

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, 725 Veterans Memorial Highway, Smithtown, New York, on Thursday, January 29, 2009 at 2:00 p.m.

Members Present:

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

Also in Attendance:

George Nolan, Counsel to the Legislature
Sara Simpson, Legislative Counsel's Office
Barbara LoMoriello, Chief Deputy Clerk, Suffolk County Legislature
Legislator Lou D'Amaro
Justin Littell, Aide to Legislator D'Amaro
Karen Klafter, Aide to Legislator D'Amaro
Maxvel Rose, Legislative Aide to Legislator Gregory
Paul Perillie, Aide to Majority Caucus
Marge Acevedo, Aide to Presiding Officer Lindsay
Michael Pitcher, Aide to Presiding Officer Lindsay
Jack Caffey, Aide to Presiding Officer Lindsay
Craig Freas, Budget Review Office
Kara Hahn, Director of Communications
Greg Moran, Aide to Legislator Nowick
Ben Zwirn, Deputy County Executive
Allen Kovesdy, County Executive's Office
Christine Malafi, Suffolk County Attorney
Dennis Brown, County Attorney's Office
Dr. Humayun Chaudry, Commissioner, SC Department of Health Services
Matt Miner, Deputy Commissioner of Health Services
Janet DeMarzo, Commissioner, SC Department of Social Services
Greg Blass, Chief Deputy Commissioner, SC Department of Social Services
Linda O'Donohoe, Assistant to the Commissioner of Social Services
Cheryl Felice, AME President
Debra Alloncius, AME Legislative Director
Debbie McKee, AME 2nd Vice President
Kathleen Malloy, AME
Bonnie Scally, Half Hollow Hills School District
Maria Pico, American Heart Association
Julianna Belelieu, American Heart Association
Steve Moll, Island Public Affairs
Nancy Rau, Stony Brook University
Richard Reinwald, Vice President of Nassau-Suffolk Bakers Assoc.
Paul Sapienza, Nassau-Suffolk Bakers Association

Jose Leon, M.D., Medical Director of Dolan Family Health Center
Leah M. Jefferson, American Cancer Society
Andrea Yurkew
Marie Sherlock
Charlene Hirt
Gerald A. Busic
All Other Interested Parties

Minutes Taken By:

Lucia Braaten, Court Stenographer

[THE MEETING WAS CALLED TO ORDER AT 2:36 P.M.]

CHAIRPERSON BROWNING:

Good afternoon. We're going to start the Health and Human Services Committee. If we could all stand for the Pledge of Allegiance, led by Legislator Barraga.

(*Salutation*)

CHAIRPERSON BROWNING:

Okay. I apologize, we're starting late. The last committee ran a little longer. We'll start with some cards. John, are you joining us?

LEG. KENNEDY:

I don't know. Are we in Health yet or not?

CHAIRPERSON BROWNING:

Yes.

LEG. KENNEDY:

Then I'm here.

CHAIRPERSON BROWNING:

You're Co-Chair, come and sit up here. And Legislator Kennedy will join us. I'm happy to say he is Co-Chair now with the Health and Human Services Committee. And we'll start with the cards. We'll start with Cheryl Felice.

MS. FELICE:

Thank you, Madam Chair, and Members of the Committee. My name is Cheryl Felice. I'm President of the Association of Municipal Employees, and we're here today on behalf of the number of members who work in the Department of Social Services with respect to the extended hours for DSS Service Centers.

It is our understanding that a study was to be done to get input and evaluate the needs of the Department, versus the requirements and the needs of the workers, with an announcement by the County Executive's Office to implement a program before it was well vetted is going to cause some severe hardships for our members. We asked them to come and speak with you today, so that you could learn from them, better than from me, just exactly what those obstacles are. And I will remain at the rest of the Committee, should you have any other additional questions of me. But just, please, be aware that myself, on behalf of the Executive Board, will be in support of the members that speak with you today. Thank you.

CHAIRPERSON BROWNING:

Thank you. Next is Nancy Rau.

MS. RAU:

Thank you. My name is Nancy Rau. I'm a Registered Dietician representing the Nutrition Division of the Department of Family Medicine at Stony Brook University Medical Center, directed by Josephine Connolly-Schoonen, Clinical Assistant Professor of Family Medicine. Our Division is the recipient of several New York State Department of Health grants, including the one -- the one which I am under and funded, known as the Long Island Center for Pediatric Obesity Prevention: Best Practices. I am here today to provide comment regarding the proposed Resolutions 2234 and 2235, which would require the Board of Health to disseminate regulations banning the use of artificial trans fats in food establishments and mandating chain restaurants to post caloric content on their menus.

Trans fats are a known dietary health risk that is invisible to consumers. Trans fats are believed to be harmful because they contribute to heart disease by raising bad cholesterol and lowering good

cholesterol. Trans fat increases the risk of heart disease, a leading cause of death among New Yorkers. There is no known safe level of trans fat in our diets, and leading health organizations recommend that people strictly limit consumption of trans fats.

Information provided by the New York State Department of Health indicates that more than a third of our calories, daily calories, come from food eaten away from the home. On average, Americans consume almost six grams of trans fat per day. A single fast food meal can contain more than 10 grams of trans fats. Restaurant customers have no practical way of knowing whether the food they order contains artificial trans fats or not. Artificial trans fats can be replaced with readily available heart-healthy oils without negatively impacting the taste of foods.

New York City, Boston, Baltimore, Philadelphia, and other local governments have passed trans fat bans in recent years. Eliminating trans fats in restaurants is a positive step toward improving the health of Suffolk County citizens.

The percentage of New York State adults who are overweight or obese increased from 42% in 1997 to 57% in 2002, and the overweight rate in New York State has more than tripled in a generation of children between the ages of 8 and 16. Americans spend almost half, about 47%, of food dollars on eating out, and the role of restaurants and other food establishments has become increasingly important in the prevention and control of obesity, heart disease, and diabetes.

The USDA estimates that between 1992 and 2002, annual expenditures for food away from home increased by 58%, a trend expected to continue. And the average American eats about five meals outside the home each week, either takeout or dining out, according to NPD Group, a leading market research firm.

In addition, foods eaten at restaurants and other food establishments make up approximately one-third of caloric intake. Young adults who eat frequently at fast food restaurants gain more weight and have a greater increase in insulin resistance in early middle age, according to a large multi-center study funded by the National Heart, Lung and Blood Institute published in Lancet. One reason for the weight gain might be that a single meal from one of these restaurants often contains enough calories to satisfy a person's caloric requirement for an entire day.

Brian Wansink, a nutrition and marketing professor at Cornell and author of "Mindless Eating" finds that people always underestimate calories. When you cook at home, most ingredients in the cupboard have mandatory FDA nutrition labels. Calories are not listed on most menus, therefore, people have no idea how many calories they're consuming. If restaurant patrons had similar nutrition information, they are likely to make healthier choices.

In my experience as a dietician, working with individuals attempting to lose weight, control their diabetes, cholesterol, and other health conditions, people express frustration with not having the information to make informed healthy choices. The proposed legislation would make it easier for consumers to follow the nutrition information that dieticians and other health providers work so tirelessly to promote. Thank you.

CHAIRPERSON BROWNING:

Thank you.

LEG. D'AMARO:

Can I ask a question?

CHAIRPERSON BROWNING:

Okay. Legislator D'Amaro.

LEG. D'AMARO:

Ms. Rau, if you would just come back up, please. I want to, first of all, thank you very much for

coming today. The other committee ran overtime, so my apologies for anyone who's here on this particular -- these two bills today. And I want to thank you again for coming down. Just very quickly, who are you representing here today?

MS. RAU:

I'm representing Stony Brook University, Department of Family Medicine, and Josephine Connolly-Schoonen.

LEG. D'AMARO:

Right. All right. And I appreciate your statement very much. I think many of my colleagues on this Committee, as well as in the full Legislature, realize the magnitude of the health crisis that are traceable back to calorie content, as well as trans fats. But I just wanted to ask you, are both of those, the calorie disclosure, or the lack thereof, as well as the trans fat issue, both contributing to the obesity problem and the other health ailments that we see occurring exponentially, really, in Suffolk County, if not in the nation?

MS. RAU:

I believe they're both contributing to --

LEG. D'AMARO:

They are, yeah.

MS. RAU:

-- obesity, heart disease, high cholesterol, diabetes. Overweight contributes to Type 2 diabetes.

LEG. D'AMARO:

All right. Well, then again, I thank you for your testimony.

MS. RAU:

Thank you.

LEG. D'AMARO:

Thank you, Madam Chair.

CHAIRPERSON BROWNING:

Don't go anywhere. We have one more question.

MS. RAU:

Oh, I'm so sorry.

CHAIRPERSON BROWNING:

Legislator Eddington has a question for you.

LEG. EDDINGTON:

Yeah. I did hear you say that the increase in education should result in a healthier behavior, and we're talking about heart disease. And I'm wondering, I think smoking is like the number one cause of heart disease, I think, and correct me if I'm wrong, and increased education hasn't really resulted in changing that behavior, so why do you think it's going to work with this?

MS. RAU:

Well, I think with trans fats, people have education, but they are unaware of foods that they are contained in, and they're -- as I said, they're invisible and they can't -- they -- if they don't have the education to know what foods might contain trans fats, they have no way of knowing.

LEG. EDDINGTON:

So you're saying that increased education, maybe not regulation, but increased education --

MS. RAU:

I think -- yes, I think regulation. I think it's a public health epidemic, obesity is a public health epidemic, and heart disease as well, and this banning trans fats will help with that.

LEG. EDDINGTON:

Okay. Thank you.

MS. RAU:

You're welcome.

CHAIRPERSON BROWNING:

Thank you. Bonnie Scally.

MS. SCALLY:

Good afternoon. My name is Bonnie Scally. I'm the School Lunch Administrator for the Half Hollow Hills School District in Dix Hills. We have eleven schools, 10,300 students from Pre-K to 12th Grade.

Concerned about research showing that eating trans fat increases your risk of developing heart disease, stroke and Type 2 diabetes, the Half Hollow Hills Schools decided to eliminate trans fat from their breakfast, lunch and snack menus. Our District Wellness Policy, revised in 2007, prohibits the sale of foods containing trans fat. Although the whole process took approximately one year, it was not difficult or expensive to do.

I was asked to just speak on how my District was able to do this and the benefits that we feel we have for the students in our District. I started by identifying the foods on our menus that contained trans fats through examining the ingredient labels of all of our -- we have over 250 food items that we serve on our monthly menus. At the time, I had to study ingredient labels and look for the different wording for trans fat. Now it's much easier, because on the nutrient labels now, it tells you if there's trans fats in the item. While I was investigating the alternative brands for the foods that we would need to replace, I had discussions with several manufacturers about removing trans fats from their brands, and found them to be more responsive once they knew that it was becoming law. At this time, New York City was just putting it on their books, and Nassau County was debating it. And when I had discussions with the manufacturers, like I said, you know, when I was just telling them that it was something we wanted to do in our District, they were really not very responsive. Once they realized, you know, the laws were coming and it was something they were going to have to change, they started to make the changes.

Although the difference is slight and some foods look and taste different without trans fats, we had -- there was, you know, just a little bit of a difference, so we decided to conduct taste tests with our students to see, you know, if we could find acceptable replacement brands, and we were able to. On all of our popular foods, we could find an alternative out there that we felt was better for the students because it did not have trans fats. And usually along with that, it was lower total fat content and it was very good.

In the cases where we could not find an acceptable replacement, we just removed that food item from the menu. This was mostly snack items, and this was back in early 2007. By now, most of those snack items have now come back on the market with the trans fat removed, so it really has been very, very few items.

The next step for us was to find vendors on Long Island that would carry these trans fat free items. In schools, we can't always purchase the same foods that are out there on the commercial market. We have different vendors, and there's only a few of them that come to Long Island, so we had to -- through getting the information out there, and the more that was, you know, publicly known about it, then the vendors were willing to carry more items, and it's become -- as the demand has

increased, there's a wider variety out there of trans fat free foods.

The Half Hollow Hills School District belongs to the Long Island Cooperative. It's a group of 37 Nassau and Suffolk County School Districts. We collectively prepare bids for purchasing food and supplies for school meals. In the Spring of 2008, the co-op changed the terms and conditions for its bids, requiring vendors to verify that the foods they bid on for the schools were trans fat free. The large purchasing power of the co-op not only saves the schools money, but promotes positive change in school meals by influencing vendors to sell healthier food.

The Half Hollow Hills School District, there has not been a significant cost associated with this. We really were able to make the change and I have not seen any significant increases in food cost. The only area that I can honestly say there was a difference, when we switched to pure butter from margarine, that is -- you know, that's quite costly.

CHAIRPERSON BROWNING:

Okay. Your time is up --

MS. SCALLY:

Okay.

CHAIRPERSON BROWNING:

-- if you don't mind.

MS. SCALLY:

Thank you.

CHAIRPERSON BROWNING:

Thank you. Julianna Belelieu. I hope I said that right.

MS. BELELIEU:

Good afternoon, Chair Browning and Members of the Legislature. Thanks for the opportunity to speak. I'm Julianna Belelieu and I'm here on behalf of the American Heart Association. I'm the Advocacy Director for New York, Nassau and Suffolk Counties.

As many of you know, the American Heart Association is a voluntary organization dedicated to reducing death and disability due to cardiovascular disease. We fund research, develop benchmark treatment guidelines, implement educational and awareness programs in the communities, and advocate for policies to reduce the incidents of both heart disease and stroke. With this goal in mind, the American Heart Association supports both the proposed trans fat ban and the menu labeling proposal under consideration today.

I'd like to touch on the menu labeling proposal first. We've made great strides at the American Heart Association and as a nation in reducing the burden of cardiovascular disease, but we see a cloud on the horizon and that is the obesity epidemic. It's threatening to reverse a lot of the gains we've made. And obesity is of particular concern with respect to heart disease and stroke, because it raises cholesterol and triglycerides, lowers good HDL cholesterol, raises blood pressure and can induce diabetes. Even when none of these other risk factors are present, obesity by itself increases the risk for heart disease. Fortunately, we know that obesity can be prevented and treated through physical activity and good nutrition. But, if individuals are to maintain a healthy weight, it's vital that they are educated about their nutritional needs and have access to information about how many calories are contained in the foods and beverages they are consuming.

For well over a decade, nutrition labeling regulations at the Federal level have allowed individuals to evaluate the contents of most foods purchased for home consumption. When it comes to foods purchased outside the home, however, consumers have little, if any, nutritional information available at the point of purchase. At the same time, we're consuming an ever greater number of foods

outside the home. And we know that people typically underestimate the calories of foods that they consume at restaurants, and that portions in restaurants are larger and higher in calories than foods prepared at home. If we want consumers to make healthier choices, we have to give them the tools to do so when they are making their purchasing decision, not after.

The American Heart Association also supports the proposed trans fat ban. Research has shown that trans fat increases the risk of developing coronary heart disease, and studies have suggested that this is due to negative effects on a person's LDL or bad cholesterol, inflammation and disruption of normal cell function, and interference with the metabolism of other important fats. The Association has long recognized that the consumption of artificial trans fats is a health risk, and our dietary guidelines recommend that individuals consume no more than 1% of their total calories from trans fats. And I have longer testimony that I'll submit in written form.

CHAIRPERSON BROWNING:

Thank you. Next is Richard Reinwald.

MR. REINWALD:

Good afternoon. Thank you for allowing us to come here today, Chairwoman. My name is Richard Reinwald. I own Reinwald's Bakery in Huntington, New York. I'm a Certified Master Baker. I'm also Vice President of the Nassau-Suffolk Bakers association.

We appreciate your concern on this important issue of trans fat, and we understand the reasons why you want to ban trans fats. We accept the testimony of all the previous people and it's very true. However, shortly after the FDA began requiring trans information on labels, the New York City Board of Health came out and banned the use of trans fats starting in July of 2008. Since January of 2007, our Association has been experimenting with trans-free products. In the ensuing two years, we have tested trans-free shortenings from six manufacturers, many with multiple versions. We have traveled to many venues across the country, spoken to many shortening companies, participated in research and development of trans-free shortenings.

A small digression is in order here. The restaurant and bakery operations are -- well, both food operations are very different. The restaurant is a cooked product, and usually a liquid fat is often desirable, because it gives a quick mouth release. So, for a restaurant to use a liquid oil or fat is not a problem. In a baked product, the fat is incorporated inside the product, and usually the chemistry of how that fat is blended or emulsified determines the quality of that product. The bakery industry relies on a semi-solid fat to accomplish this. Years ago we used lard and butter. For a less saturated alternative, the discovery was made that by pumping hydrogen into soybean oil, the result would be a solid shortening, which our industry needs. Being the end user of this product, we believed it to be superior for health and production to any of the tropical oils, which faced their own ban in the '70's. Today, in replacing trans fat, all the shortening companies have resorted to using tropical oils, and our experience has shown that this has not -- they simply do not perform. The pie crusts, the fats and the sugars do not cream up sufficiently. Our creams and fillings are becoming unstable, usually unsellable after one day.

And you say that, again, in a restaurant situation or in the schools, and I commend the schools for doing this, that very often in food products you do not need that solid shortening. And because of New York City's enacting the law for 2008, the shortening companies went and proceeded to go for the quick fix, and the quick fix was these tropical oils. So the replacement for trans fat shortenings today really consist of palm and tropical oils, which are highly saturated, so there's really not much difference between a -- using a palm oil or using a trans shortening. However in conversations with shortening companies, and we've been to many of them, in the next three to five years, they will be producing shortenings that will be all low in saturates and also be trans free.

So what we are asking today is to promulgate a trans fat ban, because that is for the good of the County. However, to use prudence in putting the ban into place. We ask for a three-to-five-year place of that ban, particularly in the baking industry where we'll need it most. In proposing this

exemption or extension of time, I must note that Philadelphia has exempted retail bakeries from their trans fat ban. Nassau County has heard the bakers' argument and has agreed to examine a possible extension. I know in New York City the bakers are suffering with the ban, and many bakers are willing to pay the fines rather than produce inferior product.

The other problem in the trans fat ban as proposed is that the Board of Health will be in charge of enforcing it. Unfortunately, and I don't know if the Legislature -- Legislators know this, the Board of Health only inspects food establishments, retail bakeries included. Supermarkets, supermarket bakeries, COSTCO, COSTCO bakeries are inspected by the State Department of Agriculture, so they would not be under these same laws. How would you feel as a retail baker in a community, supporting your community, and now you are not allowed to make a product that results in a good tasting product, and that your competition is allowed a free ride? And one other item that I would like to say.

CHAIRPERSON BROWNING:

Okay. I will tell you your three minutes are up. However, there are two Legislators who have questions for you.

MR. REINWALD:

Okay.

CHAIRPERSON BROWNING:

Legislator Kennedy.

LEG. KENNEDY:

Thank you, Madam Chair. Thank you, Mr. Reinwald, for coming out. As a matter of fact, interestingly enough, the sponsor and I were just speaking about impacts to the baking industry. And I'm familiar with many bakers here in Suffolk County, as a matter of fact, continue to be relatively small independent operators outside of the grocery chains. And so my question to you is not only what alternative products do you have out there, but what are the cost issues that you're facing in attempting to obtain an alternative?

MR. REINWALD:

There's been difficulty up to this point in getting trans product, because we're competing with the Pepperidge Farms of the world for product. An adverse situation has arose because of Federal ethanol mandates. There are specific soybeans that are called low linoleic acid soybeans which will produce a solid, semi-solid shortening without trans fat and without being highly saturated, and they can't convince farmers to plant these soybeans because of the ethanol mandates. So we are competing with a lot of people for product. And, of course, you know the Pepperidge Farms of the world and the lard producers can get that. And, typically, we pay a 20% premium for a palm-based trans free shortening currently.

LEG. KENNEDY:

So, in other words, for you to go ahead and cook a batch of jelly donuts under what we would be looking to go forward to, you would have a 20% increase in cost to vend that same jelly donut?

MR. REINWALD:

Actually it would be more, because the -- again, the palm oil, besides being more expensive, also doesn't last as long in the fryer. So it's having to change the oil on a seven-day basis instead of a ten-day basis.

LEG. KENNEDY:

You also spoke about duration on the shelf itself. The products that are prepared with this alternative will not last in the case for the time? Maybe you'd have two or three days for a roll or a crumb cake or something?

MR. REINWALD:

Right. Well, all that stuff is thrown out -- not thrown out, actually, we -- our organization has organized a plan to give to various soup kitchens. However, on cakes, particular cakes with icings on it, so they're cut off from the air, but that icing becomes really unusable after a day --

LEG. KENNEDY:

Okay.

MR. REINWALD:

With current product available.

LEG. KENNEDY:

Okay. So, in other words, it's immaterial as far as your shelf life duration which item you use, whether you use trans fat or whether you use the alternative?

MR. REINWALD:

The alternative, currently what they're working on -- see, in New York City, we commend New York City for putting this into place, because that was the snowball that caused everything to happen. But the food manufacturers were ill-prepared, and so what -- they went for the quick fix, and the quick fix was these tropical oils. And I think any of the nutritionists here will back me up when they say that the tropical oils aren't a hell of a lot better for you than the trans fats.

LEG. KENNEDY:

Okay. All right. Thank you.

CHAIRPERSON BROWNING:

Legislator Gregory, you have a question?

LEG. GREGORY:

Thank you for being here today. I've actually had some of your products. I know you're very -- you have a very good reputation in the area.

MR. REINWALD:

Thank you.

LEG. GREGORY:

I've lived and survived so far. But from -- briefly, from your statement, and I remember you sent a letter to my office, was that the -- talk to me more about the regulation or the oversight of supermarkets and the disadvantage that would be -- that you would see if there's a ban imposed by the County Department of Health.

MR. REINWALD:

Well, actually I would be willing to have a statewide ban or a nationwide ban. Again, we do not argue the case that trans fats are good for you, we just feel in the implementation process you're setting up an unfair situation where the supermarkets are not inspected by the Board of Health, and the Commissioner can back me up on that. So all the supermarkets, which has always been a bone of contention of mine, because we don't play by the same rules, they don't have to be faced with my rate of regulations. Suffolk County Board of Health has always been in the forefront of the nation in proposing certain health regulations. For example, the Glove Law is one of the first ones in the nation and that have really -- benefit the population here in Suffolk County. But, in this case, it will work against us that bakeries will be, like restaurants, will be inspected, and our biggest competitors, who do not contribute anywhere near -- and I'm not knocking any corporate structure, but, for example, tonight I have to go to Huntington Breast Cancer Awareness dinner that we're sponsoring and I didn't see any of the other major food corporations on that list.

LEG. GREGORY:

Now, you said that the industry on its own is kind of going towards its own self-imposed ban, or is it --

MR. REINWALD:

Yes.

LEG. GREGORY:

-- not an accurate characterization of what you said?

MR. REINWALD:

We realize that this is the way to go. We are committed to providing our customers with wholesome product, fresh product made right here in the community. I think the biggest difference between a retail bakery and the corporate baking structure is we bake that day, the consumer comes in and buys it that day and eats it that day, typically. And so we have been to many shortening companies, working closely with them, trying to solve this problem, and in informal talks. Corporations don't want to go on record, but they're getting very close.

Out in California, where a ban has also been enacted, they have developed a soybean-based product that is low in saturates and also trans free. So the future is bright. In this law, we do not oppose the law. However, it could be said, while I don't oppose the law, if you're going to legislate what people can and cannot eat, I would think that we should legislate that they go for whole grains. Whole grains, as any of the nutritionists here, have all the beneficial attributes that you say trans fats are deleterious. Whole grains can reduce strokes 30%, they reduce blood pressure 20 to 30%. We all know the oatmeal commercials, reduce your cholesterol 10%. So I would -- Nassau-Suffolk Bakers Association is having a whole grain initiative where we're going to be developing whole grain products, which would actually benefit the consumers' health. And I would like to see you legislate that we promote whole grain consumption over fats. Don't get me wrong, trans fats are bad, but it's not trans fats that are -- is the cause of the obesity issue, it's overeating that is the cause of the obesity issue.

Very often what happens, I remember a couple of years ago, we had a lowfat muffin rage, and when we had the lowfat muffin rage, people said they could eat without a problem. However, to take the fat out, they pumped up the sugar, so the muffins were worse for you than a regular fat muffin. My fear is that in the trans fat ban, people will go into the supermarket, think, "Well, it's trans free, so I can eat as much as I want." And it's really the fats that are causing the obesity problem, not the trans fats. And then we can ban soda, we can ban everything. So what is the root of the problem? Is trans fat the root of the problem? I think not.

LEG. GREGORY:

Okay. And just one more question, through the Chair to the sponsor. Your legislation doesn't have a time frame for the ban, it just calls for a phase-in; am I correct or no?

LEG. D'AMARO:

Yeah, my legislation would permit the Board of Health, working with the Health Commissioner and the Health Department, to phase in the phaseout --

LEG. GREGORY:

Right.

LEG. D'AMARO:

-- of trans fats. And we're going to leave that up to the experts, working along with folks such as Mr. Reinwald, because it's important that we do it for public health reasons, while, at the same time, not putting anyone in a competitive disadvantage in business, especially smaller businesses. But I

do want to make a point that I'm not so sure you'd be at a competitive disadvantage. You may, in fact, be at a competitive advantage at some point, because, as public awareness increases with the health risks associated with ingesting trans fats, I think you might actually find it as a selling point.

MR. REINWALD:

Absolutely. And I have to tell you that early on in 2006, I tried to make my bakery shop trans free for that very reason, I figured that it was an opportunity. And I always try to look at challenges as opportunities. However, it just did not perform --

LEG. D'AMARO:

Right.

MR. REINWALD:

-- what is out there today.

LEG. D'AMARO:

And if I could just respond to that, through the Chair. As you mentioned, the entire state of California has done this, the entire countries of Sweden and Denmark have done it, Albany County has done it, Nassau County has done it. The point is that as more people and more Counties and more jurisdictions add their voice to that chorus, you will see the increased research, development, and demand, and the cost coming down for the product. This is a relatively new movement, but as some of the speakers have already indicated, this is a health crisis of epidemic proportions, and that's why the legislation is before us today.

MR. REINWALD:

Thank you.

LEG. D'AMARO:

Thank you.

CHAIRPERSON BROWNING:

Thank you, Mr. Reinwald.

MR. REINWALD:

Thank you.

CHAIRPERSON BROWNING:

Next, we have Paul Sadienz. Did I say it right, Paul Sadienz?

MR. SAPIENZA:

I was signed up and I was going to give Rich my three minutes.

MR. REINWALD:

We don't need it, though.

CHAIRPERSON BROWNING:

Oh, so you don't want to speak.

MR. SAPIENZA:

No.

CHAIRPERSON BROWNING:

Okay. Okay. Next we have -- I think it's Jose Leon.

DR. LEON:

Good afternoon, members of the Health and Human Services Committee. I thank you for the

opportunity to address you on this very important health care issue. My name is Dr. Jose Leon. I have been the Medical Director of Dolan Family Health Center in Greenlawn for the past three years. Prior to this, I was in private practice for eight years. My priority at Dolan is the wellbeing of the uninsured and the underinsured within the Huntington Township. We currently see about 30,000 patients a year in the three disciplines of pediatrics, obstetrics and gynecology, and adult medicine. In the three years I have been there, I have become increasingly alarmed with the enormous number of diabetics we see at the health care center. It seems that on some days every patient I see has diabetes, and I am certain that every day we see a new patient with diabetes. Hand in hand with this is the increasing trend of obesity across the entire population. Type 2 diabetes is far more common in the pediatric population and the obstetric population than it used to be 15 or 20 years ago. These are all warning signs of a general decline in the wellness of our population. To the point, that the life expectancy of a newborn child today is actually less than what it was five or ten years ago.

Proper nutrition is an important aspect in health care. It's as important to health care as prescribing medication. Often, it is counterproductive to prescribe medication without discussing the nutritional changes a patient should make to enhance the effectiveness of these medications. Educating patients with regard to nutrition is of paramount importance, and it needs to be done in a simple understandable manner. As physicians, we utilize nutritionists to implement dietary modification, but no matter the diet we place on them for the home, we cannot control their food choices when eating at the restaurants. Patients equate things like the small order of french fries as being within their diet, or salad with ranch dressing as being healthy for them when it is not the case at all. We live in a mobile society, and people eat out more often because it is fast and convenient. It is important for these people to make better choices when eating out.

Posting caloric contents of food in restaurants and controlling trans fatty acid levels will influence the choices people make. I will use myself as an example. I was horrified to learn that the turkey sandwich from a favorite sandwich chain I usually go to had the caloric equivalent of the larger burger from a known fast food restaurant. I thought I was making a healthy choice, but if I, the physician, can make this mistake, then so can anyone else.

I support this legislation because it serves the public good and promotes the discussion for how we all need to have better health. People always have the right to choose freely, but better choices are often accompanied by having received better information. Thank you.

CHAIRPERSON BROWNING:

Thank you. Next is Gerald Busic.

MR. BUSIC:

Good afternoon. I was just at the California Diner. The girl there just loves you, Mrs. Browning.

CHAIRPERSON BROWNING:

I haven't been there in awhile.

MR. BUSIC:

Okay.

CHAIRPERSON BROWNING:

Oh, I know who you're talking about, yes.

MR. BUSIC:

She said she's known you since she was this big.

CHAIRPERSON BROWNING:

Yes, I've known her from school, yes.

MR. BUSIC:

All right. Anyway, My name is Gerry Basic. I am a Combat Vietnam Veteran. I am also, because of that, being sprayed with Agent Orange for 365 days, a diabetic. This has never presented a problem before. With the late hours that the DSS proposes to do, this will present a problem. I need to take two insulin shots a day. Presently, I -- the DSS does not have any type of accommodation for diabetics that would be working extended hours.

I have this accommodation and compliance series, Employees with Diabetes book, and it says there should be many accommodations. This is -- I don't want to go really into it, but it says -- number one, it says allows for storage of medicine, which there are no refrigerators that are secure, provides an area to test blood sugars, provide an area to administer your medicine, provide appropriate containers such as for Sharps, and go on and on and on.

Now, this late hour would also give me two more whammies. I also happen to be a caretaker for my 61-year-old wife who has Alzheimer's, much too young to have Alzheimer's. She needs to be fed at night. There are no other children in the house, I am the sole provider. Also, I also work for the Town of Brookhaven at night. You are going to take income away from my family if you make me work one night a week or one night -- even if it's a month, you're going to take money away from me. So I'm asking you to please reconsider this working at night. That's all I can say. Thank you very much.

CHAIRPERSON BROWNING:

Thank you, Mr. Basic.

(Applause)

We have Andrea, Andrea Yurkew. All right. I probably -- did I say that right?

MS. YURKEW:

Yes you did, Yurkew.

CHAIRPERSON BROWNING:

Okay.

MS. YURKEW:

Good afternoon, Members of the Health and Human Services Committee. It is an honor to have the opportunity to address you on this important topic. My name is Andrea Yurkew. I'm a licensed Nutritionist, Registered Dietician, and Certified Diabetic Educator. I have a private practice in Huntington, and I work part-time for Dolan Family Health Center, which is part of Suffolk County System of Health Centers. I have read Legislator D'Amaro's resolution and I would like to give my professional opinion about them.

Over the years, I've helped hundreds of people lose weight and/or choose a healthier diet. By far, the greatest challenge for my patients has been moderating and making wise choices when eating out of the home. The majority of the food a typical patient of mine eats was not prepared at home. The legislation being proposed for posting caloric content on chain restaurant menus will force chain restaurants to prepare healthier, lower fat foods, or reduce portion size. Both are beneficial in the fight against obesity.

On the topic of trans fats, the resolution clearly states the risks -- the risks of trans fats. Although packaged foods are labeled, I would estimate that 90% of my patients will have no idea what a trans fat is prior to their first nutrition visit. It has been frustrating educating a person on label reading and then observing that so many meals are from restaurants and delis where trans fats are present. Besides the clear association of trans fats with heart disease and obesity, recent research has shown the positive association of trans fats with prostate cancer, and that is a study last year out of

Harvard. I have a copy of that, if you want it.

I strongly oppose the ban of trans fats and encourage everyone to consider human life over shelf life. Thank you.

CHAIRPERSON BROWNING:

Thank you. Question? Okay.

LEG. D'AMARO:

I'm sorry, just to clarify.

CHAIRPERSON BROWNING:

Yeah, I was --

LEG. D'AMARO:

Do you strongly oppose the ban or do you support --

MS. YURKEW:

No, I strongly favor the ban. I'm sorry.

CHAIRPERSON BROWNING:

Okay.

LEG. D'AMARO:

Oh, okay. Thank you.

MS. YURKEW:

Yes.

CHAIRPERSON BROWNING:

I think we were all surprised at that one.

MS. YURKEW:

Yeah.

CHAIRPERSON BROWNING:

Okay. Charlene Hirt.

MS. HIRT:

Hi. My name is Charlene Hirt, and I just wanted to address the issue of the extended hours at the Department of Social Services. I am a mother and the sole provider of a ten-year-old special needs child. I have responsibility to my child. I'm sorry, I'm just nervous.

CHAIRPERSON BROWNING:

That's okay, take your time.

MS. HIRT:

And his schooling, his homework needs, and, most importantly, safety. And I feel working my present shift of 8:30 to 4:30 allows me to see to it that those needs are being met.

The issue of child care is a hardship for me, and being a special needs child, my son is at a greater risk of physical or sexual abuse at the hands of a predator, and I can't and will not leave my son with just anyone, and I think it's unfair that I am suddenly being expected to do so.

When I was provided with the hours of 8:30 to 4:30, when I accepted my position, basically, it fit into my lifestyle appropriately, and I have built mine and my son's life around these hours. And, as

a result, I am hoping that you will reconsider the extended hours and allow them to be on a voluntary or an overtime basis. So I thank you.

CHAIRPERSON BROWNING:

Thank you, Charlene. Don't go anywhere. Legislator Kennedy has a question.

LEG. KENNEDY:

Madam Chair. First of all, I want to thank you for coming out to speak. And, a matter of fact --

MS. HIRT:

And I'm just like so nervous, I can't even --

LEG. KENNEDY:

You did a wonderful job.

MS. HIRT:

Thank you.

LEG. KENNEDY:

Thank you. As a matter of fact, I applaud you for coming forward.

MS. HIRT:

Thank you.

LEG. KENNEDY:

When you were presented with the time change, did you make your supervisor or anybody in administration aware that this was a problem, and could you be accommodated?

MS. HIRT:

Well, basically, the way it was presented was it kind of came out of left field. I mean, I had gotten a phone call from my family and they said, "Oh, guess what's occurring now?" And it was kind of put in such a way where, "We wanted to tell you this, but I guess it was released to the media first. You have six weeks, now go forth and just figure it out." So I just feel like when we really strive so much to enforce in our clients, or at least stress accountability, where's my accountability when I now have to find someone to pawn my child off on when I feel like it's my responsibility to go home to him, make sure he's fed, make sure he does his homework? You know, I mean, I just feel what time am I going to get home? What time will he be up until now?

LEG. KENNEDY:

Just so that you understand, it was never an intention to work a hardship on any membership. And, again, I commend you and I applaud all the employees in Social Services who do an outstanding job. And we do have a resolution today to embargo the implementation of the night hours until we can go ahead and work out some accommodation. What do you do and what center are you at?

MS. HIRT:

I am at the Coram Center, and I am an Examiner I.

LEG. KENNEDY:

Okay, wonderful. Thank you very much for coming out. I appreciate it.
Thank you.

MS. HIRT:

Thank you, sir. Thank you.

CHAIRPERSON BROWNING:

Thank you, Charlene.

(Applause)

Leah Jefferson.

MS. JEFFERSON:

Good afternoon, my name is Leah Jefferson and I am the Long Island Regional Advocacy Director for the American Cancer Society, the Eastern Division. And on behalf of the largest volunteer-driven public health organization in our nation, it is my pleasure to be here today to support Legislator D'Amaro's resolution for calorie labeling in chain restaurants.

Obesity is a major epidemic with serious implications for the health and economic status of our State and also for Suffolk County. While most know that excess pounds raise the risk of heart disease, hypertension, diabetes, stroke, and other fatal health problems, few are aware of the linkage between obesity and cancer. It is estimated that currently 14% of cancer deaths among males are due to obesity, and 20% of cancer deaths among females are attributed to obesity. National health care expenditures are estimated at 70 to 100 billion dollars per year and are expected to grow with the increasing rates of obesity. Health care costs are 56% higher for obese persons compared to normal weight persons. This puts significant financial pressure on Medicaid and the health care budgets, since obesity is approximately twice as high in low income groups as compared to higher income groups.

Like other voluntary health organizations, the ACS disseminates nutritional guidelines in order to empower individuals with information to make informed decisions. However, this information must be readily available when the purchase decisions are being made. People have grown accustomed to having nutritional information on packaged foods in supermarkets and they want and deserve to have it on menus as well. In fact, a recent industry-sponsored poll shows that 83% of Americans do want restaurants to provide nutritional information.

In addition to providing consumers with information to help them make informed decisions, menu labeling would provide an incentive for restaurants to add new menu items, and possibly reformulate existing options to reduce calories. We saw this happen when nutrition facts labels went on packaged foods in 1994, and we see it now with companies lowering or eliminating the trans fats in response to the FDA requiring trans fat labeling.

The food industry actually -- might actually think twice about selling a quad burger with four beef patties, four slices of cheese, and eight slices of bacon if they had to show the 1,000-calorie price tag that goes along with it. With half the food dollar now being spent away from the home, it's appropriate to make caloric information visible in restaurants where foods are typically higher in fat, calories, and larger portions prevail. One study found that children who ate fast food obtained 29 to 38% of their total energy intake from the source that it -- and ate more fat, more saturated fat, more carbohydrates, more sugars, more sweetened beverages, and consumed less milk, fruits, and vegetables than those who did not eat out at fast food restaurants. In fact, on a typical day, nearly one-third of children in the United States are eating fast food, and these extra calories can pack on six pounds per child per year.

The current voluntary provision of nutritional information by many restaurants, although inconsistently offered, does show that providing food composition data is practical, affordable, and it's wanted by the consumer. Although having calorie information on a website or behind a counter is a good start, it is inadequate. Consumers should be able to at least see the information most related to weight gain when ordering a food or drink. For example, unless the menu labeling was provided, a consumer at Starbucks might not know that the Ground A Java Chip Frappuccino they're about to order has 460 calories and 19 grams of fat. Providing consumers with the knowledge empowers them to make informed decisions, and studies show that the information will be utilized. In fact, since menu labeling has been implemented in New York City, customers who saw calorie information displayed purchased an average of 52 calories less per meal than those who did not

have the information.

We have seen in the fight against tobacco the substantial benefits of taking an aggressive policy-based approach that makes it easier to pursue healthier behaviors while creating barriers to unhealthy practices. Although met with opposition initially, these policies have been strengthened over the years and have had a positive effect on the population, and are an encouraging step in reducing preventable forms of cancer. Therefore, a strategy such as menu labeling should be part of a comprehensive approach to address obesity and the manufacturers contributing to the problem. When given options that can address a serious epidemic, the most harm could be done by not taking any action.

In conclusion, the American Cancer Society supports the significant step proposed by Legislator D'Amaro and as part of a comprehensive approach to addressing obesity, and we believe it is likely to promote reductions in both obesity and cancer. With the passage of similar legislation recently in Westchester, and Nassau, and Ulster Counties working on similar proposals, it only makes sense that Suffolk County join and become a front-runner on this important health care issue. Therefore, we strongly urge that the resolution be considered immediately.

CHAIRPERSON BROWNING:

Thank you. No questions. Next, Kathy Malloy.

MS. MALLOY:

Good afternoon. My name is Kathleen Malloy, I'm from AME, and I'm here to discuss the DSS nighttime hour idea.

Here we are again, talking about our County workers, but this time it's the DSS workers who provide assistance to the poorest segment of our County population, and have managed to do so at a staff vacancy rate of about 9%, as per our 2009 budget analysis statistics. So now, to thank these workers for working harder, because their deadlines don't just mean a report didn't get done, it could mean the difference between someone eating or not having food that day, and those workers struggle to meet the deadlines with less staff every year, so we thank them by telling them they now have to work at night. So, besides rushing to help their clients, they will be now also be wondering who's picking up the kids.

Speaking for the many DSS workers I have met, many of whom I have worked alongside for many years, since I have been a DSS worker for 19 years, most of us chose these County office jobs because they are that, they are office jobs. We came to work at 8 or 8:30 in the morning and worked until 4 or 4:30, pretty much the same hours as our children have spent in school, and this arrangement has worked for many years, as history has shown. If we wanted to work nights, we would have gone to work at the mall or factory, but we did not. We chose to work in an office, and, immediately upon hiring, agreed to work the hours that were mandated, that we needed to work.

There has now been talk of nighttime hours for the past year, ideas of offering overtime to those who chose to work late. There are many workers whose children are grown, or who do not have children. There are many workers who would like to work overtime. Flextime, it worked back in the '90's. The workers who took part in it loved it. I was one of them. They worked later in the days to have another day off. It cost the County nothing, no overtime, no extra wages. But for County Executive Levy to just determine that there is now a monthly schedule, which will impact negatively on all of the DSS workers, with no consideration to this loyal and hardworking workforce, as to how such a change in hours could affect them -- as a DSS worker, I know how important it is to help the clients, but our DSS workers are also deserving of better consideration in this idea. And as a professional leader, I would ask of Mr. Levy and to all of the Legislators, is this any way to treat your workers, many of whom have been here a lot longer than our County Executive, and longer than most of us in this room, me included? When will the needs and the ideas of the workers who have the knowledge and experience be considered?

Thank you very much.

(Applause)

CHAIRPERSON BROWNING:

Thank you, Kathy. Question, Kathy. Legislator Gregory.

LEG. GREGORY:

Just a quick question. I know in the past, and I'm pretty sure it's the same, there's been arguments that the staffing levels aren't sufficient to get the job done. You just mentioned flextime.

MS. MALLOY:

Yes.

LEG. GREGORY:

Would that be -- you're talking about our voluntary flextime?

MS. MALLOY:

That's the only way flextime works. When they had flextime back in the '90's, I myself loved it. I worked an extra 45 minutes a day and had every other Wednesday off. I couldn't have been happier. It hurt nobody and I was there until six o'clock at night. I absolutely loved it.

LEG. GREGORY:

But aren't you concerned that with the staffing levels the way they are, not being sufficient, at least that's what I've heard --

MS. MALLOY:

Well, I'm not the Commissioner, but I was here in the spring when the Commissioner -- last spring when she did say she would need a full staff. And I can certainly understand that we would need a full staff to implement flextime. And with the fact that the salaries are reimbursed from Federal and State anywhere from 40 to 100%, why not?

LEG. GREGORY:

I'm not sure.

MS. MALLOY:

Why not just fully staff them?

LEG. GREGORY:

Okay. Thank you.

MS. MALLOY:

Thank you, sir.

(Applause)

CHAIRPERSON BROWNING:

Thank you, Kathy. Next is Debra Alloncius.

MS. ALLONCIUS:

Good afternoon, Chairwoman Browning, and Members of the Health and Human Services Committee. I would like to take this time to read a letter that we sent to Presiding Officer Lindsay, not me, AME, Cheryl Felice sent to the Honorable William J -- William Lindsay, Presiding Officer of the Suffolk County Legislature on January 12th, 2009.

"Dear Presiding Officer Lindsay: I trust this letter finds you in good health, and hope that you have

had a wonderful holiday season. I look forward to working with your staff and the entire Legislative staff in this upcoming year of 2009, as we face the most extreme of financial times and uncertainty of government funding. Unfortunately, for certain members in the Department of Social Services, this year is looking bleaker than past years. Certain units in the Department have been severely understaffed and remain so, as we have discussed on many occasions, and there is no positive morale to be found anywhere. To add insult to injury, approximately 340 members of this Department will now have to disrupt their lives to fulfill a mandate that was thrust upon them in an effort to fulfill the Welfare to Work Commission's recommendation for evening hours at the Department of Social Services. This dictum presents a multitude of problems for my members and the Association of Municipal Employees.

The crux of the problem I speak of is that the intent of the resolution has been lost. The actual intent of Resolution Number 929 of 2008 was to have DeMarzo submit a plan to the County Legislature providing the estimated costs of operation and staffing of centers associated with the extended evening hours. Use of a flextime schedule was considered to accommodate consumers who may be unable to access the DSS centers during regular business hours because they are working. Unfortunately, County Executive Levy has jumped the gun on the Legislature and implemented a full plan that's not well thought out, and will cause undue hardship for many AME members.

I understand Legislator Kennedy laid a new resolution on the table, I.R. 1019 of 2009, which attempts to block the intended closing of the DSS centers one morning a week, and again calls for DeMarzo to submit an evening hours plan to the Legislature for their review. In addition, this new resolution precludes DSS from implementing evening hours until said plan is approved by the Legislature.

I have been told that a request to intervene had also been sent to the State Commissioner at the office of the -- of Temporary Disability and Assistance, OTDA, as the plan harms consumers who rely on public transportation.

I look to you for assistance in the resolution of the mandated evening hours that were imposed by a news release from Levy, dated December 8th, 2008, and for an equitable proposal to the Welfare to Work Commission's request for evening hours to accommodate working consumers.

Thank you again for your continued support and assistance. Sincerely Cheryl A Felice, President."

(Applause)

And I'd like to submit the letter into evidence.

CHAIRPERSON BROWNING:

Any questions? Question? No? Okay. I guess no questions. Thank you.

LEG. KENNEDY:

You know what, Madam Chair, I do have one.

CHAIRPERSON BROWNING:

Okay. There you go.

LEG. KENNEDY:

Thank you, Debra. We've had many, many, many discussions about this, and I think that, you know, the AME President summed it up well. As I was the original sponsor, my intention was never to compel any individual member to have a hardship worked upon them. And, as a matter of fact, in my prior time out in the County Clerk's Office, I was instrumental in implementing a flextime plan and it did work very well. And my thought was that, in fact, that might have been one of the multiple options that we got an opportunity to contemplate. And, unfortunately, that did not

manifest itself in that the County Executive elected to implement in a fashion he has.

My question to you is, do you have anecdotally any number of members who've expressed that implementing this was going to cause or work a hardship? We've heard compelling testimony here from a couple of members. Do you have any global sense, any number? How many members are going to be impacted?

MS. ALLONCIUS:

I have had contact from at least 44 of my members.

LEG. KENNEDY:

Okay.

MS. ALLONCIUS:

And, unfortunately, they cannot appear here --

LEG. KENNEDY:

No, I understand.

MS. ALLONCIUS:

-- because they cannot take the time off, because everybody is under the same financial crunch and nobody can lose time. And even if -- and they can't call in sick, they'd be a sick-time abuser. You know, vacations have to be prior approved. If they put in for personal time that they're coming here to speak, it can be a hardship for them.

LEG. KENNEDY:

Also, we need them to do what they're there to do --

MS. ALLONCIUS:

Absolutely.

LEG. KENNEDY:

-- which is to service the needs of our unemployed and our underprivileged --

MS. ALLONCIUS:

Absolutely. And we have some people who are severely harmed.

LEG. KENNEDY:

-- and our working poor. Okay.

MS. ALLONCIUS:

We have some people who are severely harmed and --

LEG. KENNEDY:

Yep.

MS. ALLONCIUS:

-- and on that. You know, there are accommodations that should have been, as the security guard, Mr. Busic, pointed out, that should have been put into place. You have people taking -- you have disabled people relying on SCAT transportation. That person wasn't asked, "Can I make an accommodation for you from 11 o'clock in the morning until 7 o'clock in the evening." None of that was done. It's not fair.

LEG. KENNEDY:

Okay.

MS. ALLONCIUS:

The workforce, they give, give, give and continue to do so on a daily basis and don't ask for much in return.

LEG. KENNEDY:

Okay. All right. Thank you, I appreciate it.

(Applause)

CHAIRPERSON BROWNING:

Legislator Gregory has a question. Don't leave.

LEG. GREGORY:

Hi, Deb.

CHAIRPERSON BROWNING:

Debra.

LEG. GREGORY:

I was a cosponsor on this bill, and my main motivation was I live in a District or I represent a District that has a -- you know, we actually had a DSS center that was moved, consolidated, but that has -- you know, services the DSS building, and many times, having constituents come into my office saying that they had to lose a half a day's work, a day's work, two days' work to get basic information. And my thoughts were that if we were to extend the operations one night a week, or whatever it was, into the evening, that we would not inconvenience -- that we would remove that inconvenience. And my motivation wasn't to shift that inconvenience or that burden to the workers, but to make it equitable for everyone. We shouldn't have people come to our centers that are less better off than when they came. You know, we're taking monies from their pockets --

MS. ALLONCIUS:

I agree with you there. I've been 32 years doing that.

LEG. GREGORY:

-- you know, with transportation issues and others.

MS. ALLONCIUS:

Exactly, helping people.

LEG. GREGORY:

And we shouldn't shift that burden to the workers who have, you know, prior arrangements that can't be easily changed. So I support --

MS. ALLONCIUS:

The intent of the original resolution that was put forth was to come up with a schedule, and we have done it many times where we -- when we were doing flex where you had people working. The Department of Motor Vehicle, which Mr. Levy used as an example, of having extended evening hours, of course they have extended evening hours, but they have split schedules. You can do that in DSS, but it would be real hard without the proper staff in place, and that -- and so we're between a rock and a hard place. We don't have the staff to accommodate. We do have people who need to access the centers, but what you have done, what the County Exec has done, he has not done what you're thinking he has done. He has shifted -- he has harmed a population who need to access that center between 8 and 12 every day. You have -- you're putting people into TLC, into shelters and stuff, that they're bussed in at 10 o'clock at night, they've got to be out of there at 7 or 8 in the morning, and they have to apply in the centers, you know.

So, when you have people who are -- say you have Riverhead that's going to be open that

Wednesday and you have people who are in emergency housing here in Hauppauge and they have to -- what are they going to do, are they going to be -- are we going to pay for cabs to cab them out? I know we're going to pay for cabs if they show up at the centers, that's what I've heard. If people access that center at 8 o'clock in the morning for emergency needs, they're going to have to be shipped -- you know, gotten to a center somehow.

So this -- we're not -- we don't have the whole picture painted here. And I really think that before anything goes into effect, we should fully vet it and make it less cumbersome upon my members by trying to make some sort of -- a fair and equitable access point.

CHAIRPERSON BROWNING:

Is that it?

LEG. GREGORY:

That's it.

CHAIRPERSON BROWNING:

Okay. Thank you, Debra.

MS. ALLONCIUS:

You're welcome. Thank you.

(Applause)

CHAIRPERSON BROWNING:

We don't have anymore cards, but is there anyone else who would like to speak? Okay. We have two. If you come up, you have three minutes to speak. If you can give your name for both of you. Both of you are coming up?

MR. FORMAN:

Yeah, let her.

CHAIRPERSON BROWNING:

Just state your name for the record.

MS. SHERLOCK:

My name is Marie Sherlock. I did fill out a card, but I guess it didn't get back here in time.

CHAIRPERSON BROWNING:

Did I miss it?

MS. SHERLOCK:

Good afternoon. I work for the Department of Social Service, and I have been an employee with Suffolk County for 30-plus years, so I have some knowledge of what is going before this Committee.

Let me first state that do not, by any means, take this small gathering to mean anything that this issue is not paramount with the employees of DSS for two reasons, one of which we have a very young employee, and I don't mean chronological age, I mean by how many years of service, that cannot be here, and have voiced their opinions, not only to me, but to members of AME. Secondly, those people have child -- young child issues that we have to prioritize what time we can take off. And mostly, they did not want to leave their workplace any less manned than need be and that have been over the years that we have now.

Let me give you some information of how the employees have always worked for DSS. I myself had to make a choice, after having three babies, to return. My field was I was hired days. Therefore, that meant my husband had to work nights, of which he was more amicably able to switch than I

was. Did that do anything for this County? No. But it sure had a tough impact on my marriage. I had three babies. Child care was only available until five. That is what these employees are now looking at. And I have to stand here and say, from personal experience, I understand them, and I ask this membership to do the same.

When I came back, it was with the understanding that I was limited to working overtime to help my department, because my child care had to be picked up ending at five. Regardless of what center I worked at, it had to be done. Was it stressful? Yes. But did we have full staff almost 30 years ago? At times. Now we have less. You cannot take off, because you are impacting on your other employees, your coworkers.

What I have spoken to them about, when we were told in a meeting that this was going to be enacted and you had six weeks to get your affairs in order, most of us work part-time jobs. My children are 19, 18 and 17, and you may not think that impacts me, but I, too, work part-time. Why? Because I am putting three kids through college, do not get financial aid, and have to pay for their college. Do I have health issues in my family? Yes, I do. Do I need to be home? Yes, I do. But paramount, I had to choose between what I was told, "Tough, this is your primary job. Figure out what you're going to do with your part-time job." Excuse me, but that's one hell of a way to treat a 30-year employee who's trying to put her kids through college. Now, what about the young ones that you don't have child care for after 5 o'clock? You're now asking them to pay more child care money out of what they already make.

CHAIRPERSON BROWNING:

Marie, your time is up, if you could wrap up.

MS. SHERLOCK:

Thank you. All I say is Mr. Levy's paper today talked about our lack of sales tax revenue. Imagine what's going to happen when some employees have to give up that part-time job and pay child care and not spend anymore. We are the force that is spending in this County. Thank you for your time.

(Applause)

CHAIRPERSON BROWNING:

Thank you, Marie. And if you'd like to come forward. State your name for the record, please.

MR. FORMAN:

Good afternoon. My name is Christopher Forman. I'm a Security Guard with DSS at Coram. I didn't plan to speak, but I just wanted to basically state that I also have child care issues. I have an 11-month-old, a two-and-a-half, and an 11-year-old that on these specific Wednesday nights needs to get to a competition dance class. Now I have to rely on trying to find a babysitter, which I'm still trying do, that I trust. And I also have to leave two car seats behind for her to -- whoever, to load my kids in a vehicle and, you know, bring my 11-year-old to a dance class, which is going to be a major issue to try to actually find somebody that I can trust, because I won't give my kids to just anybody.

Also, besides that one major issue is security. Apparently, we were advised we have no standard order of procedure on how to handle things, and I guarantee that we won't be given one by our administration until the day of, and it will most likely be in a phone call that we're going to have one guard in the buildings from 8 a.m. until noon. Apparently, we were supposed to have the building opened up. People who need to be transferred to other centers were going to, from what I understand, cab them, which is going to be an exorbitant amount of money that's going to cost the County, let alone the safety alone for the one guard. We have numerous -- a lot of the homeless -- I'm not trying to label anybody -- EDP's, criminals, we have a lot of situations where you're going to put one guard in jeopardy. I feel that the building, if it's not going to open up until noon, should be locked until that time. Also, later in the day we were advised that we're not going to be closing the doors until 8 o'clock. Currently, as is, we close at 3, and we're lucky if all the workers and

everybody is out by 5. Considering this, if it were to flow like that, we'd be considering 9:30, 10 o'clock at night. Also, with the Coram Center, there was a situation over the summertime where a client was raped. We also have security now escorting the workers to their vehicles at night. It's in the location of a dangerous situation. It's right in the heart of Coram. I just think it was poorly planned out. And, as far as security is concerned, we get nothing from our administration on how to handle this and no order of procedure. That's really about it.

***[THE FOLLOWING WAS TAKEN AND TRANSCRIBED
BY DIANA KRAUS-COURT STENOGRAPHER]***

VICE CHAIR BROWNING:

Thank you.

MR. FORMAN:

Thank you.

APPLAUSE

VICE CHAIR BROWNING:

Marie, you and I are going to share some -- we're going to join a support group together because husbands working at night and us working during the day, I know what you're talking about.

Okay, we do have Commissioner -- oh, I'm sorry. I apologize.

MR. COYMAN:

May I be the last one.

VICE CHAIR BROWNING:

You may.

MR. COYMAN:

Since I'm the oldest one in the room. I'm 82.

VICE CHAIR BROWNING:

Actually it's age before beauty but come on up there and --

MR. COYMAN:

I've been a baker for over 50 years. Okay?

VICE CHAIR BROWNING:

Come on up. State your name for the record.

MR. COYMAN:

My name is John Coyman. I used to own and operate the Hauppauge Bakeries for 26 years. Most of that time incidentally I worked six days a week; 9, 10 hours, 12 hours a day, no overtime. There's very little overtime in a bakery. I never called in sick for the 26 years except when I had a heart attack. And then I called in sick. I was in the hospital.

But this thing here about the trans-fat, I'm 100 percent guaranteed trans-fat is suicide. Okay? It destroys the entire circulatory system in the human animal. I was in Korea, World War II. And I went -- called back Korea. In Korea they examined guys who were 18 to 30. Autopsy before they closed the bag. They could learn that they were going to have heart attacks, heart problems, which means that everyone in this room will have heart trouble if they live long enough.

Now the food that we consume, all the food, everything is converted to glucose. That's why you got

diabetes; too much food. They drink soda. Soda is suicide. I mean they should ban the sell of soda because there's too much sugar in it. So that'll give you some idea exactly what it is. And everybody who's overweight, they eat too much. Eat less. We have less glucose in our bodies then. I mean I have diabetes but I have it under control. I eat less and I watch what I eat. I don't drink so much beer.

LAUGHTER

That's all I have to say. Thank you.

APPLAUSE

VICE CHAIR BROWNING:

Thank you.

Okay, with that we do have a presentation, Commissioner Chaudhry to speak on the IR 2234 and 2235.

DR. CHAUDHRY:

Thank you very much, Madam Chair, Mr. Vice Chair, ladies and gentlemen. Good afternoon. To my right is Dr. Maureen Crowley, MD MPH. She is our Director of our Division of Preventive Medicine.

Let me begin by saying that I'm very appreciative of the comments and questions that were raised in the public commentary period. What I'll try to do in our presentation is to try to address them as they come up. I have a twenty minute presentation so I appreciate everyone's indulgence. The presentation's related to the two resolutions that you alluded to.

What I'd like to do over the next 20 minutes is talk a little bit about the role of prevention and public health. And then show you a very dramatic depiction of the obesity epidemic in the United States followed by a little bit of what we're doing in the Department of Health as it relates to prevention in our Division of Preventative Medicine and some of its initiatives this past year.

And then I'll focus on the two resolutions specifically as they relate to calories and how they contribute to weight gain and obesity and then trans-fats. Then I'll conclude with recommendations from our Health Department.

First of all, when we talk about be public health, obviously we talk about prevention as an important part of this, preventing disease, promoting good health. We do this in multiple of sites and venues and means whether it's at the health centers or through our Division of Emergency Medical Services. It runs the entire gamut. But at the same time public health is also policy development and population health surveillance. And that's where the Health Department can partner with the Executive and the legislative branches of government to try to make some important decisions that can impact the larger population at large.

Why is that important for us all to work together, the Executive, the Legislature and the Health Department? Some obvious reasons and some not so obvious reasons. First of all, public health saves money in addition to improving quality of life. A healthy public gets sick less frequently and spends less money on health care, which means better economic productivity which certainly in this day and age is something we all are seeking ever more so.

Public health helps children thrive. Healthy children become healthy adults. Healthy children attend school more often. This also reduces human suffering whether it's not just saving lives but also disability; promotes better life choices for better health and reduces the impact of disasters by preparing people.

We've done a lot in the past century. Medical science in terms of mortality and morbidity in terms of

diagnosis and treatment and management of disease. A child born in the US in 2005 for the last year for which we have data can expect to live almost 78 years, a new high according to the CDC, the Centers for Disease Control and Prevention. To compare, that was only 76 back in 1995. It was 67 in 1955. And if you really want to go back year in the year 1,000 the life expectancy was 25. So we've come a long way certainly over the last millennium but also in the last hundred years.

The death rate from the three leading killers in the US heart disease, cancer and stroke declined in 2005 compared to 2004. And the trajectory continues to be in the right direction. The danger is and the problem is there is some troublesome and worrying research that comes across my table at least once a month that demonstrates that this gain is actually going to possibly start to reverse. Our children and our grandchildren may not live as long as our new borns will, you know, in this current decade. And that's of concern.

Now this is a fascinating slide. Doctors know about it but I'll try to run you through it. This is a cross-section of a coronary vessel, an artery over the heart that supplies the heart muscle. And there's a time line associated with it. To the very right within that vessel you'll see what looks like a volcano erupting. That's what happens when someone has a heart attack in their fourth or fifth decade of life.

What we now know is heart disease is not just like rust accumulating on a pipe. We now know from science that it's much more complicated than that. There is lipid accumulation. But what ultimately causes a heart attack is a rupture of the plaque. And there are a lot of enzymes involved that can contribute to that. And there's active research going on throughout the world about how to intervene to prevent that plaque rupture. Because when that plaque ruptures, that's when platelets and other ingredients and factors are released that block that vessel causing the symptoms of a heart attack and ultimately can lead to death.

But I want to turn your attention to the left side of this slide, something that we tend to not always focus on. If you notice in the first decade of life, that's from zero to ten, and then in the second decade of life from the ages of 10 to 20, there's something going on. There is foam cells and there are fatty streaks. This is our latest -- this slide represents our collective wisdom in science what we think happens in atherosclerosis over a period of time. This doesn't begin at the age of 30 or 40 or 50. It actually begins in adolescence and in teenage years. What happens in those years? Well, that's when -- it's not just fatty foods but it's also calories and what we may think is benign but down the road leads to problems. And I show this slide not only when I give talks to the community at large but also the doctors to remind them that -- of the value of prevention.

Now here's some interesting graphics. And if you just follow with me, I'm going to show you one slide per year. This is 1990. This is based upon BRFSS, that's the Behavioral Risk Factor Surveillance System of the CDC. The purple represents no data. This is back in 1990. The whitish color represents less than 10% classified as obesity and there are specific measures available to prove that; the body mass index that some of you may have heard of. And the grayish color represents 10 to 14 percent of the population in those states that have obesity.

As you can see more than half of the country back in 1990 had a little bit. One-tenth of the populations approximately had obesity. This is 1991 and already the colors start to change. The darker colors on the right Louisiana, Mississippi, up in, I guess, West Virginia, is 15 to 19 percent obesity.

1992, more states with that dark color. 1993. 1994. 1995. 1996. 1997. The yellow now appearing in Mississippi and up there, wherever that is -- two states -- thank you -- greater than -- thank you, Kentucky and Indiana -- greater than 20 percent of the population in those states with obesity.

1998. 1999. 2000. 2001. New color appears. This is orange representing a population that's -- greater than 25% of the population is obese. 2002, 2003, 2004, 2005, 2006. Nearly half the

population now in just that sixteen year time interval, more than 30 percent of the population in those states has obesity. And this is just what it shows -- what it looks like in just three slides, 1990, 1998 and 2006, eight years apart. So something is happening. It's getting worse. This is what they mean by the obesity epidemic. While this is focused on adults, we know that this begins because of our scientific data in the earlier population in children.

So what do we do in health? We do prevention. And there's different types of prevention. Tertiary prevention is what we do probably best in medical science over the last century and also in our health department. When someone has disease, we do our best to try to manage and control it. That's a type of tertiary prevention.

Secondary prevention is recognizing people who have pre-clinical disease. They have risk factors. We know that they're going to end up getting a disease and we can intervene when we know that. Of course, this relies on people coming in for their check ups to make sure that they're assessed for blood pressure and glucose and so forth.

Primary prevention is avoiding the onset of a health condition even before you get the risk factors. And this is where obviously is an important focus. And mental science is shifting towards the recognition of importance of prevention. You've heard the Governor speak about it. You've heard the President speak about it. Everyone is talking about prevention and the importance of it.

We created in Suffolk County a new division of preventive medicine with the assistance of the Suffolk County Legislature and the County Executive. This new division of preventive medicine with Dr. Crowley as our Director for the past year since January of last year was created out of a restructuring of the department. 72 employees are now focused on prevention. Not to say that the department was not addressing prevention, it always was; but I wanted to make sure as Health Commissioner that this was a priority.

This includes our Office of Health Education, Tobacco Cessation and Enforcement. Legislator Eddington I believe asked about tobacco cessation. Absolutely important. We are committed to that. And I'll have Dr. Crowley comment a little bit about that as well.

We have Health Smart, the Police Smart School curriculum partnering with our police officers to cut down on alcohol and drug abuse in the schools, awareness of sexually transmitted infections, our Bureau of Public Health Nursing is in here as well as our Public House Speakers Bureau. We've done a lot of things over the past year. I'll just touch of some of these.

One of the them our very first initiative received some nice publicity in the New York Times. New group chooses its first battle: Asthma. This was a Asthma Medicaid demonstration project that only Suffolk County out of 62 counties in New York State, we won this Medicaid demonstration project in partnership with DSS, Department of Social Services and the Asthma Coalition of Long Island. We were able to demonstrate data that an aggressive prevention approach could cut back on ER visits by 74 percent and hospitalizations by 60 percent if doctors and patients work together and are aware of how to prevent asthma in the first place. And if they have asthma, how to control it.

Heart disease was brought up. I don't know how many of you are aware Suffolk County's heart disease mortality rate is among the worst in the state. We are ranked 13th from the bottom out of 62 states. It's been -- pardon -- 62 counties in New York state. The number of thoughts as to why that is. Could be related to geography. We have 900 square miles. We have 12 hospitals but they are strategically located throughout. It could be related to lack of sufficient supply of cardiologists and specialists.

What we did was, we said, look, let's look at the figures, let's see what we can do to try make a difference. So we created a HEART Disease Task Force. The HEART stands for Suffolk County Heart Education Awareness and Resources Task Force to get the word out, to make sure people get their check ups, to make sure they're checking themselves or having doctors check them for blood

pressure and other signs of heart disease because we know what the heart disease and symptoms are. And we have as you can see on the list cardiologists, internists, OBGYN doctors, vascular surgeons, et cetera. We get together once a month for three hours. These are busy private practitioners who -- one evening a month for three hours, get together and we talk about how to address this issue.

What we started doing is in addition to reaching out to the community we're giving talks at all the hospitals. Doctor Crowley's giving talks to our own health care providers to make sure all of us are on board with the guide lines. One of the things that the studies show is that many health care providers aren't fully following all the guidelines. So we want to make sure that they're aware of what's happening. But this is also part of our prevention.

Work place wellness and just health and wellness generally we've been doing this as well. Phase I of this was this past year within our own Health Department, we offered this to our Suffolk County Department of Health Services employees through education, life style behavioral changes. Our goal was to sign up 500. This began last October. So far we have 189 people signed up. And they collectively walked 1.4 million steps. You know, you're supposed to walk a certain number of steps. We're promoting this sort of cultural change.

Phase Two, I don't want to take away the thunder of the County Executive but he'll be mentioning this evening in his State of the County a plan to offer a health and wellness program to Suffolk County employees beginning with a pilot of 500. Ultimately by 2010, I'd like to see this available to Suffolk County residents, perhaps through the internet or by some other means. But again my point is we're addressing these situations. And these are the committee members who have been involved to try to work with us and partnership with the community and experts in the field which includes American Heart Association, American Cancer Society, American Diabetes Association, Stony Brook University School of Medicine, etcetera.

We're also trying to practice what we preach. We hold our workplace wellness conference. That's me with a whistle. We decided to do something you don't hear too often at a conference. During the lunch hour I asked everyone to go with me for a walk. We walked a half a mile, again, practicing what we preach; not just talking the talk but also walking the walk.

We held a first ever in 2008 a Suffolk County Childrens Health and Safety Summit. Just a week before I had the opportunity to meet with the acting US Surgeon General Steven {Gallson}, Stony Brook graduate, who said if you're going to speak to your teachers and health providers, please tell them that childhood obesity is a big problem in this country. And parents, children and school teachers need to all work together to do more.

Calories: Obesity, yes, it was said during the public commentary, it's not always a behavioral issue, it's not just about eating less. There are other factors involved. These factors include genetic, hormonal, behavioral, environmental and even cultural. So we recognize that in the Health Department that weight gain is caused by consuming more calories than the body needs. There is no debate whatsoever on this fact. Plenty of data to support that. And this most commonly occurs by eating a diet that's high in fat and calories, being sedentary, meaning not getting around enough, or both. Again, this is hard data. I can you the statistics if you need to look at it.

What about weight gain in health? Well, as Americans get heavier, their health does suffer. Plenty of data to support that as well. This is from the Report of the Obesity Working Group of the Food and Drug Administration back in 2004. Overweight and obesity do increase the risk as you've heard this afternoon for heart disease, type two diabetes mellitus as well as certain cancers. At least 400,000 deaths each year may be attributed to obesity despite all that we know in science.

And what about trans-fat? Well, what are trans-fats? And you've heard -- I don't want to be repetitive but I just want to make sure everyone's clear, trans-fats are also known as trans-fatty acids. They are created, as was indicated by Mr. Reinwald of the Nassau Suffolk Bakers Association

in an industrial process that adds hydrogen to liquid vegetable oils to make them more solid. The food industry when it first came up with this back in the early 1900's loved this because it was easy to use, inexpensive to produce and lasts a longtime. It really helps the food last a longtime.

Now, no one knew neither the scientists nor the food industry that this was associated with anything that could be deleterious to the health of the public. That really has only become available in the last ten years; and really late 1990's. Now, many restaurants use trans-fats to deep fry foods because oils with trans-fats can be used many times in commercial fryers. So there are some specific business related reasons that -- there is a benefit to trans-fats historically even before the science was well known.

Now what's bad about trans-fats, what we now know over the last 10 or 15 years, and this was alluded to, is that they do raise your bad cholesterol levels, your LDL cholesterol. They lower your good cholesterol levels, the HDL cholesterol. And the fats increase your risk without a doubt for heart disease and stroke and for developing type two diabetes mellitus. These are the facts.

Now what foods contain trans-fats? These are some pretty common foods that a lot of us use: French fries, donuts, baked goods, etcetera. The term partially hydrogenated oils on a food nutrition label or ingredient list also refers to trans-fats. So sometimes it's not as clearly available although the FDA is trying to change food nutrition labeling so that the consumer can have a better sense of what it is that they're buying if they're buying it from a store as opposed to a restaurant.

How much trans-fats can you have each day? Can you really eliminate it to zero? Well, the American Heart Association recommends limiting the amount of trans-fats you eat to less than one percent of your total daily calories. That's less than two grams a day. Given the amount of naturally occurring trans-fats, and there is naturally occurring trans-fats in meats and certain dairy products, which we all eat every day probably, this leaves virtually no room at all for industrially manufactured trans-fats which is where you see now many local jurisdictions trying to enact legislation to try to control this.

New York City Department Health and Mental Hygiene, had an opportunity to with them, their Assistant Commissioner of Health. They took a two pronged approach. And, yes, it was absolutely correct that the food manufacturers when this was enacted and this was really the first jurisdiction to my knowledge that did this in the United States, food manufacturers were ill prepared when New York City passed its regulations. At the same time one of the things that came out of a conversation we had with the New York City Department of Health is while the food industry is changing, it hasn't changed over all yet. It's heading in the right direction so it's made great progress. In fact they said that enforcement of these bans has become easier because the industry's already doing the right thing but it's not as hard as it was when we first enacted it.

Their two pronged approach was to phase it in. The first phase involved education of the restaurant owners and the public as well, but also others involved in the industry. So effective July 2007 restaurants in New York City were told that they must use less than zero point five grams per serving of trans-fats in oils, shortenings and margarines used for frying or in spreads.

Then they gave them an additional year to try to eliminate trans-fats, and again eliminate means to less than zero point five because it's really almost impossible to get it down to zero, per serving in all food items. And that is something that is now in place. Anything that we would do in Suffolk County, and I appreciate very much that there is in the legislation that's proposed by Legislator D'Amaro deference to the Health Department because we would like to look at the data, look at what's out there, look at what's worked and try to phase in any reasonable period of time so that we can get the end result we all want.

And I've heard testimony this afternoon that really everyone is on the same page. Trans-fats are bad. We should do what we can to try to eliminate them. But let's do it working together. And I support that. And I'd be happy to work with the Nassau Suffolk Bakers Association, the Long Island

Restaurants Association. We'd have to any way to explain to them what it is that we're doing to make sure that they are complying with whatever we come up with.

States with active proposals restricting trans-fats in restaurants as was indicated, the writing is on the wall. These are all the states including New York where regulation has been proposed. So this is going probably happen at some point. Nassau has it, New York City has it and I think it's time for Suffolk County to have it as well.

Important caveat which was alluded to. This is the law of unintended consequences. So if we do go forward with this, I do want to make sure there's an education campaign because many restaurants large and small have already announced that they will no longer use trans-fats to fry or deep -- deep-fry foods. And certainly after legislation that will assure that that's in place. But this does not mean that you can eat unlimited fried foods. Most fried foods do contain lots of calories regardless of the frying oil used but I don't want to give a false sense of security to people and have people start going to fast food restaurants because they think everything is now quote unquote healthier.

And so formally the Suffolk County Department of Health Services after much due diligence and review and discussions with other public health authorities in the state and elsewhere support both introductory resolution 2234 and 2235 and look forward to working with the Suffolk County Board of Health in enacting such legislation.

Dr. Crowley, did you want to add anything?

DR. CROWLEY:

Oh, thanks. Good afternoon everybody. I just -- I didn't want to prolong this meeting. And it's kind of hard to say anything that hasn't already been covered. I just happen to be here with Dr. Chaudhry to be part of the discussion. And I've actually been very impressed with the testimony given so far. It's really summarized the problem very well. And obviously there's -- people will differ in what they think is the best solution. But this County's always been proactive on a lot of issues. And just the establishment of the division which they entrusted me with, I think, shows that they understand the problem. I mean you'd have to have been in hiding not to have heard that the five most common causes of death in this country are all life-style related, that education is necessary to bring down those rates.

One thing which hasn't been mentioned which I think needs to be mentioned is just the disproportionate toll that all those lifestyle related illnesses, obesity among them, takes on minority communities. Communities that can least afford it actually are the hardest hit. And they're often the target of fast food advertising. So while Legislator Eddington, I think, you mentioned education should be the primary focus, and I do agree with that, but unfortunately sometimes education is a small voice compared to huge corporate advertising campaigns.

And we have come a long way in the tobacco problem. And I think if you can use it as an analogy we've known since the early '60's that tobacco is very, very bad. And we've had warnings on tobacco products for probably 35 years now but it wasn't until the combined forces of the dangers of second hand smoke and a sort of critical mass of public opinion started to put forth legislative action in terms of banning indoor smoking in public places, etcetera, that you really saw drastic, drastic decrease in the rates of smoking.

So, you know, there is -- you know, while you always want to build a consensus and work on a voluntary basis, I think sometimes unfortunately you do need to turn to law making to get people to comply timely with needed change. So I'm just happy to be here today to hear the testimony. And obviously I agree with Dr. Chaudhry that this legislation is a good idea.

DR. CHAUDHRY:

We'll be happy to take any questions, Madam Chair.

VICE CHAIR BROWNING:

I believe we do. Legislator Kennedy. You have a question, Jack? Okay, you go.

LEG. KENNEDY:

Doctor, thank you. I appreciate the presentation and it's interesting to hear where things go. You know, it goes without saying as you said that the material, the product seems to be very deleterious across the board.

The phase in time period specifically in relation to what Mr. Reinwald spoke about with the availability of an alternative product for an independent, whether it's a baker or a Chinese restaurant or a pizza parlor that's frying zeppolies, what do these entrepreneurs or business people get out right -- right now? I genuinely believe these people aren't utilizing something that they want to go ahead and intentionally, you know, put people in a dirt now. That's bad business. They want customers to continue to be able to live and come back and get their product. What are they going to use as an alternative?

DR. CHAUDHRY:

And I appreciate that comment. And let me also echo that comment that, you know, the food industry has been trying very hard to work with the public health authorities across the country. And to their credit they've already done what's necessary or started the process. And I recognize that and I appreciate that which is why this is not going to happen overnight. I would like to see some best practices out there and what works and what doesn't work.

I do know that in my discussion with the New York City Department of Health and Mental Hygiene one of the reasons that they phased it in the way they did with phase one and phase two a year apart was that the ingredients that they banned trans-fats from, the fried oils and the spreads were the easiest to ban because the industry already started doing that and there were as you indicated alternative products available.

The phase two they took a little longer because that was what they acknowledged was something that's going to take a little time because the food industry may not have caught up with what's needed to try to create alternatives for the industry. But as I say, you know, that went into effect last July. We're going to sit down and be happy to meet with anyone to get their thoughts and opinions as we move forward. So I'm not prepared at this hour this afternoon to tell you what our time line is going to be but it is going to be something that should be gradual, should recognize what's out there in Suffolk County.

Suffolk County is not like New York City. It's not even like Nassau County. We have rural areas as well as suburban areas so that's the type of analysis I'd like to do quickly because, you know, we do need to move forward on this. And New York State is also, you know, moving ahead regardless of what some of the counties do. But I think it's important for us to go on the record to demonstrate our opposition to trans-fats. And we heard that from even the food manufacturers and the food retailers so I do applaud that.

LEG. KENNEDY:

But if there -- I guess if I can get at it in another way, if -- what we're hearing that the industry that makes these commodities available for these people to go ahead and bake goods or do the other things are within 36 or 48 months of having a healthy alternative that's at an equivalent price, is that something that falls within what you're contemplating as the phase in period? My concern is that we're going to have a phase in that'll hit before we have a cost equivalent, healthy alternative. How do we address that?

DR. CHAUDHRY:

This is -- and I'll try to address as best I can and I'll have Dr. Crowley answer also if she feels -- she has something to offer on this issue. This is not just a Suffolk County issue; it's a national issue involving billions of dollars in industry. So by all indications the industry is well on its way. And so,

you know, without sounding repetitive, I do want to see what's out there, how far the industry has come, what are the unique needs and aspects of Suffolk County. It's not just -- you know, these alternatives are not going to come from within Suffolk County. They'll be national distributors that already starting to make the changes. And I think it is important because one never knows how long New York State, you know, the Governor proposes it but it may be several years before that gets into place also.

So I think Suffolk County needs to take the lead. Our heart disease, mortality rates are atrocious. And the educational awareness, there's only so much that that can get you. I feel as Health Commissioner given the data -- which by the way, the average resident of Suffolk County, even the average health care provider doesn't know off the top of their head about the heart disease rates being so bad as they are in Suffolk County. I would say given what we know, it would be unconscionable not to move forward and do something.

LEG. D'AMARO:

Can I answer that as well?

LEG. KENNEDY:

I'll yield to the sponsor because I -- you can appreciate my dilemma perhaps.

LEG. D'AMARO:

Yeah, I think you do have a dilemma but I think it's not really the dilemma that you think it is.

LEG. KENNEDY:

Okay.

LEG. D'AMARO:

Like my Reinwald had said, in the state of California where the substance has been completely banned, they've already found -- the tail end of his testimony indicated that he's in favor of the bill. And in California they've already found that substitute. All right? So, you know, is it readily available right here and now in Suffolk County? Probably not because we don't have a ban. All right? But what's going to happen is as soon this takes effect with, as Dr. Chaudhry mentioned a reasonable transition or phase out period, phasing in the phase out, working along with the industry, I don't think that the concern about getting a -- you mentioned a healthy cost equivalent product. Well we know it's more healthy. The question is about the cost. We heard numbers like 20 percent, 25 percent.

But you know who the best judge of that is, is the public. And I was on a call with the New York City Health Department as well. I was in -- on a call with the Assistant Commissioner as well as the person directly in charge of enforcement of a city wide ban on trans-fats. And they have received not one complaint; not one. And we asked that question specifically.

So I don't know how many people are in the City of New York but certainly no one has been troubled by the fact that the ban was imposed in the City and then phased in. It's, as Dr. Chaudhry points out, it's going to take a little more time to get that -- New York City is not the same as Suffolk County especially further out east. It's going to take time to get the product marketed and used in Suffolk County. But I don't think it's something that there are roadblock to. I think, in fact, that the roadblocks have been removed by these other jurisdictions including Albany County has done it; parts of Albany County are probably more rural than Suffolk County. And it's happening. And the products are there and no one's complaining about it.

VICE CHAIR BROWNING:

Legislator Eddington.

LEG. EDDINGTON:

Yeah, I want to continue because I have the same concern as Legislator Kennedy. And I do enjoy

hearing the sponsor talk about putting regulations on businesses or industry because I did hear an argument not too long ago opposed to that. But this is obviously a different industry and a different time.

But I do have concerns with that. Putting regulations on a business and when we're hearing that they're not ready to phase in, why are we rushing? Why don't we wait until the product is available and then step up and do the right thing? And not rush to get something legislated when we really -- we're going to hurt businesses. You know, I mean I think we all know that both of these bills -- I mean, you know, I think the gentleman in the back said we know eating McDonald's everyday is not good or jelly donuts every day. But it sounds like we're rushing to regulate and legislate and not doing the follow-up -- the education that we're talking about and the phasing in. I mean how -- how are they -- how's my local bakery going to stay in competition and business?

(*THE FOLLOWING WAS TAKEN BY DONNA CATALANO - COURT STENOGRAPHER*)

LEG. EDDINGTON:

I mean, how are they going to -- how's that -- how are my local bakeries going to stay in competition and business?

DR. CHAUDHRY:

If I may, two things. One, you know, it's certainly not my desire, especially with the economy so bad, to try to hinder the economic development and prosperity of the retailers and restaurant owners in Suffolk County.

LEG. EDDINGTON:

But that is a possibility based on what the gentleman said.

DR. CHAUDHRY:

As you also heard this afternoon, it can be a marketing tool. Look, we're among the first. Even though the Legislature has passed this and the Board of Health is now phasing this in, we're among the first to do it already. Come to us, we have healthier food items. So that has been something that was mentioned to me by the New York City Department of Health and Mental Hygiene, that a lot of food retailers and restaurant owners saw this as an opportunity, not so much as a challenge and marketed themselves and, you know, took advantage of this. So there are two sides to that.

As far as the phase one, though, the phase one was the fried oils and spreads. And I asked, I said, "Why did you phase it in that way?" And they said, "Because there's already plenty of alternative products available for the fried oils and spreads." The challenge was with the bakers with the shortening, because -- and that's why they favored a longer phase-in period. I mean, this is going back to 2006 when they, I guess, when they first instituted this to the New York City Council. So it was two years after they passed it that that went into effect now.

So I asked, "Well, how is it going now? This has been in effect since July of 2008." And they said that they're working with the industry and they're moving forward, there haven't been any major obstacles, because the rational is to work together with them, and they do work together with the Restaurant Association, which is why probably, Legislator D'Amaro, I'm guessing that they didn't get as many complaints as what you would expect from a jurisdiction of eight million plus people. And I'd like to do the same in Suffolk County. I'm not in any rush to implement this. I want to work with them. If everyone's in agreement that trans fats are bad, let's get together and do this.

LEG. D'AMARO:

Madam Chair.

LEG. KENNEDY:

Do I have to peak my voice?

LEG. EDDINGTON:

Legislator Kennedy, I didn't finish actually.

LEG. KENNEDY:

Let's let Legislator Eddington go ahead and complete his query.

LEG. EDDINGTON:

On the other -- on 2234, it's for businesses that have 15 sites or whatever or more. Is that really fair?

DR. CHAUDHRY:

Again, we are not the first jurisdiction to do this. New York City, one of the things they told us in our conversation was that while they were the first, they had the hardest job in, A, getting people to go along with this, both the public and the restaurant owners and the industry when it came to those calorie notifications on the menu. Once it became law, you know, there was no choice. And what the industry has done is a lot of these large chain restaurants, these fast food restaurants for the most part, have said, look, you know -- they have their menus ready. Most of them have done it already and have those menus available. Where it's passed as law, they will institute them. So I don't -- if this were 2006, I would agree with you. I would say, "Gee, I don't know if that's fair to the, you know, food industry. I don't know if they're ready to handle this." But what we've heard in our discussions with the New York City Department of Health, many large chain restaurants, 15 plus, have those menus available and have done the studies and have that information.

LEG. EDDINGTON:

See, that's where I see it as a problem, because when you go into your diner that doesn't have this -- I mean, I already know going to McDonalds is not a good thing. I mean, I already know that. We've heard that in public that it's bad. But if you're not going to do it where you go to a diner or a deli that sells sandwiches and stuff, that's where lots of people go. I don't get it. I mean, it should be all around or not.

MS. CROWLEY:

Legislator, I think the intention was, from a public health perspective, when you look at these fast food chains, they have the greatest impact because there's so many more of them, they serve so many more meals every day than the average diner. And to start with them was less of a -- sort of an economic burden for them to develop a menu because it would be the same menu basically almost nationwide. So I think the intention was very much to make it required of all places eventually, but to start with the large fast food corporations seemed to make --

LEG. EDDINGTON:

And the general public, you don't think, realize that going to fast food restaurants often is bad for them?

MS. CROWLEY:

Yeah, in a qualitative sense I think everyone is aware of it really, but to actually be able to look at that dollar menu and see that you're getting three days worth of calories for three dollars I think would shock most people really.

LEG. EDDINGTON:

Is it going to say that you're getting three days worth of calories, or is it just going to say a thousand calories?

MS. CROWLEY:

My point is -- well, I believe that at the point of purchase, you can -- there are options even within saying that -- say the whole menu really is unhealthy, there are things that are more unhealthy than others. And I think if you have the option upfront, even if you've made up your mind you're going to eat there because it's inexpensive and it's convenient and, you know, it tastes good, you can still

-- you still have -- one of the things about prevention is you kind of put the burden on the individual to make smarter choices. You're really not able to do that if you operate in the dark.

LEG. EDDINGTON:

But we're not doing that, are we? We're not -- the personal responsibility is being abdicated here, and the State is coming in.

MS. CROWLEY:

Well, the information needed to make the decision is lacking, it's hidden. There's no warning like there is on a box of cigarettes. The information is really -- it's proprietary so to speak, you know, and it really shouldn't be.

DR. CHAUDHRY:

As it relates to the calorie counts -- and I'll give Craig the mike right after. As it relates to the calorie counts, my -- our purpose in the Health Department is to give the information to the public. They can do whatever they want with the information. They want to still go ahead and eat, fine. That's their personal choice. We do not want to interfere with a person's choice as it relates to calories, because different items have different calories. And as long as they know -- they feel what they're doing -- there's no way to know to effectively legislate against a certain -- and I would be opposed to any artificial number that -- you know, you can't have this much food. Who says?

LEG. EDDINGTON:

Well, can't you produce a booklet that says fast food restaurants -- hamburgers -- you could do free education and send out a booklet and then you don't have to put the onus on the business.

DR. CHAUDHRY:

You can, but my --

LEG. EDDINGTON:

But it's easier.

DR. CHAUDHRY:

Our analysis of this is that, again, we're not the first to do this with the calorie information. Many other jurisdictions that have done this have found it to be effective in their analyses that they have done after the fact in educating the public and having the public make those decisions. It has not, to my knowledge -- you know, no one said this during our conference call with the New York City Department of Health, it has not had a negative impact economically. You know, New York City is really the test site for this. It's a huge jurisdiction with tens of thousands of restaurants. We probably have 6000 plus restaurants in Suffolk County. They have tens of thousands and it works in New York City. And I'd like to --

LEG. EDDINGTON:

What do you mean it works? You just showed us the obesity thing. So have we given it a chance to see if it works, or are we rushing to get on board with a popular trend?

DR. CHAUDHRY:

Good point. It works in the sense of educating the public about what -- making an educating decision, because information is there. You are right. Down the road -- I mean, we'll have to see how all these interventions -- my Heart Disease Task Force interventions, do they work? I don't know, we'll know in three years, four years, five years.

LEG. EDDINGTON:

So I guess, my whole --

DR. CHAUDHRY:

They're trending in the right direction, but this is, again, something not new, other jurisdictions are

using it. My goal in this and our goal is to give information, that's our goal, information to the public. They can do whatever they want with the information.

LEG. EDDINGTON:

See, there's where my problem is. You are not giving the information, you are forcing business to give the information. I would have no problem with you providing brochures that went to every school or community group educating them on that. I think that's a perfect venue.

DR. CHAUDHRY:

And we do that. So I thank you for recognizing the opportunity. And we do that as best we can in the Division of Preventive Medicine. One of the other things that came out which may speak to this more directly, Legislator Eddington, is in our discussions with New York City, every restaurant, even the chain restaurants, have different portion sizes. You can't possibly come up with a booklet that addresses every single item in every single restaurant in terms of X doughnut or X muffin has X number of calories. Each one is going to be unique to that particular establishment, which is why this makes sense, because you visit one restaurant as opposed to another, that same item might have a totally different amount of calories. And you can't just go by what's in the ingredients; the amount of ingredient, the portion that's served to you, etcetera, which is why this makes sense and which is why we support this.

LEG. EDDINGTON:

I'm sorry. I still can't rationalize it because the restaurants and businesses are going to have to do the same thing that you're saying; they have all different size hamburgers, they have different -- you know, Burger King is going to have to do their own, McDonalds, they all have different --

DR. CHAUDHRY:

They're already doing it. The larger -- that's why --

LEG. EDDINGTON:

Well, then why are we -- if they're already in compliance and you're already sending out literature, why are we rushing to do this?

DR. CHAUDHRY:

They're doing it nationally, but that doesn't mean they're applying it nationally. They're doing it only -- I mean, I don't want to -- I haven't done enough analysis to know if they've done it in every single jurisdiction. But certainly in those areas where it's law, they have it. They have those menus ready is what I'm saying. You know, I can't speak for them, but I know that this appears to be a prudent approach towards prevention and public health.

CHAIRPERSON BROWNING:

Can I jump in? Good to go? Okay. Legislator Barraga. And just a note, it is 4:30, we all have to be somewhere by 5:30.

LEG. BARRAGA:

I'll be quick. I think that maybe one of the points that Mr. Eddington was making was that even though you might have chains of 15 or more that put the caloric content down on their menus, what you're doing here is now mandating that they do it, not voluntary, not in accordance with what competitors are doing. Now it has to be a mandate.

For example, I attended a Chamber of Commerce Meeting last night in Bay Shore. They get a huge number of people that come out, mainly all business people, about 150 of them. This bill for the most part didn't apply to them if it's 15 or more, but they are concerned, very concerned that eventually it will apply to them. And they also point out in the Bay Shore-West Islip area, restaurant business is off 35%. The last thing they need is another mandate coming down at some point in time requiring that they do this.

The other more fundamental issue, you know, eating is primal. It goes back to the caveman. You've got fire, clothing and you try to sit around figuring out what animal you're going to kill for the next meal. It's very primal. You know? If you go into a McDonalds -- and you can have the caloric content up there. There's a McDonalds next to -- in the big sphere, I can't judge. All I know is that what your figures and maps show is what exists in the United States today; one-third of our people are proper weight, one-third are obese -- I'm sorry -- one-third are overweight and one-third are obese. Whatever we are doing, not that we shouldn't do it, it's not working.

You go into a McDonalds in the morning, and I'll tell you, I look around, there's a bunch of people 55 and over, and they're chowing down. They could care less about the calories. Go back at 11:30, a quarter to twelve, and I'll tell you what's in my McDonalds in West Islip, every Latino worker in the place is in there and every young mother with little kids, two and three years old. And if you speak to those mothers, it's the only time those kids are not driving them crazy. And they bring them there and they eat. And if you say to the mother, "Well, you know, you shouldn't be eating that," -- what is that, that chicken thing -- "Chicken McNuggets," they look at you and say, "What are you kidding? This is the only time this kid keeps his mouth shut and doesn't drive me nuts."

When you go to the university, you know, you get a Bachelor's Degree, how many courses did you take or did I take or did anyone else take right now that talks about the holistic approach? Why should you get a degree; Bachelor's, Master's or a PhD, when you work so hard to get it and you're dead at 50 because you didn't take care of your body?

If you go to -- I can't speak for females -- every male, 40 years of age and older, for every year, they gain a pound. And they gain it where? They gain it in the stomach. Take a look at the bellies. All males, they have big stomachs, no rear ends.

LEG. EDDINGTON:

Stop looking at me, will you?

LEG. BARRAGA:

You know something? And they know it, and they know it, but they continue to do what they do. A guy gets in the shower, he looks down -- if you can see your penis, you are the proper weight. If you only see half your penis, you're overweight. And if you can't see it at all, you're obese. It's the stomach-penis calibration of weight gain.

DR. CHAUDHRY:

Thank you, Legislator, Barraga. They do -- they do have a medical term for it, by the way. It's truncal obesity.

LEG. EDDINGTON:

Say that again.

DR. CHAUDHRY:

Truncal obesity en captures all of that visual that you just gave. Beyond that, I don't know what else to say.

CHAIRPERSON BROWNING:

This don't go anywhere.

LEG. KENNEDY:

Well, you know what? On that note, I don't think we have any other speakers, so why don't we move right to the agenda.

LEG. D'AMARO:

If I could just -- if I could just very quickly -- I know we're short on time and I know I'm not a member of the committee, but I just want to respond to a couple of things that I've heard here

today.

First, I also want to thank Dr. Chaudhry and Dr. Crowley for coming here and sharing your testimony with us. Like yourself, I view this as a public health crisis. And just for the record, when I drafted the legislation, I did not have prior consultation with you or the Health Department. This was something that I became aware of on my own. And you're gracious enough now to educate me, and I appreciate that very much. Same goes for all the speakers who appeared today. I don't think they are here at this time, but I want to publically thank them for participating and sharing their wealth of information.

As far as whether we're rushing into this, I don't think we're rushing at all. As a matter of fact, if you want to call it rushing, then rush away, because this is a health crisis. We're saving lives here. Okay? The data is overwhelming about obesity, heart disease, diabetes and all these other ailments that not only have a human cost, but they have also a financial cost in our health care system. So in response to Legislator Eddington, you know, let's rush away in my opinion.

The Baker's Association stood before us today and told us they're in favor of this bill. They're not against the bill. They just want a reasonable phase-in time. And Dr. Chaudhry, I think you working with the Board of Health are committed to providing that phase-in time as long as you have enough data to determine what is reasonable.

But nonetheless, some of my colleagues have some concern about a delirious affect it may have on the smaller businesses. In my view, the ingredients are available. It's just a function getting it here to Suffolk. Once the ban is imposed, I think that's easy enough to do. But nonetheless, can you tell us here today if the phase-in time would be something less than, let's say, 18 months, perhaps two years? I mean, are we looking at six weeks or six years or something in between?

DR. CHAUDHRY:

I couldn't tell at this moment, but I know that New York City took two years to phase-in their ultimate ban of all food items that have trans fats. That seemed to work because it gave time to the industry and the restaurant owners to work with the department to come up to speed and work together, because I think the other element that we've heard today is everyone is actually on the same page. The devil is in the details, actually. And that's where I would like to work with, you know, anyone, including the Legislature to try to make this happen. Legislator Browning is already a member of the Suffolk County Board of Health, so I imagine, you know, she would pass on the information as well.

LEG. D'AMARO:

Right. And that's important to me as well as that process goes forward, if it goes forward. Would you or the Board of Health be sharing that, not only the process, but the final result with this Legislature before it's put into effect?

DR. CHAUDHRY:

Say that again.

LEG. D'AMARO:

Whatever timelines or phase-in or phase-out periods are decided, are we going to be part of that dialog?

DR. CHAUDHRY:

Absolutely. As I say, the Legislature is represented by Legislator Browning. But the meetings of the Board of Health are transcribed, they are public, they welcome public testimony. And when we do have the discussion, I would like to have testimony from the public as we move forward and set those guidelines as they relate to Article 3 of the Suffolk Sanitary Code for food regulations.

LEG. D'AMARO:

All right. And just a final thought is that on the calorie disclosure, it's already being done now. I mean, calories are required to be disclosed at fast food restaurants, but the problem is it's done on a piece of paper that's locked probably in the manager's desk in the back office, and no one ever sees it. I cannot tell you how impressed I was and where this bill came from. I was in the City of New York, I looked up at a menu board, I was with my wife and family trying to decide what to eat for lunch quickly on the run in the City, and I looked up at the board, and I was amazed at the calorie content of some of the food items. And it did impact my decision as to what I ate.

It's not just me saying that. Studies show that over 80% of the population favors disclosure of calorie content on menus. Because people want to make healthy choices. And if you provide them that information, that's what they're going to do. Also, the studies show that once that information is required to be disclosed, restaurants begin to change what's available and lower the caloric content. These are all very, very important health trends that we need to encourage that type of behavior.

Finally, just with respect to is it a regulation? You bet it is. You know what? There's a time when regulation of -- government has a responsibility to regulate, and this is one of those times. We just lived through a period of lack of regulation in our financial markets and our economy is on free fall. Our global economy is devastated. So the only point I'm trying to make is that, yeah, this is a regulation, absolutely, but this is a time when government needs to regulate. You're going to save people's lives. Thank you.

CHAIRPERSON BROWNING:

Thank you. So we will continue with the agenda.

MR. BLASS:

Madam Chairwoman.

CHAIRPERSON BROWNING:

Actually, I was going to have you come up when I come to any of the bills pertaining to -- there are a couple you want to speak on, right?

MR. BLASS:

Just the one about what was said today, and I'll wait until the proper time.

CHAIRPERSON BROWNING:

Okay. Tabled Resolutions.

1886-2008. Adopting a Local Law to enact a grading policy for food establishments (LOSQUADRO).

I believe it still has to be tabled for a public hearing. I'll make that motion, seconded by Legislator Gregory. All in favor? Opposed? Abstentions? It's **TABLED (VOTE: 5-0-0-0)**.

Resolution 2098-2008. To maximize MI-HEAP assistance benefits (PRESIDING OFFICER).

LEG. GREGORY:

Motion to table.

CHAIRPERSON BROWNING:

So motion to table by Legislator Gregory, I'll second. All in favor? Opposed? Abstentions? It's **TABLED (VOTE: 5-0-0-0)**.

IR 2165-2008. Adopting a Local Law to ensure the safe transfer of fuel to boats and watercraft (ROMAINE).

I believe this has to be tabled for a public hearing. I'll make that motion, seconded by Legislator Kennedy. All in favor? Opposed? Abstentions? **TABLED (VOTE: 5-0-0-0)**.

IR 2234-2008. Requesting that the Suffolk County Commissioner of Health Services and the Board of Health promote health fitness and combat public health ailments by promulgating regulations requiring chain restaurants to post caloric content on menus (D'AMARO).

LEG. GREGORY:
Motion to approve.

CHAIRPERSON BROWNING:
Motion to approve by Legislator Gregory. Do I have a second?

LEG. KENNEDY:
I'll second it, Madam Chair.

CHAIRPERSON BROWNING:
Okay. Second. I was going to do that, but that's okay. Legislator Kennedy. All in favor? Opposed? Abstentions?

LEG. EDDINGTON:
Opposed.

LEG. BARRAGA:
Opposed.

CHAIRPERSON BROWNING:
Okay. Two oppositions, Legislator Eddington and Barraga. The motion carries. **APPROVED (VOTE: 3-2-0-0 - Opposed: Legis. Eddington and Barraga)**.

2235-2008. Requesting that the Suffolk County Commissioner of Health Services and the Board of Health promote public health and combat coronary heart disease by promulgating regulations banning the use of artificial trans fats in food establishments (D'AMARO).

Do I have a motion? Motion to approve, Legislator Gregory. Second? I will second it, I guess, for the purpose of -- I guess you want some discussion on it.

LEG. KENNEDY:
The only thing that I'm going to add to this, Madam Chair, is I'm prepared to vote for this today based on what Dr. Chaudhry has related and in particular with your role as a member of the Suffolk County Board of Health and my understanding that any regulation that ultimately gets put into place will be done as a draft regulation, which will be available for review and comment before final adopting; is that correct? Counsel, is that how the Board of Health functions?

MR. NOLAN:
I don't know that they necessarily do that. I don't know how they promulgate their rules.

LEG. KENNEDY:
Well, I see nodding of the head in the back of the room from Dr. Chaudhry, so I guess maybe then I'll make that a specific request through the Chair that in this particular case whatever ultimately gets promulgated is done in draft fashion for review prior to a vote by the Board of Health. No, I'm not suggesting that it's got to come to us, I'm just saying that I'd like an opportunity to see it at some point so there'd be an opportunity to speak at a Board of Health forum. Okay. Thank you.

CHAIRPERSON BROWNING:

I think what's important to me, and I don't think anybody here is opposed to eliminating the trans fats and making sure that we have healthy people, but the industry is concerned about the alternatives that are being used. I think that all they're looking for is a reasonable time to phase to a healthier -- and they talked about a saturated fat in place of the trans fat, so that's not healthy either.

So, you know, just as long as they are, you know, working with you and making sure that it's not cost prohibitive to them. We have a tough economy, a lot of businesses are going under, we don't want to put them under because they can't afford alternatives. So with that, I will support it, because I know it does allow the Board of Health to -- and the Health Department to work with them. So I guess we had a first and a second. All in favor? Opposed?

LEG. EDDINGTON:

Opposed.

CHAIRPERSON BROWNING:

Abstentions? One opposition, Legislator Eddington.

APPROVED (VOTE: 4-1-0-0 - Opposed: Legis. Eddington).

Next one is **IR 1017-2009. Adopting a Local Law establishing the Toxin Free Toddlers and Babies Act (STERN).**

It has to be tabled for a public hearing. I make a motion, seconded by Legislator Gregory. All those in favor? Opposed? Abstentions? **TABLED** for a public hearing **(VOTE: 5-0-0-0).**

1019-2009. To implement evening hours at DSS Centers (KENNEDY).

I guess that's what you are here for.

LEG. KENNEDY:

Do you want a motion on this, Madam Chair, before we entertain comment?

CHAIRPERSON BROWNING:

Yes.

LEG. KENNEDY:

Okay. I'll make a motion -- okay. I'll second it.

CHAIRPERSON BROWNING:

Motion, Legislator Kennedy, second, Legislator Gregory.

MR. BLASS:

Thank you, Madam Chair. I'm aware of your time constraints. I'll be very brief. In fact, I'm constrained to be brief because of litigation that is pending concerning the evening hours, which is the subject of a hearing tomorrow morning about -- in reference to a temporary restraining order.

But there are two points I can make and I feel should be made, otherwise our silence could be misinterpreted as an insensitivity, which was suggested by many of the speakers on the evening hours subject. And these two points are as follows: First, I myself visited three of the four centers last December and talked to the employees in large groups about the pending evening hours planned and about the need for us to hear from them. We solicited their reaction. And in fact, several employees have already availed themselves of that opportunity and have used channels right directly to our personnel office and have shared with them and with management the problems they are having, and those issues are being addressed.

Secondly and more importantly, the Commissioner's Office met in person with union representatives, including Ms. Felice and all of her executive committees and all of the unit presidents in DSS. And the subject of that meeting, which occurred in early January and which was planned for weeks before that, was among other things, the evening hours issue.

And I'll close just by saying that it was agreed at that meeting that the union would provide us with specific cases of problems that any employees, members were having with evening hours, and, in fact, committed to providing us with those particular cases as we committed to address them on a case-by-case basis, as we are with those who've directly approached our personnel office. So the point to be made here is that this forum, this unexpected forum, is the first time that these issues have been presented. The union had said nothing to us until this meeting. Only the members, the employees, shared their views with us on a personal basis. But the union never told us anything until we heard this today.

CHAIRPERSON BROWNING:

I'd like to ask that question. I don't know if you were there, Ben, but when the union discussed this with you, it was a change of terms and conditions of their employment, and was there -- you know, was there a written -- was there a written agreement between DSS and the union that they would do this?

MR. BLASS:

Pursuant to the advise we received from the -- from Mr. Tempera we filed the proper notice with them.

MR. ZWIRN:

If I might, Madam Chair, to interject. We don't want to prolong this debate. You're going to take your vote and whatever it is, it is. I just want to quickly just say that the reason the County Executive moved in this was is that the committee and members of this Legislative body up here today said, "Well, you know, people can't get to the centers, we need evening hours, we need extended hours, we want to have night hours." So the County Executive said -- I bring that back to him, he reads the minutes, he knows what's going on. He said, "Well, you know, it's a go idea. Now how can we implement that in this budgetary crisis situation that we're in?" We can extend it.

Now, you have to put this in perspective. This is three and a half hours to four hours once a month at each center. So it's not like it's every night, it's every day or it's every week. Take your vote. But I just want you to understand, the County Executive is responding to the concerns that Legislator Gregory had, Legislator Kennedy mentioned at that time. Legislator Browning, you said you had constituents that could not use these facilities, so could you have the hours at night. The County Executive did it, and this is the thanks he gets.

CHAIRPERSON BROWNING:

Legislator Eddington.

LEG. EDDINGTON:

First of all, I want to thank Mr. Blass and the Commissioner, because I'm really glad you said that, because we had had many discussions on how -- and I'll tell you, Mr. Zwirn, because you haven't had those conversations, and you can relay it to the County Executive, it's not the content, it's not what's done, it's how it's done. And I'm going to continue to say this to every person I can, that the intent was great, but the process is where it always breaks down. And here's -- and Mr. Blass has just shown us. It broke down, but at least there was an attempt.

And Debra obviously has 44 people that are concerned, and I know you are going to be on that. And that's really what we have said for years. It's not -- you have to do what you have to do, but how you do it is equally as important. And it's always going to be a prime thing for me. So maybe you could talk to the County Executive and help him with the implementation of what's happening.

MR. ZWIRN:

With all due respect, Legislator Eddington, the County Executive is the Chief Executive Officer of this County. And you guys had sent a message to him to try to extend the hours. He heard you. Legislator Kennedy put the bill in, the County Executive responded.

LEG. EDDINGTON:

Hey, you know what? I'll be more than available to help how to implement certain things if you want feedback. I'm not saying what he was -- what he wants to do isn't great. I think it's great that he responded. But how you do it needs to take -- you have to take some time and concern. I just see people rushing to get things done, and there's bodies underneath them. And that's my concern. We've got to get things done, but we've got to look at how we are doing it. I compliment the Executive on jumping on top of this, but I think he should have talked to other people on maybe how we could do it a little -- other people have good ideas too that can be helpful. And that's all I'm saying.

MR. ZWIRN:

All I can say, it's three and a half hours to four hours one night once a month.

CHAIRPERSON BROWNING:

Legislator Kennedy.

LEG. KENNEDY:

My point in bringing the bill forward is simple. The process did not go forward as the resolution that I sponsored and -- Legislator Gregory and I cosponsored. The County Executive elected to go ahead and move with direct implementation when that original resolution had talked about a plan that would come back to us.

Now, there's some dispute as to whether or not we had an e-mail that went around. Deputy Blass and I spoke at length, and ultimately, I did receive that. But it never got the opportunity to come back before us to be vetted. And I think in a way Legislator Eddington and I are saying the same thing, that, yes, the County Executive is the Chief Executive Officer of this County. I know it. And all 18 of us are Legislators charged with policymaking. And we followed the process, and he decided to go off the process. So now here we are trying to bring back the process to not work a hardship on what hear are 44 employees.

And a Vietnam Veteran in the back ought to be commended for even going to work every day with diabetes. Nobody around this horseshoe looked to work a hardship on him or anybody else. We talked about flex. The Commission and I had conversation today. What I will make a commitment to do is, is schedule with her, with Chief Deputy Blass, with yourself to work towards something, because I know we can do this. I know we can do this, I know we can provide some flex without busting the budget, without getting into overtime and getting -- let me tell you, I can guarantee you there are going to be people knocking on those doors, because I've heard from every parish outreach coordinator, and they are lining up like gangbusters. There's plenty of folks out there. But not doing it by working a hardship on the membership. That was never the intent here. That is not where we needed to go. And that's why we have this resolution before us today.

MR. ZWIRN:

That's without overtime? Is that what you're suggesting, there will be no overtime involved?

LEG. KENNEDY:

I believe that we can do this by giving flex time to the existing employees, by accommodating the additional employees that are in, and knowing when I went to the South Shore center that only 70 of the 140 employees there deal with direct face to face.

MR. ZWIRN:

I mean, did you know there was only four hours a month once a month?

LEG. KENNEDY:

Absolutely.

MR. ZWIRN:

Okay.

LEG. KENNEDY:

I read the missive like everybody else did. I did see that.

CHAIRPERSON BROWNING:

So I guess we will follow up with another meeting to try to figure out how we're going to do the hours and do it where it's workable for the employees. With that, again, we had a motion to approve and a second. All in favor? Opposed? Abstentions? Motion carries.

APPROVED (VOTE: 5-0-0-0). We are adjourned.

(*THE MEETING WAS ADJOURNED AT 5:00 P.M.*)

{ } DENOTES BEING SPELLED PHONETICALLY