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 June 22, 2006.

Members Present:

Legislator Eli Mystal • Chairman

Legislator Steve Stern • Vice•Chair

Legislator Jack Eddington

Legislator Edward Romaine

Legislator John Kennedy

Also in Attendance:

Legislator Cameron Alden • District #10

George Nolan • Counsel to the Legislature

Renee Ortiz • Chief Deputy Clerk/Suffolk County Legislature

John Ortiz • Senior Budget Analyst/Budget Review Office

Barbara LoMoriello • Deputy Chief of staff to PO Lindsay

Paul Perillie • Aide to Majority Caucus

Linda Bay • Aide to Minority Caucus

Deborah Harris • Aide to Legislator Stern

Ben Zwirn • Assistant County Executive

James Dahrough • County Executive Assistant

Dennis Brown • County Attorney's Office

Janet DeMarzo • Commissioner/Department of Social Services

Ed Hernandez • Deputy Commissioner/Department of Social Services

Linda O'Donohoe • Assistant to the Commissioner/Dept of Social Services

Dr. Brian Harper •Commissioner/Department of Health Services

Saba Mchunguzi • Assistant to the Commissioner/Dept of Health Services

Len Marchese • Director of Management & Research/DHS

Robert Genna • Suffolk County Crime Lab

Alan Otto • Chief of Staff/Suffolk County Sheriff's Office

Dr. Suzanne Michael • Adelphi University School of Social Work

Dr. Sarah Eichberg • Adelphi University School of Social Work

Vito Dagnello • President/Correction Officer's Association

Matt Bogart • 1st Vice•President/Correction Officer's Association

Kurt Caminski • 3rd Vice•President/Correction Officer's Association

Sandy Sullivan • Legislative Director/AME

Mitchel Shapiro • Nominee/Suffolk County Disabilities Advisory Board

Ed Ahern • Nominee/Suffolk County Disabilities Advisory Board

Roy Probeyahn • Nominee/Suffolk County Disabilities Advisory Board

Michael Seilbach • Senior Director/American Lung Association for NYS

All Other Interested Parties

Minutes Taken By:

Alison Mahoney • Court Stenographer

(*The meeting was called to order at 12:33 P.M.*)

CHAIRMAN MYSTAL:

Would everyone please rise for the Pledge of Allegiance.

Salutation

Good afternoon to all. We have a fairly long presentation and a fairly long agenda. Before I start, I have three people who are sitting in the audience who are appointed •• who are going to be appointed to board, and I know they have prior commitments. I would like to ask the three of them to come up; Mr. Shapiro, Mr. Probeyahn, and Mr. Ahern. You all can grab a seat right there.

I'm going to do them one by one. I'll ask for a motion to take out of order IR 1803.

LEG. STERN:

Motion.

CHAIRMAN MYSTAL:

Motion is made by Legislator Stern, seconded by Mr. Kennedy. All in favor? Abstentions? No? Okay, the resolution is in front of us, out of order.

IR 1803•06 • Approving the appointment of Mitchel Shapiro to the

Suffolk County Disabilities Advisory Board • Group D (County Executive). Anybody who has any questions for Mr. Shapiro who is here, feel free to ask; anybody? Mr. Shapiro is being appointed to the County Disability Advisory Board.

LEG. KENNEDY:

Mr. Chair?

CHAIRMAN MYSTAL:

Mr. Kennedy.

LEG. KENNEDY:

Thank you, Mr. Chair. Good afternoon, Mr. Shapiro. Thank you so much for coming to us and for volunteering to go ahead and serve in this capacity. I've read over your resume and I see that you've got an extensive amount of experience. Can you tell us just a little bit as far as what you might be able to bring for a guidance or assistance as the County goes through its policies associated with disability and handicapped accommodations and things such as that?

MR. SHAPIRO:

Okay, I'll make it very simple. First of all, I'm an individual who is both going deaf and blind, so I can't really see any of you; maybe it's a good thing, maybe it's not.

LEG. KENNEDY:

In my case, certainly.

MR. SHAPIRO:

But seriously speaking, I think with my experiences in life in general in dealing with a double disability, I think that I can have a particular, unique viewpoint of the way things are or are not being handled or can bring ideas to the table that may not have been thought of before. I have extensive background in the restaurant catering industry, as well as landscaping and presently as a motivational speaker and a fund•raiser with two very successful fund•raising events that I bring a lot of people together in the community, I think I could bring a lot back to the table.

LEG. KENNEDY:

That's great. Thank you, I appreciate it. And we certainly will benefit from the input and expertise that you can lend. Thank you,

Mr. Chair.

MR. SHAPIRO:

Thank you.

CHAIRMAN MYSTAL:

Thank you very much, Mr. Shapiro. The resolution •• can I take a motion to approve the resolution?

LEG. KENNEDY:

I'll make a motion to approve.

LEG. STERN:

Second.

CHAIRMAN MYSTAL:

Motion by Mr. Kennedy, seconded by Legislator Stern. All in favor? Abstentions? No? ***Approved (VOTE: 4•0•0•1 Not Present: Legislator Romaine).*** Thank you very much, Mr. Shapiro, for serving.

MR. SHAPIRO:

Thank you. And one statement; Mr. Kennedy, would you make sure that you tell your Dad for me that my dad, Dan Shapiro, says hello?

LEG. KENNEDY:

I certainly will pass that along, sir. Thank you very much.

CHAIRMAN MYSTAL:

I don't think they're talking to each other.

LEG. KENNEDY:

Oh, we talk all the time, about a myriad of issues.

MR. SHAPIRO:

Thank you. I appreciate it.

CHAIRMAN MYSTAL:

The next resolution is Resolution ***1804•06 • Approving the appointment of Roy Probeyahn to the Suffolk County Disabilities Advisory Board • Group D (County Executive).*** I'll take a motion to bring it out of order.

LEG. STERN:

Motion.

CHAIRMAN MYSTAL:

Motion by Legislator Stern, seconded by Legislator Kennedy.

All in favor? Abstentions? No? This resolution is to approve

Mr. Roy Probeyahn to the Suffolk County Disabilities Advisory Board. Mr. Probeyahn is here if anybody has any question for him.

MR. PROBEYAHN:

Good afternoon.

CHAIRMAN MYSTAL:

Mr. Kennedy.

LEG. KENNEDY:

Again, I guess I'll just ask, similar to the previous candidate, how •• what particular areas do you feel that you'll be able to go ahead and bring to this board that would assist the disabled and handicapped community?

MR. PROBEYAHN:

Good afternoon again. My name is Roy Probeyahn, my wife {Arlee} and I have three adult sons with autism who live at home with us and always have in our natural home environment from birth til today. We're residents of Manorville. I used to plow these halls pretty vigorously back in the days of the aging•out legislation which I'm happy to report as a parent coordinator of the Long Island Task Force on Aging Out that we ultimately got three pieces of legislation passed in Albany that have taken care of that issue in terms of children who are students in residential schools who age•out into the adult

world and need accommodation back in their home County, whether it be Suffolk or Nassau or wherever. So it's good to be back, you've got much nicer digs than you had back in those days.

I think I bring the perspective of a parent of men with autism, folks living at home in the community, remaining in the community. We have closed the institution that was located this County. I do not believe it's appropriate to lock up our people with developmental disabilities and then prison them since they the way they are through no fault of their own, they belong out in the community. And I fought for that, my wife has fought for that all of our lives and we've always put our money where our mouth is, at least insofar as our sons are concerned.

You have, I think, my CV in front of you. I've spent virtually my entire adult life advocating on behalf of these folks, so I do believe I'll bring a perspective for that segment of the population of people with disabilities to the advisory board on people with disabilities for the County of Suffolk.

LEG. KENNEDY:

Thank you, sir. And as a matter of fact, as you're speaking I recall hearing you speak, I guess, at different groups and presentations, in particular over on Commerce Drive in the industrial park with OMRDD. And my recollection is that you spoke at great length and with ••

MR. PROBEYAHN:

Well, that's my reputation, if I'm not lengthy I'm not anything.

LEG. KENNEDY:

But with knowledge as to how to go ahead and navigate and negotiate what is a fairly complex bureaucracy, so certainly that will be expertise that will benefit the board immensely. Thank you.

MR. PROBEYAHN:

You're welcome.

CHAIRMAN MYSTAL:

Any other questions? Hearing none, I'll take a motion to approve.

Mr. Probeyahn; motion by Legislator Kennedy, second by Legislator Eddington. All in favor? Abstentions? No? Thank you very much, Mr. Probeyan. ***Approved (VOTE: 4•0•0•1 Not Present: Legislator Romaine).***

MR. PROBEYAHN:

Thank you, Mr. Chairman.

CHAIRMAN MYSTAL:

Our next resolution is Resolution 1805, let's take it out of order. Motion to take it out of order by Mr. Kennedy, seconded by myself. All in favor? Abstentions? No? The motion is before us.

1805•06 • Approving the appointment of Edward J. Ahern to the Suffolk County Disabilities Advisory Board • Group D (County Executive).

Mr. Ahern is right now. Any questions, Mr. Kennedy?

LEG. KENNEDY:

Again, just an opportunity, sir, to go ahead and tell us a little bit about some of the areas that you might be able to go ahead and assist the board when it comes to advocating or making accommodations or advising us concerning how we as a County might be able to go ahead and meet the needs of the disabled and the handicapped communities.

MR. AHERN:

Thank you for the opportunity to be here today. I am Ed Ahern and I'm the Executive Director of the Suffolk Independent Living Organization known as SILO and our role as an agency is to empower people with disabilities to take a more active role in the community they live.

I've been working in the disability community for more than 15 years in five different states, and I am •• one of my strong areas is the ability to create collaborations and relationships with the various portions of the community to ensure that people with disabilities have the access to services and facilities that they need. I've been on the Palm Beach Human Rights Council, so being a part of boards like this are something that I've done before. I work to help people with disabilities and the cycle of neediness, we as an agency do that.

And I do a lot of work one on one with young people with disabilities. So I'll be able to bring the perspective of, A, what some of the young people with disabilities in Suffolk County are voicing as their concerns; again •• the ability to create relationships and collaborations •• and I'd like that opportunity, please.

LEG. KENNEDY:

Thank you. Just one •• how can I say, I guess maybe process question. SILO; I've seen some of the •• your literature and I know that you're a strong advocacy organization, but does the organization receive any funding from the County?

MR. AHERN:

No, not currently.

LEG. KENNEDY:

Okay. And if there was to come a time in the future where there would be any kind of funding issue and there was anything before the Handicapped Advisory Board, naturally you would recuse yourself from any kind of a vote or a decision there, right?

MR. AHERN:

Yes, absolutely.

LEG. KENNEDY:

Okay. Thank you very much.

CHAIRMAN MYSTAL:

Thank you. I'll take a motion to approve Resolution 1805.

LEG. STERN:

Motion.

CHAIRMAN MYSTAL:

Motion by Legislator Stern, seconded by Legislator Kennedy.

All in favor? Abstentions? No? Thank you very much. ***Approved***

(VOTE: 4•0•0•1 Not Present: Legislator Romaine).

MR. AHERN:

Thank you.

CHAIRMAN MYSTAL:

Mr. Ahern, thank you for serving the County. Okay, those are the two

resolutions I'm going to take out of order, so now we have a presentation. I have a small presentation for about three minutes from Mr. Dennis Brown on IR 1740. Mr. Brown, you've got three minutes.

1740•06 • Amending Resolution No. 386•2006 to establish a new fee policy for the Suffolk County Tobacco Cessation Program (Alden).

MR. BROWN:

Thank you, sir. The only thing I have is that the Department of Law is asking that the matter IR 1740 be tabled for this round because we're completing legal research on the viability of this resolution. We've looked at it from a constitutional perspective at this point from an equal protection point of view, but we're looking at it now from the insurance, law, Medicare/Medicaid point of view.

CHAIRMAN MYSTAL:

Thank you. Any questions for Mr. Brown?

LEG. KENNEDY:

Yes, I guess I do have a question. I read the sponsor's resolution and I tend to concur as I had spoken out, I guess, at our last General Meeting. It's not immediately apparent to me where we would have any kind of legal issues, since prior to institution of this fee policy, it's my understanding that there was no fee charged for recipients of smoking cessation programs. How do we come to the point now where by trying to restore us to what had been status quo, we're presented with legal issues?

MR. BROWN:

Well, if I'm not mistaken, the first resolution imposed the fee and this resolution seeks to amend that to allow the cessation program to all members of the smoking community, whether they be insured or uninsured. So now you have two different classifications of the people being treated differently, those with insurance participating in the program but being charged a fee and those not in the program being allowed to participate without charge. So as I said before, the question was because you have these two different classifications, number one, was the constitutional perspective which, incidentally I don't think that we have an issue with because we believe that there is a rational basis because of the two ••

CHAIRMAN MYSTAL:

We're going to discuss it when we pick it up, I just wanted him to say it so we can ••

LEG. KENNEDY:

Okay, at the •• I still have additional questions for this because I disagree or I dispute some of the legal conundrum that you're raising, but I'm going to defer to chair.

CHAIRMAN MYSTAL:

When we pick up legislation 1740, I'm sure, Mr. Brown, you'll be around.

MR. BROWN:

I'll be here, yes.

CHAIRMAN MYSTAL:

He'll be here to answer, okay. I just want to make the presentation so I can clear the board for me to call the people that we are here to hear.

LEG. KENNEDY:

I'm sure the sponsor has thoughts on this, too.

CHAIRMAN MYSTAL:

The sponsor will be •• when we pick it up the sponsor will be here and we will have a larger discussion.

MR. BROWN:

Sure, there's no problem. Thank you.

CHAIRMAN MYSTAL:

Thank you very much. At this point, I would like to bring to the table Dr. Suzanne Michael and Dr. Sarah Eichberg?

DR. EICHBERG:

Yes.

CHAIRMAN MYSTAL:

From Adelphi University School of Social Work. Most of you, some of you, maybe none of you, have read the report in Newsday on the Social Health of Suffolk County, which is an extensive study. And I want to let everybody know that the report will be available at the receptionist desk for anybody to pick up a copy if they want to.

I want to welcome Dr. Michael and Dr. Eichberg to the Suffolk County Legislature. I've read your report and I've read the newspaper excerpt. I'm somewhat perturbed, somewhat disturbed, and it's with great trepidation that I invite you here to enlighten us or frighten us, whatever the case may be. So you guys have the mike.

DR. MICHAEL:

Thank you. Is this on?

CHAIRMAN MYSTAL:

Yes.

DR. MICHAEL:

Thank you, and good morning to everyone. Both Sara and I are totally delighted that the response of the Legislature, this committee, to receive an e•mail from Paul Peritelli I believe his last name is.

CHAIRMAN MYSTAL:

Perillie.

DR. MICHAEL:

Perillie, sorry. To wake up the next morning after the launch at Adelphi and to find an e•mail asking us to present was really very unexpected and we were really very thrilled that what we were doing for the last two years had gotten the attention that it has gotten, and I think that it speaks to this committee in terms of your interest, in terms of improving the social health of Long Island, that you've asked us to come.

What we'd like to do this morning is to give a little bit of background to the report to kind of lay out our perspective, and then to actually give you some of the findings, it will be an overview, and then talk briefly about some next steps and some ideas.

This report really is •• initially was conceived by the President of Adelphi University, Dr. Robert Scott. He's been at Adelphi for about five years and

really believes in the idea of an engaged community, where he really wants the university to be seen as a resource and to really have a dialogue with community and to learn from the community. He has been on the advisory board, the Rausch Foundation Long Island Index and we see our report and the index as complimentary.

What we wanted to do was to really look at the social health of Long Island and to really move somewhat away from the categories that we often speak about health and social services often as separate entities. So the first thing that we did was really try to define what do we mean by social health. It really comes from work that other people have done, including the United Nations and the World Health Organization in terms of looking at a person's capacity to live a full life, what he or she is able to do, and that could be work, it could be school, to be able to be in their communities without fear, to have the kinds of basic needs met including food and shelter and affordable shelter and decent housing. But what we also wanted to do is to emphasize that social health is not just an individual issue, it's also a population issue and it's a community issue and it means the capacity of the community to respond to risk or to poor social health. So we were looking at it as an equation and a context, kind of the interaction between multiple factors. And because we're looking at it that way, we're moving away from what we often are, in some ways, pushed to do and that is the categorical funding that so many social and health programs are reliant on. We'll get tuberculosis money, we'll get HIV money, we'll get heart disease, we'll get cancer, but we really don't look at the context in which the people are experiencing either increased risks or actually having issues of morbidity.

So what we did was we looked at what people had done around the country in terms of social health and found that more of the reports around the country at this point really are much more similar to the Long Island Index in terms of looking at a sustainable economy and, you know, the factors that go into that including the labor forces and educated, and only, you know, very little is actually looked at in terms of health.

And then on the other side you look at things from the Centers for Disease Control, look more at the health but doesn't look at bulk environment meaning transportation, location of schools, location of health and educational facilities including universities.

So what we were trying to do is look at multiple factors. We came up with originally 100 different indicators that other people had been using around the country. And with our advisory board, and this is something very important, this has been a collaboration from the get•go. You'll see in the inside cover of the monograph the members of the advisory board which include public officials; we have Janet DeMarzo from the County Social Services Department and Margaret {Sucron} from the Department of Health. We've had the Director •• the President of the United Way as an umbrella organization, Jack O'Connell from Health & Welfare, we've had Catholic Charities. So we really have a broad service provider, broad public official and we also have advocate groups like ERASE Racism on the board, and they helped us in terms of winnowing down 100 indicators, because as you'll see, even with the 25 there's an incredible amount of data.

We looked at data that existed, and this is something I want to come back to later on in terms of the existence of data and the absence of data. We wanted to make sure that the data that we had was collected on a regular basis, that it could be compared to other geo•units, it might be a zip code level, it might be a County, it might be a state, so we can see how the region and the counties and the towns are doing in comparison to each other. We also wanted to be sure that they were reliable, that the way that the data was collected had some rationale and it wasn't just ad hoc.

And so what we were ending up with was the existing data sets from the various County organizations including the Department of Health and Social Services, the Police Department, and also on the State level and on the

national level so that we could compare it. And what we really wanted to do was do an analysis using this ecological or wholistic approach and to help inform public policy and to help inform discussions and stimulate discussions across the sectors, the business sector, the nonprofit, the educational, the social and the health sectors, so that we can maybe be more planned, less reactive, not just look at the crisis but look at some of the underlying factors, and realizing that if there's poor social health in one family or one community, it's going to affect all of us in terms of down stream, and let me just give you one example. The {Kizer} Commission on Medicaid and the Uninsured released a report that in 2000, the direct and undirect •• indirect cost of not having health insurance was between 65 and $135 million per year. And you can think about what could that •• you know, how that money could be used around the country for other kinds of resources.

So while in some ways we're doing better than many other regions in terms of health insurance, and I think part of that has been the facilitated enrollment, it's just one way of showing that the diversion of funds, because we're looking at crisis rather than the underlying factors, really can make a difference in terms of where we move forward in the future.

One of the things that you'll see in what Sara's going to present in a minute is that what we really wanted to do is go beneath the surface of the County and the region. When we look at the averages for the County and the region, in many cases this region, as an affluent region, is doing much better than many other parts of the United States. But when you start looking down at the town and the zip code level, we really started to see things that are of some concern.

I'm going to turn it over now to Sara. And as you listen to her and as you, in the next week or so, start looking at the profile, think of the contextual issues, think of the patterns of where their problems and what could be some

of the contributing factors. So, Sara?

DR. EICHBERG:

If you can get the lights. Thank you so much. Great, thank you.

Hi. I'd also like to thank the committee for inviting us today. And as Suzanne mentioned, I'm going to focus on findings from our study in my talk today, specifically looking at trends and patterns in Suffolk and, where applicable, comparing trends and patterns in Nassau, New York State and the country to them.

Now, this first slide basically provides an overview of the 25 indicators that Suzanne was talking about that we use to track and assess social health status on Long Island. And you can see that we grouped the indicators according to three headings, housing and food security, community and individual well•being and safety, and health insurance and physical and mental health. And as I go on today, throughout my presentation I'm going to focus on some of the indicators under each of the categories.

Now I'm going to move on to focus on some indicators in the area of housing and food security. About 20% of •• about 20% of Long Island households rent their homes in a region with some of the highest housing costs in the nation. And many of the people who rent their homes are among the most poorest residents on Long Island, and many of them are affected by housing cost burden which means that they pay over 30% of their gross income towards housing each month, and severe housing cost burden which means they pay over 50% of their gross income towards housing costs each month. And as you can see from this chart, housing cost burden has been increasing

over time. And in 2004, over 50% of renters were experiencing housing costs burden on Long Island.

As this slide shows, severe cost burden is greater for renters in Suffolk than it is in Nassau, and it's specifically more difficult for renters of color, again, particularly Hispanics and blacks. And if you look at the chart, you can see that in 2000, over 30% of black renters experience severe cost burden.

One area where low income Long Island residents are attempting to cut costs, specifically when they're faced with making difficult choices concerning expenses, am I going to pay for housing, medical care, rent, child care during each month, is in the area of food. And these data come from a study that was conducted by America's Second Harvest titled Hunger In America, and the data come from interviews that were conducted with clients and staffs at emergency food program sites run by Long Island Cares and Island Harvest. And we can read what it says on the slide, over 250,000 different people receive food from Long Island Cares and Island Harvest each year. The majority of surveyed food pantries and soup kitchens reported gains in clients from 2001 to 2005, and close to half of surveyed food pantries and one•third of soup kitchens turned away clients in 2005 due to lack of food. So clearly, food insecurity is increasing throughout the region.

One statistic that's not on this slide that's actually a note from the study that was conducted is an increase in the number of elderly clients. In 2001, about 8% of clients were elderly; in 2005, that percentage had almost doubled to 15%.

There's also been an increase in the number of people receiving food stamps on Long Island. There's been a 40% increase in Nassau and a 24% increase

in Suffolk from 2003 to 2005. Much of this increase can be attributed to outreach efforts that have gone on, it could also be attributed to some procedural changes on the part of the State where single Social Security Disability recipients are being automatically enrolled in the program, and it could also be attributed to reduction in stigma that has to do with the transfer to electronic benefit card from the traditional coupons.

But this increase, then, in regard to these outreach efforts and procedural changes, reflects need that is now being met. But there's also reason to believe that worsening economic conditions on Long Island have contributed to the rise in food stamp recipients. For example, in both Nassau and Suffolk, unemployment rates increased from 2003 to 2005 and the poverty rates increased during the same time period.

I want to now shift our attention to community and individual well•being and safety, and I'm going to focus on just one indicator from this category but it's quite a dramatic statistic, and that is the domestic violence incident rate for 2000. And this rate, here domestic violence is basically referring to abuse between members in the same household. And these data come from the State and as you can see, the Suffolk rate is almost double the New York State rate and almost double the Nassau rate. According to the State, Suffolk County has the third highest domestic violence incident rate in New York State by County.

A little bit of a caveat here. Given that police reporting methods vary by jurisdiction and by region, there's some reason •• there's some need to be cautious when interpreting these rates, but certainly, the big gap between Nassau County and Suffolk County in terms of the rate prompts the question what's going on and may be an area for future research.

I want to turn now to health insurance and physical and mental health. In our study we looked at health insurance as one means to measure access to care on Long Island. We had some difficulty obtaining data, so we had to rely on inpatient data, so we weren't able to capture the large numbers of people who receive outpatient treatment or ambulatory care. But with that limitation in mind, what this graph is basically indicating is that despite a regional increase in health insurance coverage, public health insurance coverage, specially Medicaid and State insurance programs, there's been a simultaneous decline for adults and children in private insurance or employer •sponsored insurance.

This particular slide, which may be kind of difficult to read, it's not that central, but basically what I'm trying to do here is provide a comparison of selected pregnancy and birth•related indicators. And basically •• those people who have sheets in front of them can look at it. Basically this chart or table can be used as a tool •• or basically it provides an overview and it can also be used as a tool to track rates across regions. But what's interesting here, when we're looking at early prenatal care, teen pregnancy rate, teen birth rate, the low birth rate and infant mortality is that in every area that I just mentioned, Suffolk is trailing Nassau in terms of the rate except in the area of low birth weight.

One troubling trend, it's a regional trend, is a decline in the percentage of women who are receiving early, meaning first trimester, prenatal care. And on •• if you can see this, on this graph you can clearly see the red line which is representing Suffolk going down since about 1998, indicating that less women are receiving early prenatal care. And when you compare the rates or the percentages of women that are receiving prenatal care in Suffolk to Nassau and also to the rest of the country, Suffolk comes up short. For 2003, about 84% of women in the country received early prenatal care. In Nassau, about 87% of women received early prenatal care, whereas in Suffolk about 76% of women received early prenatal care.

This graph indicates that the low birth weight rate has been increasing on Long Island from 1994 to 2002. And just to give a little context here, the majority of low birth weight births occur to women who are the ages 25 to 39, which probably isn't that surprising because those are the women who are most likely to be giving birth. But in Suffolk, about 6% of low birth weight births occur to women over the age of 40, and it's slightly more in Nassau, it's about 8% in Nassau.

Disparities exist in low birth weight. If we look at the charts on this slide, and I'm not sure how clear they are sitting where I am, but one thing that you can note is that we're looking here at Suffolk towns with various percents for low birth weight in 2002, and you can see in the chart on the left•hand side that Babylon and Riverhead have the highest percent low birth weight rate; both of those towns happen to have poverty rates that are above the County•wide amount. So this seems to indicate that there may be some kind of an association between poverty and low birth weight.

On the other hand, if you look at East Hampton, there is a town that has a poverty rate that's, in fact, higher than Babylon and Riverhead's, but has a low birth weight rate that is lower. So there seems to be some association but it's an inconsistent pattern, which seems to be indicating that there are other factors at play determining low birth weight, including such factors as multiple births, fertility treatments, access to prenatal care, age of mother, health of the mother, stress, etcetera.

This slide looks at pediatric asthma focusing on discharges from hospitals. If you look at the slide, you can see that while the pediatric asthma rate has been falling in Nassau, it has been overall with some deviation rising in Suffolk, although the Nassau rate is still higher than the Suffolk rate.

This next map shows the distribution of pediatric asthma rates by zip code, and the zip codes that are in red are the zip codes that have the highest rates on Long Island of pediatric asthma. Moriches is the one zip code in Suffolk that falls into this category, but there are also other zip codes that have quite high pediatric asthma rates in Suffolk including Bellport, Brentwood, Central Islip and Amityville. And the majority of those have poverty rates that are higher than the County•wide level, indicating that there's some association with poverty and pediatric asthma.

Looking at this next slide, we can see that diabetes or diabetes cases have been increasing on Long Island. In fact, there's been over the course of time represented in this slide, from 1995 to 2004, there's been a 13% increase in the number of cases in Nassau and a 20% increase in the number of cases in Suffolk. Experts tend to link the rise in diabetes with the rise in obesity. Complications from diabetes include the amputation of lower extremities meaning toes, feet, legs, due to peripheral nerve damage. However, diabetes related amputations can be avoided through routine or preventive care or through adherence to strict dietary and medical regimens. However, we know that not everyone has health care, and even for those people who have health insurance plans, not all health insurance plans cover podiatry visits for diabetes•related foot care. In addition, not all neighborhoods offer easy access to safe and nutritious food. So these are just some of the barriers to care that are reflected in the area of diabetes•related amputations. Looking specifically at the distribution of diabetes•related amputations, and this is not a reflection of rates but a number of episodes, number of amputations in each area. The red zip codes that are highlighted all have higher poverty rates than their •• at the County level in which they're located.

As you can see, this next slide is focusing on the distribution of heart disease mortality rates by zip codes. The heart disease rate is actually falling, heart

disease mortality rate is actually falling in both Nassau and Suffolk counties, although Nassau and Suffolk have a higher heart disease mortality rate than New York State, significantly higher. And of the five zip codes that have the highest heart disease mortality rates, four are located in Suffolk and include Brookhaven, Yaphank, West Hampton and Sayville. And each of these zip codes, just talking about associations, has a higher household income, actually, than exists at the County•wide level.

In terms of cancer mortality rates, for each of the cancers that we looked at in our study, Suffolk had a higher rate for men and women across the board for lung and bronchis •• for all cancers for the rate, for lung and bronchis cancer, for colorectal cancer, for breast cancer and for prostate cancer. The all cancers rate is at •• the rate that Suffolk has is actually higher than Nassau's rate and higher than the country rate. But looking specifically at this chart, at the lung and bronchis row, you can see •• just taking that as an example, looking at the difference between Suffolk females and Nassau females, you can see that Suffolk females, their rate is about 19% greater than the rate for Nassau females and the rate for males in Suffolk in terms of lung cancer is about 21% greater than the rate for Nassau males.

Okay. All right? Well, we seem to, for some reason, be missing the suicide rate map, I'm not quite sure what happened. But at any rate, the important factors associated with suicide on Long Island is first that the suicide rates are falling, both in Nassau and in Suffolk, however, Suffolk does have a higher suicide rate than Nassau. And of the zip codes, the top ten zip codes with the highest rates, all of them are located in Suffolk.

Suffolk is also experiencing an increase in drug abuse, and the way we measured that was by looking at the drug•related discharge rate, meaning people that were released from hospitals for what are termed drug•related incidents. But even as Suffolk's rate is basically rising, it is still lower than

Nassau's rate.

Okay, we have another problem with this as well. But this slide basically, again, lays •• it provides a lay of the land in terms of the island and focuses on those zip codes with the highest drug•related discharge rates. Hempstead actually has the highest drug•related discharge rate on Long Island, but seven of the ten zip codes with the highest rates are located in Suffolk County and they are distinguished •• the majority of those zip codes are distinguished by having poverty rates that are significantly higher than the County•wide rate and percentages of whites in their population that are significantly higher than the County•wide rates.

And finally, looking at this last slide, a focus on drunk driving.

For the year 2004, Suffolk showed a higher number of alcohol•related fatal accidents compared to Nassau, so 62 versus 29, and also had a higher number of fatalities, 71 versus 39. So there's quite a difference between the two in the numbers for fatalities and for the numbers of fatal crashes. In addition, looking at the graph on the bottom, in terms of all motor vehicle fatalities, Suffolk has a higher percentage that are alcohol•related, 42% versus the rate for Nassau which is, at least for 2004, 32% and then compared to New York State, New York State has a percentage of 39%.

So that ends my presentation, going over some of the findings from our study and focusing specifically on Suffolk here. And I'm going to turn the mike back over to Suzanne and have her discuss next steps and research and policy ramifications based on what I just discussed.

DR. MICHAEL:

Thank you, Sara. A lot of very sobering information. What we have attempted to do is to describe, we're not in any way stating the cause. We are concerned about what factors are really involved and what multiple factors are really involved.

There are combinations of things from income, genetics, behavior, resources in the community, public policies, agency policies, the built environment, how resources are allocated, not just now, but how they have been in the past. And so we don't have any specific recommendations in terms of what do we do with one or another of these indicators in terms of at least reducing the disparities, but as a project we want to research further. We want to do more mapping, we want to look at more indicators, we want to look more at capacity. As I said, our definition of social health means not just the status of the individual or the population of the community, but our capacity to respond. So what are the services out there, how do we define them, how do we know that they have enough slots or don't have enough slots? What is the demand that's actually out there and what is the invisible need but not yet the demand? And so these are real questions that can only be answered on the community level through interviews in terms of people's experience.

As you see in the monograph, there are some quotations. We attempted to have people's experience to some degree through a community voices survey that was administered by some graduate students from Adelphi University at some of the railway centers and bus stops, the middle country library and some of the shopping malls, and they're just the tip of the iceberg in terms of people's different perceptions of life on Long Island.

In the future, what we want to do is, as I say, expand the indicators and we really would welcome your suggestions in terms of what you think we should be looking at. We are concerned that we don't have very many mental health indicators, we haven't looked very closely at some of the experiences

of the seniors given that the region is aging. We don't have that much information specific to newer immigrant groups, though there have been immigrants and foreign•borne populations here historically, but what are some of the special issues and experiences of the newer immigrants. We will be building out the website that's already on the Adelphi web page, and what we are hoping to do is where there is data, we will do it by the zip code so that you will see all these different indicators listed by zip code and can really see what kinds of associations; and again, not necessarily causes but what kind of associations.

We want to have dialogues and forums and we are planning two forums right now for the fall. The first one will be October 19th and we invite your participation, the second one is on November 30th. The first one we're going to look at much more in•depth the housing and food security and general community well•being, and the second one will focus much more on health as a social context. In the future what we want to do is do more community participatory research, look at some specific communities that are at higher risk or have poorer social health and kind of see what other resources that are in existence that can be leveraged and what are addition assets that are needed in terms of the communities.

In terms of policy, there are so many different levels that impact on the ability of someone to live a good life, whatever he or she defines as that good life, and so we're not here with any, as I said, specific policy. But there are a couple of areas that we think that you may want to consider as we go forward and we are more than delighted to work with you individually in terms of your specific districts or the committee as a whole.

Domestic violence; is this a reporting issue or is this an experience and what are the stresses that domestic violence is so incredibly high in Suffolk County. What about the deaths in terms of alcohol? Those are two issues.

The experience I mentioned before in terms of immigration, in terms of what kind of services. One of the things that we didn't include in this particular presentation but I just want to mention is that the Economic Policy Institute, when they look at the needs of a family of four, estimate for Long Island 60,000 as meeting the basic needs. If you look at the poverty level, the U.S. poverty level, that's about 19,000. So if we continue to use the poverty level, we're really creating a very artificial situation on Long Island, if you actually have the median to about 35,000, a little higher •• there are 20 to 22% of people on Long Island who are living below 35,000, so that's real hardship and that's why we're seeing more people going to these food pantries and soup kitchens and why we're not meeting the demand.

So one of the things that we've been thinking about is how can we kind of reset our lens to think about poverty on Long Island and not use the Federal poverty rate. I know that that is the standard for many of the benefit •• public benefits, but if we're using that standard we're really missing a lot of people in need. And if we don't deal with those needs now, we will have children who aren't attending school, not doing well in school, it's going to affect our future labor market and of course it affects their ability to provide for themselves in the future from housing to whatever.

I know that the Congress is not changing the minimum wage, or it doesn't look like they're changing the minimum wage, but there have been the various livable wage issues, there's the issue of employer insurance. And I don't know where the bill is that had been discussed, I think in Suffolk County, in terms of big box stores, but there really has been a decrease in employer benefits in terms of health insurance across the country and very specifically is an issue here.

Data collection is a real issue. I think that there is an opportunity for everyone around the country, but I think here in the region it's really important that we do a better job of operationalizing our definition so that we can compare the similar cohort. We found over and over again that youth is defined 16 different ways, from 13 to 19, from 15 to 17, so you can't compare cohorts and you don't have really a way of knowing what are the multiple factors or characteristics of the population. So one thought that was just generally talked about in the advisory meeting is as the County's are letting various contracts to the public, you know, to nonprofit agencies, to define what youth is and so that we really have the similar cohort.

I think we just need more research and research that is collaborative, that is based in communities that have multiple stakeholders involved in the community, that's not top down so that we really understand what are the barriers and also how to readdress some of those barriers. There's not a one easy fix for any of these problems, but I think that there's a will and I think the fact that you invited us the day after, not even 24 hours after we did the lunch really says that there's a will in this room and we would welcome, you know, future collaboration. And I don't know what the time is, but if there's some questions that we might be able to respond to. Thank you.

CHAIRMAN MYSTAL:

Thank you very much, Dr. Michael and Dr. Eichberg. Please, I'm sure there are some questions. Before I open it up for question to everybody, let me remind people around the horseshoe that I wanted an hour discussion on the study, this is not the place for policy, they did not make any specific policy. I don't want a big political debate. And I've also invited Commissioner Harper and Commissioner DeMarzo to sit around the horseshoe because this study affects their department more than anybody else, and I've asked them to come and they can ask questions relating to the study if they wanted to ask questions. And we have other Legislators, you know, Legislator Alden is here and anybody who wants to ask questions.

I want to open the discussion by saying thank you very much for the study. And I think, yes, we do need more study and preliminary, you •• I've actually read the report, that's why I wanted to bring you here. I actually read the whole thing, not what they put in the paper, I read the whole thing and I couldn't help myself from making the correlation between poverty and social health, and I think your slide show kind of represented that in terms of wherever you had poverty, you had, you know, asthma problem, you had cancer problem, you have •• except for the cancer problem, but all the other related factors have to do with poverty. And some of the stuff that, you know, when I read your report, I'm thinking we have a higher death rate due to alcohol in Suffolk County because we have more roads than Nassau County. We can put all of Nassau County in one town and have room left over, so we have a lot more open road and a lot faster traffic than Nassau County would have.

The other part of the report that I looked at was the rental issue. Nassau has a lot more apartments for rent than we do. As a matter of fact, you know, and I'm not afraid of saying it, there's a very resistive attitude in Suffolk County of putting anything that have to do with rent, and it's something that we're going to have to deal with sooner or later. I mean, nobody wants to have any rental apartment in their neighborhood, especially if they think there's going to be a minority around it. So that's a problem that we have to deal with in terms of that.

And the third point I think that sooner or later we're going to have to look at is the fact that, you know, the poverty level that the Federal government kept talking about does not apply to the northeast coast, does not apply to the west coast, and definitely does not apply to Long Island and New York •• and the New York region. So somehow, you know, $19,000 won't even get you a garage around here, so forget about getting a room. So at this point I'd like to open it and I think the first person to ask question is Legislator

Alden.

LEG. ALDEN:

I just had two structural questions. When you talk about cost of living, the cost of housing and cost of food, do you also look at cases treated for malnutrition along with that, or is it just on the course of food?

DR. MICHAEL:

The two indicators that we used were food stamps and use of the food pantries and the soup kitchens. To get data in terms of malnourishment would really be something in terms of •• Well, two things in terms of data collection. The person actually has to go to someplace where it's going to be measured, and then there has to be some kind of reporting, and I don't know if there is any in terms of what kind •• it's not a reportable thing in term of the state, though it would be maybe reportable in terms of child welfare issues, but the person would actually have to get someplace to have that measured. So we don't have that as an indicator, it may be something to think about in the future.

LEG. ALDEN:

Okay. No, I was just asking. And the second part was that I noticed the drunk driving, there seems to be, you know, a correlation between Nassau and Suffolk and then all of a sudden there's a spike last year. Did you look at the enforcement maybe, if that could have been •• like if Suffolk County all of a sudden put a huge push on enforcement of drunk driving that would indicate a spike like?

DR. MICHAEL:

Yeah. I mean, all ••

LEG. ALDEN:

Because that's an aberration from most of your data.

DR. MICHAEL:

Right. I think what's really important is •• and I think with some of these graphs, what we're trying to do is look at long•term trends, because for each year could be a change, you know, in terms of a jurisdictional reporting, it could be that the police are more vigilant. You know, there could be one outbreak in one town and then that's it, you know, for the next ten years.

LEG. ALDEN:

But enforcement wasn't part of your graph.

DR. MICHAEL:

No, no, it wasn't.

LEG. ALDEN:

Thanks, okay. Thanks, Elie.

CHAIRMAN MYSTAL:

Legislator Eddington.

LEG. EDDINGTON:

Yes, thank you for your presentation. I noticed that your social indicators seem to connect with {Maslow's} for the psychological, it seemed like very close which I thought was very interesting. And then when you mentioned domestic violence and alcohol related deaths, was there any indication that these are responses to the frustration that people are having, were you able to make any correlation?

DR. MICHAEL:

At no point have we attempted to do any kind of correlation, this is just the first step of describing what's out there. But I think there are national studies that have seen that the minute •• or the minute, when unemployment goes up domestic violence goes up, I mean, that has been something that's documented of studies over time. So, yes, I mean, stress, what kind of stress, job stress and then housing, you know ••

DR. EICHBERG:

Substance abuse.

DR. MICHAEL:

Substance abuse.

LEG. EDDINGTON:

Right. Because as you were doing it, I mean, it struck me right away that you got, you know, an internal kind of self•medicating to deal with the problem and then with your frustration you're striking out, which seemed pretty •• I'd be interested in your follow•up study. So, thank you.

CHAIRMAN MYSTAL:

Thank you. Legislator Romaine.

LEG. ROMAINE:

Yes, I concur with your need for further research. For example, I noticed that one of the pediatric asthma clusters seem to be in Moriches, but that may be due to composting on the farm. And I notice that some of your other higher areas were out on the north fork, areas that I represent in the Legislature, so obviously research, taking a look at that. And I think Legislator Alden made a good point about drunk driving, obviously Suffolk has more registered drivers than any other County in the State.

However, looking at the report as a whole, it would seem if someone was to describe the social safety net that exists in Suffolk County, that net, from just your basic description without the correlations that Legislator Eddington had asked for, would seem to say that the social safety net has failed and is

failing, it's stretching, and that people are falling through this net and we're seeing more and more of that, if your descriptive analysis bears any weight.

I just would end, because the Chairman has asked us to be very brief and I'm not going to get into a policy debate, but I will tell you that all this research, all of this descriptiveness is without value unless it can translate itself into policy action, because all that will continue is another descriptive study after descriptive study. As a Legislator, I'm looking for the policy recommendations, and I'm sure the County Executive and other members of the Legislature are looking for those type of recommendations that will in some way impact that safety net that you describe as, I can use no other words except failing. But thank you for your presentation.

DR. MICHAEL:

I would concur. And I think the whole idea of this report is a multi•phase, that one can't start with policy unless one knows what the data is, and so this is the first phase. But we really also don't want to do this kind of work in isolation, that's why we brought other people to the table. And I think by having •• from at this point on those kinds of policy discussions really will make this not just descriptive but action, and I totally agree with you.

CHAIRMAN MYSTAL:

Thank you. Before I turn this over to Legislator Kennedy, you know, I totally concur with you, Legislator Romaine. The safety net being an economist, since the 1980's, you know, when we went into the so•called reducing our welfare system, we started in the 1980's and taking money away from Social Services and the health program and reducing it every year, you know, and at the end of the Cold War we had said in 1989 that the money that was being spent to further the Cold War was going to be switched over to Social

Services, but that hasn't happened because the defense budget had gone up and up and up and Social Services money has gone down and down and down everyday. So I'm just saying that the social safety net has been going crazy and we're seeing the repercussion of it right now, this is what this study is all about. Legislator Kennedy.

LEG. KENNEDY:

Thank you, Mr. Chair. All I can say, Doctors, is thank you very much. It is startling, I think, and it should not be startling some of the things that you bring forward.

In the time that you've spoken, and I've scanned some of this and I appreciate you bringing the various areas to attention, there are a couple of requests, I guess, I would ask you as you go forward and I will try to make myself available for the meeting that you talk about on the 19th. I am very, very, very troubled by the fact that your statistics associated with food pantries shows that people are not getting provided food when they go to see it. Not only is our safety net failing, but if we can't feed people, I don't know what else we are doing if we are not able to do that most basic thing; we should fold our tents and go home if we can't do that.

So what I'm going to suggest to you is if you can elaborate on that somewhat with the data that you've gotten from Island Harvest and with the network of food pantries, because I know every Legislator around this horseshoe funds food pantries in their districts as I do, and I often wonder what happens as far as whether or not they're able to meet the need and I'm hearing now you're telling me they're not. So I very much would like to be able to hear more about that item.

You also touched on mental health and the mental health aspect I think is critical, particularly when you talk about the statistics associated with the suicide rate. How best for us to go head and work with one, we need some more information, I guess, from the other side.

A suggestion with the drug abuse data, focus on discharges from hospitalizations for drug and alcohol detox certainly is an important item, but I also encourage you to go ahead and collaborate or cull the outpatient treatment data as well, since you two know that that is as prevalent, if not more prevalent. In addition, the discharge or sentencing components associated with those that go through our criminal justice system and have drug abuse and/or MICA programs that are mandated as part of their probation, please cull that as well if you can because that would should be data that's accessible and will help us as we look at this.

Lastly, through the Chair, I think I'm going to ask, Doctor, one of the things you opined about was the increase in use of food stamps and you mentioned the automatic referral process associated with SSD and disabled or widow recipients. I've always been intrigued by that connection and through the Chair I'm going to ask the Commissioner speak to that specifically here in Suffolk County. Thank you.

CHAIRMAN MYSTAL:

Thank you. I have Commissioner DeMarzo and Commissioner Harper here, they have a couple of questions they would like to •• Commissioner Harper?

COMMISSIONER HARPER:

Well, yeah, let me first start off with certainly complimenting you on the document that was presented before us. It's very important that we continue to advocate and highlight some of the major problems that we see in Long Island as a whole and Suffolk County in particular.

One of the areas that I think that you mentioned a little earlier was how I guess we in various departments are sort of siloed into addressing whatever our specific issue is, and how the Centers for Disease Control sort of focuses on health related issues. I will share with you, however •• and I'm going to pass the document around for the other Legislators •• that the Centers for Disease Control is, in fact, fully aware of the social determinants when it comes to health inequities. And the document that's going around clearly shows how the root of many of the problems that we deal with in public health really come from things such as adverse living conditions, occupational hazards, unemployment, environmental toxins, poverty, you name it, that's really the root of the problem. And at the end of the day we have to deal with diseases such as heart disease, violence, obesity, depression and what have you. So to a large extent, we're somewhat aware of the problems within the Health Department. However, I have taken a position that we do need to focus more on viable programs, or programs that have been found to be effective in reducing some of the incidence disease that has occurred nationwide.

I would submit to you that in looking at the data, if you were to focus on socioeconomic status as well as ethnicity, what you will find is that, as was suggested, in many of the areas where we have low income people, where we have the minority population, that's the driving force behind some of the poor health indices that we see. I can share with you, for example, in Suffolk County, African•Americans are almost twice as likely to die from diabetes than the white community. If you look at HIV and AIDS, African•Americans are 17 more times likely to die from AIDS as opposed to the white community and the Hispanic community is five times more likely to die. Our infant mortality rate in the African•American community is almost twice as high

than the white community.

Having said that, we have developed a unit within the Health Department to sort of focus in on some of these minority health issues, and in particular to research programs throughout the country that have been found effective in reducing some of these rates and to implement those programs. I think Legislator Romaine was very accurate, and it was supported by Legislator Mystal, that at this point we need research that shows us what to do, how can we improve on the numbers as opposed to sort of demonstrating what the problems are. We've had a number of studies over the years that have shown us, in fact, how poor we're doing and now we really need to implement programs that can sort of move us forward.

But I would certainly like to thank you for the project that you've been engaged with and certainly my staff that has participated in this. And this will certainly be used as a guide, a research guide and a research tool for us to move forward with actually trying to implement successful programs. But again, thank you for coming.

CHAIRMAN MYSTAL:

Thank you. Commissioner DeMarzo.

COMMISSIONER DEMARZO:

I'd like to also thank you for coming and thank you for doing all the work on this. I know that my department has participated and we look forward to continuing to work with you on this, because we really do need a focus on these problems and we need to see them across the health, the mental

health and the social situation. I mean, I want to recognize that for the Department of Social Services, a lot of time the housing cost really drain people's abilities to put their monies in other places. And that, you know, I often say the biggest problems facing us and consistent are housing and transportation here in Suffolk County, and especially when we look at programs that the State's implementing across the two counties. I explain that, yes, we are very alike in many ways at face value, but when you dig down we're very different counties, our density, our transportation system, our employment centers are more scattered than Nassau. So I think it's good to see us as a region but to recognize that there's differences and I'm glad that you really led with some of the housing issues.

As far as the food stamp issue, I'd be more than willing to have a discussion with you, Legislator Kennedy. Basically it was a State initiative and last year the State started automatically enrolling all SSI people, they just sent them a notice and registered them and then when they came up for certification, we had to see if they were continuing to be interested in it, if they access the benefits or not. So we saw a very significant rise in our food stamp population with this automatic enrollment process. Some of them are starting to fall off but a lot of people that had never known they were eligible received the State notification and have actually participated in the food stamp program after their first notice from the State. So it has been very helpful in bringing people in. We've worked very well with Catholic Charities in our food stamp outreach efforts.

So, you know, while our increase isn't as big as Nassau's increase,

I'm really encouraged to see that our food stamp numbers are significant and a lot of the money that the Legislature does provide are to food pantries, and while it's difficult sometimes to administer a $500,000 grant, it is to food pantries. And one of the things I was thinking as you were talking on that issue is maybe one of the little things we can put in the contract is to have them report to us on need and unmet need, just so that we have a point of

access for gathering information. Because we •• I think I have 20 or 30 food pantry contracts in the Department of Social Services budget, so it might be something that we could discuss as a committee in an effort to try to collect some local data as well. But I look forward to working with you as you develop the public policy aspect of this report, and thanks again.

CHAIRMAN MYSTAL:

Thank you. Thank you, Commissioner DeMarzo. We might also want to look at the efficiency of the delivery system in our food pantry. You know, I'm not •• I don't know if you've ever looked at that aspect of it because I know we put out an awful lot of money, an awful lot of money to our food pantries, and for me to hear that people are being turned away because they don't have a lack of food, I'm beginning to kind of question the delivery system and the administrative system of it. I think we need to look at that, too. Thank you. Legislator Alden?

LEG. ALDEN:

Just one quick question on a statement that Dr. Harper made. When you did the study, and it's by race and as far as HIV infection and other diseases and things like that, do you also do a breakdown within each ethnic group as far as socio stratus to see if its more the mean the richer a group gets as opposed to a more poverty?

COMMISSIONER HARPER:

No, we haven't conducted that study as of yet ••

LEG. ALDEN:

Okay.

COMMISSIONER HARPER:

•• but that's an important component as well. That has been done to some extent with prenatal care, and at one point there was a sentiment that the reason why the infant mortality rate was fairly high was because people were not gaining access to early prenatal care. And when we looked at it in terms of socio economic stratus, what we found is that, in fact, those who use the health centers, the community health centers were obtaining quality health care and it was really the middle class group that were going to private physicians who weren't receiving the adequate care or the standard of care.

LEG. ALDEN:

All the more reason to open the Bay Shore center.

COMMISSIONER HARPER:

That •• well, I'm with you all the way. I mean, I don't want to belabor the discussion, but certainly community health centers is a focus that we would need to look at in terms of acces to care. We try to make it a point that all of our health centers are near transportation, but what has come out from discussions with the community is that often times they can't reach from their home to get to a bus, that's a major distance in and of itself so that prevents people from gaining access to care. But certainly we need to move forward with a Bay Shore Health Center and potentially the new health center in MLK, I'm also in support of that.

CHAIRMAN MYSTAL:

Legislator Kennedy.

LEG. KENNEDY:

Thanks, Mr. Chair. Doctor, just one other question, I guess, to follow up along with the HIV aspect. I think I read recently that at a Federal level, there has been some jeopardizing of the Ryan White funding; how does that impact us here in Suffolk County if that is the case?

CHAIRMAN MYSTAL:

It's going to kill us.

COMMISSIONER HARPER:

That impacts us tremendously in terms of what we call ancillary services. The uniqueness about Ryan White Title I funding is that it allows money to come to our region. We have a local region that determines how that money will be used; if that money is cut then we will no longer have the ability to determine how that money is used locally. We use a very large portion of that money, in the range of $900,000 to almost a million dollars, strictly on transportation because we know that that's a major need in Suffolk County. We have one AIDS designated center in Suffolk County which is SUNY Stony Brook, so whether you're at the east end or the west end, you have to travel to SUNY Stony Brook to obtain specialty care. If this funding is cut, we're going to have a major problem in terms of getting patients who are HIV infected back and forth to SUNY Stony Brook which is why I'm looking to do

what we can to provide more specialty care within the community health centers themselves so that people may be able to go to their local community health center and the specialists come out to the health center so that it avoids all of this travel back and forth to some of the hospitals.

LEG. KENNEDY:

We've had this conversation before, as a matter of fact, with the {Dale} House model in Hempstead where there's decentralized, particularly with the dental services ••

COMMISSIONER HARPER:

That's right, dental services as well.

LEG. KENNEDY:

•• and some of the other services that the population needs; is that something that you've looking at attempting to possibly do?

COMMISSIONER HARPER:

Yeah, I think at some point we're going to have to look at all of these options if, in fact, this Ryan White Title I funding is cut, which I suspect that it will happen, it's just a matter of time before that really takes place. And we have a number of local advocates and certainly the County Executive is on board, and I know members of the Legislature are aware of this and we're trying to put together a lobbying effort, but our suspicion is that we may be unsuccessful.

LEG. KENNEDY:

Thank you, Doctor. Maybe through the Chair we'll do something where we can go ahead and as a committee petition for the funding. Thank you.

CHAIRMAN MYSTAL:

Legislator Eddington.

LEG. EDDINGTON:

Yes, just as I spoke to you before the session, your report frustrates me. Because we've been aware of this in the mental health profession and, once again, we're talking about being proactive or certainly early intervention, and yet everything I've seen, at least on this side over here now for the last five months, is reactionary. I know we're going to build a new jail and we're going to hire more Police Officers and Correction Officers, I love Correction Officers, but •• and we need them, that's crisis intervention. You've just given us information and I'm hearing we need more social workers with CPS, we need more nurses on the east end, west end; I hope you stimulate us and our colleagues to really fund what you're saying.

LEG. ROMAINE:

The Operating Budget is in October.

DR. MICHAEL:

I'm going to just step aside from my hat as the Faculty Director of Vital Signs and go back to my professor status. You were concerned about emergency food and professor Jan {Poppendick} at Hunter College wrote a book called "Sweet Charity" which I really encourage all of you to read, because it really questions why we continue to call it emergency food. It's an institutionalized industry at this point and unless we actually deal with the underlying issues, we're always going to have emergency food. And I think Professor {Poppendick} really looks at the issue, she went around the country interviewing people who were using the soup kitchens as well as those people who were providing the staffing, the volunteers. And I think it's a really illuminating way to look at a social problem that we often look at the end result rather than the primary, and that would be in term of income and jobs.

So I just really applaud the activism that I hear here, but we really need to go back not just to the individual's outcome but also what contributed to that that they got to that outcome.

CHAIRMAN MYSTAL:

Thank you. I'm looking •• it always fascinates me, because I'm a Third World person, you know, having been raised in Africa and the Caribbean, whenever there was a disaster around the world this country can move a great amount of food to feed, you know, thousands and thousands of people in a hurry, and yet I keep hearing of hunger in the United States of people not having enough food. I do not •• and somehow I can't get my head wrapped around it, because if we can feed somebody in {Dafoul} which we talk about sometime in {Sudan} or Indonesia after a disaster, how come we can't feed our own people here? Like I said to you, you know, I'm an economist and we used to have a theory, at one point during the Cold War we were selling butter to Russia which was our enemy for about 50 cents a pound and in the

supermarket it was being sold for $2.20 in this country; I can't get my head wrapped around the idea that we cannot feed our own people.

DR. MICHAEL:

Well, it's not just feeding them, it's what we're feeding them. I mean, when we had the lunch last week I talked about a study that had been done, actually going into communities and looking at what it's in the grocery shelves. And if you look at some of the poor and particularly the communities of color, you'll see that there are very few fruits and vegetables available and if they are available they're much more expensive. So we're looking at obesity and diabetes which is going to cause not only the individual and his or her family but society, where are the foods and how much do they cost for everyone? So one of the thoughts we had in terms of moving forward is also doing a little bit more community mapping in terms of what are the resources. You know, people have food but what kind of food; is it fast food, is it greasy food, is it fat? And are we really able to put on our family's table what we want to serve them or just what we can afford and that's not really great food. So it's both actual food but it's also the type of food, and it's •• I mean, it is, it's quite startling, and growing up in the United States I'm still startled by it.

CHAIRMAN MYSTAL:

Thank you. Legislator Stern.

LEG. STERN:

Thank you, Mr. Chair, and hello. As I'm flipping through the report, obviously wonderful, very helpful information that we all need to be familiar with, but to me, what was •• unless I missed something, what is conspicuously absent is

a study of statistics and other information on our aging population here on Long Island. And it begins in the start of the analysis here about how we are an aging population, there may be a couple of numbers but then ends there. We know that we are a graying society particularly here on Long Island, we know that although we're living longer, we're not necessarily living better later in age and the need for long•term care and ongoing assistance is that much greater.

So I'm wondering whether during the course of the study any analysis was given to that very important issue, and maybe we might see something discussing that critical issue in the future. And if we're talking about our social health, of course that is an issue that goes beyond just health care and how we deal with an aging population, how we care for our parents, how we care for the caregiver here on Long Island and try and alleviate some of the stress that they deal with in their daily lives, particularly the baby boom population as we refer to the sandwich generation and what an enormous toll it's already taking here on our society, but certainly going to increase in the future.

DR. EICHBERG:

Yeah. I mean, we cover issues related to the elderly under a few of the indicators, for example, when we talk about domestic abuse, but in terms of really exploring the issue, no, we don't have indicators that specifically focus on the topic. We had so many indicators to choose from that at the end of the day we ended up with 25 and we were reluctant to part with many of the indicators that we had, but we finally has to make a choice. But we are extremely committed, as we go forward through the next steps of the project, to focusing on issues related to the elderly and incorporating indicators that get into those areas. So it is very important to us and we regret that we didn't cover that issue in greater detail in this report.

DR. MICHAEL:

It also brings up an issue in terms of how do you collect the data. I mean, you can count how many beds are in nursing homes, but more and more people are aging in place and so how do you do that unless you do interviews and community surveys which is something that we would like to do in collaboration with the County offices or whatever in the future. But there are real issues and there was a report in terms of aging in place in Nassau that was finding a lot of people were property rich and cash poor and what kind of services did they need. But to capture that data is much more difficult and that's where we want to go and the next step is to really hone down. So specific suggestions that you have we would really welcome.

LEG. STERN:

I would look forward to working with you on that.

CHAIRMAN MYSTAL:

Thank you ver much, Dr. Michael and Dr. Eichberg; please pronounce your name.

DR. EICHBERG:
Eichberg.

CHAIRMAN MYSTAL:

Eichberg, okay, not iceberg. Thank you very, very much for your study and thank you very much for responding to our invitation. You have provided us with a lot of information. Hopefully we will have more collaboration between Adelphi University and the County and the different departments of the County where we can do some study and come up with some policy decision and some definite goal for us to meet. Thank you very much.

DR. MICHAEL:

Thank you again for inviting us.

DR. EICHBERG:

Thank you.

CHAIRMAN MYSTAL:

Vito. It's my pleasure to welcome the President of the Suffolk County Correction Officer's Association, an old friend, Mr. Vito Dagnello, who has given us somewhat of a study or a report on the health and safety of Correction Officers working in Suffolk County.

MR. DAGNELLO:

Thank you for having me ••

CHAIRMAN MYSTAL:

You have the floor.

MR. DAGNELLO:

•• and allowing me to come. My name is Vito Dagnello, I'm President of the Suffolk County Correction Officers. I have with me Matt Bogart, my 1st Vice •President and Kurt Kaminsky, my 3rd Vice•President.

I handed out a little info packet which has included in there the Health Department's study it did on indoor air quality and mold testing in both the Yaphank and Riverhead facility. In the beginning of the packet is the results or samples I sent out to a private company showing the problems back in January, and that's when I asked and I called for the right to have this independent company come into both the facilities and do an independent study of the air quality and the mold problems. I was denied that and the County stood up and said they had to do their own testing. Well, after some debate on that issue, which was with the County, not the Sheriff •• the Sheriff was in favor of having this company but was told that the County had to do their own, the Health Department •• the test took place in March. Well, if you look at the report and just go to the dates, April, I believe April ••

CHAIRMAN MYSTAL:

Twenty•fourth.

MR. DAGNELLO:

Twenty•fourth, that report was finalized and sent to the Safety Officer that was in charge of doing that walk•thru of both the facilities. Now if you look

at the cover sheet, the next section to that, when I was notified was June 7th. Well, I've been asking for this report since April and I've been asking for it for the last two weeks, since July;

I didn't receive this report until yesterday. The County Attorney put a memo out that this report was not to be released. Well, I represent over 800 Correction Officers, we have civilian staff that work in that facility, and most importantly you have inmates that live in that facility.

The report show there's problems in both of the jails with mold. Included in here is some definitions and some of the problems that that type of mold causes, and I could tell you my officers have already have some of those problems; I'm not going to go into detail because I can't under HIPPA laws, but I do have officers that have the start of emphysema, asthma, upper respiratory problems.

Also in this report is the air quality. You have blower systems that are in the building, they say that sometimes the officers turn them off; well, I'll give you an example why they turn them off. When you're one officer in a block with 70 inmates, 65, 70 inmates and they're screaming it's too hot or it's too cold, the officer, all he can do is either shut that blower off or to turn it on, and if he happens to turn it off those levels go extremely high. But in a normal building you can control that and regulate it with a thermostat or something to that effect; we can't do that in a facility, it's a closed facility. That ventilation system has been in existence since that building Riverhead, 1969 I believe. Maintenance, they do the best they can with it, they patch it up, they keep it running, they try to do the best they can. Something has to be done.

The main reason I'm here today is the mold, and what I'm asking help with from this committee is to get an outside company to come in and clean that

mold out the correct way and to come up with solutions to correct •• I've been a Correction Officer 23 years, going on 24 years, in my 24th year. The one section in Riverhead, the control room, that has been a problem since I started this job with leaks. They go in and they clean it, they try and repair it, it's just •• it's an ongoing thing. And now it's come to the point where I was able to get samples and send it out to show what it actually is. In their report, the County's report, it shows it's unidentified mold, mushroom.

While the report that I had done shows that it was the serious type of mold which you can call black mold, or I'm not going to say I can pronounce the name that's in the reports, but that's serious stuff. And we got •• I believe •• I do, I represent Correction Officers and I have a right and they have a right to a free and safe working environment.

Commissioner Harper, an occupational hazard to me and to my members, that's what this is. And I'm hoping that I can get your help in having the County come in and bring in this outside company to do the work. And they are doing it already in this County, they're doing it in all the precincts, and that is an acceptable company to me to come in there and clean this up. And the civilians and the Correction Officers are no less important to this County than the police officers and the civilians that go into those buildings, the precincts.

LEG. ROMAINE:

Mr. Chairman?

CHAIRMAN MYSTAL:

Before I open it, what you're saying to me basically is that regardless of how the study was done, whether it was done by you or by the County, there was a considerable amount of mold in those buildings.

MR. DAGNELLO:

Yes.

CHAIRMAN MYSTAL:

And now what you are talking about •• forget the study, it's already done, everything is done, so we don't have to go into that.

MR. DAGNELLO:

Right. I'm not making a major issue that it took so long for the results.

CHAIRMAN MYSTAL:

Okay, so we don't even have to address that. The study is done, we know there is mold there, the County said there is mold and you said there is mold; whether, you know, we can pronounce it or not, it's mold. Now, what your basic problem is right now is the clean•up.

MR. DAGNELLO:

And the correcting of the problem.

CHAIRMAN MYSTAL:

And the County says they're going to do it, or the County says it's going to do it on its own, save some money; is that what •• and then you're saying, no, let's get the outside contractor to come in and do it, do it the right way; is that basically ••

MR. DAGNELLO:

Yes. What I'm saying is I'm on the job 24 years, these gentlemen here; how many times is the County going to come in and clean it up and we revisit the same thing constantly.

CHAIRMAN MYSTAL:

So what you're saying, that's your basic thing, your thing today is to say, okay, we got the mold, let's clean it.

MR. DAGNELLO:

The right way.

CHAIRMAN MYSTAL:

Don't do it yourself, let's get an expert company to come and do it.

MR. DAGNELLO:

That's what they make a living doing.

CHAIRMAN MYSTAL:

Okay, all right. Legislator Romaine.

LEG. ROMAINE:

Yes, good afternoon. I became aware of the fact that there were mold •• severe mold problems in both Yaphank and Riverhead, and at that point I had contacted the Health Department. Dr. Graham was kind enough to call me back and instruct me that he did not have a copy of that report, that that report was given to Labor Relations and the Chief Deputy County Executive, Paul Sabatino. I immediately faxed a request to the Chief Deputy for a copy of that report last Friday, I did not receive it. That's when I faxed a copy to the Chairman and the members of this committee, as well as to Mr. Sabatino, indicating that I would rise up at the committee and ask some questions about the report.

I do have and I have given to every member of this committee, along with the Correction Officers, the Correction Officers' original testing and some of the testing that was done by the County's inspection. It appears that there's excessive spikes in the C02 levels as well as in the mold, and I'm just going to read •• what was disturbing to me was that this report was done in March, written up in April and really, considering the problems that mold can cause, particularly black mold, you know, without using the scientific term, that there hasn't been a reaction. When I faxed my letter the other day, and I don't know whether it was true or not, I heard anecdotally that some prisoners were put to work with Clorox Bleach trying to clean up the mold, I

don't know if that was true or not, I was hoping it would not be true because obviously they're not licensed to do that.

MR. DAGNELLO:

They're not qualified, and that's how they've cleaned up. They basically paint over, they wash it down and paint over a lot of these areas when it pops up. You know, I've been through a number of Sheriffs, they've all had their problems in trying to clean this up and they've all been willing to do it. The ventilation system, they stick a vacuum in there and they clean as far as they can. Inmates are doing this work, they are not qualified to do this type of clean•up stuff, okay?

LEG. ROMAINE:

Well, did this •• so what you're saying is that ••

MR. DAGNELLO:

And that's what I'm asking is I want qualified people.

LEG. ROMAINE:

•• previous clean•ups and possibly even current clean•ups of mold is being done by inmates using Clorox Bleach?

MR. DAGNELLO:

Yeah, the EPA's recommendation of 10% bleach, a bleach and water solution.

LEG. ROMAINE:

As opposed to a licensed contractor for mold removal.

MR. DAGNELLO:

Right.

LEG. ROMAINE:

Let me just read from the report and maybe you can comment on it.

"Inspections at both correctional facilities show that evidence of water damage caused by roof or plumbing leaks, laboratory analysis of tape•lift samples collected during the inspections confirm the presence and identification of species of molds commonly found in doors, growing in several locations at both facilities. Moisture and mold problems stem," and this is •• they're trying to say where the problem comes from •• "from building designs, construction and maintenance practices and building materials in which excessive wetness lingers." Would you say that that is true in both the correctional facilities?

MR. DAGNELLO:

I mean, I've worked there when I've seen the drains that are in the first floor backed up and I've seen them even shoot up four, five feet on the second and third floor when there's, you know, problems with drainage.

LEG. ROMAINE:

Based on your knowledge and your longevity in the Sheriff's Department, have various Sheriffs throughout their tenure recommended in their operating and capital budgets items that would correct these problems?

MR. DAGNELLO:

They've tried to put them in there, from what I've seen.

LEG. ROMAINE:

And what has happened?

MR. DAGNELLO:

They do the best they can; as I said, most of it's offset with the inmates doing the work.

LEG. ROMAINE:

So right now your position is that what you would like •• because I guess we could continue to test it, but apparently it's sufficiently ••

MR. DAGNELLO:

These tests were just superficial.

LEG. ROMAINE:

Right.

MR. DAGNELLO:

They didn't really get into the vents and the duct work, so we don't know what's really there. This is just on the surface.

LEG. ROMAINE:

So what you •• let me understand. Maybe what the recommendation might be might be for an extensive, independent outside review of environmental toxins that might exist in the correctional facilities, one; and two, once they're identified, a professional, licensed company, such as has dealt with other facilities in the County, be called in to do the clean•up; is that what you would recommend?

MR. DAGNELLO:

Absolutely. Absolutely.

LEG. ROMAINE:

Okay, maybe ••

CHAIRMAN MYSTAL:

Legislator •• well, I just want to vent, and I'm going to get to you, Mr. Kennedy. Do we need another study, or are we just talking about cleaning the place up? Do we need to call somebody else to say that, you know, we have mold?

MR. DAGNELLO:

To clean up these areas, this is superficial.

CHAIRMAN MYSTAL:

And I do resent the fact that you all call it black mold, I'm going to call it white mold, but that's a different story.

MR. DAGNELLO:

I would prefer a company come in and do the testing of the whole facility, both facilities, they know what they're looking for.

CHAIRMAN MYSTAL:

You would •• okay, so you would like for them to do another testing after the testing was already done.

MR. DAGNELLO:

Superficial testing. Just look at the photos, okay?

CHAIRMAN MYSTAL:

I have, I have.

MR. DAGNELLO:

There's a photo in there of a microscope.

CHAIRMAN MYSTAL:

Vito, I'll tell you what you do for me.

MR. DAGNELLO:

Okay? It's not questioned or anything. How much more of this report is here? I mean, I can get more into this.

CHAIRMAN MYSTAL:

Apparently this is an ongoing problem. And as Legislator Romaine just asked you, has other Sheriffs, you know, confronted the same problem, you said yes, they have with doing patch•up work.

MR. DAGNELLO:

They clean up as best they can.

CHAIRMAN MYSTAL:

So it's been an ongoing problem for past ten years I think, since I've been around I've been hearing about this. So at this point right now, a solution would be a regular •• you know, as Legislator Romaine said, a fully professional company to test it and clean it.

LEG. ROMAINE:

Right.

CHAIRMAN MYSTAL:

And at this point, I would •• you know, is it possible, do you know •• I don't know if you do or not. Do you know if the Sheriff has put in a request for money to do that?

MR. DAGNELLO:

No, I don't know that.

CHAIRMAN MYSTAL:

Okay. Well, I think what we need, we need for the Sheriff to come to the Legislature, or at least he doesn't have to come to us, the Sheriff can go to the County Executive or to his administration and say, "Okay, I have a problem, let's fix it."

LEG. ROMAINE:

Well, or perhaps, Mr. Chairman, we have a representative here of the County Executive, the ever•capable Ben Zwirn, and he may want to comment on the Executive view on how to approach this problem and resolve it.

CHAIRMAN MYSTAL:

Ben, before you answer, okay, whenever Legislator Romaine calls you very capable, he has a noose around your neck and is about to jerk your head off. So before •• before you answer, let me let Mr. Kennedy have his say. Whenever he's nice it's like •• I call him the Molotov of Russia; when he's nice that means he has a plan. You're going to get stuck. Legislator Kennedy, go ahead, before you answer, Ben.

LEG. KENNEDY:

Again, all I was going to suggest is that it seems like there is two things that need to be done. I think the additional testing needs to be done because in the initial report, and I was going to take a stab at a couple of these, but {aspergillus}, {Alternaria} ••

LEG. ALDEN:

That's enough, thanks.

LEG. KENNEDY:

•• a couple of these other items show here that don't show in the County testing.

LEG. ROMAINE:

Yes.

LEG. KENNEDY:

So then I say to myself, you know, we have a physician, we have several physicians here who can advise us as to what all of the many, many health consequences are associated with this, but I'm sure none of it's good. I think the outside testing needs to be done, but I think there's immediate remediation by an environmental remediation firm that's got to be undertaken, you know, and not just some Pinsol or something like that; that's not going to fix it.

LEG. ROMAINE:

I'm sure we have a standing contract.

CHAIRMAN MYSTAL:

All right, before we go on; Mr. Zwirn, are you sure you want to get into this?

MR. ZWIRN:

Absolutely.

CHAIRMAN MYSTAL:

Uh•oh. Okay, Legislator Romaine, load your gun. Go ahead.

MR. ZWIRN:

First off, I think when Vito was talking about the remediation that was done in the 1st Precinct, that was not done by an outside firm, it was done by DPW, it was done by County employees. With respect to this ••

CHAIRMAN MYSTAL:

That's what he said.

MR. ZWIRN:

Yeah, I'm just saying.

LEG. EDDINGTON:

The 6th.

CHAIRMAN MYSTAL:

The 6th Precinct.

MR. ZWIRN:

I understand it was the 1st Precinct that DPW did the remediation work there, which they're capable of doing. In this particular case, we believe that 90% of the problem, 95% has already been remediated. And I think, was it next week, Vito, there's a walk•through scheduled to go through that ••

MR. DAGNELLO:

There's been no communication with me.

MR. ZWIRN:

Well, I believe that there is a walk•through plan to go through there with the Health Department to go back through those particular areas where there was mold. From what we understand, and I think Chief Otto has photographs

as well, the problem has been remediated.

We just say let's take the walk•through, let's see what the problem is; if there is a problem in the jail at that point, then let's talk about getting outside workers to come in and clean it up. Inmates have done it in the past, they use Clorox as it was directed, it's what the EPA recommends in a situation like this.

Mold is an issue. I mean, it's an issue here, it's an issue everywhere on Long Island today. Insurance companies won't insure against mold anymore, I mean, it's a phenomena that's rampid throughout this region of the country. But in this particular case, it was also commented that Chief Deputy Paul Sabatino was holding this report and that's simply not view. The only thing he said was that he would like to have an opportunity to read it and that was like Friday I think was when he first had the chance to see the report, so I don't know if the County Executive was even aware of this.

With respect to Vito's report on the black mold, I don't know if that study was shared with the Health Department or anybody else when that report came through. Certainly, if there was a report that he had from somebody else that said there was black mold, something that was more serious than what the County ••

CHAIRMAN MYSTAL:

White mold, white.

MR. ZWIRN:

White mold, whatever the •• you know, something that was more serious than what the County's report showed, then it would have been good to share that with the County Executive directly or Chief Deputy Kevin Law, somebody before today because this is the first time that certainly I've heard of it. You know, if there has been a communication breakdown, it happens, you know, circumstances being what they are. But if there is a report that Vito has that's different from the County report, we would like to see it and get the problem rectified.

We would just say let us take a walk through, let us take some samples, let's see what the problem is and if the problem is serious today, after the remediation efforts have been undertaken, then we'll be in support of having an outside contractor come in and do the work.

CHAIRMAN MYSTAL:

Ben, I have a list. Anybody else who wants to speak, I'll put your name on a list.

I've heard many, many, many times that somehow Mr. Paul Sabatino is holding something; I really don't want to believe that he's doing that. The man may be •• you know, he's a workaholic, but he also may be overworked because I had a discussion with him not too long ago where I gave an agency a $500 grant and it had to go to Paul, and it's like too many things have to go to him. Maybe what we need to do is to hire a couple of more, you know, Deputy County Executive or something.

LEG. ALDEN:

Chief Deputy, we need more of them?

LEG. ROMAINE:

More chiefs than Indians.

CHAIRMAN MYSTAL:

More chiefs, something. But somehow, you know, I don't think there's any maliciousness on his part, he may be overworked.

LEG. ROMAINE:

More deputies than Wyatt Earp had.

CHAIRMAN MYSTAL:

But by the same token, you say you have a walk•through, I think you need to get to the Sheriff and tell the Sheriff that somehow •• you know, you're doing it •• I think you're doing it for the Sheriff, you're not doing it for the Sheriff, but I think really this is the Sheriff's job. Because you are concerned for your members you are here and I'm very happy that you are here, but I think the Sheriff needs to do something than just putting something on the budget or coming to us and talking to us about it. Mr. Brown, you want to say something about this?

MR. BROWN:

Yes, thank you, Mr. Chair. The only thing I'd like to add is that Vito mentioned that the County Attorney had issued a report not to issue •• not for this report to be released, and that's not ••

CHAIRMAN MYSTAL:

Yeah, it's your fault.

MR. BROWN:

I want to clarify the record just with that respect, that the Department of Law had only looked at it for whether or not it was available under FOIL and that was it.

LEG. ALDEN:

No constitutional problem with it, right?

MR. BROWN:

Not that we saw, not at this time.

CHAIRMAN MYSTAL:

Okay, I have Legislator Romaine, Legislator Eddington.

LEG. KENNEDY:

No.

CHAIRMAN MYSTAL:

Whoa, Legislator Kennedy, wow. Okay, the two of you ••

LEG. ROMAINE:

I just want to clarify the record, if you misinterpreted anything I've said. No way did I say that Paul Sabatino was sitting on this report. I just indicated that I had requested it and that was Friday by fax, obviously we don't have turnaround time, I'm still waiting for letters from Dr. Harper that he keeps on telling me every ten days, "I'll be back to you, I'll be back to you." In fact, letters that I wrote him back in April, he's still writing me letters every ten days that he'll be back to me because of the Davis Law, which is interesting, but we'll deal with that at another time and another place, and obviously that has only heightened my interest in the Health Department. However, I do want to say that no way did I say that Paul Sabatino was sitting on this, I don't want that implication there.

My concern was that this report was done in March, the report was issued in April, here we are at the end of June and we're dealing with it now. This is a serious health issue. This has liability consequences to this County in terms of the Correction Officers that serve so bravely there in terms of the prisoners. The problem with this ••

CHAIRMAN MYSTAL:

Who are serving so bravely there.

LEG. ROMAINE:

Right. The problem with the mold situation is that this is a closed ventilation system which heightens that concern. And obviously I just will conclude and say nothing else about this except to say •• and by the way, I just want to indicate very clearly for the record, the Sheriff has been very supportive of getting this done, but like all issues of government, it's an issue of money. We need the commitment and I hope that this committee will convince our colleagues and work with the County Executive to ensure that sufficient funding is there for complete testing of the facility with recommendations for remediation and that when remediation is done, it's not done by prisoners if the remediation that is needed is serious. If it's serious it should be done by a licensed professional, and I believe we have contracts existing in this County already for such license professionals.

And with that, I'll conclude and I thank you Mr. Chairman.

CHAIRMAN MYSTAL:

Thank you. Legislator Eddington?

LEG. EDDINGTON:

Yes. First of all, I want to just apologize to you three gentlemen, because I toured the facility probably in October; I saw blankets soaking up water in Riverhead, I saw concrete drains so that the water wouldn't come up. And as Public Safety Chair, I feel bad that I guess my assumption was that the construction was going to take care of that and it was an ongoing thing, and I would challenge you to challenge me. Let me know, because if I knew ••

MR. DAGNELLO:

I will be.

LEG. EDDINGTON:

•• I would have been on top of this.

MR. DAGNELLO:

Because having a walk•through again, after they come in and they clean it and paint it, I'm not a professional that does the clean•up for a living, neither are you or anybody in this room. That is not going to take care of the problem. We will be revisiting this within a few months.

LEG. EDDINGTON:

Well, hopefully we're going to take care of it.

MR. DAGNELLO:

You have the opportunity now to take care of it and get it taken care of, get the company in there and get it done. They're already doing work in this County.

CHAIRMAN MYSTAL:

What we're going to do, we have the walk•through going and I'm sure •• you know you can always call me.

MR. DAGNELLO:

Well, this is the first I'm hearing of it.

CHAIRMAN MYSTAL:

Okay.

MR. DAGNELLO:

If you read the letter here, I was supposed to receive this June 7th, I just got it yesterday.

CHAIRMAN MYSTAL:

Okay, let me call one more person to the table.

MR. DAGNELLO:

I mean, something •• this is wrong.

CHAIRMAN MYSTAL:

Ben, I know you want to say something. While you are speaking, let me call Chief of Staff Otto to the table so, you know, maybe he can answer. Come on up. Come on up.

MR. ZWIRN:

I would just ask if, you know, he can share the report that he has,

I don't know when that •• when did that report come back that you have, Vito?

MR. DAGNELLO:

January 31st.

MR. ZWIRN:

Well, you know, that would have been nice ••

MR. DAGNELLO:

You want it? I have a copy.

MR. ZWIRN:

But we haven't •• it would have been nice for us to see it. And we asked about any reports of, you know, illness from the inmates or any reports of illnesses from the Correction Officers and we're not aware of any. I mean, today Vito says he's got a couple of people who have been, you know, diagnosed with emphysema and he thinks it may be related to this mold; we are not aware of anybody to date.

I asked •• I inquired of Chief Otto at this time, we've also asked people from the insurance, so it's not •• I mean, it's not something that all of a sudden people are saying, "We're calling in sick," and it was an issue, so.

CHAIRMAN MYSTAL:

Okay. Before I •• Legislator Kennedy, before I get you. Chief Otto, would you please come up and take a seat next to Vito and we'll make sure •• after Chief Otto responds, Legislator Kennedy, you can have the floor.

CHIEF OTTO:

Good afternoon. I'd like to place something on the record to clarify something. The Sheriff was only aware of this report at the same time Vito became aware of it, and immediately he took action. The only action he could take immediately was to get crews to start cleaning these areas up, which he is doing and he's still doing. Granted, they're not professional people, but he had to do something.

Not only that, but he directed me to contact DPW, which I did, e•mail, to try to maybe expedite one of our Capital Projects that has over $650,000 slated to replace the air handlers in the facility. So we're on top of this, the Sheriff's more than on top of it and he sent me here specifically to make sure everybody is aware of that.

LEG. ROMAINE:

He wasn't notified until the other day?

CHAIRMAN MYSTAL:

I know, I know, the conspiracy theory continues, Legislator Romaine. You know, who killed Kennedy?

LEG. KENNEDY:

No, he's here, here's here.

LEG. ALDEN:

No, it's just the sound wall study that got killed. Just the sound wall study, not Kennedy.

LEG. KENNEDY:

Right, that was it, the sound wall got him, that's right.

CHAIRMAN MYSTAL:

The sound wall got him.

LEG. KENNEDY:

Again, just a couple of, you know, observations, and I haven't heard it nearly as long as the Chair or anybody else has. But Vito, you've indicated you have members that are experiencing upper respiratory infections, bronchitis, some of the other things that are associated with this; they're out, they're ill, they can't report for duty. Do they file for Workers Comp or do they file for sick leave?

MR. DAGNELLO:

No, they just go, they take their day off, their sick day, they go to their doctors and they continue doing the job, okay?

LEG. KENNEDY:

But you've compiled the sick ••

MR. DAGNELLO:

They're not aware of this report yet.

LEG. KENNEDY:

Yet.

MR. DAGNELLO:

They are not •• their doctors aren't aware that they've been working under these conditions. All they want to do is reduce your sick time.

LEG. KENNEDY:

There's a whole issue here which we haven't addressed and I'm not going to put on the record at this point.

MR. ZWIRN:

I understand that.

LEG. KENNEDY:

I would like to have the conversation after this, and I'm not going to ask for executive session, but there's an issue here that you know very well that we need to go ahead and discuss associated with ••

CHAIRMAN MYSTAL:

We all know what you are talking about.

MR. ZWIRN:

I'm fine.

CHAIRMAN MYSTAL:

Thank you very, very much. Vito, we will continue. And keep us informed and Chief Otto, you know, please keep us informed. We will continue to monitor the situation. You know, we don't want any of our County employees to be sick or in any danger. Thank you very much. Do I have anyone else out there who wants to speak on something? On anything? Yes, sir, come on up.

MR. SEILBACH:

My name is Michael Seilbach, Senior Director of Coalitions and Policy for the American Lung Association of New York State. I'm hear to speak on behalf of the Lung Association, the American Heart Association and the American Cancer Society in support of IR 1740, which would amend resolution 386 of 06 regarding funding for Suffolk County's Tobacco Cessation Program.

It's important to stress right here on the record, this is not a political issue, this is not a partisan issue, this is a public health issue. And I'm going to urge the members of this body to not think about party lines when the vote comes up later today. As you know, Suffolk County's Tobacco Cessation Program is a vital tool for hundreds of residents looking to break their addiction to tobacco use. We believe the outlay of a fee by County residents

of cessation services will serve as a major deterrent for those seeking a method to quit. And furthermore, it's unnecessary given the success rate of participants in this program.

In fact, approximately two•thirds of participants of this program have successfully quite when followed up by a survey one year after the fact. While we certainly understand the County's desire to balance their budget, Resolution 386 is misguided by placing the economic burden on the backs of those residents who are looking to quit an addiction. Through 1730, the County will be free to collect fees from the insurance companies of those residents that are covered by this treatment.

The overwhelming majority of smokers of Suffolk are from some of the lowest socioeconomic groups in this County. Fifty seven percent of the participants of this program have a household income of less than sixty thousand dollars. It's unreasonable to assume that these constituents will be able to afford this program even if they have health insurance. As you know •• I'm sorry. If they have health insurance, it doesn't cover this treatment. As you know, Suffolk County receives a millions of dollars in master settlement agreement money to support a comprehensive tobacco control program.

This year alone, the county received approximately $20 million. Since 2000, the County has received over $162 million. The framers of this settlement agreement intended for a substantial portion of these dollars to be put back into programs that would children from initiating tobacco use, help those addicted to quit. In total, the County has only dedicated 9% of this money towards these programs. All of Suffolk County's residents benefit when smoking rates are reduced. In fact, for every dollar spent on prevention and cessation, $3 is saved in reduced health care cost.

If this program remains in tact as decided by IR 386, it's certain that enrollment will plummet, therefore, causing even greater long•term health costs for the County. Since the program's inception in 2000 over 10,000 residents have joined a class. When you figure in all the salaries for staff, medications, teaching supplies from the Year 2004, the approximate cost is $425 which is about $9900 less than what the you may have read in Suffolk Life by an editorial letter from a member of this body.

Nicotine is the addictive substance in tobacco. Asking participants to refrain from smoking while also paying exorbitant amounts of money for these classes is simply ignoring nicotine's Highly addictive qualities. Please reconsider the measures that you passed in 386 and support IR 1740. The health of Suffolk County depends on it.

CHAIRMAN MYSTAL:

Thank you very much. This was the only card I had, so we're going to go right to the agenda.

Tabled Resolutions

And the first item is Tabled Resolution ***1142•06 • A Local Law establishing Suffolk County Citizens Public Health Protection Policy by requiring display of public warning notices regarding pesticides (Presiding Officer/County Executive).***

LEG. STERN:

Motion to table.

CHAIRMAN MYSTAL:

Motion to table by Legislator Stern, seconded by Legislator Eddington. All in favor? Opposed? Abstentions? ***Motion is tabled***

(VOTE: 5•0•0•0).

1226•06 • A Local Law creating the East End Health Care Task Force (Romaine). Motion to table by myself, seconded by Legislator Stern. All in favor? Opposed? Abstentions?

LEG. ROMAINE:

Abstain.

LEG. KENNEDY:

Abstention.

CHAIRMAN MYSTAL:

Motion to table is passed (VOTE: 3•0•2•0 Abstentions: Legislators Romaine & Kennedy).

1525•06 • A Local Law to establish responsible euthanasia standards at animal shelters (Alden).

LEG. STERN:

Motion to approve.

CHAIRMAN MYSTAL:

Motion to approve by Legislator Stern.

LEG. ROMAINE:

Second.

CHAIRMAN MYSTAL:

Seconded by Legislator Romaine.

MR. ZWIRN:

Mr. Chairman, if I might. I just wanted to say that the County Executive thinks this is a good bill. The Health Department has a problem •• and I

mentioned this to Legislator Alden earlier. It's a funding issue at this stage. I mean, they think they don't have the staff to be able to carry out the duties that they're asked for in this. I know there's an Operating Budget coming up shortly that will be before the Legislature, but just understand that there's no money in there to do it right now and no personnel that could carry this out at the present time.

CHAIRMAN MYSTAL:

So we have backlog. Motion to approve. All in favor? Opposed?

You're doing good, Alden. ***Approved (VOTE: 5•0•0•0).***

LEG. ROMAINE:

List me as a cosponsor on 1525, please. Thank you.

CHAIRMAN MYSTAL:

1574•06 • Establishing a County Policy in connection with conducting medical examinations at the Suffolk County Correctional Facility (Schneiderman).

MR. ZWIRN:

Mr. Chairman, if I might. This is also a bill that the County Executive supports. It's a good policy change. It comes out of a •• I don't want to speak for the sponsor, but I know that it comes out of an incident that

happened at the jail where an employee was accused of molesting a female inmate, there was only one person in the room. This is calling for at least two people in the room, one at least to be the same sex. It's a bill that we do support, but there is •• the Sheriff has asked for a minor language adjustment, very small adjustment. So I don't know how to handle except to ask that it be tabled one cycle. But this is a bill that we think is worthy of support.

LEG. ROMAINE:

And it won't come up until August.

LEG. KENNEDY:

Mr. Chair?

LEG. ALDEN:
I'll make a suggestion.

CHAIRMAN MYSTAL:

Go ahead.

LEG. ALDEN:

If you give, you know, the minor change to the sponsor of it, I'm sure that it can come on a CN and make that change. So if you pass it out or whichever way you want to do it.

LEG. ROMAINE:

We can pass it out and then the CN can come forward.

MR. ZWIRN:

That's fine. That would be fine.

MR. NOLAN:

Ben, I know that changes were made based on a request of the Sheriff. Is this something additional?

MR. ZWIRN:

They indicated today that there's just •• they just want to make it clear for them that they could do it now under the present contract, that they could make those •• they could do what the sponsor wants them to do. And if •• you know, with the consent of the committee, knowing that a CN might come forward with a minor language change, then I don't think we have any objection.

CHAIRMAN MYSTAL:

Paul is staying up late again, right?

MR. ZWIRN:

No, no, this didn't come from Paul.

LEG. KENNEDY:

Quick question.

CHAIRMAN MYSTAL:

Go ahead.

LEG. KENNEDY:

And actually, this is not for Mr. Zwirn, this is for Dr. Harper.

Dr. Harper, I guess I'm going to ask, I'm in total support of this. I'm just a little concerned that we're legislating medical protocol. Is this the exception? I hope that we have medical protocol in place in all the other areas that we provide service, and it's not up to us to go ahead and legislate it; is that correct?

COMMISSIONER HARPER:

Yes, that is correct. In this instance, it's my understanding, as a result of the event which took place, we're looking to increase the staff to assure that there are, in essence, chaperones for every medical encounter. We're very much in support of that, but again, it's really more of a staffing issue than a policy.

LEG. KENNEDY:

But we had conversations over the course of time where you've indicated to me •• actually you've assured me that standard medical protocol, particularly in instances such as this, with examination where you have a professional and you have a patient of the different gender. Standard protocol is that you have another staff present, correct?

COMMISSIONER HARPER:

That's correct, if available, absolutely.

LEG. KENNEDY:

No, no, no, no, not if it's available.

COMMISSIONER HARPER:

Well, the reason why you have to be careful with any of these blanket statements, if have an individual who is in an emergency situation, you don't want to be put in a situation where, "Well, I'm not going to see that patient because I'm waiting for a chaperone." That's what I'm referring to.

LEG. KENNEDY:

Of course not, Doctor. And that's why I'm having this discussion with you, because as I've said many times, I'm a {dirt} lawyer, I don't know anything about coming to render medical care. Physicians should render medical care,

licensed medical professionals. So we must have an aberration here where we're actually legislating this one now instance; is that correct?

MR. BROWN:

Mr. Chair, if I may, please?

CHAIRMAN MYSTAL:

Go ahead.

MR. BROWN:

Excuse me, Legislator Kennedy, but before the Doctor is called upon to answer about what protocols might be, it might be worth while to consider that there's possibility of other issues pending outside of this room which may have some affect depending on what his answer is.

LEG. KENNEDY:

I'll yield.

CHAIRMAN MYSTAL:

Such as litigation.

LEG. KENNEDY:

I'll yield, I'll yield.

CHAIRMAN MYSTAL:

Thank you. Okay, motion to approve by Legislator Romaine, seconded by Legislator Kennedy. All in favor? Abstention? No? ***1574 is approved (VOTE: 5•0•0•0).***

1644•06 • Adopting Local Law No. 2006, a Local Law to strengthen the Colette Coyne Melanoma Awareness Act (Viloria•Fisher). Motion to discharge without recommendation because there are some problems with this thing. We were going to table it but, you know, the sponsor asked ••

LEG. STERN:

Second.

CHAIRMAN MYSTAL:

Second by Legislator Stern. All in favor? Abstention? No? ***Discharged without recommendation (VOTE: 5•0•0•0).***

Introductory Resolutions

1708•06 • Approving the reappointment of Karen Lessler as a member of the Suffolk County Youth Board Coordinating Council representing Legislative District No. 4 (County Executive). Is Ms. Karen Lessler around?

MR. NOLAN:

It's a reappointment.

CHAIRMAN MYSTAL:

It's a reappointment? She is here, even though it's a reappointment, she is also here. Does anybody have any question for her? You can sit, my dear. Nobody has questions, you're doing a great job.

LEG. ALDEN:

Thanks for serving.

CHAIRMAN MYSTAL:

Thanks for serving. Motion to approve by myself, seconded by Legislator Kennedy. All in favor? Abstention? No?

Motion is approved (VOTE: 5•0•0•0).

1728•06• Amending the 2006 Capital Budget and Program and

appropriating funds in connection with the purchase of equipment for Medical, Legal Investigations and Forensic Sciences (CP 1132) (County Executive). Sounds very technical. Motion to approve.

LEG. KENNEDY:

Second.

CHAIRMAN MYSTAL:

Seconded by Legislator Kennedy. All in favor? Abstention? No? Motion carries, ***approved (VOTE: 5•0•0•0).***

1737•06 • Declaring November as "Mental Health Awareness Month" in Suffolk County (Nowick). Motion to approve by legislator Kennedy, seconded by Legislator Eddington. All in favor? Abstentions? No? Motion carries, ***approved (VOTE: 5•0•0•0).***

1739•06 • Authorizing transfer of surplus laboratory instrumentation and equipment to the State University of New York at Stony Brook (Viloria•Fisher). Motion to approve by legislator Stern, seconded by Legislator Eddington. All in favor? Abstention? No? Motion carries, ***approved (VOTE: 5•0•0•0).***

1740•06 • Amending Resolution No. 386•2006, to establish a new fee policy for the Suffolk County Tobacco Cessation Program (Alden). Mr. Brown, I know there are some legal problems. The reason why we want to table this resolution is not for its content but we do have some legal

problem. Legislator •• Mr. Brown is going to speak on it and then Legislator Kennedy and Alden.

MR. BROWN:

Well, actually I can't comment at this time as to whether or not there is a legal problem. What I requested through the chair was that the resolution be tabled for one cycle to allow us to complete the research.

As you know, the prior resolution had one classification that the participants in the program were to pay either a flat fee or on a sliding scale up to $500. The current proposed resolution has a •• devised participants into two classifications, non•paying if they are uninsured and paying if they are insured, so we're really just looking into the ramifications of that.

LEG. ALDEN:

Just ••

MR. BROWN:

And correct me if I'm wrong, but I think I'm ••

LEG. ALDEN:

No, there's two classifications that I created. One was if you can't afford it you get it for nothing, and if you have insurance, no money, no cash comes out of your pocket. So the intent is only to collect it from the insurance

policy, so the only differentiating factor in here is between an insurance company. So the only person on the constitutional basis that could claim that we've set up different categories is a commercial entity and they might be able to come and say, "Well, why should we pay on behalf of this person when you are subsidizing another person?" So that would be the only constitutional and a very limited constitutional inquiry that I could see, because we don't even hold people for copay. We're holding •• with the 23 million, we're making them whole even for the copay. So it doesn't set up two classes of individuals against each other, it sets up, you know, a differentiation between a commercial establishment and an individual.

MR. BROWN:

With all due respect, I really can't say that I agree with you. Because when a person is insured •• well, first off, he or she is paying a premium for the benefit, but also the insurer is paying really •• is indemnifying or reimbursing for the cost. Now, maybe the cost is going to the provider of the service directly, but ••

LEG. ALDEN:

I ask that the reimbursement be actually eliminated, that we don't ask for a layout of the money by an insured, we don't ask for a copay, we don't ask for anything of that nature.

MR. BROWN:

No, I think you're missing my point. The fee charged to an insured is a legal obligation or a responsibility of the insured person; the responsibility between the insurer and the insured is really a contractual obligation. So all the ••

LEG. ALDEN:

Right, and we're holding harmless the insured, that in the event that his insurance company does not pay or that's not covered, we're holding that individual harmless without his obligation to pay for our services or our supplies.

MR. BROWN:

There are still two classifications, those who pay and those who do not pay. Whether or not •• and if you're correct, assuming arguendo that you are correct, that it's a classification between an insurer and an individual, you still have the same issue of whether or not the individual is being given preferential treatment if there's some type of constitutional classification that needs to be addressed.

LEG. ALDEN:

And that lawsuit will come from a commercial •• a commercial enterprise, it won't come from an individual because we're holding all citizens of Suffolk County on the same footing, we're making them •• we're indemnifying them, we're holding them harmless, even if they were obligated to pay for the services because they have insurance we're indemnifying for them. And that's how I'd ask for it to be written and I think that George came up with some language that is satisfactory in that regard.

But in the instance that I'm wrong and that there is a constitutional problem, it's not between individuals, we'll be sued if we ever get to that point. Possibly from a commercial enterprise, I would think that, you know, we on a

County level are dealing with a policy issue here and the policy issue is either we charge for this service or we don't charge for this service. And now I brought into the idea and the argument that there's an insurance out there that covers this, that we should be recouping those monies, and that's how I supported that whole concept of that bill, to whatever does go forward and provide the County with some extra revenue streams. I never signed on to and nor would I have supported the original legislation if it was •• if it was explained to me that yes, any individual that went in here was going to be charged for their services because that's a disincentive to go and seek these •• this type of treatment.

Alcohol is an addiction, but tobacco addiction is something that's very, very hard for somebody to get rid of it. And even sometimes it's been compared to an addiction to heroine as far as how heavy and how much of a grip it gets on that person. I don't think we should put any obstacle in that person's way. If they express an idea or just a thought in their head that they want to try to do this, we cannot put any obstacle in their way. And that's why I would suggest, even if there's a problem with this, you're going to have a couple of months to look at it anyway because we pass it, the County Executive has a long time to look at it before he could either veto it or sign it into law. So you have a long time really to go and take a good look at it, and then if there's a fatal flaw in it you can suggest that to the County Executive and I'll redraft it and we'll do away with the whole •• this whole idea of trying to get any money from the Tobacco Cessation Program. Because I firmly believe that you cannot •• and we owe an obligation, heartfelt obligation to the people of Suffolk County, if they want to try to kick this addiction, we can't put •• there cannot be one little stumbling block in their way.

MR. BROWN:

Well, I just want to say that I agree with you as far as the policy questions are concerned and I'm certainly not here to address that.

LEG. ALDEN:

I know.

MR. BROWN:

And I also don't mean to suggest that your analysis of the resolution is incorrect. The only thing that I wanted to say was that I'm not really sure what the correct answer is at this point, which is why we asked for the tabling at this time.

CHAIRMAN MYSTAL:

Okay.

MR. ZWIRN:

If I just •• that's the County Attorney's position, but the County Executive's position is a little different. And the reason, this was part of the budget reduction plan that the Legislature adopted and there was an issue that we debated at the Legislature that day, and the County Executive's position was and remains is that if you could afford, if you have the means, if you're Rupert Murdoch and you have the multi•millionaire, then you should be able to pay the small amount that is used for the materials that are in this

program. And it's based on a means test and that's why we had a sliding scale, and it was about $800,000 I believe it was as part of the deficit reduction plan because •• which is real, you know, real money.

We understand the policy and we don't disagree, but we think that on a means test, if you are •• you know, if you're a millionaire and you have money and you can afford to do this, then you should be able to pay your way.

CHAIRMAN MYSTAL:

Okay. Let me see, I've got Kennedy.

LEG. KENNEDY:

Thank you, Mr. Chair, I knew you would get around to me.

CHAIRMAN MYSTAL:

And then soon followed by Romaine, to be followed by Alden.

LEG. ALDEN:

Thanks.

CHAIRMAN MYSTAL:

The reason why I'm saying this is I'm going to go outside and smoke a cigarette, so.

LEG. KENNEDY:

Ah, there we go.

LEG. ROMAINE:

I love this guy.

CHAIRMAN MYSTAL:

I love Dr. Harper, he looked at me and said, "What am I going to do with him?"

LEG. KENNEDY:

I'm going to defer to many of the points that the sponsor made. I do not agree with it being something that is legally flawed or where there's a legitimate impediment in the first instance, and I'm going to go one step further. In deference to the Chairman who's made the motion to table, I am going to make a motion to approve, and the reason I'm going to make a motion to approve is I don't think any individual should have to wait or be dissuaded, even in the month or two months or three months that it's going to take you to research whether or not this does create a special class or not, and here's how I'll analogize it. Up until six weeks ago when the County Executive decided that nicotine addiction is a source of revenue, nobody

made money off this, the County didn't make money off this.

MR. ZWIRN:

That's absurd. That's a source of revenue. We don't make any money, it costs us about $1,200 an individual and here we're saying people have to pay up to $500 if they have a means test; I mean, that's a little different.

LEG. KENNEDY:

Ben, I've seen all kinds of numbers thrown around. I saw $10,000 that it cost us in order to go ahead and administer this, in one of the articles.

MR. ZWIRN:

I believe we were on the record and said twelve hundred dollars is what it cost to complete the program.

LEG. KENNEDY:

Twelve hundred dollars is the County cost, okay. And then what I'll say is what I said at the last General Meeting, we got $23 million under the class action settlement and so if there is a cost to us to go ahead and administer at 1,200, that's an awful lot of people that we could go ahead and be taken care of before we wound up in a hole. And my issue here is not economics, my issue is that it is something that should be available even on one individual without cost in order to help assist to cure a deadly illness, that's all, or a deadly addiction.

I don't see the legal impediment there, I don't think you're creating a special class. I see it no different as somebody who comes in to the Riverhead Health Clinic for a well baby check•up who may or may not have third party insurance for DTP or something else. Nobody there says to that person, "You can't get the inoculation because your health insurance status is questionable or not," and if you can't demonstrate incomes, the individuals get treated; am I correct, Doctor?

COMMISSIONER HARPER:

That's correct, we put them on a sliding fee scale and those patients are treated.

LEG. KENNEDY:

Absolutely.

MR. ZWIRN:

But that's what the original bill required that you didn't support. That's the way it is now, that was the bill that passed, so you agree with us.

LEG. KENNEDY:

I agree that there should not be this in place.

VICE•CHAIRMAN STERN:

Legislator Romaine.

LEG. ROMAINE:

There were many elements in that financial package that I did not agree with. I did not agree with abandoning pay•as•you•go, I did not agree with hiking the mortgage fees, but the thing that really irked me was the Tobacco Cessation Program. I mean, when I saw that in there, this is something that is •• has tremendous consequences for society at large, and that's why I voted against that. I wasn't •• because it is an addiction that is so strong and so dangerous, I've watched people very close to me die and it was a very personal thing when I saw that; we should not be making money off of this. If anything, we should be encouraging as many people as we can.

I just heard testimony here that only 9% of the money that we receive from the Tobacco Cessation Program is dedicated to trying to break the addiction of tobacco, and now we want to charge. I don't care how wealthy someone is, if it's an impediment, if it's an impediment, we've got the money, that's why we've got this money, this is what it's supposed to be used for. And I commend Legislator Alden •• and by the way, Madam Clerk, I want to be listed as a cosponsor •• because he's trying to at least get recompense from the insurance companies. I think this is a good way to go. I don't disagree that if someone's insured that we should try to get recompense, what I do disagree with is that we want to charge up•front, that we do want to prevent another barrier.

These people who are smoking are so addicted, I remember having

conversations, and I won't get personal, and as much as this person wanted to stop they could not stop, and eventually they died from it. This to me is bad government. And I don't care how you slice it or what you look at, when the type of money that we're receiving and the small percentage that we give to stop this and we're going to throw another impediment? I am totally opposed. I am cosponsoring Cameron Alden's legislation and I hope we don't table this, I hope it comes to the floor and we have a debate. And I can understand your point of view and I'm not rejecting it and I certainly respect it, but I can't abide by it. And if I have a vote to cast, I'm going to cast a vote to end this problem by offering as much of the services as we can. I'm embarrassed that we're only offering 9% of the millions of dollars that we get to stop people from this addiction. Thank you.

VICE•CHAIRMAN STERN:

Legislator Alden.

LEG. ALDEN:

Just to •• I'm going to expand a little bit more on what I said before. I would not have supported that bill for the enhanced revenue if I thought that this was not going to be eliminated from it. And that's •• my discussions with the County Executive's Office were that I did not want anyone to have to expend any money, because that puts an impediment into their trying to break the addiction and that's not something that we should do, we have $23 million as a cushion that should be used for that. And I would have not •• I would not have spoken out in favor of the bill that was passed had I thought that this was going to stay exactly as it was originally presented. I had expressed that to the •• I don't mind •• and I'm going to just add one thing; don't compliment me because it was the County Executive's idea to try it recoup some of the money from insurance companies which I think is a good idea. So the County Executive is right there, but I also said that I support him on that idea, I do not support any idea as far as trying to recoup any cash from

an individual. And I've never smoked, so I really •• you know, I can only imagine how bad that addiction is. But unfortunately, and you've had the experience, but my father died of lung cancer and this is after he very, very gallantly stopped smoking for over 15 years, and when he was in the hospital with no chance of living the doctor told him, very callously I believe, but, you know, "You smoked, so you did this, basically you did this to yourself," which that's another issue for a different day and that doctor really deserved to ••

LEG. ROMAINE:

Get his ass kicked.

LEG. ALDEN:

Well, I tried to but, you know, my father stopped me actually. We cannot put one slight impediment. And I know that there was testimony before that some of the reasons why some of the people in Suffolk County don't go for smoking cessation programs is because the transportation. And if you're in that situation where you don't own a car and you're not really near transportation, it's hard to get to the County centers even, and Dr. Harper testified to that on all types of health services that we provide.

So we really can't afford to do this. We owe it to the constituents. Like I said, if we pass this, the County Executive has quite a bit of time, whether he vetoes it or passes it, he can look at the legal ramifications. If it turns out that it's as bad as you say it is, then he can veto it and we can start over again and I will then lobby just to eliminate the whole program at all and just go right back to what we're doing right now and that's not charging anyone for any type of services. Don't try to get it from the insurance companies, don't even put that impediment in front of anybody. This is what I thought the compromise was going to be when I supported that enhanced revenue

bill. And please, I'd really ask the committee, please really consider just passing this out, lets send the message, if we have to deal with it, you know, at a little bit of a later date, but we really can't tell people that we're not going to help you, and if people are addicted they need help.

CHAIRMAN MYSTAL:

Legislator Alden, I don't think that we are trying not to pass this, this is not the intention of the committee, at least of myself and my colleague. I don't think we don't want to pass it. I just want to give Mr. Brown the chance, which is one cycle.

LEG. ALDEN:

Then would you indulge me one more second? Can you get an assurance, then, that the County Executive will not institute the new policy of charging people before we look at the possibility of rolling this back to the current status?

CHAIRMAN MYSTAL:

When will this go into effect if we were to pass it?

MR. NOLAN:

January 1, it doesn't go into effect until January 1.

LEG. ALDEN:

The new fees don't go into ••

MR. NOLAN:

According to the resolution, January 1.

CHAIRMAN MYSTAL:

Legislator Alden, we have plenty of time.

LEG. ALDEN:

So then it's the discretion of the committee.

CHAIRMAN MYSTAL:

We have plenty of time, this doesn't go into effect until January 1, between now and January 1 we will come to a decision, Mr. Brown will come back and give us •• it's not like it's going into effect in the next couple of days.

LEG. ALDEN:

Also, as a backup then, I would ask Legislative Counsel to draft a resolution that would do away with that entire piece of that other resolution, just as a backup.

CHAIRMAN MYSTAL:

You can amend it, just as a backup.

LEG. ALDEN:

As a backup position.

LEG. ROMAINE:

List me as a cosponsor.

CHAIRMAN MYSTAL:

As a backup you could do that.

MR. ZWIRN:

So with a fiscal impact statement as well.

CHAIRMAN MYSTAL:

With a fiscal impact statement, you know. Yeah, we do have that bill now. So I will entertain a motion to table just for now, seconded by Mr. Kennedy. All in favor? Abstentions? No? The resolution is tabled.

LEG. ROMAINE:

Opposed.

CHAIRMAN MYSTAL:

Legislator Romaine is opposed. ***Tabled (4•1•0•0 Opposed: Legislator Romaine).***

MR. BROWN:

Thank you, Mr. Chair and committee members.

CHAIRMAN MYSTAL:

Thank you. You're all driving me to smoke.

1763•06 • Amending the 2006 Capital Budget and Program and appropriating funds in connection with the purchase of equipment for the Environmental Health Laboratory (CP 4079)(County Executive).

LEG. EDDINGTON:

Motion to approve.

CHAIRMAN MYSTAL:

Motion to approve by Mr. Eddington, seconded by Mr. Stern. All in favor? Opposed? Abstentions? ***Motion is approved (VOTE: 4•0•0•1 Not Present: Legislator Romaine).***

1780•06 • Accepting and appropriating 100% State grant funds from New York State Department of Health to the Suffolk County Department of Health Services for the HIV Reporting and Partner Notification Program (County Executive). Motion to approve and put on the consent calendar.

LEG. STERN:

Second.

CHAIRMAN MYSTAL:

Seconded by Legislator Stern. All in favor? Abstentions? No?

Motion is approved (VOTE: 5•0•0•0).

1781•06 • Accepting and appropriating 100% Federal grant funds passed through the New York State Department of health to the Suffolk County Department of Health services for the family Planning Program (County Executive). Motion to approve and put on the consent calendar.

LEG. STERN:

Second.

CHAIRMAN MYSTAL:

Second by Legislator Stern. All in favor? Abstentions? No?

Motion is approved (VOTE: 5•0•0•0).

1782•06 • Accepting and appropriating 76.9% Federal grant funds passed through the New York State Department of Health Services to the Suffolk County Department of Health services for the Migrant Health Program (County Executive). Motion to approve by Legislator Romaine, seconded by Legislator Kennedy. All in favor? Abstention? No? ***Motion is approved (VOTE: 5•0•0•0).***

1783•06 • Accepting and appropriating 100% Federal grant funds passed through 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 Paul Coverdell National Forensic Sciences Improvement Program (County Executive).

Same motion ••

MR. NOLAN:

On the consent calendar.

CHAIRMAN MYSTAL:

Eighty•two is approved, 83 is the consent calendar.

MS. ORTIZ:

Same motion.

CHAIRMAN MYSTAL:

Approved and placed on the consent calendar (VOTE: 5•0•0•0).

1784•06 • Accepting and appropriating 100% Federal grant funds from the New York State Department of Health to the Suffolk County Department of Health Services for the Immunization Paul Coverdell National Forensic Sciences Improvement Program (County Executive). Same motion, same second. ***Approved and consent calendar (VOTE: 5•0•0•0).***

CHAIRMAN MYSTAL:

1803, approving the appointment •• we did 1803, 04, 05 already.

<u>Memorializing Resolutions</u>

M047 • Memorializing Resolution in support of requiring hospitals and health related facilities to disclose services provided outside the United States (Eddington). Legislator Eddington.

LEG. EDDINGTON:

Motion to approve.

CHAIRMAN MYSTAL:

Motion to approve, seconded by myself. All in favor? Yes? No? Abstention? ***It's approved (VOTE: 4•0•0•1 Not Present: Legislator Romaine).***

M050 • Memorializing Resolution in support of restricting the placement of sex offenders in certain social service shelters and housing accommodations (Eddington). Same motion, same second, same vote.

Approved (VOTE: 5•0•0•0).

That concludes our agenda for today.

LEG. KENNEDY:

Mr. Chair, I just have one question for Dr. Harper on other business.

I just have to ask him about ••

CHAIRMAN MYSTAL:

You can ask him whatever he wants and he may choose to answer or not answer.

LEG. KENNEDY:

Doctor, our conversation before, I just asked, if you could please, to address the paperless PCR project resolution which passed with the support of the County Executive last July by CN. Do you recall that there was a six month time frame in order to go ahead and let the RFP. Your department, under Dr. Alicandro's, worked very well in working with Dr. Corn from Good Sam and Dr. Kennedy from up in St. Catherine's, all the technical specs are assembled. Nevertheless, it seems that this RFP is still stuck in the contracts unit. So I'm going to ask you, it is important and being sought by most of the 105 emergency service departments, particularly because it's going to have 12 Lead EKG status capability; I just don't understand why the RFP can't get out.

COMMISSIONER HARPER:

I'm going to ask Mr. Len Marchese to address this because we did hear that there was a problem today and he did follow up with that.

MR. MARCHESE:

This report actually ••

MS. ORTIZ:

Your mike is not on.

MR. MARCHESE:

The RFP actually was just sent out to Purchasing two days ago, so.

LEG. KENNEDY:

It did make it out there so we anticipate it's going to be distributed.

MR. MARCHESE:

They have to advertise it and do whatever. But it wasn't a real big delay, only because it had to go back and forth through committee and they wanted to make sure they got the technical specs right, so even after the RFP was drafted, we sent it back to the committee for final approval.

LEG. KENNEDY:

Yes, Mr. {Cloog} and Mr. Delagi, and as I said, Dr. Alicandro ••

MR. MARCHESE:

Right. So it wasn't like we wanted to do this twice, so we ••

LEG. KENNEDY:

•• did excellent work, it's just something where it's been a long process and, you know, I finally had the need to kind of inquire at your level.

MR. MARCHESE:

Yeah, it wasn't completed until June 1st from the committee, so after that we actually got the County Attorney to sign off on it within three weeks and it's sitting now at Purchasing for them to advertise. An RFP process is a long process, though, unfortunately.

LEG. KENNEDY:

Good, there will be a lot of departments that will be happy with that. Thank you. And thank you to your staff; please thank your staff for the good job that they did with this. Thank you.

CHAIRMAN MYSTAL:

Thank you very much. Motion to adjourn?

LEG. STERN:

Second.

CHAIRMAN MYSTAL:

Seconded by Legislator Stern. We are out of here.

(*The meeting was adjourned at 3:05 P.M.*)

Legislator Elie Mystal, Chairman
Health & Human Services Committee

{ } • Denotes Spelled Phonetically