

HEALTH AND HUMAN SERVICES COMMITTEE
OF THE
SUFFOLK COUNTY LEGISLATURE

Minutes

A regular meeting of the Health and 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, Smithtown, New York, on Thursday, August 13th, 2009 at 2:00 p.m.

MEMBERS PRESENT:

Legislator Kate Browning, Chairperson
Legislator John Kennedy
Legislator Tom Barraga
Legislator Jack Eddington
Legislator DuWayne Gregory

ALSO IN ATTENDANCE:

George Nolan, Counsel to the Legislature
Sarah Simpson, Assistant Counsel
Renee Ortiz, Chief Deputy Clerk
Craig Freas, Budget Review Office
Kara Hahn, Aide to Presiding Officer Lindsay
Jack Caffey, Aide to Presiding Officer Lindsay
Leslie Kennedy, Aide to Legislator Kennedy
Dennis Brown, County Attorney's Office
Debra Alloncius, AME Legislative Director
Karen Boorshtein, Family Service League
Donna Altonji, Joe's Project
Tracy Sherman, Joe's Project
Other Interested Parties

MINUTES TAKEN BY:

Gabrielle Skolom, Court Stenographer.

[The meeting was called to order at 2:04 P.M.]

CHAIRPERSON BROWNING:

Good afternoon. Welcome to the Committee on Health and Human Services. Please join us in the Pledge of Allegiance lead by Legislator Barraga.

[Salutation]

LEG. BARRAGA:

If we could all remain standing for a moment of silence for the Lance Corporal Argentine who was killed over in action over in Afghanistan.

[Moment of silence observed]

CHAIRPERSON BROWNING:

Thank you. Okay. Good afternoon. We have one card, and we do have a presentation that we'll do after that. Eileen Sheehan? Am I correct.

MS. SHEEHAN:

Yes.

CHAIRPERSON BROWNING:

Okay. Eileen, you have three minutes.

MS. SHEEHAN:

Good afternoon. My name is Eileen. I am going to be speaking about the closure of the Central Islip Clinic, the proposal to close it. Just to preface this, I have been a Suffolk County resident for my whole life, and I have been a registered nurse for over 25 years. The last 14 years, I have been working in the Central Islip Clinic as a prenatal nurse. Now, I am speaking as a private citizen. I'm not representing anyone or any organization, other than myself. I do want to make you aware that by closing this clinic, you are doing a great disservice to the community of the Brentwood/Central Islip people. And please excuse me because I've never done this before, so I am a little nervous.

I do feel that because of the economic climate that we have right now, closing this clinic would be probably be pretty bad for most of the people there because of the hemorrhage of jobs that are going on and the foreclosures. Just to let you be aware of some of the statistics for the Suffolk County Department of Health. There are nine clinics. They all have prenatal clinics in them as well as family practice. For 2008, for prenatal, which is what I do, there were 3,925 enrollees for all nine clinics.

[Legislator Kennedy entered the meeting]

Of that, the Central Islip Clinic had 322 enrollees. The Brentwood clinic, which is where we're going to be moving to if the CI clinic closes, had an enrollee of 1,125. Most of the clinics have between 250 to 400 enrollees for prenatal. That doesn't count pediatrics. It doesn't count family practice or the specialty clinics. CI Clinic alone had 12,000 visits last year.

I don't want to take up too much of your time, but I just feel that 1,125 enrollees in one clinic is a bit much. The Brentwood Clinic is a wonderful clinic. They do good work. I know the people there very well, but it is overwhelming. The numbers are staggering. And to move another clinic in seems a bit much to take. And I don't know because I would think most of you have insurance; you all have your prior to the doctors you go to. However, most of these patients don't, and to be waiting on long lines hours at a time and then to add another clinic into the Brentwood mix, I just

cannot see how that is going to help the people there. And I understand it's about closing the CI Clinic is going to save you \$1 million. Honestly, I think that's a drop in the bucket compared to the problems that could incur by adding more people into the Brentwood Clinic. You could have four clinics with the number of people you have in Brentwood without CI, and the numbers have been worse since Bay Shore --

CHAIRPERSON BROWNING:

Can I stop you there? Eileen, your time is up.

MS. SHEEHAN:

Okay.

CHAIRPERSON BROWNING:

However, I think there's a few questions. Don't go anywhere. There is a few questions. You just said Central Islip has 12,000 visits a year.

MS. SHEEHAN:

Central Islip last year had 12,000 visits.

CHAIRPERSON BROWNING:

Okay. And the 1,125 enrollees you mentioned at Brentwood, was that just prenatal? I'm sorry.

MS. SHEEHAN:

That's only prenatal. That doesn't count for everything else: Pediatrics and family practice and the specialty clinics.

CHAIRPERSON BROWNING:

Where do you work?

MS. SHEEHAN:

I work in CI prenatal.

CHAIRPERSON BROWNING:

Okay. Legislator Gregory has a question.

LEG. GREGORY:

Hi, and thank you for coming today. So you're a former employee of the CI --

MS. SHEEHAN:

Not a former --

LEG. GREGORY:

Oh, current --

MS. SHEEHAN:

That's why I prefaced this by telling you that I'm speaking as private citizen. I'm not representing the clinic. I'm making an observation -- I do work there, but I'm speak for myself. No one has asked me to come up. This is how I feel about the clinic and the situation that's occurring.

LEG. GREGORY:

Okay. I had visited there with Legislator Montano, and in the documents that I've seen. There was concerns from the Commissioner that, you know, there were code violations and things of that nature. That was pretty much the preface for -- I mean, there was a budgetary aspect to it, but a lot of it was pertaining to code violations that they couldn't meet. Are you aware of these violations and do you have any thought about them?

MS. SHEEHAN:

Yes, I am aware of it. Well, personally, and this is, like I said, it's a personal opinion, I don't understand why we just can't get it rectified so that the clinic can stay there. In about two or three years, supposedly, the new Brentwood Clinic, the mega center, is supposed to be built, and, you know, we would in there. It just makes no sense for me to see this clinic close because of that shortfall, which could be, you know, corrected and then move to us to Brentwood where they are already overcrowded and then wait another two or three years to be moved again. And also just -- I don't work in Brentwood. I know people who do work there, and they have told me as far as, you know, healthcare issues, sewage problems seem to be a problem with the Brentwood Clinic. They have had, you know, overflow of the sewage three or four times apparently last year. And I don't have any documentation to back that up. I'm just telling you what I heard by somebody who actually works there, and I can't see how adding all these extra people is going to help that situation, either.

LEG. GREGORY:

I had initially voice some of the same concerns that you had that if we're looking to build the mega center, you know, why should we displace the people in the satellite center in CI for a year or so just to have everyone displaced in another -- a few years after that waiting for the mega center to be built. But I know, and as I stated, I took a tour with Legislator Montano, and we looked at the CI center as well as the Brentwood center, and I know in the Brentwood center, there are some underutilized areas there. I don't know if that would suffice the increase in the clients to the Brentwood center from CI, but I know there currently are some underutilized areas as it pertains to, I think, the patient areas in the back -- I want to say radiology. I can't recall off the top --

MS. SHEEHAN:

Chest clinic.

LEG. GREGORY:

Chest clinic, right. There you go.

MS. SHEEHAN:

They are going to mover back to Coram. I think they may already have. I'm not sure.

LEG. GREGORY:

Right. There's a whole wing there that's not being utilized. I don't know what the numbers would be, how that would pan out in the end result, but still you and I still have some of the same concerns. It's just displacing them altogether. I know the Commissioner stated it's only 2.2 miles from the CI Clinic to Brentwood, so it's right along Suffolk Avenue, so transportation should be -- should be -- easily accessible and available, but I do have some concerns. I have spoken to Legislator Montano about it. I think they moved on the -- I think they have the proposals for the new center.

MS. SHEEHAN:

I've seen them. I have seen the plans for them -- the map, if you will. But, still, there's a lot up in the air regarding it. So what I told you is what I know. I don't know anything more than that.

LEG. GREGORY:

Right. And I totally with you also. It seems like a lot of shifting of people for not a minimal savings, but certainly we can find a million dollars somewhere else.

MS. SHEEHAN:

I don't see why we can't fix the problem in the building and keep everybody there and keep our clientele there. They are happy where, you know, where they are, and we do good work. I'm not saying that Brentwood doesn't, but Brentwood does have a lot of clients. And, like I said before, with the problems happening with the economy and people losing their jobs and foreclosures and

whatever, there's going to be more people, and I am seeing more people coming in.

LEG. GREGORY:

Just one last question, Madam Chair. There are some people that are slated to lose their jobs as well. I know there's some security personnel. I don't know about anyone else, but I know at least there were some concerns voiced by the security personnel that they wouldn't be brought to the new center, so that's two or three people. I don't know if there were any nurses or anyone else.

CHAIRPERSON BROWNING:

I vaguely remember that question was brought up that I understood that no one was losing their job, so I certainly want a clarification on that. And, Eileen, have you been told where you are going to be going to?

MS. SHEEHAN:

I'll be moved to prenatal along with my other nurse.

CHAIRPERSON BROWNING:

So you will be going to Brentwood?

MS. SHEEHAN:

Yes, ma'am.

CHAIRPERSON BROWNING:

Okay. Legislator Kennedy had a question.

LEG. KENNEDY:

Thank you, Madam Chair. I apologize for being late but -- so you -- I just heard a little bit. You are a prenatal care nurse at the CI Center, ma'am?

MS. SHEEHAN:

Yes.

LEG. KENNEDY:

How long have you been there, approximately?

MS. SHEEHAN:

Fourteen years.

LEG. KENNEDY:

And I think I know, but just walk me through again. A prenatal care nurse basically deals with pregnant women instructing them on how to engage in proper care, proper nutrition, things like that.

MS. SHEEHAN:

We do complete case management for the patient until the time they walk in until the time they go into labor. We do work with the physicians.

We do have protocols that we follow from the Suffolk County Department of Health Services, and we basically can -- under those protocols, we can order sonograms up to a certain point. We can order blood work. We can make referrals; like, some of our patients will have cardiac problems, kidney problems --

LEG. KENNEDY:

Certainly.

MS. SHEEHAN:

And we go ahead, and we can make those referrals.

LEG. KENNEDY:

Now, I heard a number of 12,000 visits; 12,000 visits, I would assume, on an annual basis covers everything from toddlers up to seniors or the whole gamete healthcare. In your category, in your area, can you give me an approximate at any one time how many woman may you be working with that are active pregnancies?

MS. SHEEHAN:

We have about -- if you're looking for visits, we're having between, I would say between 320, 360 visits a month for prenatal.

LEG. KENNEDY:

Say that again, please.

MS. SHEEHAN:

We have two physicians and a nurse practitioner. They see patients in morning and afternoon sessions.

LEG. KENNEDY:

Okay.

MS. SHEEHAN:

And this is just like off the top of my head.

LEG. KENNEDY:

I understand.

MS. SHEEHAN:

I'd say about 90 patients a week, about that, and there's sonogram services as well. We also have a social worker who works with our patients. Once a week, we have a dietitian who comes onboard. There's another dietitian who comes once a month. And, unfortunately, I didn't include all of those. Those are just doctor visits and sonos.

LEG. KENNEDY:

That's all right. I'm just trying to get a sense. We've heard about some of these issues before, but I'm trying to understand -- it sounds to me like that in many ways, you're operating basically kind of like a neighborhood practice almost. The -- where do the woman come from that come to you for their prenatal care?

MS. SHEEHAN:

Most of them come from Central Islip and Brentwood. If you're looking countries, I could give you that too.

LEG. KENNEDY:

Okay. And do they drive; do they walk; how do they get there?

MS. SHEEHAN:

They do all of it. They do a lot of walking. They do taxis, those that can afford it. A lot of them will get rides from their friends. You might get one person with a car, and they'll -- when they're sitting in our clinic, they will get to know each other, and those that have cars will say, "Oh, come on, I'll take you. I'll drive you here, there and everywhere," and you do have a little network going of those patients.

LEG. KENNEDY:

What would you say is your average -- and this is just really ballpark -- but from the time that you

start working with a woman until the time that she delivers hopefully, do you have a pretty good success rate that the woman will deliver a healthy child?

MS. SHEEHAN:

Oh, yes, absolutely.

LEG. KENNEDY:

Okay. Is that as a direct result of the work you ladies do?

MS. SHEEHAN:

I would like to think so.

LEG. KENNEDY:

Okay. I hope so, because, unfortunately, sometimes we hear here in the Legislature about pregnancies and deliveries that don't go well, and what the economic consequences --

MS. SHEEHAN:

True.

LEG. KENNEDY:

-- to the County are that are multiple millions of dollars in liability suits. So I would think that the probably much smaller amount of money that we are spending at this point to keep your operation open not only delivers good care but keeps us out of lawsuits.

MS. SHEEHAN:

Absolutely.

LEG. KENNEDY:

Okay. Thank you.

MS. SHEEHAN:

I will just say one more thing, and then I know you have to move on. We've been lucky enough that there was, I think, some advertising that went on with the Department of Health urging the patients to come in sooner because for a while there, they were coming in late to care, and for us late to care means, you know, 20 weeks and up, so we have been getting quite a few, thank God, that have been coming in early, and that makes a big difference.

So we have been blessed in our particular clinic, knock on wood, that most, if not all, of our patients have had very wonderful outcomes. All right?

CHAIRPERSON BROWNING:

I think we may be done with you. I know BRO you have some information for Legislator Kennedy on these questions.

MR. FREAS:

Mr. Kennedy, I believe that between 75 and 80% of the mothers who are enrolled in PCAP eventually deliver with us. Now, that remaining 20% might go to another facility or they miscarried or something else. But I also know that the infant mortality and low birthweight statistics for the Health Center deliveries are lower as a whole than most of Suffolk County, if not all of it, which is a considerable accomplishment considering the fact that the patients are typically more high risk.

LEG. KENNEDY:

No doubt, and as a matter of fact, it's as a direct work of this nurse and the other professionals there. But that brings another question to mind that something that something I think I understand -- most health clinic rents are offset, as a matter of fact, 100%. As a matter of fact, I believe that we as a policy now lease and will not purchase because our state agencies offset those rents on a

percent. Isn't that correct? I know it is with DSS.

MR. FREAS:

I'm going to defer to the Department on that.

CHAIRPERSON BROWNING:

Matt, if you want to come up, because I think you might have to answer a couple of questions.

MR. MINER:

Reimbursement is 30 -- 35% on Article Six, not 100%. And we would also get reimbursement under our County-owned facilities such as Shirley. There is a mechanism for reimbursement there too.

LEG. KENNEDY:

Okay. So this facility that we have now in Central Islip, Matt, we're absorbing 65% -- what's the monthly rent, just out of curiosity, approximately?

MR. MINER:

I believe the annual rent is approximately \$150,000.

LEG KENNEDY:

One hundred fifty, so we're paying -- all right, what; 14 grand a month, 13 grand a month, something like that?

MR. MINER:

A little bit over 12, 13,000.

LEG. KENNEDY:

And how many square feet is that about?

MR. MINER:

I don't have that with me. I did provide the legislature with the full report back in April with a consolidation plan which spelled out all those statistics.

LEG. KENNEDY:

I do recall, yes. One of this things that this person has brought to our attention, though, that I guess I never really fully appreciated is that a significant number of the patients may in fact, actually, be either walking or they are using a taxi or -- in many ways, it sounds like this clinic is serving a geographical perimeter there for primary care of a significant number of folks residing approximate to that physical location.

MR. MINER:

The Brentwood Health Center is two miles away.

LEG. KENNEDY:

I understand.

MR. MINER:

And when we built a regional center, we did receive proposals, we received seven proposals, which were being evaluated by the Space Management Committee actually next week, next Thursday there's a meeting that both Brentwood and CI would be consolidated there anyway. So when we designed the RFP, we looked at the area of all our patients, and at many of our health centers, they take various means of transportation. Brentwood is on both the rail line and bus line, and it's easily accessible. There's more than 600 parking stalls there as well.

LEG. KENNEDY:

But -- I apologize Madam Chair; I've got to go one more place with this so I can understand it. If

we have a timeline now for a regional health center that's ultimately going to merge these two facilities and we have a thirty-six month time line, we have \$150,000 a year annual rent, and that's 35% offset. That's 450 grand reduced by 35%, which would take us in the neighborhood of what; 360, 370 at most over 36 months? Are we closing this for only 360 grand?

MR. MINER:

No, sir. Again, I would refer back to the report that I submitted in April, which detailed the expenses and how we came up with savings. There will be a consolidation of staff, no County staff. As I said at the last meeting, all County staff would be transferred into the Brentwood facility. Southside Hospital, on the other hand, some of those staff will be reallocated into the North Shore, Southside system. Some will come to the Health Center. This plan has been discussed with the State of New York -- in fact, I was in a meeting on Monday with the State -- and has been reviewed by Southside, not only the Health Center administrator and medical director, but as well as Southside's administration, and they support this plan.

LEG. KENNEDY:

Well, I should yield at this point. Thank you for giving me those specifics. I am going to have to refer back to that report. Whether Southside adopts it or supports it is less of a concern for me than whether the State of New York supports it regarding a confirmation that the delivery of services will remain the same or not be enhanced. When I ran a clinic down in Central Islip 25 years ago, we had to get approval from OMH that none of the 90 or 100 patients there, day patients were going to be displaced from service. So the provider is not the entity to be satisfied here.

MR. MINER:

Southside's concern obviously is the impact to the emergency room and to the public that they serve. The Health Department, both locally and through the State, are concerned about providing primary care to those residents. We are in consultation with the State. We met with the WIC people on Monday. We have advised patient care, the bureau up in Albany, Troy as well, both in family planning needs and primary care healthcare. They've asked for some documentation which we are providing them.

LEG. KENNEDY:

What kind of timeframe do you have now, Matt, as far as projecting to close it down?

MR. MINER:

The lease expires on 12/31/09. It's not budgeted in next year's. The consolidation will happen this December.

LEG. KENNEDY:

Will the landlord go month-to-month if we wanted to extend it that way?

MR. MINER:

The building again -- I hate to keep doing this, referring back to the April report -- but the building does not have a CON. It is not in the best interest of the County to continue operating that building, and we have made plans to consolidate. We are moving out chest. We are moving out employee health services to accommodate the additional volume the 12,000 visits make up: Primary care plus ancillary care, labs, other services. With the removal of chest and employee health services from the facility, there will be sufficient room to accommodate the additional volume.

LEG. KENNEDY:

I guess we're going to continue to take a look at it. Thank you, Madam Chair. I'll yield for now.

CHAIRPERSON BROWNING:

And I do want to ask -- I know Legislator Eddington -- but while we're still on this, Eileen is saying that there's some people are going to lose jobs. I vaguely remember at one point in time we were told no one was losing jobs. They were all going to be transferred.

MR. MINER:

I testified on numerous times here that county employees would be transferred to either Brentwood or other facilities, but it looks like they are all going to be going to Brentwood, and at Southside, they'll be some of the Southside employees will go to Brentwood Health Center. Others will be absorbed into North Shore system. That's what Southside has advised us.

CHAIRPERSON BROWNING:

And security guards are not losing their jobs?

MR. MINER:

I will have to consult with Southside. What they had told us at our last conference was that they expected to absorb those individuals into their system.

CHAIRPERSON BROWNING:

And what about the issue with the cesspool overflowed; what's going on in Brentwood? I mean, how many times has the cesspool had an issue?

MR. MINER:

I'll have to get back to you on that. I don't have that information. I don't think it happens regularly, but we do have Public Works, and I'll have to get that information from Public Works.

CHAIRPERSON BROWNING:

I guess for myself and the Committee, we'd like to know, I mean, how many employees at the Center that are going to be transferred; which centers they're all going to go to; how you're going to --

MR. MINER:

Again, that was in the April report. It told how many people were going.

CHAIRPERSON BROWNING:

Right. And again, the cesspool issue, the sanitation, because if you are going to put more people in that Center, it's not going to help the situation with the cesspools.

MR. MINER:

I believe there were older issues that have been resolved with the cesspool system, but I will get an update and provide that to the Committee.

CHAIRPERSON BROWNING:

Thank you. Anybody else have a question for Eileen? No? Thank you, Eileen.

MS. SHEEHAN:

Thank you.

CHAIRPERSON BROWNING:

Next we have Josh Gregory. Oh, I'm sorry. I'm sorry. Matt, if you would come back. Legislator Eddington had a question.

LEG. EDDINGTON:

In reference to the South Brookhaven or the Patchogue Clinic, it's my understanding that the RFP process has been suspended. We're looking --

I believe we were looking for a new site because that site is just too small. And my understanding is that we're looking to see, based on that study, whether we should lease or buy.

MR. MINER:

The RFP process is done through the Department of Public Works. You are correct that the RFP has

been suspended because it looks as if maybe it may be more cost-effective and cost-advantageous for the County to purchase a building or build a building on its own rather than leasing a building, and that's being evaluated now.

LEG. EDDINGTON:

Right, and as they are doing that, isn't this going to cause a danger to the Health Department because what are we going to do if the lease is up? Was it per month or something?

MR. MINER:

We are negotiating at this point, or the Space Management Committee is negotiating an extension to the existing lease. They believe they can get that. They have been in contact with the landlord, and the information that they provided Health Department is that it does look like we'll be able to get a short-term extension while we work out the details, whether we should be purchasing or leasing and then issuing the RFP accordingly.

LEG. EDDINGTON:

Do you have any knowledge to whether that's going to be done in a timely fashion? I mean, we have a whole downtown revitalization going on, and I was hoping that was going to be part of it.

MR. MINER:

I'm hoping to get an update at the next Space Committee meeting. But my understanding is there will be a small extension in a couple years, so it's still being negotiated with the landlord while -- because it will take a year, two years to build any facility, and again, it's a matter of whether the County will build it or whether a developer will build it and we will lease it from them.

LEG. EDDINGTON:

Could you just let me know when you hear, because I know when you hear, it's going to happen.

MR. MINER:

Certainly.

LEG. EDDINGTON:

Thanks.

CHAIRPERSON BROWNING:

Thank you, Matt. I don't think there's any more questions for you. Josh Gregory.

MR. GREGORY:

Hello. How you doing? So this is a different topic now. We're back on the electronic cigarette. And I'm just going to read to you an article that was in the Washington Times on August 6th by Dr. Elizabeth Whelan, who is the President of the American Counsel on Science and Health. This is her article, and I'm just going to read it to you:

"At a time when the government is ostensibly trying to cut health costs, why is it trying to ban something that might help people quit smoking tobacco, perhaps the most devastating health problem in the U.S. The Food and Drug Administration (FDA) held a press conference late last month to scare Americans about the so-called "e-cigarette" -- claiming it was loaded with harmful "toxins" and "carcinogens." The agency was implicitly saying: Stay away from these newfangled, untested cigarette substitutes -- better to stick with the real ones, the ones that we are all more familiar with, the ones that cause over 450,000 deaths annually in the U.S.

"In making its distorted, incomplete and misleading statement, FDA was violating its long-cherished tradition of sticking to sound science as a basic (sic) for its policies. And in doing so, it is putting the lives and health of millions of Americans at risk.

"The truthful part of the FDA statement was that e-cigarettes have not been through formal efficiency (sic) and safety tests at the FDA, and they have only been around a few years. But in the press conference, here is what the FDA did not tell you and they (sic) should have:

"Traditional cigarettes are lethal not because of the trace level presence of specific "carcinogens" and "toxins," but because by using them, smokers inhale enormous amounts of smoke -- otherwise known as "products of combustion." It is the inhaled smoke that kills so many people (sic) in so many ways -- from cancers, cardiovascular and lung disease, and more.

"The cigarette was a relatively obscure product in our society until the invention of a cigarette rolling machine, and sales rose quickly prior to World War I.

"Before that, tobacco was used relatively safely -- in chew, pipes, cigars -- because little if any smoke was inhaled. Cigarettes changed all of that.

"The e-cigarette -- a cigarette-mimicking device made up of a battery, an atomizer and a cartridge -- allows smokers to inhale, getting a dose of the nicotine they crave, and then sending steam out the other end (with little or no odor) to mimic the ritual and feel of smoking normal cigarettes.

"The FDA complained that the e-cigarette was a "nicotine-delivery system." Well, it got that much right. But again, it's the smoke that kills, not the nicotine. Yes, nicotine is highly addictive, and it is what keeps the smoker hooked. But getting the nicotine without the smoke is an enormous health advantage for cigarette smokers (the nicotine inserts come in various strengths and the users can adjust them downward as they wish).

"The FDA has approved other nicotine-delivery systems in the form of gums and patches -- and they have been abysmal failures. The smoking cessation rates using these devices is less than 15 percent after one year, condemning millions of addicted smokers to a lingering death. We desperately need other alternatives. But the FDA has now joined a long list of so-called public-health organizations -- including the Campaign for Tobacco Free Kids and the American Lung Association -- whose collective motto seems to be "quit or die." Not only do they reject e-cigarettes, but they also condemn the other smokeless products like snus, which have a mere fraction of the health risks associated with smoking cigarettes.

"More than 1 million smokers are now using the e-cigarette -- a product that offers some, if not all, of the "social amenities" of the real thing -- holding the cigarette, taking a drag, seeming (sic) a plume of "smoke." The FDA, lacking data that e-cigarettes pose a health hazard, was so desperate, it called on consumers to phone in adverse side effects of e-cigarettes so they could begin to build a case against them and proceed with their intended ban. They neglected, however --

[Presiding Officer Lindsay entered the meeting]

CHAIRPERSON BROWNING:

Josh, I have to tell you, your time is up.

MR. GREGORY:

Okay. Thank you.

CHAIRPERSON BROWNING:

Thank you. Next is Max Velazquez.

MR. VELAZQUEZ:

Good afternoon, ladies and gentlemen. You know, I'm a retired police officer, 20-year veteran, and

while I was employed with the police department, I truly believed in some of the things our justice system stood for. One of them was that everyone is innocent until proven guilty. And I have to be quite honest: When it comes to this electronic cigarette, and this being my third time up here to talk about it, I have reasons to believe that the electronic cigarette has been proven guilty even though there's no preponderance of the evidence.

The only evidence that's available at this point is pretty much falls in the category of "it may cause" or "can be harmful." Time and time again, we have come up here with documented published reports that shows the flip side of the FDA's findings. But unfortunately, with only three minutes up here on the podium, we can't really prove our point or even justify our case.

Then you have a Dr. -- and excuse me if I pronounce his name wrong -- Chaudry that came out with a memo. Okay, fine. He sent the memo with his recommendation, and it's within the power of his office to do so, which I respect. But how about respecting the points of view of the people that he's supposed to be serving? We've asked numerous times to get together with him to compare notes. He refused. We've asked numerous times, "Did you read our reports? Did you read the published reports that we've gotten information on?" And, you know, his answer to us was, "I have already made up my mind."

Now, anybody who is going to review whatever you have to say and tell you, "I have already made up my mind," the question here is his decision a biased one? Because I can't understand how his decision is based on concrete hardcore evidence, that the electronic cigarette is a health risk. The only words I have heard here is "may" and "can be."

This resolution that you're going to decide will make all the difference whether me personally and my family that support me with my electronic cigarette and whether or not we have faith in our Suffolk County Government. Faith is the belief of things that are not seen. And there are things going on in the government behind the scenes that the average citizen doesn't see, but we have faith in the government that they will do the right thing. And I'm asking you that before you make that decision that you seriously consider what we have been trying to do these last few weeks, even months, and that is to show you other side of the coin. Don't base your decision based on a memo from Dr. Chaudry or that FDA promotion because the FDA isn't trying to do nothing but scare everyone. And they are doing a good job at it too.

Look at all the facts, all the evidence before you make your final decision. This is what we urge. Thank you.

CHAIRPERSON BROWNING:

Thank you. John, do you have a question? Legislator Cooper has a question for you.

MR. VELAZQUEZ:

Oh, I'm sorry. Yes, sir.

LEG. COOPER:

Hi. Good afternoon. What would your response be to someone who makes a claim that e-cigarettes should be regulated like tobacco products, and I'm quoting, referring to an e-cigarette, "It is a cigarette, and cigarettes, inherent by their design and nature, are not safe," what would you respond?

MR. VELAZQUEZ:

I would have to have this person define the word 'cigarette' and pull the word 'cigarette' off from the Webster's Dictionary because the electronic cigarette does not define 'cigarette.' It does not contain tobacco. It is not combustible. If you look at some of the no smoking laws that are out there, it doesn't mention anything about vapor, does it, or mist? It mentions combustible tobacco, smoke, not water vapor. But I'm open-minded. I'm willing to listen. If the electronic cigarette -- if the FDA

decides to regulate the electronic cigarette, that's fine. But to cause a ban against the use of this electronic cigarette in public places based on evidence that's not even hardcore concrete at this time, I just don't see any logic in it. However, I would be the first one to say if there is 110% proof that this is -- just like they came out with proof with cigarettes, who am I to argue?

LEG. COOPER:

It might surprise you to learn that the person that made that statement, "The e-cigarette should be regulated as tobacco products. It is a cigarette, and cigarettes inherent by the design and nature are not safe," was not a representative of the FDA or Action on Smoking and Health or the American Cancer Society, any health organization. The person that actually made that statement was Walt Lindscott, an attorney for smoking everywhere, one of two major importers of electronic cigarettes. So the attorney for Smoking Everywhere, one of the two largest importers of electronic cigarettes, admits that it's a dangerous product and says that it should be regulated like tobacco products. So I just wanted to --

MR. VELAZQUEZ:

Well, just like anything else, every point, every comment and everything that's published is always going to be debatable until finally there is proof beyond a doubt that this and this and this is the case.

LEG. COOPER:

Thank you.

MR. VELAZQUEZ:

Thank you.

CHAIRPERSON BROWNING:

Thank you. Henry Kuhn.

MR. KUHN:

Please excuse my accelerated cadence because I'd like to get this one little endorsement in my three-minute segment. In view of the time constraints at these hearings, at our last meeting, I was unable to submit this letter for consideration. It's from a renowned expert in the field of pulmonary medicine. On the advice of Counsel, I would like to use my time to introduce this endorsement in the event it becomes necessary for consideration of future dates.

"My name is Dr. Steven Brown. I am a physician, a graduate of Yale University, who trained in pulmonary medicine (lung diseases) at Bellevue Hospital and New York University. I'm Board-certified in pulmonary medicine and hold leadership positions with national organizations including the American Lung Association and the American College of Chest Physicians.

"My opinions do not necessarily reflect the opinions of these organizations.

"In the past, I have received honoraria from pharmaceutical companies for lectures on smoking cessation, which I have given nationally. I am currently on the speakers' bureau for Pfizer's smoking cessation product, Chantix, but have not received any honoraria for talk on Chantix in the past 12 months.

"I am receiving no compensation for the comments of this voluntary endorsement.

"I have also personally traveled to Washington D.C., at my own expense, as a representative of the American College of Chest Physicians to meet with Senators Kohl and Feingold of Wisconsin, as well as James Sensenbrenner of the House of Representatives in support of FDA regulation of tobacco products.

"I have lectured in elementary schools and middle schools about the evils of cigarettes, and I have

been a leader in the Milwaukee and Ozaukee County committees in regards to tobacco control for the past 23 years.

"Since 1986, I have treated over 10,000 patients with asthma and COPD, including chronic bronchitis and emphysema. The vast majority of patients with COPD have significant smoking histories. These persons are highly addicted to nicotine. While nicotine is addictive, and I very strongly object to its marketing to children, the harm to my patients comes not from nicotine but its delivery system (setting fire to a planet and inhaling the products of combustion, including). Cigarettes contain hundreds and hundreds of harmful chemicals, which you are aware of, which are absent in the e-cigarette.

"For many of my patients, alternate nicotine replacement products have been problematic. The nicotine patch creates nicotine levels in the blood, which do not simulate the smoker's experience. The gum is hard to chew and tastes bad for many. It is particularly problematic for patients with bad dentition. The nicotine nasal spray burns and is uncomfortable. The Nicotrol inhaler works for many, but its appearance is awkward and many patients are shy about using it. Chantix, which is helpful, has about a 50% quit rate after a year. It is pricey and is newly labeled with scary warnings about depression and the risk of suicide.

"Lately, in my practice, I have personally recommended the e-cigarette to many of my smoking patients. I inform them that this device is not approved by the FDA. However, I have personally reviewed many of the studies, and without elaborating, I feel that the data which is currently available strongly suggests that the e-cigarette is a much safer option for patients who wish to quit smoking.

"COPD is the 4th leading cause of death in the United States and a major cause of disability. The costs of medications to care for person with COPD are staggering. Commonly used medications such as Advair and Spiriva alone cost thousands of dollars per patient annually.

"I wish that there were better tools available to help my smokers to quit. In 2009, our pharmacological armamentarium is limited and is, for the most part, of very limited success.

"In my opinion, to a reasonable degree of medical certainty, and after carefully reviewing the literature, the tobaccoless e-cigarette is a safe and important alternative to smokers who are addicted to nicotine. When used as part of a comprehensive smoking cessation program, including stress management and behavioral counseling, I am confident that the e-cigarette will reduce the morbidity and mortality of smoking-related diseases including COPD, emphysema, chronic bronchitis and lung cancer.

"If you have any question, I am available to be reached my e-mail. Respectfully submitted, Steven M. Brown, MD, fellow of the American College of Chest Physicians and the Medical Director of the Lung Center of Milwaukee"

CHAIRPERSON BROWNING:

Can you give us a copy of --

MR. KUHN:

I'll give you a copy of his whole letter and his e-mail address.

CHAIRPERSON BROWNING:

Okay. Legislator Cooper.

LEG. COOPER:

I don't think that anyone is arguing e-cigarettes are not less harmful than cigarettes; that's a given. But are you aware that the resolution before us would not ban e-cigarettes? If an e-cigarette user wants to continue to use the device in the privacy of their own home, in their vehicle, outside,

anywhere except for public places where other people, innocent people would be exposed to that? That is still completely legal.

MR. KUHN:

I understand that. And Representative Cooper, since you brought it up, as far as in other places, you know, if you're not a smoker, you can appreciate that smokers have a hard time. That's why they're addicted. They can't -- if they go out to a bar or something, they're there for three, four hours with their wife who may not smoke, they don't have that option. To put the vapors in with the smokers brings them into that risk as far as public areas in the malls, which are so huge that unless somebody bumps into you, they're not within your breathing space. I mean, I really think it's -- I don't know what Dr. Chaudry's background is but I don't think he has the same background as the gentleman who I'm quoting here now.

Anybody else?

CHAIRPERSON BROWNING:

Thank you. Next is Dolores Smith.

MS. SMITH:

Good afternoon, Legislator Kate Browning and Members of the Health and Human Services Committee. My name is Dolores D. Smith. I am a current patient at the Brentwood facility. I'm here -- I was her back in April to strongly appeal to members of the board of the County Legislation, not to allow the resolution to combine the Brentwood and the Central Islip Health Centers together. I strongly believe that combining the Brentwood and Central Islip clinics would be chaotic because as it stands now, the Brentwood clinic is overcrowded. Patients have to schedule appointments in advance. Sometimes they may have to wait even longer for an appointment. In addition to the patients with appointments, we also have what we call walk-ins, people that walk in, non-emergency and emergency patients.

Then we have women who are in need of prenatal care, and the waiting time in the waiting areas would increase due to the oversize of the combining of the two clinics. Okay. We have patients that may need serious medical attention, and they will not be able to receive that medical attention if both clinics are combined due to the overcrowding of the Brentwood Clinic as it stands now, which brings me to why I am here today.

I am here today to appeal to you to please strongly reconsider the merging of the two clinics. With all the patients combined together, the question is will each patient receive adequate time and care if the volume of patients doubles in size. Patients who do not have childcare but they bring -- they have no choice but to bring their kids to the clinic. We once had a facility for the children. It was called a playroom, but Mr. Steve Levy had taken it out. I'm just here to ask you to please reconsider the resolution. Thank you.

CHAIRPERSON BROWNING:

Thank you.

LEG. KENNEDY:

Ma'am? Ma'am?

CHAIRPERSON BROWNING:

Dolores? Legislator Kennedy has a question.

LEG. KENNEDY:

First of all, I want to thank you for coming out to speak to us this afternoon, and I want you to know that all of us on this Committee have been looking at this issue with some concern. Notwithstanding what you may be hearing, I think there's many factors we have to take into account. How long have you been going to the Central Islip Clinic?

MS. SMITH:

Well, I started when the Bay Shore Clinic. I was a former patient of the Bay Shore Clinic.

LEG. KENNEDY:

Really?

MS. SMITH:

Yes. I had to discontinue service because it was closed, and I had to travel back and forth on public transportation. I've been there for years.

LEG. KENNEDY:

For how long?

MS. SMITH:

For -- I'm 36 now, so when I started going there, I was about 18 or 19.

LEG. KENNEDY:

Wow. Okay. So it's been quite some time.

MS. SMITH:

Yes.

LEG. KENNEDY:

How do you get there now, ma'am, when you go for your appointments?

MS. SMITH:

When I schedule an appointment, I go by medical transportation, but when I arrive there, I have to stand on the lines. Usually, the walk -- take-in line, the information line where you have to present your card and everything --

LEG. KENNEDY:

Yes.

MS. SMITH:

I stand on there. It's a long line from -- I've witnessed this, from the front to back, if you get there late, you're standing on line for a long period of time, and in the waiting rooms alone, it's crowded. So you may get a seat, or you may not get a seat.

LEG. KENNEDY:

When you are waiting on that line, are you inside the building or are you outside also?

MS. SMITH:

Depending if I get there I can be in the building or sometimes I can be out of the building.

LEG. KENNEDY:

Is that right?

MS. SMITH:

It's a long line. Sometimes they push us in. We have to go in to be on line and to close the doors, and sometimes you have -- it's a lot of people there. It really is. I have been in the waiting room myself, and sometimes I see parents that, you know, their names is called but they can't hear because they have to tend to their small children who are running around. And also, not only that, sometimes I have to listen for those parents as a patient myself in addition to listening for my name.

LEG. KENNEDY:

I understand. Okay. Well, thank you. I appreciate you coming out to speak with us.

CHAIRPERSON BROWNING:

Thank you Dolores. Next is Nancy -- I'm not sure if it's River or Rivera.

MS. RIVERA:

Rivera. Hi. Good afternoon. I was hearing about the space and the parking area over there at Brentwood, which is fine. There's a lot of space, but it's not about the space of parking cars; it's about the patients. The last time in April, we discussed that the Health Department was supposed to bring a plan as far as the space room and the patients, and I don't know if that plan was presented to the offices but just wondering that. I know that even in the wintertime, when the patients have to wait outside the building, I mean it's like really freezing cold until they open, and there's certain days that they have to wait. They have to wait out there. There's children. There's elderly people. There's people that are sick. There are people that are in pain.

Once they get in the building, they have to come in and then, yes, we -- they tell them to do down this ramp and then now there is employee health that is on this side. I know that the Health Department did go in there, and people that work in the offices are not like a professional company that came in to -- that knows about space and the amount -- the volume of people that are allowed in the building. But it just seems to me that it's going to be -- I mean, even in the waiting room, even in prenatal, sometimes there's no room. There's mothers that are like family planning, WIC, prenatal that are waiting in that same area, but besides on the other side is just family practice on the other side.

I don't think -- I don't know whether the doctors are -- I have some patients that have said that they don't -- they feel that the doctors -- they don't have adequate time with them because of -- the doctors have to see a certain amount of patients within a certain amount of time. That's what they want, and they have the charts outside waiting outside their door. And I'm just concerned about the patients. Of course, this is all about the patients. All right?

CHAIRPERSON BROWNING:

Any questions?

[No response]

Thank you. And last but not least, Spike. I'm not saying your last name because we know who you are.

MS. BABAIAN:

I don't need a last name. I probably don't have to introduce myself. A couple things I wanted to say, I'm sure that you've all heard it already, and I brought packets to the last full legislative meeting. And I'm hoping that some of you bothered to read the packets. I spent last night going through and making up more packets, and then I kind of decided that you're not going to read them anyway. Not that I'm saying anything -- you're all very busy, and you don't have the time to read -- research articles. So instead, I'm coming here to present you with a fact -- a simple fact that if you would like proof of, you can go to Vapersclub.com. I'm going to present all the articles and put together the online packet.

This is an e-cigarette cartridge. Most of you have seen this little e-cigarette cartridge when I came and spoke with you in your offices. It's small. It contains about one gram of liquid. And the one gram of liquid. The FDA is saying in one gram of liquid, there is eight nanograms of nitrosamines. The article -- the papers that were just passed out to you show you levels of nitrosamines in a bunch of different foods. If you look at those papers, you can see that if you eat a bacon cheeseburger, have a beer and a glass of milk that you've had that much nitrosamines. The level in cigarettes, I believe it's 1400 -- oh, no, it's 1400 times. So it's 8 times 1400. I'm not sure -- somewhere in the

range of 11,000, I think it was; 11,000 parts per billion.

Again, we're not debating it's safer than cigarettes. Pretty much everybody who's anyone -- you know, whose ever seen one can recognize that it's definitely safer than cigarettes. There's tap water currently being put out in Suffolk County in two different towns in Suffolk County that contains more nitrosamines than e-cigarettes.

So while the FDA is telling you that there's nitrosamines and that it's carcinogenic, they're not telling you that it's not nearly as carcinogenic as some of the water that some of you are drinking. So I'm trying to put things into perspective here so that we can really understand what we're talking about. I understand that it freaks people out. I'm going to be quite frank. It freaks people out to see somebody smoking indoors because we've spent all this time telling people, "Smoking kills, smoking kills." That's great. It freaks people out. A lot of things freak people out. I am entitled to my rights as a human being to wear a spiked collar, to have the name Spike, to look strange, to take off my shirt in a public park and be naked if I feel like it except for a pair of shorts. I can do that because that's what New York State says. I have the freedom as a human being to do something as long as it didn't hurt anybody else. Okay?

I have shown you -- I have spent all of this time bringing you articles, showing you paper, showing you studies that this is not dangerous, not any more than a hotdog, not any more than a cheeseburger. Okay? I have provided you with papers. I have provided you with articles. I have provided you with web sites. I have provided you with EPA and FDA information. I'll provide you with the Water Authority reports that show you Bohemia's water, it had more nitrosamines than this cartridge of e-cigarettes. You know, I can have one cup of water and get more nitrosamines.

So what I'm asking for you is to please recognize that what you're doing by putting us in a separate area, by making us go outside, by making us be in a separate space is discriminating against someone who is not doing anything to harm anyone else any more than drinking a glass of water. Okay?

That is the most I can really tell you. You're going to vote how you want to. We're going to say what we're going to say. And we apologize afterwards if anybody votes in a way that makes them look badly later. Thank you.

CHAIRPERSON BROWNING:

Thank you. Spike, one question. Legislator Cooper.

MS. BABAIAN:

Sure, why not? We didn't talk too long enough yesterday.

LEG. COOPER:

Hi, Spike. Why do you think that the attorney for the major e-cigarette distributor that I quoted earlier would state on the record --

MS. BABAIAN:

That he wanted it regulated.

LEG. COOPER:

-- that e-cigarettes are unsafe and should be regulated like tobacco products?

MS. BABAIAN:

They should be regulated. We said to you yesterday we would like you to regulate them because -- not because there's anything dangerous about e-cigarettes the way that they are, but let's say that there happens to be a rat trap next to where they are making this e-liquid that they put in these and nobody regulates it to test for that. Let's say that somebody is doing cocaine in China while they're making these and it gets into there. If nobody regulates it, we don't know what we're using. We

would like the FDA to regulate it. We would like them to check it. We would like them to test it. And we're requiring ourself, as an organization, that the people that we support and the companies that we support and we tell them, "Buy from these people. These people, they're safe," we are saying to them, "You must provide testing. You must have your liquid tested. We want to know what's in it, and we want to know that it's safe."

So, yes, we're asking, the smoking everywhere guy is asking, everyone wants it to be regulated. You're saying, "Why did he say it was dangerous? Why did he call it a cigarette?" I don't know. I know what a cigarette is. You know what a cigarette is. It's not a cigarette. You can call it what you want. It's a vaporizer. It vaporizes liquid.

LEG. COOPER:

Can you understand that if there's an admission, they're not regulated, there is no quality control, we don't really know what these Chinese manufacturers or any other manufacturers are really putting into these, that until the FDA determines that they are safe, why members of the public members don't want to be exposed to the vapors being admitted by these devices?

MS. BABAIAN:

As I mentioned to you in your office, I don't buy from China. I buy only the ones made in the United States. If you want to say, "Listen. Everything that comes in has to be tested before it can be sold," sure, go for it. But you can't say -- when they ship toys in from China, they don't say, "Listen. You have to scrape paint off and test every single toy that comes in to make sure it's safe." They say, once they find out that it's dangerous, "It's dangerous. Let's recall them," because you can't just assume something is dangerous when there's no proof that it is. I'm not sure how I'm not getting that across, but you can't say something is dangerous when there's no proof that's it's dangerous.

LEG. COOPER:

Thanks, Spike.

MS. BABAIAN:

Any other questions?

CHAIRPERSON BROWNING:

I don't think so.

MS. BABAIAN:

You guys are bored of hearing me. Thank you.

CHAIRPERSON BROWNING:

No, thank you.

CHAIRPERSON BROWNING:

Okay. Is there anyone else who would like to come up and speak before we do our presentation.

[No response]

No? Okay. With that, we have Karen Boorshtein, President/CEO of Family Services League. We have a presentation on Community Crisis Action team and Joe's Project.

MS. BOORSZTEIN:

Good afternoon. I'm Karen Boorshtein, President and CEO of Family Services League. And I'm here today with Donna Altonji, our program director for Joe's Project, and Tracy Sherman, the social worker with Joe's Project.

First I'd like to thank you for your past support and provide a snapshot of how much of a difference

this program has made in the lives of Suffolk County families. Joe's Project is a program which provides mental health and support services to Suffolk County residents who are directly impacted by suicide. Since January 2008 through this past June, our crisis teams have responded and assisted in 34 situations involving a suicide. Not only are we there to help the recently bereaved families, but as a direct result, we're able to help prevent other family members who are contemplating suicide. The number of situations responded to in 2009 thus far represent three times the number of families we assisted since the program began in 2007.

Joe's Project began as a result of a former employee's adult son who suffered from severe depression since his early teens. One day, his father woke up to find his 28-year-old son had hung himself. Shattered, overwhelmed and in excruciating pain, Joe's father, Richard, reached out to his Legislator Bill Lindsay. Richard's goal was simple: To help ensure other families whose lives were impacted by suicide of a loved one have immediate help through these tragedies. Richard found no services existed to help families and often found that he was feeling completely isolated making very important decisions quite mechanically.

It's estimated that two suicides per week occur in Suffolk County. This estimate only reflects those actually deemed a suicide. Many other deaths, such as car accidents and drug overdoses, could well likely be suicide. Joe's Project involves mental health professionals working with peer suicide survivors. Often time, our staff make a home visit within 10 hours of the event, and telephone responses are placed usually within an hour of getting a call. Our program is unique, as suicide survivors work hand-in-hand with the mental health professionals.

To help capture how this partnership is effective, Tracy Sherman, our social worker in the program, is going to share her story and why she became involved with Joe's Project. Tracy?

MS. SHERMAN:

Good afternoon. My name is Tracy Sherman. I'm a social worker for Joe's Project as well as a survivor of my brother Rick's suicide in 2004. I provide counseling to survivors and run a support, which meets every other Wednesday at the Bay Shore office for those who have experienced a suicide loss. In the past 10 months, I've had the privilege to work for Joe's Project and meet many extraordinary families and individuals whose lives have been shattered by suicide. There is no doubt in my mind that Joe's Project has had a tremendous, powerful and positive impact on these families.

There are no words to accurately depict just how a suicide loss irrevocably alters one's life. The total devastation, shock and intensity of grief are immeasurable, complicated and long-lasting. Unfortunately, the stigma and shame that survivors often feel threatens their ability and willingness to do what is most necessary to heal; that is talking openly about the loss and exploring their feelings regarding the suicide. Joe's Project has been a lifesaver to many survivors, and they are most often informed of Joe's Project through the Suffolk County Police Department.

Simply knowing that these unique and specialized services are available to them and their family reduces the shame and stigma by saying, "It's okay to talk about this topic. We're here to listen." I've seen firsthand [sic] the incredible impact of Joe's Project as survivors tell their stories of loss for the first time, learn to understand how a mental illness may have played a role in the lives of their loved one, openly discuss issues regarding a loss that seem too painful to initially talk about, remember their loved ones by how they lived and not how they died, meet other survivors who are struggling with similar issues and also learn from each other some helpful coping skills.

I know that being a survivor has been an added benefit to the survivors I work with, as I am able to empathize with them and their grief on a more personal level. I'm able to say I understand because I have been there. As a survivor myself, I can honestly say that I wish that Joe's Project had been available to my family and I when we lost my brother Rick to suicide. We struggled greatly to find a place to turn to for support and an understanding of how a seemingly happy, easy-going 39-year-old could take his own life. I feel that Joe's Project is an incredible gift to survivors and one which is

greatly appreciated. I am hopeful that the gift of Joe's Project will continue on for many years to come.

MS. BOORSHEIN:

Thank you, Tracy. Donna?

MS. ALTONJI:

Hi. Good afternoon. First, I'd like to thank Legislator Lindsay for allowing the Police Department or prompting the Police Department to give out our cards after the scene. What we found is a lot of the survivors have nothing. The police leave, and they are left empty-handed. And now that they are receiving our cards, which are in the packet that your received, the blue card, they have something to hold onto.

In that packet, you're going to find a little button that says, "Survivor of Suicide, and I just -- I put it in there because a survivor gave it to me. She made a couple hundred of them. She sat and she designed it, and she designed it after she lost her son. Her son died in North Carolina, and it was her only child. She was a widow. And she needed something that she could wear outwardly that would show -- that would ask -- she wanted people to come up to her and say, "Tell me about it."

What I found is, in giving out those buttons, it's a very powerful connection from one suicide survivor to the next. What I'm going to do is give you a little bit of the stories -- the people that we've worked with over the last two years, and I want to start with a quote. The quote is, "I just scarred somebody for life, and that was not my intention," and that was the first line of a suicide note left by a mom and her 22-year-old son found her about an hour later. That woman left four children to a single dad now, and one of the things that Joe's Project did, we came into the home about three weeks after the suicide, and we started working with him on how to work with his boys. As you can imagine, it was a new world for him raising four sons. They were, thank God, not two and three years old. They were all in their teens and early 20s. But he needed help in what to do: What to say, how to work with his children, how to connect them with therapists. That was in September. We're still working with that family because one of the tenants of Joe's Project is that we will do ongoing counseling with the families.

We've also worked with a family -- and we've gotten permission to tell their stories. We're not going to use any names, but we work with a family where there was a murder-suicide in Selden, and many people focus strictly on the murder and yet the children were also dealing with the death of their father through suicide. So we've had various team members working with the kids. Each child got their therapist in how not only to deal with the death of their mom but also how to deal with the death of their father because the extended family members and the community weren't really recognizing the suicide but the kids were. So we've been working extensively with them on grieving the loss of their dad.

I received a call in the middle of the night about five or six months ago. It was 2:00 in the morning. I was sound asleep, and our hotline called. They had a gentleman on the other end of the hotline who they asked if they could connect me right through, that he said he might have just lost his son, and my first reaction was, "Can you tell him to call back in the morning? It's 2:00." And then I kind of woke up and realized, "Wait a minute," and they pushed him right through.

He got on the phone. I said, "Hello." He didn't say hello. He said, "My son just died." I said, "Can you tell me what happened?" and he said, "The police just walked out of my house," and he told me, "My son," who was a student at Stonybrook University who was going to graduate, "had just killed himself." We spoke for about two and a half hours that night, and it was very surreal because my son was sleeping in the next room. And we spoke almost till dawn about the fact this his son wasn't going to go to hell and how he was going to talk to his wife and his other daughter, and how he should call his brother and get some help from his brother; how he should call his parish and have the priest come because he was a very religious gentleman. He really needed at that point somebody to talk him through breathing during that night. And I think the fact that the police had

something to give him is what made it -- what helped him to sleep through that evening because it was the darkest moment of his life, and we talked numerous times over the next few weeks. He was terrified, and his fear was going to last for year, but that evening he needed an ear, and Joe's Project provided him with that.

One of the big questions that we have from families is, "How do you tell my kids?" How do you tell your kids that your loved one, their father, their mother has not only died but died by suicide. And it's an ongoing issue because a lot depends on the age of the kids that are involved. Tomorrow, I'm going to a home where the children are 9, 10 and 11. The neighbors know, their kids' friends know, school is starting in two weeks, and yet, the kids don't know. So within the next two weeks, we have to work with this mom to let the kids be aware of what happened to their dad because you know they're going to hear about it on the school bus.

That's some of stuff that Joe's Project is doing. Those are some of the families that we're working with. We have one other family that I want to talk to you about. A 17-year-old boy died. Tracy is working with the family. We have two other social workers working with the family. We have the mom seeing somebody. We have the older brother seeing somebody. We have another survivor talking to the father. This woman called us, and she was suicidal. She said she doesn't know if she was going to make it through the day. The only thing that was keeping her alive was her 16-year-old son. Her boy died three days before his high school graduation. She was devastated, but because she had that brochure, she had someplace to reach out to. What she told us is that she sleeps with the brochure near her bed because it has a number on it and it has facts on it that she can read and hold onto, and she uses it as a lifeline at this point.

The same woman who wrote, "I just scarred somebody for life" also wrote, "Do not mourn the loss of my life but celebrate my freedom from pain." That was the last line in her suicide note. But I want to tell you what a survivor said in response to that: Every 17 minutes a person dies by suicide. "Every 18 minutes a family member is left to pick up the pieces," and what Joe's Project is trying to do is just help them pick up the pieces. Thank you.

MS. BOORSHTEIN:

Thank you, Donna. As you can see, we are very grateful that the Legislature funded this program last year. We do wonderful work. We are very glad we have been here for the families who have been impacted by a suicide, and we thank you.

CHAIRPERSON BROWNING:

Thank you. Does anyone have a question? Legislator Cooper.

LEG. COOPER:

I just want to say that I cannot imagine anything more painful than suffering the lost of a loved one through suicide, and, coincidentally, just last night on HBO, I watched Boy Interrupted for the first time. Everyone -- I don't know how many of you have seen that documentary. It was on HBO On Demand, so I could watch it twice, which I did. I cried from the first five minutes until the end of the movie -- documentary, and then, the second time, I cried the entire time. One of the most powerful documentaries I have seen. It was about a 15-year-old boy with bipolar disorder who committed suicide. Heart-wrenching movie but something I had to see, and I was not aware of Joe's Project but anything that you need in the way of funding, I will support that. You do tremendous work, and, as I said, the pain and the void that's felt by surviving family members, I can't even imagine. So thank you so much for the wonderful job you do.

MS. BOORSHTEIN:

Thank you.

CHAIRPERSON BROWNING:

Thank you, Karen.

Tabled Resolutions

Okay. **Tabled Resolution 1223-09, Directing the Suffolk County Department of Health Services to establish an online healthcare directives registry for Suffolk County Residents. (Gregory)** Motion to table by Legislator Gregory. Seconded by Legislator Eddington. All in favor? Opposed? Abstentions? **Tabled (VOTE: 5-0-0-0)**

IR 1290-09, Adopting Local Law No. -2009, A Local Law to enact a grading policy for food establishments. (Losquadro) It needs to be tabled for public hearing. I'll make that motion. Second by Legislator Kennedy. All in favor? Opposed Abstentions? **Tabled. (VOTE: 5-0-0-0).**

1347-09, Adopting Local Law No. -2009, A Local Law banning e-cigarettes in Suffolk County. (Cooper).

LEG. KENNEDY:

I'll make a motion to approve.

CHAIRPERSON BROWNING:

Motion to approve, Legislator Kennedy. Second, Legislator Eddington.

I have to tell you this -- I don't know I can support the bill as it stands right now. I think I like the bill as far as the 19-year-olds are concerned. I'm not convinced yet. We had Stephen Dewey here last week, two weeks ago, and, you know, we gave him the information and asked him if he could respond back to us. This is certainly his expertise. I know I had a conversation with him outside. He wasn't totally convinced. I mean, if it was a secondhand smoke like a regular cigarette, I'd be there with you in a heartbeat. I've never smoked in my life. I never would want to smoke in my life. However, I just feel that I'm not convinced that exposure to someone else at this time is necessary harmful. I think now we should be looking at fog machines because I think it's pretty much the same thing. It's the same chemical, I believe, in a fog machine that we use at Halloween. And so should we now do a ban on a fog machine, because I think there's more that comes out of that than there is from an e-cigarette.

I respect what you do. You do some wonderful work. You're very concerned about your communities and the health of children, and I want to support you on it. I want to support the 19-year-old. The ban for the 19-year-olds, but I don't know if I'd like -- I'd I think I'd like to make a discharge without recommendation because I don't want to say no to the bill, but I don't want to say yes right now. So I don't know. We do have a motion to approve and a second. I would like to make a motion to discharge. Do we have a second? I guess not.

LEG. GREGORY:

I'll second it.

CHAIRPERSON BROWNING:

I don't know which takes precedence. [Inaudible] Do we want to find out?

LEG. COOPER:

Kate, while we're waiting, I just want to make a statement. I think that the FDA analysis showed that there was more in the vapor than what you alluded to, there were amounts of carcinogens and other toxic substances including a chemical that's found in antifreeze. But beyond that, I have spoken to a lot of folks, not just the -- vaporizers -- I can't remember your term -- but also just regular folks in my District. And the overwhelming majority of the regular folks don't want to be exposed to these devices if they take their families to a restaurant or another public place and they are there with their kids, they don't want to have to deal with someone in the next booth smoking these and the vapors. If at some the FDA does an analysis and proves that the vapor is safe, then fine, we can address it at that point. I don't think that's the case. I think, if anything, the more

analysis they'll do, the more hazardous materials they'll find in these devices. And the fact the attorney for the e-cigarette distributor is admitting they're not safe and is calling for them to be regulated like tobacco products, I think that that's a very powerful statement. But thank you for your kind words. I appreciate it.

CHAIRPERSON BROWNING:

And, you know, a restaurant even today if they choose to put up a sign that said, "No shirt, no shoes, no service." You know, they can put, "No E-Cigarette," if they choose not to do it. And I know there's a diner in my district that's has that room that's closed off that they had to create because there was at one time creating a separate smoking area. Maybe that's something they could use if people wanted to have an e-cigarette. But I think, you know, just right now I'm not totally sold on it, and that's why I'm asking for discharge and that the gentleman from Brookhaven lab. I gave him the information. I was hoping I would get a response back from him, and I would be more comfortable maybe next week to say, "You know what? Based on the information he's provided me, now I'm convinced one way or the other," but right now, I am not.

LEG. COOPER:

Just on the record, as the sponsor, I would hope that we could approve the bill rather than you discharge, but thank you.

CHAIRPERSON BROWNING:

So I guess the discharge does take precedence. I made the motion. We had a second from Legislator Gregory. All in favor? Opposed?

LEG. KENNEDY:

I'm opposed.

CHAIRPERSON BROWNING:

Okay. So I guess then the motion to approve and second -- Legislator Kennedy made the motion. Legislator Eddington was second. All in favor? I'm opposed. So I guess the motion carries.

Approved.

(VOTE: 4-1-0-0, Chairperson Browning opposed)

1659-09 Amending the 2009 Adopted Operating Budget to accept and appropriate 100% additional State Aid from the New York State Office of Mental Health to Family Residences and Essential Enterprises (FREE) and Concern for Independent Living, Inc. (Co. Exec.) I'll make a motion to approve and put on the consent calendar. Second, Legislator Eddington. All in favor? Opposed? Abstentions? **Approved and put on the consent calendar (VOTE: 5-0-0-0).**

1661-09, Amending the 2009 Adopted Operating Budget to transfer funding from Catholic Charities to Family Service League for the Assertive Community Treatment (ACT) Program. (Co. Exec.) Motion to approve, Legislator Kennedy. Second, Legislator Eddington. All in favor? Opposed? Abstentions? **Motion is approved (VOTE: 5-0-0-0).**

1711-09, Accepting and appropriating 100% grant funding from the New York State Office of Temporary and Disability Assistance to the Suffolk County Department of Social Services for the continuation of services provided under the Community Solutions for Transportation Project (Employment Shuttle) and authorize the County Executive and the Commissioner of Social Services to execute a contract. (Co. Exec.) Motion to approve, place on the consent calendar. I'll make that motion. Second, Legislator Eddington. All in favor? Opposed? Abstentions? **Motion carries. (VOTE: 5-0-0-0).**

1714-09, Adopting Local Law No. -2009, A Local Law to prohibit the use of tanning facilities by minors. (Viloria-Fisher) I'll make a motion to table for public hearing. Second, Legislator Kennedy. All in favor? Opposed? Abstentions? **It's tabled. (VOTE: 5-0-0-0).**

1717-09, Accepting and appropriating 100% funding from the New York State Office of Temporary and Disability Assistance to the Suffolk County Department of Social Services for additional Food Stamp/Supplemental Nutrition Assistance Program (SNAP) administrative funding provided under the American Recovery and Reinvestment Act (ARRA). (Co. Exec.) I'll make a motion to approve and place on the consent calendar. Second, Legislator Barraga. All in favor? Opposed? Abstentions? **Carried. (VOTE: 5-0-0-0).**

1724-09, Adopting Local Law No. -2009, A Local Law to further enhance and strengthen the Colette Coyne Melanoma Awareness Act. (D'Amaro) Motion to table for public hearing. Second, Legislator Kennedy. All in favor? Opposed? Abstentions? **It's tabled. (VOTE: 5-0-0-0)**

And I think there is no more business. We make a motion to adjourn. Second, Legislator Eddington. We are adjourned.

[Meeting was adjourned at 3:26 P.M.]