

**HEALTH AND HUMAN SERVICES COMMITTEE
OF THE
SUFFOLK COUNTY LEGISLATURE**

Verbatim Transcript

A regular meeting of the Health and Human Services Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, Veterans Memorial Highway, Smithtown, New York, on Thursday, December 10, 2009 at 2:00 p.m.

MEMBERS PRESENT:

Legislator Kate Browning, Chairperson
legislator John Kennedy
Legislator Jack Eddington
Legislator DuWayne Gregory

MEMBERS NOT PRESENT:

Legislator Thomas Barraga

ALSO IN ATTENDANCE:

Presiding Officer William Lindsay
Legislator Brian Beedenbender
Sarah Simpson, Assistant Counsel to the Legislature
Barbara LoMoriello, Deputy Clerk of the Legislature
Craig Freas, Budget Review Office
Maxvel Rose, Aide to Legislator Gregory
Paul Perillie, Aide to Majority Caucus
Linda Bay, Aide to Minority Caucus
Steve Tricarico, County Executive Assistant
Lynne Bizzaro, County Attorney's Office
Greg Blass, Chief Deputy, SC Department of Social Services
Ed Hernandez, SC Department of Social Services
Dr. Linda Mermelstein, Acting Commissioner, SC Department of Health Svcs. Matt Miner, Deputy
Commissioner, SC Department of Health Services
Len Marchese, SC Department of Health Services
Margaret Bermel, SC Department of Health Services
Dot Kerrigan, AME.
Greg Fischer
John Martell
Other Interested Parties

VERBATIM TRANSCRIPT TAKEN BY:

Lucia Braaten, Court Reporter

[THE MEETING WAS CALLED TO ORDER AT 2:04 P.M.]

CHAIRPERSON BROWNING:

Okay. Good afternoon. I guess it's 2 o'clock. We will start the Health and Human Services Committee with the Pledge of Allegiance, led by Legislator Kennedy.

(*Salutation*)

CHAIRPERSON BROWNING:

Okay. Good afternoon. We have one card, and -- we have one card and it's Greg Fischer.

MR. FISCHER:

Thank you. Thank you, Legislator Browning. My name is Greg Fischer, I live in Calverton. I'm speaking on behalf of Americans for Legal Reform, the crazy guys who got arrested for telling jokes outside of Supreme Court. I'm a Director and Board Member with ALR, and also known as a children's lobbyist.

What I'm here to speak on today is the vaccines that are giving -- being given out for -- and being pushed on children by the County, by the County Health Department on their website at events; are actually contraindicated by the manufacturer. They should not be given to children. I've passed you out all product information sheets from the manufacturer, saying don't give this stuff to children. There's a lot in the media about it being harmful to children, it's true, so we should not be giving this stuff out to children. There is an event the 16th of December in Riverhead where it is listed on the County Health Department site. I've -- and that should be stopped as far as children. I am not speaking on behalf of other groups targeted for these vaccines, but they should be cautious.

This particular product information sheet that I passed out to the Clerk and to all Legislators here today is for Fluarix. It was what was being given out at what was called "Family Day" at Suffolk County Community College, and it was a health event mainly. A good event, despite the fact that it's being hosted by somebody I have political differences with. It's a great event, it's a great idea.

When you would go up to the free vaccine table, "free" I would say in little quotes because this might be the most expensive free vaccine anybody ever gets in their life, they -- you ask for the product information sheet, which almost nobody does. If you ask for that, they give you a sheet of propaganda from the Centers for Disease Control, which is a politicized organization, it's not staffed with people that are great researches, it's staffed with people that are put in for political reasons, and it says, of course, everybody should get these vaccines, especially children. Well, that's not the product information sheet, that's propaganda. If you get the product information sheet where I got it from, that's the trash, because they were filling syringes with it, with vaccines, for multi-dose vials, then throwing the product information sheets in the trash, and there was about six to ten doses per vial. The manufacturer provides one product information sheet and that one gets thrown in the trash. So, if you read from this, under pediatric use, it says, "Not indicated for children." The other brands of vaccine commonly say "no data available", but now they're now saying "contraindicated", not indicated, not to be used. On the Suffolk County Health site, it says -- it says that should be given to children six months to age 24 years. This is contrary to the science, it's contrary to what the manufacturer says.

So thank you for your time. I'm hoping that the dispensing of this vaccine the 16th in Riverhead will be stopped as far as children goes, and that that Suffolk County Health Department site will be changed to reflect the manufacturer's opinion and the science, the real science.

CHAIRPERSON BROWNING:

Thank you. Is Dr. Mermelstein coming over at all by any chance?

LEG. EDDINGTON:

Is there a doctor in the house?

CHAIRPERSON BROWNING:

I don't think so.

MR. MINER:

We are trying to reach her.

CHAIRPERSON BROWNING:

Yeah.

MR. MINER:

I know she's in several meetings today.

CHAIRPERSON BROWNING:

Yeah.

MR. MINER:

We didn't expect that item on the agenda. I'll have her give you a call --

CHAIRPERSON BROWNING:

Well, neither did we.

MR. MINER:

-- to address the gentleman's comments.

CHAIRPERSON BROWNING:

All right.

LEG. KENNEDY:

If she's not available, is Dr. Graham available, by any chance?

MR. MINER:

They may be at a clinic. We're trying to track them down right now.

LEG. KENNEDY:

Okay.

CHAIRPERSON BROWNING:

I gave you a copy of what we received, right?

MR. MINER:

Yeah, Ms. Bermel has it, and we're -- we'll be researching it and get back to you.

CHAIRPERSON BROWNING:

Okay. You know, I brought -- I made mention of it because I received an E-mail about a child who got really ill and almost died from what they believed to be the vaccination. And, you know, they keep telling you these things are safe. My personal opinion, I wouldn't get it for me, I wouldn't get it for my children. My kids are healthy, so I would rather take the chance of not having it. But I know that in order -- you know, this thing in Riverhead that he's talking about, it's optional, people have a choice to go get it done or not. And, as a parent, they have the right to make that decision for their child, but do they get this information when they go to these --

MR. MINER:

Again, I would like to yield to the -- Commissioner Mermelstein or Dr. Graham with respect to that, and we are trying to track them down. They run the POD clinics, they're much more familiar with

the information.

CHAIRPERSON BROWNING:

Okay. So I guess when Dr. Mermelstein or Dr. Graham shows up, we'll hold off until they get here.

LEG. KENNEDY:

Matt, can you just speak to -- we have the issue here about if we have contraindications for -- regarding children. What about the overall dosage issues that we have?

MR. MINER:

I do know there are multiple types of vaccine that we offer. Again, the specifics I will let the Department -- the Division of Public Health and the Commissioner address, but there are multiple types of vaccine. We are very aware of what we can give to different individuals and they are reviewing that.

LEG. KENNEDY:

Well, not only that, but, as a matter of fact, I was going to commend your office for assisting on behalf of a practitioner up in Smithtown that we reached out to. As a matter of fact, Dr. Graham, you know, Dr. Mermelstein, he facilitated several hundred doses of the adult vaccine going to Dr. Friedling, which in this case his concern was he's got a fairly large primary care practice with seniors and he was concerned that he's not been able to access a sufficient quantity from the conventional drug supplier of conventional vaccine. Little different from this. Here we're talking about, I guess, our concern about the contraindication regarding children. But then I think we have a broader issue about the availability of the sufficient quantity of doses of vaccine for practitioners across the board.

CHAIRPERSON BROWNING:

Okay. There is another part I'm reading just above that. It's talking about nursing mothers, and it's not known whether Fluarix is excreted in human milk. You know, I know, again, before you walked in I said it's a parent's choice to go get the flu vaccine. The concern is, is when they're coming to get these flu vaccines and they come to these health and wellness events, are they receiving this information?

DR. MERMELSTEIN:

Yes. It's when patients receive the vaccine, they're usually given the -- it's all the vaccine information statement that describes the vaccine that they're receiving, and the staff will review what the proper age is, what the patient's requirements are in terms of which is the appropriate vaccine to go for them. There are several different formulations of the various vaccines. So that decision is usually made based on the patient's medical condition, whether they should get the nasal spray or the injectable vaccine, and if they get the injectable vaccine, which is appropriate. The patients sign a consent or the consent is obtained, they're given all the information, and questions are -- staff will answer their questions before they give the vaccine.

CHAIRPERSON BROWNING:

So they're just given something like this to read? How large is the print?

DR. MERMELSTEIN:

The vaccine information statement is something that comes out from the CDC, it's not -- what you're looking at looks like a package insert from one of the medications. That's not what is given to the patient.

CHAIRPERSON BROWNING:

Okay. Any other questions?

LEG. KENNEDY:

Doctor, I'm sorry, as a matter of fact, if you gave an explanation. In your medical opinion, is this --

is this vaccine safe for children or not? Are we -- are we to disregard what the manufacturer's putting out?

DR. MERMELSTEIN:

There are very different types of formulations made by different of manufacturers. The one that you're reading says it's not appropriate for children. I don't know if that is given to children. And I would defer to the staff at the time that they're giving it to the patient to determine which is the appropriate -- if someone felt that there was an inappropriate vaccine, I would need a specific name to look up the chart to see what that person had and make sure that they had done -- been given the appropriate medication.

LEG. KENNEDY:

So --

DR. MERMELSTEIN:

The influenza vaccine is safe for children, and there's different manufacturers that make different types for different age groups. So we would try and give the appropriate vaccine for the appropriate age patient. This one states that it's not for pediatric use, so my assumption is that it's not being used for that age group.

LEG. KENNEDY:

Which is -- I guess that would answer if we have concerns. But then the next thing we would ask you, then, is on December 16th, will our staff have a supply of vaccine manufactured, I guess trade name Fluarix, and will it be sufficiently segregated so that it's not administered to children?

DR. MERMELSTEIN:

The medications that's in that description is for seasonal flu vaccine --

LEG. KENNEDY:

Yes.

DR. MERMELSTEIN:

-- which we're basically out of at this point. We're hoping to get some more of the seasonal flu vaccine. We're using the H1N1 formulations.

LEG. KENNEDY:

Ah, okay. So --

DR. MERMELSTEIN:

So we would have the various formulations that we have for H1N1. And again, the staff is trained on how to do the appropriate -- which medications are appropriate.

LEG. KENNEDY:

Uh-huh.

DR. MERMELSTEIN:

We are using temporary staff to help, but our nurses oversee the vaccines that are being given and have been giving training to the new staff.

LEG. KENNEDY:

Okay. So let me just ask one more question, then, so that I -- I certainly don't pretend that I know what the practice of medicine is, but that I can just understand. For the flu clinic that's going to be held on December 16th, which is only swine flu, H1N1, is any of the vaccine that our staff's going to be administering contraindicated for children?

DR. MERMELSTEIN:

The vaccine that they will be having might include some adult vaccines that are contraindicated for children, yes.

LEG. KENNEDY:

Okay. And what precautions will our personnel take to make sure that that doesn't inadvertently get administered to children?

DR. MERMELSTEIN:

The staff, as I said, have been in-serviced on the various vaccines. They've had training and they will -- I believe what they do is they have like an area where the adults are given and they try and keep them a little bit segregated when they can, and again, it's an educational piece for the staff.

LEG. KENNEDY:

Do we color code the vials, or are they in different shapes, or is it just merely physically we try to keep adults and children separated along with the vaccine?

DR. MERMELSTEIN:

I believe that they physically separate them so that the adults are in one area, to the extent it's possible. It depends on the space where they're working and the amount of room that they have for the patients coming in. I don't believe the vials are color-coded. Some of the doses come in multi-dose vials where it has to be drawn up, some are in single use vials. Again, the staff are trained on what to do and they hopefully are choosing the appropriate medications. If someone thinks that they got the wrong vaccine, they should bring it immediately to the attention of the person who gave it to them so it can be checked and reviewed.

LEG. KENNEDY:

Okay. Doctor, I'm going to try one more question and then I promise I'm going to stop. In your medical opinion, do you think that it will be safe for families to come to that flu vaccine on the 16th -- that flu clinic on the 16th?

DR. MERMELSTEIN:

I absolutely believe it's safe and I recommend it.

LEG. KENNEDY:

Okay. Thank you.

CHAIRPERSON BROWNING:

Okay. Question: The Fluarix -- Dr. Mermelstein, don't go anywhere, we got a couple of questions.

P.O. LINDSAY:

Did we ask for a schedule where they're going to give it out?

CHAIRPERSON BROWNING:

Riverhead.

P.O. LINDSAY:

No, no. Could I -- could I --

CHAIRPERSON BROWNING:

Okay. Okay, go ahead.

P.O. LINDSAY:

Doctor, could we have a schedule of where you're going to be distributing the flu vaccine? I found out yesterday you distributed in my district. I had no prior notice. If I had notice, I would have done a blast E-mail to all my constituent lists and stuff like that, you know?

DR. MERMELSTEIN:

I have been including the locations on the weekly updates I've been sending, and I believe the Legislature's included on that. So the one that I had yesterday included the locations and dates, and the one last week. There are some -- the flu clinics that are being sponsored by other agencies, that we're working with them, so there may be -- like, for example, there was one that was given by Southampton Hospital. We didn't sponsor that, so I didn't include that as a listing to take credit as if we had put that POD on.

CHAIRPERSON BROWNING:

Yeah. I didn't get any notice on the one at the Shirley Mastics Library when it came there.

DR. MERMELSTEIN:

I started putting them in last week, so you're -- that's absolutely correct, I did not put in the update previously. We have not been announcing the locations because we've been doing it by appointment only. So if someone calls our hotline and wants to be scheduled, we have been giving information as to what PODS or clinics are available near wherever they live, so the patients have access to those clinics when they call in. I have in the updates been listing the places where we had after the fact. So I did list Mastic/Shirley, I believe, in one of the updates where I said we had so many PODS and these were the locations.

P.O. LINDSAY:

We got but it isn't only by appointment, it's open, too, right? If somebody just walks in and --

DR. MERMELSTEIN:

Yeah, we've had a couple of open PODs, yes; in December we're having three, so yes. And again, those are posted on our website with the locations.

P.O. LINDSAY:

You got it, okay.

MR. PERILLIE:

The H1N1.

P.O. LINDSAY:

Okay. We just found it on the website, but if that -- well, I guess you'll keep updating that. We'll have to watch that.

DR. MERMELSTEIN:

We also put out a press release on it last week.

P.O. LINDSAY:

All right. And again, the only reason that I'm interested is to spread the word among our extensive list of constituents in our area to make them aware of this, you know.

DR. MERMELSTEIN:

Yeah, we appreciate that, we appreciate your help. Thank you.

CHAIRPERSON BROWNING:

Okay. The {Fluarex} or Fluarix, I hope I said it right, is that a regular flu shot or is that used for H1N1?

DR. MERMELSTEIN:

I believe that's just the seasonal, what you have, yes.

CHAIRPERSON BROWNING:

Okay. Jack?

LEG. EDDINGTON:

Yeah. I guess, just so it's clear in my head, there are different vaccines for children and for adults?

DR. MERMELSTEIN:

That's correct.

LEG. EDDINGTON:

Okay. And I think Legislator Kennedy's concern was that they don't get mixed up. And I guess I just assumed that these are health professionals that will be administering shots.

DR. MERMELSTEIN:

That is correct.

LEG. EDDINGTON:

You're not taking clerks from the County and teaching them how to give shots.

DR. MERMELSTEIN:

That's absolutely correct, but we --

LEG. EDDINGTON:

Okay.

DR. MERMELSTEIN:

We are using nursing staff and physician staff to give the vaccines.

LEG. EDDINGTON:

Okay. And so that it says what they're for on the bottle, correct?

DR. MERMELSTEIN:

That's correct.

LEG. EDDINGTON:

Because I get worried when we talk about color-coding, because that's where mistakes can happen, when we rely on a color code rather than what the drug actually is. So there are -- the drug will say what it is, you'll have a health professional administering it, and you're even separating the adults from the children physically.

DR. MERMELSTEIN:

Yes, to the extent possible, we are.

LEG. EDDINGTON:

Okay. It sounds pretty safe to me. Thank you.

P.O. LINDSAY:

Can I just follow up? Sorry, Doctor.

CHAIRPERSON BROWNING:

Go ahead.

P.O. LINDSAY:

Isn't the child one nasal, a nasal vaccine?

DR. MERMELSTEIN:

Okay. There's two main types of vaccine.

P.O. LINDSAY:

Okay.

DR. MERMELSTEIN:

The nasal vaccine that you're talking about is -- it's actually appropriate for healthy people between the ages of two and forty-nine, and it's not for pregnant women. The inactivated vaccines, which are the ones that are the shot, there are, like I said, multiple types that are made by different manufacturers and each has different age -- appropriate ages that they're used for. It's partly based on the dose that's in it. Children get 12.5 milligrams as opposed to adults that get 25 milligrams, so --

P.O. LINDSAY:

Okay.

CHAIRPERSON BROWNING:

Legislator Gregory, you have a question?

LEG. GREGORY:

No.

P.O. LINDSAY:

Oh, you didn't? Okay. Are we done with questions? Okay. I believe we do have someone else who wants to speak on the H1N1. John Martell. Do we have John Martell in the --

MR. MARTELL:

Yes, right here.

CHAIRPERSON BROWNING:

Okay. And, I guess, while we're here, Legislator Beedenbender has joined us. Thank you.

MR. MARTELL:

Good afternoon.

P.O. LINDSAY:

You have three minutes.

MR. MARTELL:

Hi. Good afternoon. My name is John Paul Martell. I have been working for the past two months on the H1N1 campaign, myself and about twelve other people. I've been working with three hospitals and I've had direct contact with the nurses in the hospital, and I can tell you, having direct contact with the nurses in the hospital, that what the newspapers present as truth is not. I know of an eight-year-old boy who was in perfect health and was killed due to the vaccine. The papers came out and said that he had preexisting conditions, which the nurses whom were there confirmed with me that he did not. I think people need to know that this vaccine has not been tested to be safe, and I have contacted the CDC and that is what I was told. That is still the issue, yet the media portrays it as being safe and it is not.

Three minutes really isn't enough time for me to cover all of the major issues, but what I will get into is the fact that having spoken to nurses, I do know that at Long Island Jewish, two nurses, after receiving the vaccine, had to receive emergency tracheotomies. I wasn't familiar with the terminology. A tracheotomy means you cannot breathe and your throat has to be surgically opened to save your life. I also personally know of another nurse whom two days after the vaccine passed out and had to be administered to the emergency room. Now, keep in mind, this vaccine has not been tested to be safe. And another thing is the people who administer the vaccine have been

indemnified. If something hasn't been tested to be safe, and if the person that gives it to you is indemnified against lawsuit, I see a problem with that in reference for the safety of our children and our community. How much time do I have?

CHAIRPERSON BROWNING:

Keep going. We do have a question when you're done.

MR. MARTELL:

Okay. I'll take a question now.

CHAIRPERSON BROWNING:

Okay. Jack.

LEG. EDDINGTON:

Okay. I mean, just before you spoke, I don't know if you were in the auditorium, the acting Health Commissioner recommended that people get the vaccine. I'm wondering -- and I'm pretty clear on her background -- what's your educational background and experience? You've talked about talking to nurses. What other qualifications do you have to tell us what you're telling us?

MR. MARTELL:

I have been working with nurses. I've also been working with doctors who are known publicly and who have come against the vaccine and have stated publicly on the internet and on the news that this vaccine is not needed. Now, another thing is presently, currently, right now, we are at a state where we have very, very, very little outbreak. In other words, the media predicted that there was a pandemic, yet --

LEG. EDDINGTON:

You know, I appreciate your response, but I don't think you really answered my question other than if you're saying you have no education, background or personal experience; would I be correct, would that be the right answer?

MR. MARTELL:

No, it's not, because I am associated directly with nurses, so that gives me --

LEG. EDDINGTON:

In what capacity?

MR. MARTELL:

In the capacity that I talk to them and they are my colleagues in this campaign to make the public aware that the vaccine is hazardous.

LEG. EDDINGTON:

Do you work with a hospital?

MR. MARTELL:

I don't work with a hospital, no. I am not a hospital employee, but I represent the employees in the hospital and I talk to them daily.

LEG. EDDINGTON:

Can you understand why we might be listening to our health professionals first other than somebody that's telling us, "I've spoken to nurses and this is what they've said"? I mean, you're coming to us, asking us to make a decision. Do you hear what it sounds like? We've got -- we've got a renowned Doctor who's in charge of our Health Department advising us one thing and you're coming telling us, "Well, I'm hearing from nurses around in different hospitals that it's not good and it's bad." I mean, can you see how hard that is for us?

MR. MARTELL:

Well, that's not what I said. I didn't say that it's not good, and I didn't say that it's not bad, I said that people are being killed, I said that people have had emergency tracheotomies.

LEG. EDDINGTON:

Well, that would qualify as bad, wouldn't it?

MR. MARTELL:

Excuse me?

LEG. EDDINGTON:

Isn't that qualified as bad? I mean, maybe I'm using the term, but if you're dying, that isn't good. So --

MR. MARTELL:

Right. Well, there's a big difference between dead and bad, as far as I'm concerned.

LEG. EDDINGTON:

Not for me, baby.

MR. MARTELL:

Okay.

LEG. EDDINGTON:

If you're dead, it's bad.

MR. MARTELL:

All right. Well, you know, I'm telling you what I know. And I understand that you have an individual who's certified, but there are many other individuals whom are also certified and more experienced, such as Dr. Tenpenny, and she's gone publicly and she is renowned. And you have your professionals, and there are also other professionals that show another side to it. Now, that is regardless. What is the issue is the fact that it is untested. It has not been tested to be safe and you're giving it to kids and you're giving it to pregnant women, and these pregnant women have been documented to have spontaneous abortions. I think you should, you know, consider that, it's documented.

CHAIRPERSON BROWNING:

Thank you. If you would like to give your testimony to the Clerk and maybe --

MS. LOMORIELLO:

Do you have a written statement?

MR. MARTELL:

I don't have any written statement.

CHAIRPERSON BROWNING:

Oh, okay.

MR. MARTELL:

I found out about this meeting 45 minutes ago.

CHAIRPERSON BROWNING:

Okay.

MR. MARTELL:

But, if you'd like one, I can, after a day or two, give you a written statement.

CHAIRPERSON BROWNING:

You could submit it to us and we can certainly have our Health Department look at it also. And, you know, the hospitals that you're talking about, if you could submit the names of the hospital and any other additional information you can give us.

MR. MARTELL:

All right. Thank you so much for your time.

CHAIRPERSON BROWNING:

Thank you. Okay. Any other questions? Any other questions? No? Okay. So we will move on with the agenda.

TABLED RESOLUTIONS

Tabled Resolution ***1714 - Adopting a Local Law to prohibit the use of tanning facilities by minors (Viloria-Fisher)***. I'll make a motion to table.

LEG. KENNEDY:

Second.

LEG. EDDINGTON:

Second.

CHAIRPERSON BROWNING:

Which second do I want to take? Legislator Kennedy, I'll take your second. All in favor? Opposed? Abstentions? Motion is tabled.

(Vote: Tabled 4-0-0-1 Not Present: Leg. Barraga)

1928 - Adopting a Local Law to improve the safety of youth sports programs in Suffolk County and increase awareness of the dangers of head injuries. I'll make a motion to approve.

LEG. GREGORY:

Second.

CHAIRPERSON BROWNING:

Second, Legislator Gregory. And, Legislator Beedenbender, this is your bill?

LEG. BEEDENBENDER:

Uh-huh.

CHAIRPERSON BROWNING:

Would you like to tell us about this?

LEG. BEEDENBENDER:

Sure, I'll talk on the microphone.

CHAIRPERSON BROWNING:

We'd love you to.

LEG. BEEDENBENDER:

Thank you. Well, basically, you know, we've heard a lot about this in the news. Congress has gotten involved, which I guess should always be a dangerous situation for all of us. But the NFL has been talking about this a lot and it's been in the news with the quarterback from the Pittsburgh Steelers, Ben Roethlisberger. You know, there's this culture that you get hurt, you go back in. And

even at the professional level, the doctors told this guy not to go in and his teammates end up criticizing him in the locker room because he didn't go back in and he had a concussion. And in Washington State, there was a young man, his name was Zachary Lystedt. He was 13 when he was playing football, he got hit in the head, he went on the sideline, then 15 minutes later they said, "All right, you're fine." He went back in and he suffered something that young -- young people under 18 are much more susceptible towards, secondary -- now the words left me. It's basically Secondary Concussion Syndrome, or Secondary Incident Syndrome. I can't remember the title because I can't find it right now, but -- Second Impact Syndrome is what it's called. And as a result of that, this young man from Washington State, he was in a coma for a while and now he's paralyzed, and it can even result in death.

So the basic idea behind this law is twofold. First, when we think of concussions, unfortunately, we almost always think of football. But I have a study here that while most concussions do occur in football, the second most concussions in youth sports occur in women's soccer. And I think a lot of times people, they don't think of that; and women's basketball, and then a couple of other sports as well. So the idea behind this bill, it says something very simple, that if you are a youth league that gets money from the County of Suffolk, when you get your grant paperwork, you have to submit your written policy for what happens if one of your young athletes is -- receives a head injury of some sort during a game; what is your written policy for who must evaluate them before they can go back, how long, and what documentation they must have.

My original hope was to put those restrictions in place, but we really don't have the authority to do that, so this is the next best thing. It's not the whole step forward, it's a first step forward. Assemblyman Sweeney has a bill in the State that I think will be the second step forward. But the importance here is that, you know, it's youth sports, this is not professional sports, and it's not for millions of dollars. It's a youth sport, and as much as we're all -- when I was a kid, I always wanted to go back in. It's not necessarily the best idea. And many of our leagues don't have a policy for this, so this just forces them to sit down and put something in writing and says, "Hey, when this happens" -- you know, professional teams have doctors and neurologists available to them. I would be surprised if there are many youth games that have a neurologist on the sideline. So that's why I -- we were working on this for a while and it just happened to come forward now right at the end. So I'd appreciate the support of the Committee.

CHAIRPERSON BROWNING:

Absolutely. You know, it's funny, I'm not very good on football and footballers, but there was I think --

LEG. BEEDENBENDER:

Well, that's because you call football something else.

CHAIRPERSON BROWNING:

Sorry. No, I call soccer football.

LEG. BEEDENBENDER:

That's right.

CHAIRPERSON BROWNING:

But, no, this was football. There was -- I saw a football player and I actually can tell you, I think he was a Denver Bronco player, there's some helmets that have come out now that he's been encouraging schools to buy, they're very expensive, because they're saying that the football helmets that the kids are getting are being passed on and they're really not very safe. So I think -- I think what you're doing is a great idea, and maybe that's something we should all be pushing forward, is to see that these kids are getting what they need to keep them --

LEG. BEEDENBENDER:

Well, and just to follow-up on that, Legislator Browning, you're absolutely right. Central Suffolk

football, which is a very large youth football league in my area, but also on the North and South Shore as well, they -- one of their requirements is they have -- one of the biggest expenses they have is that they pay -- every helmet they send out to the manufacturer to be refurbished and tested they get X-rayed. And if it's not good enough, they scrap it and they refurbish them and send them back. But in terms of the helmets, you know, we're the County Legislature, but I'll preach for a moment. One thing that I think the NFL could do is mandate that their players all wear these new helmets. They all are a little bit more expensive, but all the testing has said that they are infinitely more protective for heads and they can reduce concussions. And I think if the NFL did that, some of the youth leagues would start to follow suit. And yes, they're more expensive, but it is unquestionable all the science that I've read, and I'm not a doctor, I know we have some here, but the studies that I've read from the CDC and a couple of other organizations, youth are much more susceptible to Second Impact Syndrome, and the consequences of a concussion can be absolutely long-lasting.

And the biggest problem with a concussion is that it doesn't always present itself right away. I've had four or five of them and I consider myself lucky because I'm -- I can still speak really well, but they don't always present itself right away. I've -- I had a couple that I had one and a half hour later it hit me, and I was doing a lot in between there. So I just think it's important that these leagues have something on file. If something -- this is the policy of the coach. Kid hits his head, no more playing today, no more playing until you get a letter from a doctor, whatever it maybe. But there's no reason that 13-year-olds, and 10-year-olds, and 15-year-olds need to be risking their health to win a youth league game, and I think that's what the purpose of this law was about.

CHAIRPERSON BROWNING:

Yeah. I know that when this guy was talking about these helmets, there was a school district, and because the helmets -- I think they ranged around 300 and \$350 apiece, so -- but the parents from the kid -- of the kids said they're willing to pay for them because the school couldn't afford to. So I'm going to look into it more and maybe we can look into it more also, because I think we need to encourage it. I think, DuWayne, you have a question?

LEG. GREGORY:

You actually just brought up a question in my mind. When they submit the -- when they submit the policy procedure, what happens? What if the policy is not an adequate policy, what happens then? We don't really have any enforcement. What if they say, "Okay, well, it's the individual coach's discretion to" -- whether or not to me that's -- may or may not be satisfactory, as opposed to saying, "Well, we can get" -- you know, they have to get a note from a physician first.

LEG. BEEDENBENDER:

Well, I agree with you, Legislator Gregory. And my original -- when I was researching this and I was speaking with Counsel on it, my hope was to try to draft a policy, but there were a couple of problems that are presented. Number one, there isn't a unified recommendation out there, there are a whole series of recommendations. And even if there was one, we had some difficulty finding the legal authority for us to put that rule on all sports leagues. We may have been able to require the ones that get money from us to do it, but we didn't really have a unified policy. I mean, even if you watch the NFL, they're going back and forth on what they should recommend. A lot of the colleges are going back and forth with what they recommend.

You know, there's been a couple of high profile quarterbacks and football players lately that have had concussions and they talk publicly about whether the tough guys need to go back. But I think you're right, Legislator Gregory, that perhaps we could incorporate -- and I don't know if there's somebody from our Health Department or our Board of Health, or what it may be, maybe the second part is asking them to try to put something together that we could recommend. But for now, at least they'll have put together a policy, and maybe we could offer recommendations to them if we find it deficient in any manner.

LEG. GREGORY:

Now is that -- is that part of it maybe being addressed by Assemblyman Sweeney's legislation or --

LEG. BEEDENBENDER:

Well, Assemblyman Sweeney's bill has to do with the Education Law, so it's focusing more on school-related sports, something that we simply don't have the authority to regulate. The law in Washington State that came about as a result of that young man I spoke about earlier, what Washington State did was they required all of their schools to have a rule for all of those youth sports program and any youth sport program that was using any of their facilities. So it was very comprehensive. They had to track head injuries by year, and that's what Assemblyman Sweeney's bill does, for school districts to track -- you know, if you're in 7th Grade and you're participating in sports, they want -- they want to have a written medical policy, as well as track, hey, you know, this kids in 11th grade, this is the third time the kid's had a concussion since they've been working with it. So I think Assemblyman Sweeney's bill deals with the schools and the youth sports through I guess extracurricular sports.

Ours just deals with the youth leagues outside of those. But, yes, it would be a big step forward, but I would encourage everybody on the Committee that's here next year to -- the two parts, that Legislator Browning was talking about one part and you were talking about another one, Legislator Gregory, that perhaps we want to have somebody reviewing these policies and maybe we could get to a point, we're not there right now, where we could recommend a policy that all of these leagues adopt that would help them ensure the safety of the kids.

LEG. GREGORY:

And I think that -- I think this is a great bill. Just similar to you, coming from a background, I was very active in sports, I played soccer, football, baseball, I had track, I played basketball, and just seeing the different coaches that I had throughout the years, you know, someone got a concussion, it's pretty much up to the coach's discretion, "All right, you're ready, go back in," and it really depended on the competitive nature of the coach, which is scary, and even -- I would even go even further. I remember guys with broken toes and fingers that would play. You know, they'd wrap their fingers up and their toes up and continue to play and cause them more damage, so -- but I think this is -- it's a good start. And, as discussed, you know, we can go a little bit further, but we can do what we can do on our level and this is very good. Thank you.

LEG. BEEDENBENDER:

Yeah, I have a similar story. I had what was -- later turned out to be a concussion and my track coach had me go do the pole vault while I was concussed, which was probably a poor idea and, luckily, it didn't get any worse.

CHAIRPERSON BROWNING:

John?

LEG. KENNEDY:

Madam, Chair, yeah.

CHAIRPERSON BROWNING:

What did you say?

P.O. LINDSAY:

Should we apply this to the Presiding Officer?

*(*Laughter*)*

CHAIRPERSON BROWNING:

I'll buy the \$350 helmet for you if you think you'd need it. John.

LEG. KENNEDY:

To the sponsor, Brian, I think it's a good bill, and I think it's something that, you know, warrants a policy being put in place. The only suggestion I would offer is, is that I think there ought to be an injury policy across the board. I'm a little concerned about limiting it to head injuries. You know, having -- I was never in football. As a matter of fact, I played baseball as a kid, usually played left-out, but there was a lot of, you know, injuries into base-running, somebody getting beamed. Even when I coached, you know, there would be an accidental or incidental glance with a ball, or something like that. I a little concerned at identifying body parts. I would more be inclined to want to support an injury policy across the board, period, not just like Legislator Gregory says up to an individual coach who, you know, tests the winds, do I have eight or nine kids on the field or not.

You know, I'll feel inclined to support this, but I would say that I would want to see it probably expanded language-wise so that it doesn't limit it only to head injury or concussion, not to minimize that. That's probably one of the most egregious injuries. But, you know, let's face it, I mean, kids get injured up, down and all over, and there ought to be something in place that we can point to.

I think, from a liability perspective, we -- community agencies waive on any kind of claim against the County in the first instance, don't they?

MS. SIMPSON:

That is correct, they do.

LEG. KENNEDY:

Okay. But, nevertheless, we want to be, you know --

LEG. BEEDENBENDER:

Well, if it comes --

LEG. KENNEDY:

-- make certain that we are funding safe organizations and that our constituents are playing safely.

LEG. BEEDENBENDER:

It would become a condition of their contract. There's many things that they have to agree to when they receive funding from the County and this would just be an additional one.

And just in response to your comment, I agree that, you know, there should -- all these leagues should have a widespread injury policy, but the reason I focus on this is -- and not to minimize anything else, but if a young boy or girl breaks their finger, a layperson can generally look and say, "Your finger is broken," or "Your leg is broken," or, "I see you can't stand." But with a head injury, because it doesn't necessarily always present itself, and, you know, on the side -- you know, most people do I think what Legislator was talking, you know, if they're not professional, look at the kid and follow my finger, "What day is it?" "What's your name?" "What game are you playing?" And if they can answer those questions, generally, they end up back in. But it's a little more complex than that, at least from what I can see. And it's not as easy for somebody who's, you know, a stockbroker during the day and coaching the team at night to have the expertise to know whether the kid is safe.

CHAIRPERSON BROWNING:

Jack?

LEG. EDDINGTON:

Just for the record, I boxed in high school in the Navy and we never had any problem with "bain damage".

(*Laughter*)

CHAIRPERSON BROWNING:

Okay. With that, I think we had -- didn't we have a motion and a second?

MS. LOMORIELLO:

Motion and second, yes.

CHAIRPERSON BROWNING:

Okay. So we had the motion and the second. All in favor? Opposed? Abstentions? Okay. The motion's approved. Thank you, Brian. Congratulations.

Okay. We do have the commissioner here from DSS, but I think this agenda's going to be quick. I had some questions based on a letter I received from parole, which I think a lot of us should be paying attention to. We'll continue with the agenda and we'll get you up here quick.

2044 - Directing the Department of Health Services to implement amendments to the Suffolk County Sanitary Code requiring the posting of caloric content of menus (D'Amaro). The sponsor requested a tabling motion, so I'll make a motion to table.

LEG. GREGORY:

Second.

CHAIRPERSON BROWNING:

Second, Legislator Gregory. All in favor? Opposed? Abstentions? Tabled. **(Vote: Tabled 4-0-0-1 Not Present: Leg. Barraga)**.

2093 - Appropriating funds in connection with the purchase of equipment for Medical, Legal Investigation and Forensic Sciences (CP 1132) and approving the purchase of a vehicle in accordance with Section 186-2(B)(6) of the Suffolk County Code and in accordance with the County vehicle standard (Co. Exec.). I guess I'll make a motion to approve. Can we put that on the Consent Calendar? I don't know.

MS. SIMPSON:

No.

CHAIRPERSON BROWNING:

No? Okay. Okay. I'll make a motion to approve; second, Legislator Gregory. All in favor? Opposed? Abstentions? Motion carries. **(Vote: Approved 4-0-0-1 Not Present: Leg. Barraga)**

2094 - Appropriating funds in connection with The Brownfields Program, former Bellport Gas Station site (CP 8223) (Co. Exec.). I'll make a motion to approve; second, Legislator Eddington. All in favor? Opposed? Abstentions? Motion is carried. **(Vote: Approved 4-0-0-1 Not Present: Leg. Barraga)**.

2095 - Appropriating funds for the purchase of equipment for the Environmental Health Lab (CP 4079) (Co. Exec.). Motion to approve, Legislator Gregory, I'll second it. All in favor? Opposed? Abstentions? Motion's carried. **(Vote: Approved 4-0-0-1 Not Present: Leg. Barraga)**.

2104 - Accepting and appropriating 100% State grant funds from the New York State Department of Health to the Department of Health Services for the Healthy Communities Capacity Building Program (Co. Exec.). Motion to approve, Legislator Eddington, and place on the Consent Calendar; I'll second. All in favor? Opposed? Abstentions? Motion's carried. **(Vote: Approved 4-0-0-1 Not Present: Leg. Barraga)**

2105 - Accepting and appropriating 100% Federal grant funds passed through the New York State Department of Health to the Department of Health Services for the Women,

Infants and Children (WIC) Nutrition Program (Co. Exec).

LEG. EDDINGTON:

Same motion.

P.O. LINDSAY:

Same motion, same second, same vote. ***(Vote: Approved 4-0-0-1 Not Present: Leg. Barraga)***

2106 - Accepting and appropriating 100% Federal grant funds from the United States Department of Justice, National Institute of Justice, to the Department of Health Services for a Forensic DNA Backlog Reduction Program (FY 2009) (Co. Exec.).

LEG. EDDINGTON:

Same motion.

CHAIRPERSON BROWNING:

Same motion, same second, same vote.

2135 - Approving the reappointment of Robert N. Falk as a member of the Suffolk County Commercial, Industrial, Residential Septic Tank/Sewer Drain Treatment, Bacteria Additives and Maintenance Board (Co. Exec.).

LEG. GREGORY:

Would you say it again?

(*Laughter*)

LEG. KENNEDY:

Motion.

CHAIRPERSON BROWNING:

Motion, Legislator Kennedy; second, Legislator Gregory. All in favor? Opposed? Abstentions?

Motion is carried. ***(Vote: Approved 4-0-0-1 Not Present: Leg. Barraga)***

With that, Commissioner, I -- if you could come up. I received this letter from Parole, and I know we've been kind of playing phone tag on this. I have to tell you, I was very annoyed when I received this letter, because I thought, as far as I was concerned, it was like they were just trying to pass the buck. They didn't respond the way I -- to my requests. And basically, what they're saying, again, the issue being that there seems to be an excessive number of parolees being placed in my District, and I'm sure some of the rest of the Legislators could say the same. The problem sober homes that I have in my district, and I sent them addresses of the problem sober homes my district and asked them to identify if any of the parolees who were -- were in these homes. I also requested the information as to where they were before they lived there, if they were in jail, their last known address. I know there's a lot of confidentiality, but he said he could probably let me know what town, what county or even another state.

This is the letter I received, and basically, they pointed the finger at DSS and said, "Well, we're aware of" -- I believe he said six that are in the area, and they basically said DSS places them. I keep hearing DSS doesn't place people. And I -- there's a two-part question to this. If someone is receiving DSS assistance and they have a caseworker, and, Ed, maybe one of you can answer this, is that caseworker through DSS, or is that caseworker through the Health Department?

COMM. BLASS:

That can vary, but I'll allow the acting Division Administrator of Housing answer that question. I can only say that this is a loose use of language at the bottom of the page, first page of the State Parole

Officer's letter by saying that they were placed at such locations. I think that they are intending to say that they are Social Services clients, but we are scrupulously avoiding sober homes. And most of the time, 99.9% of the time, we don't pick where they live, the clients bring us their rental agreements, and if we see sober homes, we become very strict about it. But I'll turn it over to Ed Hernandez about the other issues.

MR. HERNANDEZ:

Good afternoon. Obviously, Kate, you know we've been working on this issue for quite a while, and the same rules apply to parolees as everybody else, we don't place people. There are resources out there, the parole officers know these resources. And there are other communities which have landlords that operate these, quote-unquote, sober houses that Parole regularly refers people to. So I would on the record dispute the term that we place people over there.

CHAIRPERSON BROWNING:

And that's why I want it on the record. And, you know, the fact that I sent addresses of major problems, homes with major problems, drug activity, a lot of criminal activity going on in these homes, and they're actually admitting to the fact that they have parolees in these residences, but they're under intensive supervision. That is just beyond me, that they would even say that, that they admit to it. But, you know, we know there's drug activity going on, we know there's criminal activity going on in the homes these people live in, but we're keeping an eye on them. You know, and again, when it comes to sometimes people who are receiving DSS assistance, if they have a caseworker, where do -- can you answer that question and maybe you can't. Does the caseworker come from the Department of Health or from DSS? Where would that caseworker be coming from?

MR. HERNANDEZ:

DSS doesn't provide casework services, shelter providers, people who are in shelters receive casework through the agencies that they're placed with. But in the case of Parole, they can receive them from several sources. Obviously, if there's a mental health issue, they'll receive a case manager through the mental health system. There's also the Reentry Task Force, which takes on a number of people, and they contract out with, or coordinate with various agencies to provide additional support for the reentry people. Also, some of the parolees, as we testified in a fair hearing, the parole officers really are -- function as case managers. They receive similar type training to some of the basic case managers and assist the parolee with the resources that are out there.

COMM. BLASS:

Also, Madam Chairman, there are times where the Court will direct and order as part of their disposition order of some cases involving child neglect where the adults are concerned, and the Criminal Courts as well, they may suggest an ICM, an Intensive Case Manager. If it's out of Family Court, that very well will be a CPS case manager. It can be also a State agency or, as Ed said, a mental health professional that would be assigned. So there are a variety of caseworkers that can deal with this.

CHAIRPERSON BROWNING:

So it depends on the situation, what type of case manager --

COMM. BLASS:

Yes.

CHAIRPERSON BROWNING:

-- and where the case manager comes from, so --

MR. HERNANDEZ:

If I could just --

CHAIRPERSON BROWNING:

But if a case manager -- if they have a case manager, the case -- do case managers approve where they live? Do they have any say as to where they're living?

COMM. BLASS:

Not in DSS, no. I don't -- I can't answer what the other case managers might do in that regard or what powers they have.

MR. HERNANDEZ:

Parole has the final say on where somebody can live. Obviously, if it's a sex offender, there's certain restrictions. But for general parolees, unless there's an order of protection or some reason that they can't go into a certain community, that will be the -- you know, they'll let them pretty much live wherever.

But I also want to state for the record that, you know, we've been kind of displeased with some of the folks coming down from Parole, especially the sex offenders. And we're meeting with the Regional Head of Parole to discuss some of our concerns, because they've been releasing people in situations that DSS is not equipped to handle. So they haven't been on top of the releases in providing the assistance that we need to get some of their folks proper places to live.

CHAIRPERSON BROWNING:

Yeah. It's funny because when I made a phone call -- oh, I'm drawing a blank on the guy's name. He's I guess a Regional Director.

MR. HERNANDEZ:

Claudio.

CHAIRPERSON BROWNING:

Claudio, yes. And he did make mention to me that there was something going on in the State because of a lot of complaints. And, you know -- but when he's making that statement that, you know, while we know that they're living there, I was just totally disgusted with that comment. And then he says, though, sober homes do not have to be OASAS licensed. It's my understanding that they're required to staff the facility with a house manager. That's another thing, it's -- because if they're not a regulated or licensed sober home, and it's just some Joe Smith off the street decides to rent the house out to twenty different people, who's regulating that he has to have a house manager? Nobody, but himself. So that goes back to why we had the sober housing hearings. So --

COMM. BLASS:

Right. And if that's the position that the County Executive and the Department have taken from the beginning, that these sober homes are totally out of control, they are the repository for overcrowding of desperate people by unscrupulous landlords who use the disguise of sober homes to ruin lives and ruin communities. And once the input from those hearings on sober homes is complete and the report is out, I know that the County Executive and I are going to cooperate in developing as much of a proposal for State legislation, because that is where OASAS has to start playing a serious role.

CHAIRPERSON BROWNING:

Thank you. Legislator Kennedy.

LEG. KENNEDY:

You bring up a very good point and one that I'm going to ask you to on my behalf carry forward with that regional meeting, particularly on the sex offenders. And I know that I had conversation. Actually, it might have been you and I, Ed, who spoke about the location in Smithtown right on Jericho Turnpike at the corner of Edgewood where we had three known sex offenders that were purportedly temporarily placed on a second story of a gas station, literally within about, oh, 750 or 800 feet of school property right across the street down Jericho. Now, the initial inquiry turned out

that none of these people that were in there were under our local Probation Department jurisdiction, they apparently were all Division of Parole releasees. But nevertheless, it was like absolutely everything that we've attempted to try to prevent. Lo and behold, this State agency in one fell swoop elected to do, took three individuals convicted of sex crimes, housed them all up on top of a gas station in contravention of all of our distance prohibitions and area prohibitions. It was just mind boggling. A bunch of contact from a bunch of different people from Senators and Assemblymen, from my office and everything like that, and, lo and behold, they very quickly I think said, though, this was never something that was intended to be a long-term placement, it was interim, and subsequently, these individuals were moved elsewhere. But it occurred very quietly, it occurred below the radar, and it occurred, I guess, without I don't think any kind of notification to you folks. It's just, clearly, they have to understand, they can't come down here and run rampant over everything that we've attempted to put into place specifically to prevent that.

COMM. BLASS:

Legislator Kennedy, that's just the beginning of the chain of abuse and missteps that the State practices, because the root of the problem is releasing sex offenders who are completing their sentences from the State correction system into homelessness. That is what has to stop, and until it stops, our numbers of the homeless sex offenders will continue to rise to the point where we have maxed out our, or close to maxed out our shelter capacity for sex offenders just this past week with the cold weather setting in.

CHAIRPERSON BROWNING:

Do you know how many of those homeless sex offenders actually originated here in Suffolk County? Did they come from somewhere else before?

MR. HERNANDEZ:

The general rules of release are that the person either had to live in the County or that's where the crime was committed, that dictates the County of release. That's what I've been told.

CHAIRPERSON BROWNING:

So, if he came from Upstate New York and he committed this crime in Suffolk County, he will come back to Suffolk County?

MR. HERNANDEZ:

That's correct.

CHAIRPERSON BROWNING:

That's smart.

MR. HERNANDEZ:

From what I've been told, yes.

CHAIRPERSON BROWNING:

Our Presiding Officer, you have a question?

P.O. LINDSAY:

Just an observation on the whole sober home issue. I mean, probably five years ago we passed legislation here to regulate sober homes and we were immediately sued over it by the providers. And I believe the determination there was that it should be the State's jurisdiction, which -- to regulate them, and they've never stepped into the void, never, and it's frustrating, it's extremely frustrating.

The second thing, though, has to do with -- and we had this discussion with Ed the other day in Ways and Means about we had a resolution before us to dispose of six homes that the County was managing that I think we picked up from the Scatter Shelter Program; is that where we -- they originated?

MR. HERNANDEZ:

It was from a not-for-profit that was a shelter provider. They weren't homeless -- one of them was used as a homeless shelter and continues to be used as a homeless shelter.

P.O. LINDSAY:

But wasn't it called a Scatter Program, wasn't that where we -- the question is simply this.

MR. HERNANDEZ:

It was a transitional housing program.

P.O. LINDSAY:

From my -- you know, at the time, there were some questions about it and I made some inquiries about it. And there are tenants these houses, and if we sell the houses and a for-profit operator comes in and these people are booted out, we're going to increase the homeless population, because some of them are not capable of taking care of themselves. I understand one elderly couple is mentally challenged and would have a pretty hard time fending for itself. So, I mean, the Committee the other day turned down the resolution to excess these houses and it was explained to us that the County doesn't want to be in the management business, and I certainly understand that. The suggestion is find another provider to run them for us, whoever it is.

COMM. BLASS:

The one point that occurred that was raised in that discussion, Mr. Presiding Officer, was the point that the Department of Real Estate would be compelled to place them on auction and dispose of the properties if they were retained and turned over to them as the resolution that was tabled provides. That was not accurate. We verified -- I knew it wasn't accurate. We verified it with the County Attorney's Office. The Department of Real Estate does hold and manage and is more equipped to manage real property of any kind, including housing if it chooses to do so. It is not obligated under the law to transform these into surplus properties for auction. That is -- a more detailed explanation of our position on that will be offered in writing to you and other members of the committee, and to members of this committee, if so desired.

But the point is that consider the difficulty of having two APS clients in housing. It's almost as though -- and the Department's providing the services, the Department of Social Services. It's almost as if we're rung a scattered assisted living facility by having these houses in DSS operation. We aren't really equipped to be the kind of landlords that these properties call for. We accept the Legislature's policy directive as the policy-making body of government that such properties should not be held -- rather, sold at auction. We know that the department would prefer that. We know the County Executive would prefer that. But if the policy-making directive is to retain them, then, certainly, it is -- the proper and appropriate course is for Real Estate Department or the Real Estate -- Office of Real Estate to manage them.

P.O. LINDSAY:

I think the point is, and you get the point, we don't want to sell the houses. We think it's a foolish policy to be selling six homes now when we need -- you know, we're looking for housing and we're using motels, and we're not asking Social Services to manage them. If Real Estate's better equipped to manage them, I don't think any of us have a problem with that. If Real Estate doesn't want to do it, you know, let's find a not-for-profit to manage it for us, and it can be, you know, anybody from a shelter provider to, you know, one of the housing advocate agencies in the County, you know.

COMM. BLASS:

We'll discuss that further at the next committee meeting and with you at your convenience.

CHAIRPERSON BROWNING:

Okay. You're good?

P.O. LINDSAY:

Yep.

CHAIRPERSON BROWNING:

Well, I do appreciate that you did come in and put it on the record, because, as you see, that letter was a bogus letter, and I'm going to follow up with it. I did send all of the State representatives in my District, Senator LaValle, Foley, Assemblyman Thiele, Alessi and Eddington, and I see Assemblywoman Eddington is the only one who was CC'd this letter. So I have sent it to all of my State representatives, I have sent it to Governor Paterson's Office. And I am going to continue to push the issue with these people, because they're just wanting to give us a runaround and tell us stories and lies, whatever you want to call it. So I'm very disgusted at the letter, but I appreciate you coming in and making your comments.

And I did forget to let the Clerk know, I do apologize, Legislator Barraga did contact me. I guess something came up, he was unable to be here, so he does have an excused absence for not being here. With that, I will make a motion to adjourn.

LEG. KENNEDY:

Second.

CHAIRPERSON BROWNING:

Second, Legislator Kennedy. We are adjourned.

[THE MEETING WAS ADJOURNED AT 3:05 P.M.]