer from these childhood diseases, diptheria, pertussis, tetanus, measles, etcetera. And there's no question, that we support, and I know you do, too, I know you support giving children as -- these vaccines that are free of Thimerosal, I understand that and I support that, too. And I do want you to understand that we believe that the vaccines that are available now, as defined by the Centers for Disease Control, are safe and effective in children with these insignificant amounts of trace chemical, and I want you to understand and recognize that. We believe they're safe.

CHAIRMAN MYSTAL:
Thank you, Dr. Graham.

DR. GRAHAM:
Okay? That's all.

CHAIRMAN MYSTAL:
Thank you. Listen, it is now 2:30. We've been at this since 12:30.

LEG. KENNEDY:
Mr. Chair, I'll make it fast.

CHAIRMAN MYSTAL:
And I still have -- and I still have other speakers. I've got three other people who want to speak on this subject, and I still have an agenda to go through.

LEG. KENNEDY:
How about you give me --

CHAIRMAN MYSTAL:

Jack, you have it.

LEG. KENNEDY:
All right. About three minutes just to do some simple yes, nos. Doctor.

CHAIRMAN MYSTAL:
Good luck.

LEG. KENNEDY:
The resolution passed. It was signed into law. It's clear directive to the department. Right now, if I was to take a child, a grandchild, what have you, to the Riverhead Clinic or elsewhere, could I get a Thimerosal-free vaccine right now? Do you have it in the formularies?

DR. GRAHAM:
We do and -- we do and we're getting more.

LEG. KENNEDY:
For the full range of shots?

DR. GRAHAM:
Not for the full range, no. For more and more of the vaccines and combinations of vaccines that become available Thimerosal-free. We are getting more and more of those combinations, that's correct.

LEG. KENNEDY:
When we purchase these shots --

DR. GRAHAM:
Yes.

LEG. KENNEDY:
-- is there any difference in price between purchasing the Thimerosal stabilized or the Thimerosal-free?

DR. GRAHAM:
I don't consider price in this argument at all.

LEG. KENNEDY:
Doctor, it's a simple question. I guess, I'll defer to --

DR. GRAHAM:
I don't think --

LEG. KENNEDY:
-- Miss Bermel.

DR. GRAHAM:
I don't know if there is or not, but I don't consider price at all.

LEG. KENNEDY:
And you know what, Doctor, as a matter of fact, you are a very, very smart man. As a matter of fact, for once, I agree with you a hundred percent. A physician should not have to sit here and penny-pinch or coin-count, but somebody should be able to answer the question. Is it the same price or not?

MS. BERMEL:
Legislator Kennedy, our understanding is that the cost of the Thimerosal-free vaccine is more costly than the current vaccine that we have been using, which is the CDC approved vaccine. In the budget process, the Legislature added $300,000 in funds to the budget for the purpose of providing mercury-free vaccines. However, our preliminary estimates, and we really -- this is an estimate at this point in time, but our preliminary estimate was that we would require closer to $900,000 in the budget for the purpose of providing all mercury-free vaccines. We have put forth a resolution, I.R. 2477, which is on today's agenda, which addresses this issue, and it would amend the original Resolution 563-2006 to make the mercury-free vaccine available to all parents or caregivers at their request, so that not all children would receive these childhood --

LEG. KENNEDY:
Hold on, Margaret. Hold on, hold on.

MS. BERMEL:
Yes.

LEG. KENNEDY:
Hold on, hold on. We're going into something where I didn't necessarily want to go to. I was trying to stay on money. And, quite candidly, if I was Mr. Brown, I'd be up here now having a heart attack. What -- I am going to then ask you, cognizant of your estimate, that it would now go to 900,000 in order to do this, did you communicate this to anybody around this horseshoe?

CHAIRMAN MYSTAL:
Or to the County Executive.

LEG. KENNEDY:
To anybody. Was it in the '07 budget? Is the additional money in there?

MS. BERMEL:
We discussed --

LEG. KENNEDY:
No, no, no. Now I'll stop.

LEG. ROMAINE:
Did they make the Executive Branch aware?

LEG. KENNEDY:
I'll stop.

CHAIRMAN MYSTAL:
Thank you very much.

MS. BERMEL:
We discussed it with Budget Review and with the Budget Office also.

CHAIRMAN MYSTAL:
Thank you very much to you all. I'm going to call the next speaker.

MS. BERMEL:
You're welcome.

CHAIRMAN MYSTAL:
Thank you very much.

LEG. ROMAINE:
It's all about money.

CHAIRMAN MYSTAL:
Merry Christmas. Next speaker is Christine Heeren.

MR. GILMORE:
Thank you.

CHAIRMAN MYSTAL:
And, Christine, and, please, you got two minutes.

MS. HEEREN:
It's all written out. Is this mike on?

CHAIRMAN MYSTAL:
You got three -- oh, three minutes, yes.

MS. HEEREN:
Okay. Good afternoon. My name is Christine Zichittella Heeren. I have a seven-year-old with autism, who's currently receiving chelation treatment for heavy metal poisoning and, thank goodness, improving greatly. Today, I'm not here as a mother of a child with autism, but as a mother who wants all children to live healthy lives. Yes, I'm upset that the Suffolk County Health Department wants to allow mercury in their vaccines for small children and pregnant women, but what really offends me about this bill is looking at who the victims would be.

Many of the mothers who go to the health clinics are uninsured, poor, non-English-speaking, belong to minority groups, and have very little education. How are they to make a choice about getting a shot without mercury when they, first, don't know it exists, and second, can barely speak English? This is a clear case of discrimination. Give the shots with mercury to the poor kids who don't know any better, and give the vaccines, the safe ones, to the rich people. Why is it up to a mother, who's trying to put food on the table and clothes on her children's backs, to go to the internet and research the dangers of Thimerosal before giving her children vaccines?

Let's be realistic. The bill will discriminate against many different groups, the poor, African-Americans, and Hispanics, people who don't speak English, and the uneducated, and let's not forget the obvious fact that these are women making these decisions.

A yes vote for this bill is a vote for discrimination. A no vote is a vote for safer vaccines. I trust you'll all make the right decision. Thank you very much for letting me speak today.

P.O. LINDSAY:
Thank you.

CHAIRMAN MYSTAL:
Thank you very much. Next speaker is Martin -- is it Zichittella?

MR. ZICHITTELLA:
Zichittella, yes.

CHAIRMAN MYSTAL:
Zichittella.

MR. ZICHITTELLA:
Thank you. My name is Martin Zichittella. I live in Rocky Point. I am the parent of Christine, the

previous speaker, and the grandfather of Michael, my grandson, who has autism.

The question here is mercury. The question here is, is it safe? I hear words, for example, by Dr. Graham "trace" and "insignificant". Well, to me, mercury is a poison. I don't know how much mercury is safe in our system, but I could tell you, from my experience at meetings with grandparents at the Cody Center, there are many grandchildren of these grandparents who have autism and it's -- and they believe that it's based on the fact that they had these inoculations of mercury.

The talk, as it progressed here, sort of sounded like there was a lot of smoke being -- Presiding Officer Lindsay, I commend you on your discussion. Thank you. Incidentally, they don't suggest that the pregnant women eat a lot of fish that we fish right off the waters here on Long Island. Why? Because it's filled with mercury. I mean, let's exercise some common sense. I'm not a doctor, I can't quote your statistics, but we -- you're concerned about the welfare and what's in the best interest of the community, of our children. And, incidentally, if these children become inflicted with this autism or any disease, eventually, it's going to be a financial burden on the County. We have to provide facilities for these people. And Suffolk County, in spite of the fact that we do have wonderful facilities for these children, still has to spend money.

Incidentally, I commend you several years ago on the phosphates, when you banned them. I think we were the only county in the country that banned it. You did a wonderful thing. You were concerned about the citizens, the children. I just don't -- I don't think it's right that the children should have an injection of poison put into their system, regardless of trace or insignificant. Thank you for your time.

CHAIRMAN MYSTAL:
Thank you, sir. Next speaker is Bruce Gorgone. You've got three minutes, Mr. Gorgone.

MR. GORGONE:
Good afternoon, Ladies and Gentlemen. I'm not a doctor, I'm not a physician. I'm a parent of a severely autistic child, and forgive me for my emotions. I just want to give you a little window into my world, what has happened with my son.

My son was born September, 1997. Around one year of age, we realized that he wasn't speaking. We were concerned about it. At about a year-and-a-half, we had taken him for an educational evaluation. They determined he was at risk, and that he should start receiving special education services right away. We started special education services in-home at two years of age. He was diagnosed with autism by three pediatric neurologists. He then started attending full day services at DDI, Developmental Disabilities Institute, in Ronkonkoma, all day, at just over two years of age.

In the Summer of 2000, I had started reading about -- I read an article in Autism Research Institute about mercury in vaccines. I told my wife and my sister, I said, "I bet it's the damn vaccines." We had heard about a procedure called chelation therapy, and that there was a group of researchers and physicians that were going to develop a protocol that you should use with these children to remove the heavy metals from their body. That protocol came out, I believe it was around the Spring of 2001. My son had been in the program at that time for about a year-and-a-half at DDI with virtually no progress. He didn't understand a word of language.

In September, 2001, we started chelation therapy. It was the weekend before 9/11. I told myself before we even started, if there's mercury in his body, I know it's the damn mercury. His initial post chelation lab results, which is a -- the drug that was administered to pull the heavy metals out of the body, showed mercury levels 40 times above normal. Three weeks after we started chelation therapy, he started to improve in school. His receptive language started to improve. I knew that was the problem, that it was the mercury, in my heart. It may not be scientific, but I know in my heart.

He was on chelation therapy on a regular basis for a year, and then on and off for another year, until his levels actually came on the chart. I have chelation results of all his urinalysis and mercury coming out of his body. We've tried a lot of other interventions. We now bought him a $17,000 hyperbaric chamber, the hope that he can improve. We've tried nutritional therapies, medical interventions, vitamins, methylated B12.

Our life is hell on Earth. He's nine-and-a-half. He can speak, because he's been conditioned to speak. He doesn't understand language. He's visual -- he learns visually. When I come home from work, or when I leave in the morning, he doesn't say, "Hello, Dad," or "Good-bye". At the very least, I hope some day that he will come over and, on his own, give me a hug and a kiss. That's the very least that I hope for. I wonder what's going to happen to him when my wife and I are gone. He cannot take care of himself. He may -- my son may be an extreme case, all children may not be as severe as he is, but I know what contributed, if not caused, his problem. Please, do not support Resolution 2477. Thank you.

CHAIRMAN MYSTAL:
Thank you, Mr. Gorgone.

MR. GORGONE:
You're welcome.

CHAIRMAN MYSTAL:
There are seldom times that I can sit around this horseshoe and feel emotionally overwhelmed. I come from a school of hard-nosed and cynics, and well based in politics. I do not see any reason, even if it's way out of line, forced to think that it has nothing to do with it. I have two children. But for the grace of God, they are well and doing well. I don't see any reason for this County at any time to expose a child to mercury that may or may not be the cause of autism. Therefore, I'm going to make a motion that we take 2477 out of order.

LEG. ROMAINE:
Second.

CHAIRMAN MYSTAL:
Thank you. The motion is before us. And I'm going to make a motion -- all approved? And I'm going to make a motion to approve for the purpose of defeating. I don't even want to table this resolution.

LEG. STERN:
Second.

CHAIRMAN MYSTAL:
All in favor? All opposed?

LEG. ROMAINE:
Opposed.

LEG. KENNEDY:
Opposed.

LEG. EDDINGTON:
Opposed.

P.O. LINDSAY:
The motion is defeated, and I hope it never comes back. ***(Vote: Defeated 3-3-0-0)***

LEG. EDDINGTON:

Amen.

(Applause)

CHAIRMAN MYSTAL:
We are going to address the rest of the agenda.

P.O. LINDSAY:
Renee, list me in the negative.

CHAIRMAN MYSTAL:
We are going to address the rest of the agenda.

LEG. STERN:
We are going to go through the remainder of the agenda. Introductory Resolutions. IR 2470 -- oh, I'm sorry. We first have a tabled resolution.

Tabled Resolutions

IR 2243, Requiring notification of rabies vaccine drops. I will offer a motion to table.

LEG. EDDINGTON:
Second.

CHAIRMAN MYSTAL:
Second by Legislator Eddington. All in favor? Opposed? Abstention? Resolution is tabled. **(Vote: 5-0-0-0).**

Introductory Resolutions

Moving on to resolutions **IR 2470, Accepting and appropriating 100% State grant funds from the New York State Division of Criminal Justice Services to the Department of Health Services, Division of Medical, Legal Investigations and Forensic Sciences for the Forensic Toxicology Laboratory Accreditation Program, No. 11.** I'll offer a motion to approve.

LEG. KENNEDY:
Second.

LEG. STERN:
And put on the Consent Calendar. All in favor? Opposed? Any abstention? Motion carries. **(Vote: 5-0-0-0).**

IR 2471, Accepting and appropriating 100% State grant funds from the New York State Department of Health to the Department of Health Services, for the Tobacco Enforcement Program and to create one new position and approve the replacement of one vehicle.

LEG. EDDINGTON:
Motion.

LEG. STERN:
Motion to approve by Legislator Eddington. I'll second the motion and put it on the Consent Calendar. All in favor? Opposed? Any abstentions? Motion carries. **(VOTE: 5-0-0-0).**

IR 2472, Accepting and appropriating 100% State grant funds from the New York State Division of Criminal Justice Services to the Department of health Services, Division of Medical, Legal Investigations and Forensic Sciences for the Crime Laboratory

Accreditation Program No. 11.

LEG. STERN:
Same motion, same second, same vote on the Consent Calendar. **(Vote: 5-0-0-0).**

IR 2473, Accepting and appropriating 100% Federal grant funds from the U.S. National Institute of Justice to the Department of Health Services, Division of Medical, Legal Investigations and Forensic Sciences for the DNA Capacity Enhancement, FY 06.

LEG. STERN:
Same motion, same second, same vote. **(Vote: 5-0-0-0).**

IR 2474, Accepting and appropriating 100% Federal grant from the U.S. National Institute of Justice to the Department of Health Services, Division of Medical, Legal Investigations and Forensic Sciences for the Forensic Casework DNA Backlog Reduction Program, FY 06.

LEG. STERN:
Same motion, same second, same vote. **(Vote: 5-0-0-0).**

IR 2475, Accepting and appropriating 100% Federal grant funds passed through the New York State Division of Criminal Justice Services, to the Suffolk County Department of Health Services for a DNA Capacity Enhancement Program, FY 2005.

LEG. STERN:
Same motion, same second, same vote. **(Vote: 5-0-0-0).** We have disposed of IR 2477.

IR 2484, Accepting and appropriating 100% funding from the New York State Office of Temporary and Disability Assistance to the Suffolk County Department of Social Services in recognition for "Most Improved Program Access Index" relating to Food Stamp Program Participants.

LEG. STERN:
Same motion, same second, same vote. **(Vote: 5-0-0-0).**

IR 2516, Directing the Suffolk County Department of Health Services to conduct an air quality test in the area of Wards Lane, Bellport.

LEG. EDDINGTON:
Motion to approve.

LEG. ROMAINE:
Second.

LEG. STERN:
Motion to approve by Legislator Eddington, second by Legislator Romaine. All in favor? Any opposed? Motion carries. **(Vote: 5-0-0-0).**

CHAIRMAN MYSTAL:
Thank you, Mr. Stern. Motion to adjourn.

LEG. STERN:
Motion.

CHAIRMAN MYSTAL:
We're adjourned.

[THE MEETING WAS ADJOURNED AT 2:44 P.M.]