

## 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, May 5, 2011 at 2:00 p.m.

#### **MEMBERS PRESENT:**

Legislator Kate Browning, Chair  
Legislator Vivian Vilorio-Fisher, Vice Chair  
Legislator Jack Eddington  
Legislator John Kennedy  
Legislator Sarah Anker

#### **ALSO IN ATTENDANCE:**

Presiding Officer Bill Lindsay, Legislative District No. 18  
Legislator Lou D'Amaro, Legislative District No. 17  
George Nolan, Counsel to the Legislature  
Terry Pearsall, Chief of Staff, Legislature  
Renee Ortiz, Chief Deputy Clerk of the Legislature  
Diane Dono, Budget Review Office  
Craig Freas, Budget Review Office  
Dr. James Tomarken, Commissioner, SC Department of Health Services  
Greg Blass, Commissioner, SC Department of Social Services  
Ed Hernandez, SC Department of Social Services  
Linda O'Donohoe, SC Department of Social Services  
Marge Acevedo, Aide to Presiding Officer Lindsay  
Jack Caffey, Aide to Presiding Officer Lindsay  
William Shilling, Aide to Presiding Officer Lindsay  
Ali Nazir, Aide to Legislator Kennedy  
Christina DeLisi, Aide to Legislator Schneiderman  
Paul Perillie, Aide to Legislator Cooper  
Nancy Jacobsen, Aide to Legislator Stern  
Steven L. Strongwater, CEO, Stony Brook University Medical Center  
E. Charles Roberts, The Salvation Army  
Craig Finikin, The Salvation Army  
Karen Boorshtein, Family Service League  
Rita Porwick, Elsie Owens Health Center  
Roberta Owens, Elsie Owens Health Center  
Clara Estrada-Smith, Dolan Family Health Center  
Janet Saravia, Dolan Family Health Center  
Elsie Smith, Dolan Family Health Center  
Dolores Thompson, Dolan Family Health Center  
Theresa Jacobellis, Huntington Hospital

Richard Koubek, Health Center  
Paule Pachter, Long Island Cares  
Joy Nebel, Patient At Coram  
Julie Wexler, The Children's Community Head Start

**MINUTES TAKEN BY:**

Lucia Braaten, Court Stenographer

**MINUTES TRANSCRIBED BY:**

Kim Castiglione, Legislative Secretary

**(THE MEETING WAS CALLED TO ORDER AT 2:34 P.M.)**

**CHAIRPERSON BROWNING:**

If we could all stand for the Pledge of Allegiance, led by Legislator Viloría-Fisher.

**(Salutation)**

**CHAIRPERSON BROWNING:**

Okay. Thank you. I see we have a packed room today. Something tells me we're going to be long. Okay. We will have some presentations and a lot of discussion over the health centers. So what I would like to do is we have a representative here from the Red Cross -- sorry, Salvation Army. And I do not want to hold up our DSS Commissioner today. I'd like to let him get through the agenda for him and let him go and we have a couple of appointments that I'd like to let go. So if we could maybe do the agenda first, I think we can get through pretty quick, and then we'll have the Salvation Army after that. So are we ready? Everybody's ready?

**D.P.O. VILORIA-FISHER:**

Madam Chair.

**CHAIRPERSON BROWNING:**

I'm going to make a motion to take 1291 out of order.

**D.P.O. VILORIA-FISHER:**

Thank you very much.

**CHAIRPERSON BROWNING:**

Second, Legislator Viloría-Fisher. Actually, what I should say is 1291 and 1292 we'll take out of order.

**D.P.O. VILORIA-FISHER:**

Second.

**CHAIRPERSON BROWNING:**

All in favor? Opposed? Abstentions? They are taken out of order. **1291, To appoint member to the Food Policy Council of Suffolk County (Paule Pachter). (Viloría-Fisher).** Paule, would you like to come up, please?

**D.P.O. VILORIA-FISHER:**

Paule, I think most of us know you, so we're not going to make you stand there a long time, especially because there are so many people waiting, but I just quickly wanted to say thank you very much for being here, and if you could just tell us a little bit -- just a little bit about yourself because we all do know you. And tell us how you see your role in the Food Policy Council.

**MR. PACHTER:**

First of all, let me congratulate the Suffolk County Legislature and certainly you --

**D.P.O. VILORIA-FISHER:**

Put your finger on the button.

**MR. PACHTER:**

It's there. And certainly you, Legislator Viloría-Fisher, for your leadership and foresight in forming the Food Policy Council of Suffolk County. As the Executive Director of Long Island Cares and the Harry Chapin Food Bank, we are considered and I believe important stakeholders in making sure

that the food chain and food supply to people in Suffolk County is intact and certainly expanded. So I look forward to representing Long Island Cares and working on behalf of those 560 community-based organizations that are part of Long Island Cares in helping the Legislators set sound policy towards feeding people in need and all residents of the County. So thank you very much and I'm honored to accept the appointment.

**D.P.O. VILORIA-FISHER:**

Thank you for stepping up, Paule. Thank you very much.

**CHAIRPERSON BROWNING:**

Any questions? No? Okay. Paule, thank you.

**D.P.O. VILORIA-FISHER:**

I'd like to make a motion to approve.

**CHAIRPERSON BROWNING:**

Motion to approve, Legislator Viloria-Fisher; I'll second. All in favor? Opposed? Abstentions? It is approved. **(Vote: 6-0-0-0)**

**D.P.O. VILORIA-FISHER:**

Congratulations, Paule. Thank you.

**CHAIRPERSON BROWNING:**

Congratulations, Paule. Paule, you don't need to come back on Tuesday.

**D.P.O. VILORIA-FISHER:**

Thank you, Paul. But we'll be meeting tomorrow. We have our first meeting tomorrow.

**CHAIRPERSON BROWNING:**

And the next one is **1292, To appoint member to the Food Policy Council of Suffolk County (John King)**. John King? Are you here, John?

**D.P.O. VILORIA-FISHER:**

He's not here.

**CHAIRPERSON BROWNING:**

Not here? Okay. Well, maybe we'll go back to it if he shows up. Okay. We'll go to the beginning of the agenda again.

#### **Tabled Resolutions**

And **2156-10, Adopting Local Law No. -2011, A Local Law to alert consumers to the health risks associated with energy drinks. (Nowick)**

I'll make a motion to table.

**LEG. KENNEDY:**

Second.

**CHAIRPERSON BROWNING:**

Second, Legislator Kennedy. All in favor? Opposed? Abstentions? It is tabled. **(Vote: 6-0-0-0)**

**2210-10, Adopting Local Law No. -2011, A Local Law to ban the sale of energy drinks to**

*minors in Suffolk County. (Nowick)* I'll make a motion to table.

**LEG. KENNEDY:**

Second.

**CHAIRPERSON BROWNING:**

Second, Legislator Kennedy. All in favor? Opposed? Abstentions? It's tabled. **(Vote: 6-0-0-0)**

***2254-10, Authorizing not-for-profit agencies to utilize funding for extra-contractual social services delivered to the County and its residents. (Co. Exec.)*** I'll make a motion to table.

**LEG. ANKER:**

Second.

**CHAIRPERSON BROWNING:**

Second, Legislator Anker. I'm sorry. On the motion?

**LEG. KENNEDY:**

Yeah. I don't have -- hold on.

**CHAIRPERSON BROWNING:**

You don't have an agenda?

**MS. ORTIZ:**

It's probably not updated.

**LEG. KENNEDY:**

No, this is -- under tabled resos, this is the one that was the County Executive's resolution? Okay. Fine. All right.

**CHAIRPERSON BROWNING:**

Okay?

**LEG. KENNEDY:**

Thank you, Madam Chair.

**CHAIRPERSON BROWNING:**

So I made a motion to table. We had a second. All in favor? Opposed? Abstentions? It's tabled. **(Vote: 6-0-0-0)**

***1086, Creating a Bipartisan Commission to preserve Public Health Services in Suffolk County in the face of State Aid disallowances. (Co. Exec.)*** Okay. We already passed one on Tuesday, so I'll make a motion to table.

**LEG. KENNEDY:**

Second.

**CHAIRPERSON BROWNING:**

Second, Legislator Kennedy. Okay. I'll make a motion subject to call, table subject to call. Second, Legislator Kennedy. All in favor? Opposed? Abstentions? It is tabled subject to call. **(Vote: 6-0-0-0)**

***1100, Adopting Local Law No. -2011, A Local Law to increase awareness of the harmful effects of tobacco use. (Cooper)*** I'll make a motion to table. Is that Public Hearing still?

**MS. SIMPSON:**

No.

**CHAIRPERSON BROWNING:**

I'll make a motion to table; second, Legislator Eddington. All in favor? Opposed? Abstentions? It's tabled. **(Vote: 6-0-0-0)**

***1162, Adopting Local Law No. -2011, A Local Law to ban the sale and use of coal tar sealers in Suffolk County. (Lindsay)***

**P.O. LINDSAY:**

Motion to table. It's still a public hearing.

**CHAIRPERSON BROWNING:**

Okay. A motion to table for Public Hearing; second, Legislator Eddington. All in favor? Opposed? Abstentions? It's tabled. **(Vote: 6-0-0-0)**

Did John King come in the room yet? No? Okay. We'll move on.

***1319, Directing the issuance of a request for proposals to increase services and revenue at the John J. Foley Skilled Nursing Facility. (Browning)*** I'll make a motion to approve.

**LEG. KENNEDY:**

Second.

**CHAIRPERSON BROWNING:**

Second, Legislator Kennedy. All in favor? Opposed? Abstentions? It's approved. **(Vote: 6-0-0-0)**

***1346, Authorizing the Department of Social Services to accept a donation of \$1,100 in Wal-Mart gift cards for the homeless. (Co. Exec.)*** I'll make a motion to approve.

**D.P.O. VILORIA-FISHER:**

Second.

**CHAIRPERSON BROWNING:**

Second, Legislator Viloría-Fisher. All in favor? Opposed? Abstentions? It's approved. **(Vote: 6-0-0-0)**

***1357, Requesting legislative approval of a contract award for Community Guardianship Services in the Department of Social Services. (Co. Exec.)*** Motion to approve; second, Legislator Anker. All in favor? Opposed? Abstentions? It's approved. **(Vote: 6-0-0-0)**

***1381, Authorizing Budget Director to execute and amend contracts with not-for-profit agencies. (Kennedy)*** Can we get an explanation on that? Is that similar to --

**MR. NOLAN:**

This is the Jewish Y situation. It's a new bill that was put in, basically that if an agency can demonstrate that in administering a County contract they used extra funding to deliver additional Social Services and they had a requirement under their contract to reimburse the County for that, the contract can be amended so they don't have to reimburse the County for amounts that they paid out for Social Services.

**CHAIRPERSON BROWNING:**

I think I'd like to make a motion to table at this time, because I know this is something that Comptroller Sawicki has been very much opposed to, and especially we have, I'm looking around the room here, people here on the health center issue, and our budget crisis, and I just -- I think I'd like to make a motion to table at this time so I can talk to him.

**LEG. KENNEDY:**

Well, Madam Chair, I'm the sponsor on the resolution, and I'd like to offer a motion to approve. And if I can, just briefly, the issue has been before us for quite some time. Myself and Legislator Stern are actually the sponsors on this resolution that's being put forward, because in actuality, the retroactive application of a request for return of funds seems to be something that might not necessarily be the most favorable interpretation under the contract, and in essence what it does is it penalizes an agency for undertaking, you know, normal fund-raising activities, things that would be done second and ancillary to what the agency has as its primary revenue and funding stream. So I'd offer the motion to approve.

**CHAIRPERSON BROWNING:**

Okay. Well, we do have a motion to table. Do we have a second on the tabling motion?

**P.O. LINDSAY:**

Yeah. I'll table it and second the tabling, and I think my position has been clear on this issue, is I for a long time have had a problem with our homeless shelters going through a process where they've been paid, that the rules and regs are to a point where it's very difficult for them to operate and then to come back five years later and ask for a whole bunch of money back. So I've always said that I would look at a bill that linked it, especially where the Executive Branch was complicit in some of these transactions because they approved the payments right along and -- but I'll go along with tabling it for now.

**LEG. EDDINGTON:**

Kate.

**CHAIRPERSON BROWNING:**

Go ahead, Jack.

**LEG. EDDINGTON:**

Yeah, thank you. I guess I'm confused now, because what I heard Legislator Lindsay say seems to support Legislator Kennedy's legislation. I agree that what happened to the homeless shelters was unconscionable, to go back and throw, you know, a wrench in the works, but isn't that what Legislator Kennedy's legislation is trying to prevent? I mean, that's what I thought. I'm confused. I need to be enlightened.

**P.O. LINDSAY:**

I don't think exactly. I don't think exactly. I think what Legislator Kennedy is addressing is where the revenue stream has additional private revenue stream for the give back. I don't think that gets to where I want to be.

**LEG. KENNEDY:**

Mr. Chair, you know, I will be happy to go ahead and have some conversation with you so that we can look at what may be a disparity or an inequity that is being advanced in different areas, but in this case, the Suffolk Y does not deliver housing services. Their bundle of services are more in the areas of child care and some of the other types of things that are delivered in the community. So if we do have disparities in one area of Social Service delivery, I don't know that necessarily there's a

natural link to another area that may be a different bundle of services. But I'll be happy to have a conversation with you outside of this forum.

**CHAIRPERSON BROWNING:**

Okay. I guess tabling motion takes precedence. I made the motion to table; second, Legislator Lindsay. All in favor? Opposed? Abstentions? Okay. So it is tabled at this time. *(Vote: 6-0-0-0)*

And I think what we'll do is reach out to the Comptroller. I don't know if he's changed his opinion on this, but I know that this is -- I'm looking at this room of people that came on the health centers and \$600,000 would certainly be very helpful to them. But anyway, with that, it is tabled at this time.

***1396, Authorizing the transfer of a continuous air monitoring trailer and laboratory instrumentation to the New York State Department of Environmental Conservation. (Co. Exec.)*** In case anybody is wondering, I say that word different than most people. So I will make a motion to approve; second, Legislator Viloría-Fisher.

**LEG. KENNEDY:**

Madam Chair, on the motion. Can the Health Department tell us whether or not environmental conservation is actually going to utilize this equipment? More often than not, when we try to get assistance in our areas about ambient air conditions or noxious and toxic pollutants, we get rebuffed. So if DEC is the appropriate entity to have the equipment, that's fine, but I just want to see whether they indicated they're actually going to use it.

**D.P.O. VILORIA-FISHER:**

Didn't DEC ask for the site back? I thought that this was a request that New York State DEC wanted this site back for monitoring.

**LEG. KENNEDY:**

I don't know, Legislator Viloría-Fisher, that's why I wanted to ask Dr. Tomarken.

**DR. TOMARKEN:**

Yes, Legislator Viloría-Fisher is correct, they requested it. We no longer have the ability to use it, and air quality falls under the State's domain.

**LEG. KENNEDY:**

Though we at one point, Doctor, did have some personnel. Mr. Hill, I think, was one of the people who did some of that monitoring for us. But we have nobody in our departments at all anymore who deals with that function?

**DR. TOMARKEN:**

Correct.

**LEG. KENNEDY:**

Okay. Thank you.

**CHAIRPERSON BROWNING:**

Okay. With that, we had a motion to approve and a second, I believe; right, Renee?

**MS. ORTIZ:**

Yes.

**CHAIRPERSON BROWNING:**

All right. All in favor? Opposed? Abstentions? It's approved. **(Vote: 6-0-0-0)**

**1409, Appropriating funds for the Forensic Sciences Medical and Legal Investigative Consolidated Laboratory (CP 1109). (Co. Exec.)**

**D.P.O. VILORIA-FISHER:**

Laboratory, I like the way you say it.

**CHAIRPERSON BROWNING:**

Laboratory.

**P.O. LINDSAY:**

I make a motion.

**CHAIRPERSON BROWNING:**

Motion to approve, Legislator Lindsay. I'll second. All in favor? Opposed? Abstentions? It is approved. **(Vote: 6-0-0-0)**

So that's it with the -- oh, sorry. Mr. King, is he in the room? John King? Last call. No? Mr. King? John King?

**MR. KING:**

Yes.

**CHAIRPERSON BROWNING:**

Oh, excellent. Okay. Mr. King, thank you for coming.

**D.P.O. VILORIA-FISHER:**

Mr. King, thank you so much.

**MR. KING:**

I apologize, this is the fifth building I went to.

**CHAIRPERSON BROWNING:**

That's okay. If you'd like to tell us a little bit about yourself.

**D.P.O. VILORIA-FISHER:**

Hi. Thanks for coming down. Thanks -- I'm Vivian Viloría-Fisher. My office contacted you. If you could just tell us a little bit about yourself and how you see your role on the Food Policy Council.

**MR. KING:**

Great. Well, thank you very much for inviting me, and I do apologize for being late, it's not my style. This is the fifth building I went to and GPS doesn't work on this building. I stopped a police officer and he said, "Oh, it's right next to the station." So I do apologize.

Thank you very much for the invitation to serve. Just, I guess, from a qualification point of view, I'm a Long Islander. We're in the food distribution business. We're the largest donor to the food banks on Long Island. We're a two-hundred million dollar company right off of Nicolls Road, the largest distribution center in New York. We're the largest local distributor of local food. We do all the farms, we do all those kind of different things. I sell to all the local food -- to Stop and Shop and Shop Rite and some of the other supermarkets, as well as Whole Foods and things like that. We're a manufacturing facility in Bay Shore and we've very involved with the community for many, many years, serving on the hospital boards, doing farmers markets, doing all kinds of different things. So

it's an honor to be invited.

**D.P.O. VILORIA-FISHER:**

And just so you know, when I was putting together the Food Policy Council, and because I didn't know very much about distribution systems and I wanted that to be a part of the Council, you were recommended by at least five people for me to reach out to you. So I'm really happy that you were able to step up and willing to serve. I really appreciate your doing that.

**MR. KING:**

Thank you very much.

**CHAIRPERSON BROWNING:**

Legislator Lindsay.

**P.O. LINDSAY:**

Mr. King, I just want to personally thank you for accepting our offer. I know how busy you are, and I know what kind of operation you run. You're in my Legislative District, I do go to your farmers market during the summertime, which is a great feature for the community, but I just want to thank you for your service.

**MR. KING:**

Thank you all very much.

**D.P.O. VILORIA-FISHER:**

And I'll see you tomorrow at our pre-meeting.

**MR. KING:**

Great. Thank you very much.

**D.P.O. VILORIA-FISHER:**

It's a pre-meeting because we don't have all the appointees yet, but we wanted to start getting to know one other, so we are starting up tomorrow. Thanks again, Mr. King.

**MR. KING:**

Great. I'm honored to serve. Thank you.

**CHAIRPERSON BROWNING:**

So we have a motion to approve?

**D.P.O. VILORIA-FISHER:**

I'll make a motion.

**CHAIRPERSON BROWNING:**

Anybody else have a question? No, I don't think so.

**D.P.O. VILORIA-FISHER:**

Bill, you want to make the motion to approve?

**P.O. LINDSAY:**

No, go ahead.

**D.P.O. VILORIA-FISHER:**

Okay. I'll make the motion to approve.

**CHAIRPERSON BROWNING:**

Motion to approve, Legislator Viloría-Fisher; second, Legislator Lindsay. All in favor? Opposed? Abstentions? It's approved. **(Vote: 6-0-0-0)**. And congratulations, Mr. King.

**MR. KING:**

Thank you.

**CHAIRPERSON BROWNING:**

You do not need to come back next Tuesday.

**D.P.O. VILORIA-FISHER:**

But you have to come back tomorrow.

**CHAIRPERSON BROWNING:**

You have to go tomorrow.

**MR. KING:**

I'll be on time here tomorrow.

**D.P.O. VILORIA-FISHER:**

Now you know where it is. Thanks again.

**CHAIRPERSON BROWNING:**

And next, what we will do is we have Charles Roberts from the Salvation Army. If you, Mr. Roberts, if you'd like to come up. You can come and have a seat here. And you have some information on the organization's new mobile van and if you'd like to go ahead and begin.

**MR. ROBERTS:**

Thank you very much, Legislator, for having us. Thank you, committee members, for making time for us. I know you have a very long and varied agenda today so we'll make this brief. We wanted to take this opportunity to share with you that the Salvation Army for over 50 years has been located in Suffolk County doing a whole host of emergency services for people in the greatest need, and we thank you for your ongoing support with us day by day, year by year.

We wanted to let you know that we have a new set of emergency service vehicles that are making their way into Long Island, and we have one right now working in Suffolk County in the Riverhead area doing some ongoing work. The new vans are equipped to be convertible in the sense that whatever the need is that is prevailing at a particular community, a particular moment, that van can be then configured to serve in whatever way it needs to serve.

Right now, it's serving and feeding and it has a capability of serving 1500 people at a time with a series of insulated containers and proofing boxes and that nature so it can serve hot foot up to 1500 people at a time. But it can be configured to do mobile intake, it can be configured to do a health screening, it can be configured to do food stamp applications, whatever the personnel on board is. We can take these vans into underserved, hard to access areas where we're not physically located, but we can get help to individuals in need in a hurry.

In addition, since these are emergency service vehicles, they will be deployed in the case of major incident to the County, and in addition to our existing vehicles that don't look as nice as the new ones that we have, but still serve well. We will be on hand and ready, ready to deploy in case of emergency in coordination with all the agencies that are on board when the bell rings into that

nature.

So we wanted you to have some information about it. We'd like to get input from community-based organizations, as well as the County Department of Social Services, as to gaps in the communities that we can be most effective in serving, people who have the most need. We don't want to duplicate, we want to provide service in coordination and collaboration with a whole host of community based organizations so that we can continue to do the most good with your help.

So you have some information here. We'd be more than happy to follow through and have individual conversation with different districts, constituent service folks who might have a grasp of delivery gaps in certain regions. Be more than happen happy to come alongside anyone in any community based organization that would like an extension of service by way of a mobile outreach vehicle.

**P.O. LINDSAY:**

Kate.

**CHAIRPERSON BROWNING:**

Okay. Bill, go ahead.

**P.O. LINDSAY:**

Yeah. I just wanted the audience and my fellow Legislators -- the van is parked right out in front of the building and it's quite an interesting apparatus. Mr. Roberts gave me a tour of it earlier, and we're going to have as many as six of them in the County; am I correct?

**MR. ROBERTS:**

We will have as many as six of them in the County and we'll use those in addition to our existing fleet.

**P.O. LINDSAY:**

And the Salvation Army now is feeding our homeless population in Riverhead on a regular basis, so I think it will certainly add to our emergency services response teams across the County. So I thank the Salvation Army for your contribution to our community.

**MR. ROBERTS:**

Thank you, Legislator. Thank you.

**CHAIRPERSON BROWNING:**

Thank you. Any other questions? No?

**D.P.O. VILORIA-FISHER:**

Thank you.

**CHAIRPERSON BROWNING:**

We appreciate your service and I like to donate. That's where I donate everything, with the Salvation Army, and I've actually shopped in Salvation Army. They have some very cool stuff sometimes.

**MR. ROBERTS:**

It's not your grandma's thrift store anymore, is it?

**CHAIRPERSON BROWNING:**

No. Actually, my daughter used to love getting her jeans in there.

**MR. ROBERTS:**

Thank you so much.

**CHAIRPERSON BROWNING:**

Thank you. With that, we have our public portion. We'll start with that. And our first speaker -- we have Dr. Strongwater. We'll let the speakers go first and then we'll have you come up and I think -- you're going to be able -- and Terry Smith. And I think after the speakers are done, I know that they're all going to stick around and I'm sure you're going to be able to add to all of their comments. So the first speaker we have is Mary Finnin, and after that will be Marvin Colson, so if you could just get ready. And everyone has three minutes. Go ahead, Mary, when you're ready.

**MS. FINNIN:**

Thank you, and good afternoon. I appreciate the opportunity. I'm here today speaking on behalf of the Health Center Community Advisory Council for the Department of Health health centers. We all recognize the financial problems facing the County, and we want to assure you that we are here to work with you in maintaining a viable public health care system and want to achieve participant -- and want to be active participants in the decisions regarding all the programs. We support the action of the Suffolk County Legislature to make an -- take any legal action necessary to require the State to retract the policy of retroactive claw back of \$15 million for services that had been approved and provided. If this was done prior to December, why was action not taken earlier? Who knew? Why not send the State a bill for the years that Suffolk taxpayers have paid to patrol the State roads? The number of years times the cost per year, and bill them for money they owe Suffolk County. I think it would be greater than what they're trying to get back from us now.

Currently, we're finding out that the health centers and other services are being cut by reading it in Newsday. We are the Advisory Council, but we are not given the opportunity to discuss any plans prior to the decisions. We have a new Commissioner of Health every one or two years since Mary Hibberd left. This leads to lack of leadership, power and authority for the individuals who sit in those positions. Continuity, planning and opportunity to complete critical program initiatives are impeded. The Health Commissioner and health professionals, who are responsible for delivering services, are being bypassed or controlled by political micromanagement from the County Exec's Office. He appoints non-health care politicians as Deputy Health Commissioner, who do his bidding and make cuts without consideration of the impact on the public and people we serve.

We're also concerned about the misinformation being given to the press by Mr. Levy and Connie Corso about the failure of health centers to implement policy regarding Medicare requirements and health care requirements when no such policy has been written. The truth -- the truth is that the Department of Health notified administrators late March that there was a draft that would require patients to fill out Medicaid applications prior to being seen in the health center. At no time did the department implement such a policy, and to date no new policy has been provided to the administrators.

The health centers are in no position to deny health to anyone if the patient does not want to complete those applications. I understand that yesterday another draft policy was presented. I haven't seen that. Undocumented patients are automatically ineligible for Medicaid due to the lack of social security number, and would contribute to a high percentage of individuals being rejected by Medicaid. We are concerned that this may be a form of racial profiling and reporting of undocumented individuals. If this is done, Suffolk County would be the first county in the country to use health care services this way. It's against the mission of the Department of Health and the County government to take such actions.

The mission is that Suffolk County Department of Health Services, through its Division of Patient Care Services, is to provide comprehensive primary care in a dignified and respectful manner, emphasizing preventive medicine and providing diagnostic treatment and refers to all, regardless of age, race, sex, creed, color, national origin or ability to pay. The County Executive does not have any commitment to health care and he uses his position to abolish services piece by piece.

Additionally, he will not be seeing through the mess he's creating because he's not seeking re-election, and the Legislators will be left with the mess and holding the bag. He took out the Suffolk Health Plan by freezing positions and setting it up to fail. He raided millions of dollars the County received in the tobacco suit settlement and they weren't used to fund health services. He tried to close John J. Foley, and he spent millions on contract agency workers but froze County positions that would have provided continuity of care at lower cost.

**CHAIRPERSON BROWNING:**

Mary, we are running out of time, so, you know, as a representative on the Advisory Council, I think your testimony is very important, so if you can kind of start working on wrapping it up.

**MS. FINNIN:**

Can I continue?

**CHAIRPERSON BROWNING:**

Continue, but we do have a lot of speakers and everything you give us will be given to the reporter.

**MS. FINNIN:**

Okay. Well, now, he's trying to close more health centers. Greenport, Bay Shore, Central Islip have already been closed, and we want to know what are the priorities for Suffolk County. You know, and I will skip down. The history is here of how the health centers were established and, you know, we have a sliding scale fee of \$15 for our County Health Centers. That fee service has been in place for 16 years. There have been no increases in health center budgets for five years and most centers have been reduced. Demand for services have increased 30% over the past five years, and the demand for health center services by the uninsured is increasing as the economy is slow to recover and the jobless lose insurance.

There is -- make no mistake, our struggle to accommodate demand is not an undocumented patient crisis. It affects the indigent, middle class and the newly uninsured. We have a revenue problem, not an expense problem, and the health centers have increased the numbers of patients they have seen over these years and they have lowered the cost per visit. They've improved productivity and increased revenue, but they don't get the money back, it goes into the General Fund. They should be rewarded for the work that they have done in improving these revenues. The proposed cuts fall -- will -- will affect access and ability -- availability standards required by Suffolk Health Plan. The cuts in funding could jeopardize the federally qualified health center application, and it's difficult to, you know, to accommodate the uninsured.

**CHAIRPERSON BROWNING:**

Mary, Legislator Vioria-Fisher has a question for you.

**MS. FINNIN:**

I'm sorry?

**CHAIRPERSON BROWNING:**

Legislator Vioria-Fisher has a question.

**D.P.O. VILORIA-FISHER:**

I was going to wait until you were done, but this was a question that I had asked someone else

because it's very important, the FQHC. You are saying that it would jeopardize our standing if we close two of the health centers?

**MS. FINNIN:**

Yes, and there is an --

**D.P.O. VILORIA-FISHER:**

Even though those two health centers are not part -- are not centers that are being -- that have been submitted for FQHC.

**MS. FINNIN:**

The plan, though, was that once we got federally qualified health center approval, we would attempt to expand and include all our health centers. But in the meantime, some of those same health centers are being hit with cuts. And so, if you look on the last page under D and it says seven, it shows what are the requirements for FQHCs.

**D.P.O. VILORIA-FISHER:**

Okay. So you're not talking about the cuts to Coram and Dolan -- - to Elsie Owens and Dolan, you're talking about the cuts to the other centers that are --

**MS. FINNIN:**

Well, it has an impact, because where are those 50,000 patients going to go? If you close Dolan and Coram, then you're talking about 50,000 patient visits. Where are they going to go? Brentwood and Patchogue, Shirley, they're at 98, 100% capacity now, and they're being threatened with cuts. Where do the patients go? They're going to end up in the emergency rooms, which is 75% higher costs than it is for a patient care visit in the health centers. The problem is there is no plan, and the people that provide the services are not given the opportunity to participate in the plan and make reasonable recommendations for what should be done.

**D.P.O. VILORIA-FISHER:**

Thank you for answering that, Mary.

*(Applause)*

**CHAIRPERSON BROWNING:**

Thank you, Mary. But your testimony will be entered into the record.

**MS. FINNIN:**

Thank you.

**CHAIRPERSON BROWNING:**

And I appreciate all the work that you've been doing on this. Next speaker, Marvin Colson.

**MR. COLSON:**

Good afternoon, Madam Chair. My name is Marvin Colson. I'm a Clinical Associate Professor at the School of Social Welfare at Stony Brook, and I'm also a resident of the Coram north central Brookhaven area, and I'm representing the community. We're asking that the County Legislature put whatever power they have in their power to rescind the proposed cuts to the Elsie Owens Health Center, as well as the also Dolan Health Center.

About 38 years ago, this body took it upon itself with we think was really forward thinking to establish that center for the community, and over the past years it has served thousands of people. I had the privilege of being the first administrator for that Health Center back in 1978, and have

seen it grown to serve the community in such fantastic ways it's unbelievable.

I'll hold my comments brief. We have some other speakers to speak on behalf of the proposed closure. But, clearly, it's a -- if it ever happens it's a detriment to our community. It's been there, as I said, for approximately 38 years, and this body made a commitment to our community that they would fund that and keep that health center there. And we ask that you hold true your commitments. Thank you very much.

**CHAIRPERSON BROWNING:**

Thank you. Next is Karen Boorshtein.

**MS. BOORSHEIN:**

Good afternoon. I'm Karen Boorshtein, President and CEO of Family Service League. We are the proud neighbor of the Dolan Health Center. Each and every day Family Service League and the health center work collaboratively to meet the needs of our community. As a human service agency, we are able to meet the mental health needs that depend heavily on the Dolan Center to care for the medical needs of the families and children we serve. Over the past 15 years we've worked hard to educate our clients on the importance of seeking primary care. The loss of funding to the health care center will result in unnecessary and expensive visits to the emergency room. In a time when there's an emphasis to integrate both behavioral and primary health care to improve patient outcomes and reduce emergency room visits, we must find ways to continue to fund the health centers.

Back in 2002, Family Service League and the Dolan Health Center were asked by the Chamber of Commerce and the Town of Huntington to participate in the All American City application. Huntington was awarded this prestigious designation because of the close collaborations found -- formed in the town to meet the needs of our residents. The Dolan Health Center clearly attests to promoting the quality of life we have strived for in Huntington. Family Service League serves many vulnerable populations, the homeless, mentally ill, seniors and low income children. And on behalf of them, we urge you to find a better and more equitable way to address funding concerns for both the Dolan and the Coram Health Centers. The residents of Coram and Huntington desperately need you to rescind these actions. Thank you.

**CHAIRPERSON BROWNING:**

Thank you, Karen. Next is Rita Porwick. I hope I said that right.

**MS. PORWICK:**

Good afternoon.

**CHAIRPERSON BROWNING:**

Hi, Rita.

**MS. PORWICK:**

I have --

**D.P.O. VILORIA-FISHER:**

Rita, can you put your finger on the button at the base? You have to keep it there.

**MS. PORWICK:**

Okay, keep my finger there. Okay. I have copies of my annual report. I am the current Administrator of the Elsie Owens Health Center in Coram, and it's my pleasure to serve in that capacity. But I have some issues and some very major concerns because I know this is the Suffolk County Legislature, and part of my responsibility is to take care of a part of the County that will not

be represented should these cuts and closures go through. Many of our residents come from north of the Expressway. Presently all of the other health centers that service the County are south of Sunrise Highway. Should we close Dolan and Coram, it will leave an enormous part of the population underserved. And that almost reeks of being discriminatory against a population that is located in Port Jefferson Station, Miller Place, many of the towns that are north of the area, in your districts.

Our concern is also for the care for our patients. Our patients are -- have been with us for over 30 years. Many of them are -- have paid privately to seek care at our center rather than going to a private physician when they are in a network provider. But our providers, our nurses, our doctors, are very concerned about what the continuity of care will be. These are patients that can't travel south. They do not have the means. They're working poor that don't have the eligibility to get the insurance, yet they're above the Medicaid eligibility requirements. So they don't have any choices except to come to a place like a health center that the County has offered. We were very forward thinking all those years ago when the red -- the Blue Ribbon Panels decided that there was a need there.

I also have a concern that perhaps the federally qualified monies will not come forward. What happens then? You know, this is an application that the Feds are not in a wonderful situation at this point either, so what happens when we dismantle a group of health centers that have been so successful in the past? What happens when we have to reinstate these kinds of procedures? It's going to be much more costly and it will be a detriment to our population.

I think what's happened with all of the press that has been received about this now is that we're looking at dollars and cents. Everybody knows that we're all in financial difficulty. We see it at home when we get those fuel bills. But these people don't have any other choices, and when you're only looking at spreadsheets, you don't see the faces behind the patients that we see on a day-to-day basis. So I beseech you to really reconsider what this will actually do to our community, because these people, they sit next to our children in the public schools. If they don't have immunizations it puts our children at risk. If these people don't get the kind of care that we provide, they're in our supermarkets on line with us, sitting next to us in a movie theater. They're our -- they're our coworkers, they're our neighbors. And I think that we have to take advantage of the ability to take care of them as well.

**CHAIRPERSON BROWNING:**

Rita, you're an administrator at the Elsie Owens center, right?

**MS. PORWICK:**

Yes.

**CHAIRPERSON BROWNING:**

How many visits -- did you say how many visits you have?

**MS. PORWICK:**

We have over 33,000 visits from 2010. That was the annual report that I had distributed. And that was after our staff was cut half of the way. You have to understand that we have -- because the budget has remained flat and because Stony Brook University has been supplementing our budget for all of those years, that we had to, you know, reduce our staff, redeploy them back to the hospital so that we can stay within budget. And even doing that we were productive and increased the number of patients that we saw.

**CHAIRPERSON BROWNING:**

So I'm just thinking 30,000 visits at how much per visit, about two, \$300 a visit?

**MS. PORWICK:**

Well, that's what our costs might be. But what we charge our patients is a very different matter, and that's something that was addressed by Ms. Finnin. You know, this is something that most businesses do. They readjust pricing. When we go to the doctor our co-pays are, you know, increasing, and not only that, we have a one price co-pay. So when you go and see a provider, all your ancillary services are included. When I go to get an X-ray from my provider, I pay another co-pay. That has yet to be addressed. And as administrators in our meetings we have talked about it, but it has not been done over the course of the years that I've been there. It's something that needs to be addressed and really has to be addressed sooner rather than later.

**CHAIRPERSON BROWNING:**

But the concern is, you know, you figure the average of two to \$300 a visit times 34,000 people going to the emergency room instead is four times the price.

**MS. PORWICK:**

Absolutely.

**LEG. BROWNING:**

And the State's going to pick up that bill.

**MS. PORWICK:**

Absolutely.

**CHAIRPERSON BROWNING:**

So, you know, it seems like they're really cutting off their nose to spite their face here, they really are.

**MS. PORWICK:**

The taxpayers are going to pay anyway.

**CHAIRPERSON BROWNING:**

Did you have a question? Okay, Legislator Kennedy.

**LEG. KENNEDY:**

Thank you, Madam Chair. Thank you for coming before us and presenting. I apologize if I didn't hear before when I was out of the room. I know that you do -- the majority of the care is primary care for just a full range of whatever families might see, from children all the way up to seniors.

**MS. PORWICK:**

Yes.

**LEG. KENNEDY:**

But I believe that you have some specialized care components there as well. You do some HIV/AIDS?

**MS. PORWICK:**

That's right. HIV/AIDS, TB testing. I mean, some of these are County agencies that are located within the center. However, we, as the providers do take care of these patients individually. So it's TB, AIDS, sexually transmitted diseases. These are all of the -- they fall under our umbrella of services that we provide, and especially for prenatal care, because those costs magnify over a period of years, because, you know, if you deliver a premie it's going to cost, you know, millions of dollars until they're adults, so.

**LEG. KENNEDY:**

I've heard different numbers, 8,000, 9,000, 10,000 patients. Just out of curiosity, what's the range geographically for folks that are coming in to get care there in the clinic?

**MS. PORWICK:**

We've seen an increase in our geographic area, people coming from Miller Place, from Setauket, from Stony Brook, from as south as Medford and Islip and Bayport, and all of those towns have people. I know that in the Town of Islip they send a lot of the people that come through their doors, you know, to our center or to any of the health centers for that matter. But we see patients from a great distance, some from Riverhead come to us, Wading River.

**LEG. KENNEDY:**

When you do an intake with a patient, we've seen a little bit now that the County Executive recently did this directive about Medicaid screening or Medicaid eligibility when patients first come.

**MS. PORWICK:**

Right.

**LEG. KENNEDY:**

Is that part of the normal intake process when somebody's coming to the center for the first time?

**MS. PORWICK:**

We always ask them what their insurance is and we have in place a Suffolk County Health Plan enroller, a facilitator, and most recently we've had a facilitator from DSS who can fill out the application. Our social worker also fills out applications for these people. And all of our providers are instructed to ask the provider, especially in pediatrics, to bring in and file for Child Health Plus and all of the entitlements that they might be eligible for. And we have proven over the last couple of weeks that this is totally ineffective because 85%, from what I've read, of the applications that were submitted were denied. So it just proves that these are people that are either earning too much to be eligible for that entitlement, yet they're too poor to really obtain insurance on the outside or they don't have the documentation that is being asked for.

**LEG. KENNEDY:**

That's an issue that I'm going to ask the Social Services Commissioner about before because each and every one of us winds up often advocating for our constituents just for simple Medicaid enrollment and eligibility. And while the department is proactive, I have had -- I've worked for six months to get somebody enrolled and eligible for Medicaid. It is ludicrous to expect that that process is something that's going to happen overnight or within one week. So that I find to be almost like a red herring. However, I'm encouraged to hear that at the first instance you are doing what you can to try and screen and make patients aware in the first instance, and try and put some people in place to do the follow through.

So I thank you for coming and know that we all value very much the service that's being delivered there. And none of us have subscribed to what seems to have been a unilateral edict. I believe that there's some additional conversation going on, and let's stay tune to see what the outcome is. Thank you.

**MS. PORWICK:**

Thank you.

**D.P.O. VILORIA-FISHER:**

Wait a minute. Don't go away, Rita.

**MS. PORWICK:**

Okay.

**D.P.O. VILORIA-FISHER:**

Thank you for coming down. It's really important that you who are right there at the center are here with us. You know that this is not just a function of the County's budget, this is a result, really a direct result of an arbitrary policy on the part of the State.

**MS. PORWICK:**

Yes.

**D.P.O. VILORIA-FISHER:**

And an arbitrary action. A couple of years ago they pulled this with us, not to this extent, but with child care vouchers, where they were reworking the formula and so they took over two million dollars out of -- I mean, this is orders of magnitude higher, but the point is the people in Albany decided that they were going to cut what we were getting by two million dollars because we were managing it too well here. And you know what convinced them to change or to at least give us a little bit more? When we held forums here in Suffolk County and invited some of the administrators, and the people who attended those forums were mothers with their children who had no place to put their children so that they could work, and if they didn't go to work, then they were in danger of going on the welfare rolls, which would cost the taxpayer much more.

Maybe we need a lot of your clients to contact our State officials, our Department of Health, and somehow explain to them that if they can't bring a child with an earache to a center, then they'll have to go sit, lose a day's work because they'll sit in an emergency room, low triage, right, and be there all day and cost the New York State taxpayer four times as much. And it's still the taxpayer who's paying for that.

This was an arbitrary action. It was a re-interpretation of funding, and we -- we lost out in Suffolk County because we have such a unique delivery of service here. We need you to get people together. The people have to rise up and tell the State that we are not -- we cannot absorb all of this during a fiscal crisis.

**MS. PORWICK:**

Well, you know, we have done that, and we had --

**D.P.O. VILORIA-FISHER:**

No, we got to do it louder, we got to do it better, we got to do it bigger.

**MS. PORWICK:**

We'll do that again.

**D.P.O. VILORIA-FISHER:**

Okay.

**MS. PORWICK:**

It's just that if we are closing, and it seems imminent, then that's --

**D.P.O. VILORIA-FISHER:**

We're doing whatever we can on this side of the horseshoe to postpone it --

**MS. PORWICK:**

Okay, then we will do our share.

**D.P.O. VILORIA-FISHER:**

-- to try to find it, but we need the State's help. It's a lot of money. It's a lot of money. As you know, we've been very fiscally tightfisted in this County for a long time, and I guess everybody else is right now because of the economic situation. We don't have a lot of flesh on these bones, so there's very little to find. I've been looking for money for this because I know, I've been to the Elsie Owens Center. I know the catchment area is within my district and I know the people who are going there. And a lot of them, as you said, are the working poor who make too much to be eligible for Medicaid, but make too little to spend the thousands of dollars that it takes to buy health care insurance. And they're really caught in the middle. But we have to rise up and show the faces of these people, you know, who they are and what we're -- what we're doing, and our mission is the health and safety of the people we represent.

**MS. PORWICK:**

Well, we'll get those people out. They were out this morning in front of the health center informing --

**D.P.O. VILORIA-FISHER:**

Well, maybe we need a bus caravan to Albany. What do you think?

**MS. PORWICK:**

I think it would be wonderful.

**D.P.O. VILORIA-FISHER:**

Okay. Thanks, Rita. I think we have other questions.

**MS. PORWICK:**

Thank you.

**CHAIRPERSON BROWNING:**

Okay. And, you know, Rita, I have to tell you, I have sent a letter to our State representatives. But, you know, to date it's in the paper. We've all been hearing about this a long time. I don't think -- I don't know about any Legislator here who's heard from any of them or reached out to us and said what can we do to help; nothing. It's absolutely -- it's appalling because it's in their level of government where this problem is and they're just not doing anything, so it's really, it's shameful. But with that, Legislator Anker.

**LEG. ANKER:**

And with that, I even suggest that we get together as Legislators to lobby our State officials because, again, that's one avenue. I think there's several avenues we can take. I'm new here, I've only been in office for five weeks, but I'm really disturbed that it seems like they're targeting your clinic. And again, I've gotten a lot of phone calls, a huge amount of phone calls. The majority of my calls have been from constituents regarding this issue, and I was there this morning and they were doing a wonderful job, they had a rally going.

You know, again, the constituents lose, the people working there lose. This is not a winning situation. I don't know who decided this, well, actually I do, you know, our Executive, but again, why target this specific center? I don't understand. And it's used extensively, and then if you -- and if we change it it's going to be four times the amount of money.

**MS. PORWICK:**

Absolutely.

**LEG. ANKER:**

And those people will go to other centers, so this is absolutely makes no sense. And then also the fact that it was decided so quickly and so quietly, that it, again, it's disturbing. And I really do not want to see this center close. As far as I'm concerned it is not going to close, but we do need to hear from the constituents. They do need to call their State leaders as well as, you know, I'm getting lots of calls, so you're doing -- you guys are doing the right thing.

The other issue, too, though, is, you know, you said a disease does not discriminate. We have the ability to make sure other people don't suffer and we should be able to go forward with that, and that's what we're doing as your Legislators, and more must be done. And I'm really looking forward to hearing from Stony Brook University to find out what happened with those negotiations that were going on. Again, I'm new, but I still don't understand how this situation could evolve so quickly.

And then the situation, again, the economy, you talk about the economy. The people going into your centers, a lot of these people have lost their jobs. They live in Miller Place and East Setauket and maybe Stony Brook, and people that would have never thought they would not have the money or not have the insurance to be able to go to places of -- you know, they may not have other places they may have gone to, now they're going to go to the health centers. Thank God you're here and let's hope and pray that we can continue -- that you can continue your services, because there's a lot of people, and there's a lot of people in the future that may need your services that the center will not be available if the doors are closed.

Just real quick, you know, I was on the Vanderbilt Museum Board. I was brought in when they said they were going to close their doors, that museum is not worth having, not worth keeping open. I was on there for two and a half years and we kept that museum open and it took a lot of hard work, but we did it. And, again, health centers of course is a much higher priority, it deals with life and death and our health. You cannot appreciate museums, you cannot appreciate beautiful days like today, if you're not in good health.

So I will, again, continue to help you. Please let us know what we can do. And again, I think there are different avenues we can take, but we have to try all of them and I appreciate everyone coming here.

**MS. PORWICK:**

Thank you. I appreciate that.

**CHAIRPERSON BROWNING:**

Legislator D'Amaro.

**LEG. D'AMARO:**

Thank you, Madam Chair. And, Legislator Anker, it's been five weeks, but you speak like it's been five years, so I appreciate that very much. And I share your concern. I'm looking for the rationality in the distribution of the cuts from the State. I understand that the County Executive is in a very difficult position as administering this budget where the State calls up one day and says, "You're losing 15 or 20 million dollars, especially for services going back three or four years and that you have already provided". So I'm searching for rationality at that level and I can't seem to find it. But maybe a lawsuit will eventually get that answer for us.

However, I'm also looking for a rationality at the level of the distribution of the cuts. I don't take issue with the fact that perhaps we do need to make some cuts. We just don't have the money, and Legislator Fisher has referred to that as well. So that's what we're here talking about today. We're here to try and see if there's a way to inject some sense of rationality or rational basis for the cuts that are going to have to be made. And that's why I introduced the bill that we debated at length in

the Budget Committee earlier in the week, trying to restore some funding to both the Dolan center and to your center as well.

But I have a question for you, and I think it's important that we discuss this side of the equation as well. Assuming magically somehow the State comes to its senses and provides more funding or assuming that the County can help makeup some of the shortfall, which is a big -- a heavy lift, but assuming that we can, what can be done on the health center side to contribute towards the shortfall? Is there room? And I need an education here. Is there room for more efficiency, any type of cuts, limited operations? And I'm not suggesting that any of them would be palatable, and I understand that every decision we make affects real people, and that's why I'm here so strenuously fighting for funding to the extent we can get funding. But that half of the equation needs to be discussed as well. Do you have any thoughts on that?

**MS. PORWICK:**

I do. I brought it up at the last administrators meeting. There are duplicative services throughout the County that are very expensive in nature. We'd like to have all the fancy, you know, extras, but we don't need to have things like a laboratory in every health center, or mammography in every health center, or even X-ray. In the real world when we go to a physician we get sent out for other tasks, yet we have very expensive services that require expensive maintenance in order to operate.

I think just from the get go when we got our digital mammography, it's a wonderful thing, but if you don't do it every day for the maximum number of mammograms that could you do, you're underutilizing the equipment and in time you've just wasted your money. And so when we did this, my thought process was to open it up to the rest of the community so that you could increase your revenue by accepting other insurances, and by allowing other women not to have to wait long periods of time to have this, because it's only a screening mammogram, and you would keep your -- it would be cost effective.

So those are the kinds of services that I feel could save an amount of money in each center that wouldn't take away from the primary mission of primary care to the most people.

**LEG. D'AMARO:**

And that's the advantage of having you here today, because you work on a day-to-day basis with the center and you have a working knowledge. I question or I want to ask you, prior to hearing about these cuts or when they were first being discussed, closure, very drastic, and again, I'm not putting this all on the shoulders of the Administration or of the County, it really is coming from the State, did the Health Department reach out to you and say we have a big issue here, but are there ways -- let's have a meeting, let's get the administrators together and talk about a way to get through this and work together on this?

**MS. PORWICK:**

The only time that we were -- we talked about it, briefly, was to increase numbers of visits so that we would be eligible for federally qualified status. This to me is like putting the horse behind the cart. You know, we have to be -- think smart about the kind of care that we give. But that was the only time that we were -- we were asked to increase the amount of service that we provide. We all try very hard to do the best that we can every day. I have a -- all of the health centers have wonderful staffs that have been there and have worked under conditions that sometimes have been less than pristine, yet we have done a wonderful job in providing those services. Yes, of course, there have been duplicate services. When we reduced our staff we were still able to maintain our productivity, and I think that's not something that we -- is unheard of to ask of in these times. We did that because of attrition, we didn't -- we lost positions but we didn't fill positions. And all of our employees were employed elsewhere.

**LEG. D'AMARO:**

So it may be helpful in going forward if we're going to talk about finding more funding, coming up with more funding, to also perhaps keep focused on the other side of the equation as well and perhaps get administrators together and the Health Department and a dialogue and seeing if we can come up with more efficiencies or shared services. We talk about that in many other areas of government. Maybe this is an area we should talk about it as well.

**MS. PORWICK:**

And public/private partnerships, because as soon as the word got out that our center might be closing I had a visit from the provider of a laboratory services for the County come to the center and say we could set up shop in your center, which would mean that the people that do that work would not have to do that work anymore.

**LEG. D'AMARO:**

Okay. Just very briefly, when are your cuts going into effect or proposed to be effective?

**MS. PORWICK:**

They're in effect right now. We were told to limit the number of new patients ASAP.

**LEG. D'AMARO:**

When would you need to close your doors if nothing changes?

**MS. PORWICK:**

July first.

**LEG. D'AMARO:**

July first. So that's the target date, that's the drop dead date.

**MS. PORWICK:**

That's the date. A letter was sent to Dr. Strongwater to our understanding. We had members of all our bargaining units and the HR come to us to talk about redeployment and what --

**LEG. D'AMARO:**

That's -- so it's an immediate, you know, putting a padlock on the door kind of thing and people who have ongoing treatment going on --

**MS. PORWICK:**

With no plan on what to tell these patients.

**LEG. D'AMARO:**

You don't have time to plan for all these patients I would assume, so how are we going to handle that?

**MS. PORWICK:**

When a doctor sees a patient today and needs to see them in two months to follow up on a therapy that they're prescribing, we don't have any directive as to how to handle that patient.

**LEG. D'AMARO:**

So there's been no discussion with the Health Department about phasing. If you're going to do a closure, let's even phase it in, let's plan, you know, people have ongoing health care needs. Some of them may be even more critical than others. I mean, it seems to me that, you know, you have to look beyond the four corners of a ledger here.

**MS. PORWICK:**

We had asked for that plan as soon as we heard of the date, because patients are booked three months in advance. So we have already appointments for July and we have asked for direction on what to do with those appointments. So no, we have not gotten any direction.

**LEG. D'AMARO:**

All right. I don't want to take up more time. I know we have a long hearing ahead of us. I just want to say that, you know, again, the County is not going to be able to restore this 100%. I don't believe that. I mean, we'll try to do what we can, but at a minimum maybe if we could get some funding to you. If nothing else, we can at least plan for people's continued health care and give them the attention that they deserve if we're going to have to either phase out this facility or greatly diminish the services it can deliver. So I thank you for being here today.

**MS. PORWICK:**

Thank you.

**LEG. D'AMARO:**

Thank you. Thank you, Madam Chair.

**D.P.O. VILORIA-FISHER:**

Sorry, Rita, I just have a very quick question, very quick, because I've been looking at this very, very carefully and looking at savings. And if there were to be that public/private partnership and a private lab were to come in on the premises, now we're taking these patients in and not charging them if they can't pay. If you give them a script for lab work and they go to that private lab, will that lab do the work for nothing? I mean, that becomes a problem, right?

**MS. PORWICK:**

It does for some of our patients. Those with insurance, with Medicaid or with Medicare, or who are willing to pay on a sliding scale would pay, you know, what they could. And that would have to be part of the contract that you arrange with these private enterprises. But when you do volume, you know, volume in those kinds of businesses is what keeps the business going. Zwanger-Pesiri gives free Sundays. We have been sending our patients who can't afford or can't afford to follow up on their screening mammograms, and I don't know whether you understand that we only do screenings. If someone needs to have a more diagnostic mammogram they have to go to a different center. So there are such entities that I think would be very willing to come in to treat that population, because there is enough Medicaid and Medicare and some private insurances that would pay for some of those services.

**D.P.O. VILORIA-FISHER:**

It's good that you're here, because you're there, as Legislator D'Amaro said, you're there daily and you can tell us what might work when we're looking at it and we're trying to look at everything.

**MS. PORWICK:**

I appreciate that.

**CHAIRPERSON BROWNING:**

One last question, Rita.

**MS. PORWICK:**

Sure.

**CHAIRPERSON BROWNING:**

You have another one?

**D.P.O. VILORIA-FISHER:**

No.

**CHAIRPERSON BROWNING:**

Okay. Just real quick. You said you have people that come from Islip. Why would people come from Islip? Isn't there a health center much closer?

**MS. PORWICK:**

Some people don't like to go to their local or more local health centers because of various reasons. They want to have a privacy element, so that's one reason. Sometimes it's -- you know, there are services that they prefer to go to our center. It's their choice. They could go to any health center that they choose in the County. That's been the beauty.

**CHAIRPERSON BROWNING:**

I was just curious. I was thinking maybe you had something at your center that maybe one of the other ones didn't have. So it's more confidentiality.

**MS. PORWICK:**

Usually.

**CHAIRPERSON BROWNING:**

Okay. Sarah.

**LEG. ANKER:**

Real quick question. You recently got new mammography equipment and you might be able to -- how many times has that been used in 2011?

**MS. PORWICK:**

We do about 40 mammograms a month.

**LEG. ANKER:**

A month. So you could do more, you could do more if you open that up.

**MS. PORWICK:**

In the real world, I mean, they probably do 20 to 25 a day.

**LEG. ANKER:**

Right. So that could be a source of revenue.

**MS. PORWICK:**

Absolutely.

**LEG. ANKER:**

If you were to open that up. It took me about what, nine, ten months, and it's digital mammography, it's new equipment. I'm sorry, you have a comment?

**MS. PORWICK:**

We've had it for -- since we practically opened the building, about five years ago, and that was, to me, a goal of growth that we had this capacity. When we had to reduce staff we had to reduce, you know, a technician who was doing it, but this is a point where having that individual make sense if you can do volume, because if you accepted some private insurance just for the screening, then you

can really recoup a lot of the costs of having that individual there.

**LEG. ANKER:**

Thank you.

**MS. PORWICK:**

Oh, you're welcome.

**D.P.O. VILORIA-FISHER:**

Thank you, Rita.

**MS. PORWICK:**

You're welcome.

**CHAIRPERSON BROWNING:**

Thank you, Rita. Our next speaker is Janeth Saravia.

*(The Following was Read in Spanish and Translated into English)*

**MS. SARAVIA:**

My name is Janeth Saravia. Thank you very much to the committee of Health and Human Services, and thank you for the opportunity to speak to you on behalf of the Dolan Family Health Center. I am a divorced mother of three children and the Dolan Center has been there from the very first day, she's one of our clients from day one and still coming, to serve her children and herself, not only services for medical attention but also social work and other needs that they had through the years. Now her children are all professionals. One of them is doing an internship in Mount Sinai. And their goal, and the other girl is in third of medical school so, and their goal is to come back to the community and be part of the people who give back to the community like the Dolan Center does for them. They want to give back to the Dolan Center and to the rest of the community. Thank you for the opportunity to be here.

**CHAIRPERSON BROWNING:**

Thank you.

**D.P.O. VILORIA-FISHER:**

Muchas gracias.

*(Applause)*

**CHAIRPERSON BROWNING:**

Elsie Smith.

**MS. SMITH:**

Hello. Good afternoon. Thank you for the opportunity to let me come here and speak on behalf of the Dolan Center. This is a place that's very close and dear to my heart. I became a patient there 12 years ago. I, too, am a divorced mother of two. I have been working in our community and held down a job, but I do not have medical insurance. And today I can celebrate that my son's been a freshman at Stony Brook College, mechanical engineering for a year, and my daughter is a junior in High School West hoping to pursue the medical field. The reason this is very emotional for me is that if it wasn't for the Dolan Center I would not be here today to speak on their behalf.

Twelve years ago I came to the Dolan Center without insurance, with symptoms, and God bless the doctor there that decided to order an ultrasound. A nurse doing her diligent job questioned well, she

doesn't have insurance, how are we going to cover this, but apparently the doctor had picked up on something I was not aware of and insisted that the ultrasound be done. The results were 101 stones and the Dolan Center was helpful in helping me to apply for emergency Medicaid so I can get the surgery to take care of that. I was asymptomatic, so I had no idea that this was going on in my body, and going through a difficult divorce and pending eviction this was the last thing I needed.

Three weeks later I wake up with eyes the color of yolks and urine the color of Coke, and the Medicaid had not been approved yet. I went over to the Dolan Center, I scared the receptionist half to death, and said, "I don't think I'm going to be coming back here. I'm on my way to the hospital, please follow-up with whatever you need to so that I can get the care that I need to have because I don't think they're going to let me go home". So I packed up my kids in the car and I drove myself to the hospital because I didn't have money to -- and I was worried about ambulatory care and all that expense.

I was there for five days. They couldn't operate because I was highly infected. Finally, they took a chance and did, and they couldn't do it laparoscopically because my gallbladder was already beginning to rupture and it was slippery so I have a foot long scar. I was there for five days after that, saw three roommates come and go, and in the process things are very hush-hush around me, but I could tell by the faces of the people that were treating me that this was no easy thing. I finally pressured someone to tell me where do I stand because I'm in the middle of a difficult divorce, I had a seven-year-old and a five-year-old at the time, and they were pressuring me, looking at me saying, "Mommy, are you going to die?" I was told if I were you I would make provisions for the children. That was the best thing they told me because I needed to make sure my kids would be all right no matter what happened. Had that doctor not performed that ultrasound and gotten me started on the treatment that I needed, I wouldn't have made it.

Seven months later I showed up at the Dolan Center for follow-up care. It was the year 2000. The doctor threw her arms around me and wished me Happy New Year and said, "I'm so happy to see you. I didn't think -- I couldn't tell you then, but I can tell you now, there was more of you on the other side than there was here".

I'm here today to fight for the Dolan Center. I'm one of those that work and make too much for Medicaid and not enough to afford insurance. I battle with ongoing treatment that I have to try to keep up my medical care, but without their help and helping me take care of myself, my son would not be at Stony Brook studying and my daughter would not be finishing high school. So whatever has to be done, and if I need to be a part of it I'm happy to do so, but we need to keep them open because there's a lot of different kinds of people that are visiting there that are not going to the hospital, but can go there and get more affordable treatment and get the education that they need to pass it on to their children and their community members to stay healthy, because it isn't just about handing pills with the Dolan Center. They educate the people that go there so that when they come back, they're healthier and stronger and can give back to the community.

So, on their behalf I request that whatever needs to be done please consider it. This is the face of one of the patients of the Dolan Center. Please don't close the door on us because we really need them. Thank you.

*(Applause)*

**CHAIRPERSON BROWNING:**

Thank you. And the next is Dolores Thompson.

**MS. THOMPSON:**

Good afternoon. You'll have to excuse me. I'll probably cough through this, but just bear with me,

okay? My name is Dolores Thompson. I'm President Emeritus of the Huntington Branch NAACP for the past 16 years. I am the Chairperson of the Dolan Advisory Board for Dolan for 13 years, and have served as Vice Chair for approximately three years. I'm also a trustee of the Huntington Hospital Board the same amount of time. I share all of this information with you because I want you to know that I know the history of the lack of medical services in Huntington community since I've been a resident for -- since 1948. Suffolk County has helped for all of these years and for this I am grateful, because it has afforded us the ability to offer County and community residents access to affordable health care at Dolan.

For decades other communities benefitted from County supported health centers, while Huntington had nothing. And when it was first considered health care should be in Huntington, a storefront was what they suggested. And being an advocate in Huntington most of my life, we decided that we would form a Task Force, because we did not want a storefront when we had so many, many people that were suffering for health services. We have cost the County less funds because of the support we have received from Huntington Hospital.

I'm here to share with you the pain we are suffering because of the proposed cuts and possible closing that is being suggested by the County Executive. We are trying to calm the storm when it relates to the loss of affordable health care as well as loss of jobs for our nurses, our doctors, our attendants, and have been with us -- that have been with us over the years.

Approximately 350 mothers received prenatal care last year, just last year alone, and 343 deliveries this year. We are the second largest prenatal provider in the County Health System. I believe that in the last year an estimated number of uninsured Americans has grown from 47 million to 51 million in one year. I say to you why cut health care? Of all the things that you have to cut, why would you cut health care? All of us have to worry about our health. You, all of you, and me. So if I did not know that I had insurance or I couldn't go to the doctors or to the health care, what would my fate be? If you are poor, unemployed, uninsured, lack transportation or unable to find affordable housing, you are doomed.

So what are our patients, who are our patients? Eighty percent are minorities. Twenty percent white; 16% black; 56% Hispanic, and eight percent other. Sixty percent of that number are females; 40% are males; 67% are patients that are underage. We have below 35%, as a matter of fact, that are approximately 35 and under, and then 41% are actually young people, children.

We're in a state of dilemma. We're talking about 30,000 visits in a year. I ask all of you to put yourselves in someone else's shoes just for a moment, and work hard to restore the funds that are needed to keep the Dolan Family Health Center open, as well as Coram. As was stated, we only have Dolan and Coram in that portion of our community. Please help us to provide the affordable medical care for the residents in your County and in our community. Try very hard. Think about it. Thank you very much.

*(Applause)*

**CHAIRPERSON BROWNING:**

Don't go anywhere, Dolores. Legislator D'Amaro has a question.

**LEG. D'AMARO:**

Thank you for coming down today, appreciate it very, very much. And you mentioned 30,000? Was that the number, 30,000 visits a year?

**MS. THOMPSON:**

That's correct.

**LEG. D'AMARO:**

Is that the hospital or just to Dolan?

**MS. THOMPSON:**

Dolan.

**LEG. D'AMARO:**

Just to the Dolan Center.

**MS. THOMPSON:**

Can you imagine how many would be going to the ER?

**LEG. D'AMARO:**

From its catchment area. You are obviously very well versed in the goings on of Huntington Station and very active, as just as an aside I appreciate everything that you've done for that community. Given your knowledge, where do 30,000 people go if we close those doors? Where do they go?

**MS. THOMPSON:**

Well, a great -- push this, right? A great percentage would go to the ER, which is overcrowded already. The rest, I don't know. Some of them would try to get to Wyandanch I believe, transportation being a major problem.

**LEG. D'AMARO:**

Right. You're a trustee also?

**MS. THOMPSON:**

I'm a trustee on Huntington Hospital Board, yes.

**LEG. D'AMARO:**

Right. Does Huntington Hospital have the capacity to handle that type of visitation?

**MS. THOMPSON:**

Heavens no.

**LEG. D'AMARO:**

Heavens no.

**MS. THOMPSON:**

We're overcrowded now at the ER.

**LEG. D'AMARO:**

Right. I think you used the word exactly right, it's a dilemma because we don't have all the answers at this level of government certainly. We're going to try to do our best. I know I will, I know my colleagues will. But I think it's important your testimony, some of the other -- some of the other testimony we've heard here today, has a very high impact, because unlike maybe some other debates that we've had at this horseshoe, if this policy goes into effect, there is no alternative, none, and that is something that I think should motivate every person in government to get all of the players to the table again and talk about this in a way that maybe we can't eliminate the impact, but we can certainly try to minimize it as best we can, and that's what I'm going to try to do. Thank you.

**MS. THOMPSON:**

Thank you. I certainly endorse the young lady who said that the Legislators should lobby the State.

I certainly would like to be on a bus along with you. Thank you so much.

**D.P.O. VILORIA-FISHER:**

We'll plan it.

**CHAIRPERSON BROWNING:**

Dolores, don't go anywhere. Legislator Gregory has a question.

**LEG. GREGORY:**

Hi, Dee.

**MS. THOMPSON:**

Hi.

**LEG. GREGORY:**

Thank you for coming out here today. I've known you a number of years and admire the work that you've done in the community, and thank you for all your hard work in the community, and this is another battle in a long road of battles that you've fought and have been successful in many occasions. You certainly have my support in doing whatever I can do to help keep this service available to your constituents as well as the Elsie Owens center.

You know, as Legislators, we represent districts, but there's certain things that we can't be parochial about, we have to look beyond our borders and look at the County as a whole and what services we provide and ensure that those services are provided, particularly to those communities that need them. The Dolan Center provides a service to a community in need. As you just mentioned, there's transportation issues. I was at a meeting last night with some of my constituents and they had mentioned how they were just devastated with the Elsie Owens Center. They had worked with Elsie to help bring about the Elsie Owens Center. So you have the support of just the Legislators as well as the community at large, I believe, and we're going to try to do as much as we can to reduce this impact.

My concern is that, you know, the budget being what it is, there are going to have to be some changes, whatever they may be, but we shouldn't do those changes in a vacuum, that there should be some community input. There should be some community awareness, you know, so that the community can adjust to what changes may be and give some lead time. If there are some private/public partnerships that may avail themselves because of these changes, allow -- give enough time for those partnerships to come to fruition. Sixty days is not a long time for people to adjust to the changes that we're hearing about.

I got a call at eight o'clock this morning from one of my administrators, I have two health centers in my district, concerned about the cutback in ancillary services in MLK. Very alarmed that there are people -- you know, we're not talking about, you know -- you know, simple coughs. There's situations, as the lady mentioned, life or death situations that can be -- that can result from some of the preventive, precautionary services that we provide, that if those services aren't provided, you know, they may not make it to an emergency room. So this is a very serious issue. So, again, you have my support. I look forward to working with you, as well as my colleagues, and just know that we're all behind you. This is a very important issue for us.

**MS. THOMPSON:**

We're going to make sure that we have letter writing and whatever it takes from our community to help with this -- with this issue. And I'm counting on all of you to help us as well. Thank you so much for listening.

**CHAIRPERSON BROWNING:**

Don't go anywhere, Delores. One more.

**D.P.O. VILORIA-FISHER:**

Please don't go away yet, because I have met you before and I know what a good advocate you are. I just wanted to share something with you very briefly because I don't know how much Spanish you understand.

**MS. THOMPSON:**

Very little.

**D.P.O. VILORIA-FISHER:**

And although her interpreter did a very good job, there was something that Sandra said that really touched me. She said, "Como un grano de arena", that this center for her, for her daughter, was like a grain of sand that planted the idea of community in her daughter, and allowed her to aspire as a medical student to get involved in medicine in public health. And, you know, what a testament to a place. And so we're not just fighting for the health of the -- of the individuals, but for the health of a community. So I know what an advocate you are and I wanted to share that really poetic thought that she expressed.

**MS. THOMPSON:**

That was very touching, I want you to know that, because I have a youth center, as you probably know, and a great portion of the children that come there are Hispanic, and it is a community -- Huntington Station is a Huntington Station community, and we work together with all people, and we don't want to lose that. There's a lot of trust that has come with the Dolan Center, the youth center and all of that. Just to shun the needs of all people is something that we can't lose. We've worked very hard on this, as I stated.

**D.P.O. VILORIA-FISHER:**

That's what we're fighting for.

**MS. THOMPSON:**

Thank you.

**CHAIRPERSON BROWNING:**

Thank you, Dolores. Next is Roberta Owens.

**MS. OWENS:**

Good afternoon. I'm back again, which I promised that I would be. I'm a little disturbed because, as I said the first time that I came, I receive a tremendous amount of calls from clients at the Elsie Owens North Brookhaven Health Center. I am the daughter of Elsie Owens, for those of you who do not know that. And from 1972 forward, I watched as this health center creation was being made with the five other women. Amazing, I thought. However, I left here with hope on the 21st, and then I kept reading the newspaper. And through that process of the humiliation of the employees, the patients, and the residents that use the health center have been feeling have been explained in a way in which I think may be being missed.

We don't normally air our business in the public. We don't normally tell people that they're terminated from their employment in the newspaper. We don't normally tell people that we've closed the door on what they've received publicly. We normally handle that business and then we move forward to find a solution or to take the necessary acts that should be taken with proper protocol. What I've seen since the 21st has really disturbed me.

I came back to the meeting today because I expected to hear Dr. Strongwater speak and address this body so that we could clearly understand what were the differences, what had happened, what maybe should have transpired and then possibly what can be done. So with that, I'm hoping that we will move this meeting forward, have Dr. Strongwater come forth, so that as, Kate, as we discussed at the last meeting, we would be able to put the pieces together and the people who definitely would be able to make a difference as far as the health center. So I'm hoping that we'll do that quickly, and that we will be able to get the answers we need to then bring in the next body, because I did promise you if you were not able to do it as a body, that I would make every arrangement I could to bring everybody forth so that we could discuss this clearly. Thank you.

**CHAIRPERSON BROWNING:**

Thank you. And I do have to apologize Dr. Strongwater because he was next, however, I was holding your card off because I think I'd have you and Kevin Smith both come up. I would like to give you a little more time than the three minute period, okay? The next one, we're kind of changing topics a little bit, Christopher DeStio.

**MR. DESTIO:**

Good morning, Honorable Legislators. I'm not going to talk too long, Mr. Eddington. I'm going to cut it short. I'm here to talk about Kate Browning's proposal, 1319, it has to do with the Foley Nursing Home, to increase services of the John J. Foley Nursing Facility. I think there's a lot of good ideas are -- is that when we start this process, once we get it passed legislation on Tuesday, I think we need to turn around and start going to other nursing facilities and see how they run their facilities. Maybe we should get someone like an oversight, maybe we should have a Legislator, some Legislative staff, even some of Levy's people involved here, and some of the nursing home staff and see how other nursing homes run that are profitable. As an example, do they have bariatrics their units, do they have pediatrics in their unit, how their billing is done and why is their billing so successful. For us to make this proposal work we have to do things like that to make it happen for Foley to stay transparent.

I thank the committee here for passing this today, I hope we pass it on Tuesday. And I hope we have enough votes to override Mr. Levy's veto, and we can continue to do what we have to do. Thank you.

**CHAIRPERSON BROWNING:**

Thank you, Chris. Next is Joy Nebel. Joy Nebel? I guess Joy might have left the room. Last is Dan Tomaszewski. You love us.

**MR. TOMASZEWSKI:**

Thank you, and it's good to be back. Dan Tomaszewski, Vice President, Longwood Board of Education and Chairperson of the Longwood Community Council. I'm here to speak to you today about the closing of the Elsie Owens Coram Health Center. The health center sits right smack almost in the middle of the Longwood School District, which is 53 square miles. It serves a tremendous number of our population, and it is critical, absolutely critical. And I think you all know that; I'm not telling you something that you don't know.

Legislator D'Amaro, you are right on target. You nailed it. What needs to happen is to take a fresh look at this and find efficiencies and find ways to keep things open. This problem is not different than the problem that we face in public education. We had a 16 million dollar rug pulled out from under us in the Longwood School District. The easiest thing would have been to target major programs, dismantle and walk away, but we don't do that. We are not in the business to dismantle a critical, essential program like education, and you are not either. You are not in the business to dismantle critically needed health care. It's essential.

So what has to happen is we've got to take a fresh look at things. I sit on a committee, I actually Chair the committee at Eastern Suffolk BOCES, it's a Communications Task Force, and what we attempt to do is we attempt to put smart people in a room, including all areas, and have discussions and come up with outside the box ways of thinking, new approaches to things. And, you know, this is not something that's just going to take place now. This needs to be a new way of life in the United States of America, because this issue is systemic. But we can't dismantle, if we dismantle it goes away and it never comes back. We cannot do that. It is not acceptable.

What the County Executive is proposing is irresponsible. There is no place for it, and our community is not going to stand for it. I've come here for the last three years and I've watched you as a body come together time and time again not standing for some of his shenanigans. So I would hope that you would come together at this time. And we appreciate your support. This is critical for us.

I'm going to change my closing line, I will be very respectful and take the high road. I was out in the lobby and I looked at the plaque right in the middle of this wall, and I've read it many times. I read it again today and I wrote the words. "In memory of Rose Caracappa. Suffolk County Legislator 1982 to 1995. She reminded us that there are faces and human beings behind the numbers. She set a standard of commitment to the public that we should all strive to achieve. With a warm heart and strong words, she helped us believe". We believe in you, Ladies and Gentlemen. Please believe in us. Thank you so much for all you do.

**CHAIRPERSON BROWNING:**

Thank you, Dan.

*(Applause)*

**CHAIRPERSON BROWNING:**

Very well said. With that, and I do want to say I apologize. I know this morning there was a rally. My Aide went on my behalf because I was here at the Legislature at committees all day today, and if I could have been there I would have been there. But with that, Dr. Strongwater and Kevin Smith, if you would like to come up, and whoever else you want to bring with you. Kevin Smith is in the room?

**D.P.O. VILORIA-FISHER:**

Terry.

**CHAIRPERSON BROWNING:**

Terry Smith. Sorry. Why was I saying Kevin? I apologize. Dr. Tomarken, would you maybe want to come up and join them? Is there any other people you'd want to bring up with you? Okay. You know, I -- I do apologize again, you know, we did have your card. However, I think this is an important issue that I think you need more time than three minutes. If you would like to proceed.

**DR. STRONGWATER:**

Good afternoon everybody, and thank you for setting up this really wonderful forum as an opportunity to discuss what's going on with the County clinic system. My name is Steve Strongwater. I'm a rheumatologist. I come before you today not only as the Chief Executive Officer of Stony Brook University Hospital, but as a physician who has practiced for more than 25 years. I have three principal messages and then I will walk you through the thinking behind this.

**LEG. D'AMARO:**

Excuse me, Doctor. Could you just move a little closer to that microphone? It would be helpful. Thank you.

**DR. STRONGWATER:**

No problem. Can you hear me now?

**CHAIRPERSON BROWNING:**

Yes.

**DR. STRONGWATER:**

I have three principal messages that I'd like to share with you and then I will walk you through the thought process. The first that it is a terrible, terrible mistake to close the Elsie Owens Health Center. It is a terrible, terrible mistake. The second is that it will irreversibly jeopardize the health care of the people in this community and it will cost this community a great deal more money as time goes on. And the third is that, without exaggeration, time is of the essence. We are talking about patients lives and patients are no longer going to get services a mere -- I believe it's now 56 days from now. So time is of the essence. It is a very regrettable decision that the County has made to close the Elsie Owens Health Center by July 1st. This is a safety net provider for people who are taxpayers and major contributors to the lives of the folks in this room, meaning they're voters as well.

University Hospital has provided services since 1997 in the center. We have right now about 42 employees. There are approximately 8,400 unique patients seen per year, which amount to about 34,000 annual visits at the health center. We're talking earlier about costs, the actual cost per visit is about \$135, and the actual cost to run the health center from the Stony Brook perspective is approximately \$384,000 a month. We, as you know, were notified on or about April 27th that the center would be closing. There's been some discussion in the press that negotiations broke down. There really was no breakdown. We had hoped that we might be able to take the center on to the University Hospital license and then get additional reimbursements for it. It turned out when we understood the full finances and we investigated that turned into a dead end that we would not be able to take that over from our perspective. And so we didn't stop negotiating and I believe the County continues to want to find solutions, and we stand ready to continue to work with the County to find solutions to continue services.

I would say, however, that it is not possible to practice medicine without having access to lab and radiology services. I'm not talking about on-site, but actually having access to the results of those studies. You just -- you just can't turn them off. And I know Legislator Fisher asked this question a little while ago. You can shut down the service on the site, but unless you have a reimbursement mechanism, no one will run those tests, whether they're labs or X-rays, unless they're reimbursed for it. So there needs to be a mechanism to continue to fund lab and radiology services.

It is also -- it may also be the case that there are duplicative services, but in the way that we are each structured as eight separate clinics, it would be very difficult for us in any one site to know where those efficiencies lie. So it may very well be possible that looking across the eight sites there might be savings without actually closing one or another site.

I would say in the context of the cost at Elsie Owens, and you heard Rita Porwick eloquently describe the circumstances that we have been subsidizing, we have been subsidizing for years the services at Elsie Owens, but as many of you know because I've come before you and testified in the past, this year our budgets were cut I would say unfairly, and right now the University Hospital is trying to makeup for a \$47 million gap in our budget as a result of reductions in State support and other expenses. So there is no money in the till for us to continue to bailout or subsidize the Elsie Owens Center, at least not at this time.

There will be, as many of you have already recognized, unintended consequences that will cost all of us as taxpayers a great deal more money. It costs multiples of \$134 to be seen in an emergency

department, and throughout the County, 11 hospitals, there isn't enough capacity to take on these additional visits. There just isn't the capacity. So I do think we create an unintended public health crisis by closing these sites.

The reason time is of the essence is that it is -- I understand a requirement, a statutory requirement that patients be notified 45 days in advance of a closure. So fairly soon, you know, we're about 56 days away. Fairly soon patients would need to be notified that there would be a closure plan. And our first priority, our first priority is taking care of patients. And if indeed there are no plans to transfer the care of those patients, many of them will be sicker, wind up in our emergency rooms, and as you've all pointed out, this is an issue of life and death. And I think as government, government's commitment, I think, is first and foremost to the health and safety of the people in this community. So I think that's an important reason, and again, a mistake, a mistake to close the center.

So I'll come back to my three priorities and that is I think it's a mistake to close, I think it will jeopardize the health of the people in this community, and that it is extraordinarily important that we do something right away, right away.

By the way, I don't believe, just as an aside, that there is any fat left at the Elsie Owens Health Center. There is no room to cut anymore. You just can't do it year after year after year and expect that just because it's only a small percentage cut that you can keep doing it. We are at bone and into bone, and what we've tried to do is to preserve the essence of access for this patient population. And should we withdraw additional support, there will have to be changes in the services, the scope of services and the access of services, for this community. Thank you very much.

*(Applause)*

**CHAIRPERSON BROWNING:**

Thank you. And, Terry, we're going to save questions and you can go next.

**MR. SMITH:**

I'd like to thank the committee for this opportunity to be here and speak on behalf of the Dolan Family Health Center, and actually the Coram Health Center. It's actually a privilege to be up here sitting next to a practicing physician who really breathes a lot more life into the words that I'm about ready to say.

I'm a little emotional because administrators, we push around a lot of papers, we worry about budgets and where we're going to buy things, and I'll get emotional now. Rarely do you hear from a patient who you've made opportunities for and your doctors have made opportunities for where their kids can get into the mainstream of life. You have just heard from a very brave patient who's children are on their way to being physicians, and this is a very, very industrious woman who had a lot of courage to come here and speak up, as did the other lady. Whenever I'm overwhelmed with politics and paperwork, I get out of my office and I go back to pediatrics and I go back to OB GYN and I see people relating to their doctor and it really makes it all worthwhile.

I wanted to talk a little bit about the Dolan Center. I'm not sure everybody has the history. Dolores Thompson eloquently told you about people leaving town back in the late '80's to get health care. Most of them went to the Martin Luther King Health Center. I do believe that if folks were Spanish speaking they found a way to get to the Brentwood Health Center. It was very difficult. Our network of transportation in Suffolk County, it's not like living in Jackson Heights or Queens where my wife and I frequently go. You can go anywhere in those areas, but you can't here.

One of the things I wanted to start off with, I need some clarification. I attended the County Executive's press conference on March 21st and he talked about quote closure of the Dolan Family Health Center and closure of the Coram Health Center. What he was really doing was pulling 50% of the funding as of July 1st. He also talked about a pretty stiff penalty to the other health centers of what then was a 20% cut. But as I read Newsday, and I was commenting to Legislator D'Amaro, as I read Newsday, I'm seeing columnist Joye Brown quoting 5% cuts. I don't know if you folks know the real numbers, but I would hope somebody here could clarify them before we leave today.

I will also tell you that the 50% cut that County Executive Levy announced for the Dolan Family Health Center is really now, I believe, actually a 40% cut. So instead of having no money to run the Dolan Family Health Center after July 1st, we now have apparently \$285,000 to fund \$1.4 million worth of County supported expenses. So it's a little progress. Okay.

Let's talk a bit about what's unique about the Dolan model. First of all, I hope you all got this. You can see that from the time we conceived of the Dolan Family Health Center, perhaps in the late '80's and early 90's, and when we really got her off the ground in 1995, the Health Commissioner then was pediatrician Mary Hibberd, and she had addressed the Legislature in '94 talking about the need for ten health centers, which was a result of the findings of the H. Lee Dennison Commission that some folks may be familiar with, and one of those was in South Huntington and Huntington Station.

In about ten years, if you look at this, the Dolan Family doubled to almost 30,000 visits. That is a lot of unmet need. There had always been the need for a County presence in northwest Suffolk County for Suffolk County residents. If you look at the next slide, you'll just see that one of Dr. Hibberd's comments was the lack of affordable care for uninsured pregnant women. You can see on this diagram that I provided you the growth in prenatal care at the Dolan Family Health Center. So those are two unique aspects of the Dolan Center.

When we conceived of the Dolan Family Health Center in 1994 -- actually, you may not know, I was the administrator for the Coram Family Health Center -- I'm sorry, for the Shirley Health Center. I lived in Coram but I was the administrator of the Shirley Health Center, and I learned an awful lot from the Department of Health about primary care and those were very good lessons for me to take to Huntington.

Sixteen years ago when Huntington was asked by the community to start a health center the Department of Health had already been approached a couple of times prior to that, and we did not have the finances at the time to take on a ninth health center in northwest Suffolk County. So Huntington Hospital eventually was convinced by the Chamber of Commerce and by a number of human service providers in Huntington, Family Service League, Karen Boorshtein's predecessor, Delores Thompson and the Pederson Krag Clinic, a number of agencies which would continue to share patients with and service their patients.

In 1994, there was no financial meltdown like there is now. In fact, in Suffolk County, there was no managed care. If you could get somebody on Medicaid you could get pretty good reimbursement, if you could keep them on regular, straight State Medicaid, and there were not 51 million Americans uninsured. As a matter of fact, just as a sidelight, they were well funded to find benefit pension plans that municipalities and hospitals had. All of that has changed. Hospitals are putting in ten and 12 million dollars out of operating revenue every year to fund their pension plan, if they have a defined benefit pension plan.

A couple of things about the Dolan Family Health Center. The biggest thing is we have a very unique contract. We are the only health center that's privately owned, we are the only health center that shares a mission with the Department of Health, but the Department of Health does not hold our operating certificate. Some folks would suggest that that's a problem. I suggest that that is an

asset. I get to run the Dolan Family Health Center as if it were a business. I get to think about how to fund and sustain health care services by generating revenue. The Dolan Family Health Center we opened with a similar sliding fee scale fee 16 years ago to the Department of Health, and when I left the Shirley Health Center it was \$15 a visit. Last time I checked it is still \$15 a visit at all of the other health centers.

I have got to tell you, I know every one of the health center administrators. You have some very talented people in the health centers and they just need the support and the direction to be able to manage revenue. Hospitals are very thirsty for revenue. The hospital holds me accountable for a budget. The hospital allows me to do more than I could have done with County dollars if I do well with revenue. I attend something called revenue cycle meetings. We have a C.P.A., Chief Financial Officer of the hospital who drags me into his meetings and wants to know how long is my accounts receivable, which is the better Medicaid managed care to be in based on reimbursement, what am I doing about the self pays. How often do I remind them that they should not have a visit unless they keep current with their self-pay sliding fee scale fee, how many patients do I see without getting their financial information and making them apply for the sliding fee scale fee.

So our culture at Huntington is we try to survive with what has been a minimal amount of County funding. The County, at the best times maybe four years ago, it was funding us at maybe 42, 43% of our total costs. Now it's about 39%. That hasn't been all bad, though. Two-and-a-half years ago, Huntington Hospital supported me in bringing the electronic medical record to the health center, and after about a year of it operating, we did have probably a \$259,000 mid-year County cut in our budget. And because of certain economies that we'd been able to achieve clerically, we were able to reduce staffing by five people and live with that cut and actually become more productive.

One thing I hope for you is that you will, as kind of like stewards of the health centers, as the Health Committee you will look to the Department of Health to do their part in letting the administrative people have the right policies and procedures to generate revenue. I would guess that I have 30% of the Dolan Family Health Center patients are self-pay, but I think other folks, Margaret and other folks, will confirm for you that we're close to 46.9% in our other health centers, and that may be because folks are not chased for their fair share. A lot of our patients have cell phones, a lot of our patients are providing their kids with \$70 sneakers to go to school because all of their peers have them. The times have changed and we do not seem to get too many complaints about asking patients for a fair share of -- for them to pay a fair share of the costs.

I will tell you that occasionally we don't let the patients be seen. If a patient has not completed their financial application by the third visit, if they are returning without making a payment and they are well, as assessed by our nurses or their physician, we may say you need to reschedule. You need to come back after you've completed your Child Health Plus application, your Medicaid application or brought in your tax return or gotten your employer to give you a letter or signed this attestation that this is your family income.

One thing about the electronic medical record is every time a patient calls in to make a new appointment, you get the patient on the screen and up in the right-hand corner pops up their balance. Gee, you owe the health center \$35, or gee, you owe the health center \$1200. It used to be \$1200 until we got a new Chief Financial Officer at Huntington Hospital; we don't ever get that high anymore.

You also might want to consider what we call a soft collections company. These are companies which in a very low-key way write letters and ask people to pay their bill, and you can refer, under the right circumstances, patients to collections and you can motivate them to pay. I got a few complaints about that maybe four years ago, but I don't have those complaints now. I will tell you that 75% of the patients on the sliding fee scale pay something. Last year was an amazing year. If

you divide the number of self-pay visits into the revenue that came in, we collected about \$56 a self-pay visit. That's amazing. I think that if you let some of your health center administrators have more control over revenue, be motivated by the goal of collecting revenue, I think within your three large health centers there may be several million dollars worth of self-pay fees that the patient's would eventually gladly paid for the opportunity to get health care at our health centers.

We had what's been a very good partnership, certainly from my four and a half years at the Shirley Health Center, learning from different Health Commissioners and different Health Center administrators. I was able to bring that spirit of caring for the less fortunate to Huntington and Huntington has responded.

Some of the other things that are unique about the Dolan Center is we have 24/7 neonatal care, a neonatologist on staff backing up health center patients when they go for delivery. I send a tremendous amount of complicated care what we say upstream to Manhasset. People get almost free care for cancer on occasion. There's an eye clinic that does amazing things, and there's an orthopedic clinic that does amazing things. I can't solve all of our patient's problems in Huntington, but when you look to the North Shore Health Center they provide an awful lot of care. To my recollection, in 16 years North Shore has never sent me not even a dollar for operating expenses, so North Shore is not a place I can look to for operational expenses.

I wanted to touch on one other, maybe a couple of other things, that actually Mr. Levy put in the newspaper. He's talking about Dolan being able to survive because we have an endowment fund. I was very proud in 2001 to be invited to a trustees meeting where we said, look it, we recognize that our support from our County is at best volatile. We cannot count on meeting increasing demand with increasing dollars from the County. That just will not happen. So therefore, do we think that we can go back out into the community, and do you think we can generate enough money to put aside a legal endowment fund, which in good financial times might throw off interest for the Dolan Family Health Center, and therefore soften the burden on Huntington Hospital for the unfunded portion of the loss of the Dolan Family Health Center. And those losses, in a good year, perhaps the operating loss could be as much as 300,000 that Huntington Hospital has to kick in, but on one occasion I note that it was about 950,000 that Huntington Hospital had to kick in.

I was gratified and I actually wrote my own little personal check towards that endowment fund, and we raised 2.2 million dollars from different businesses and community people for the endowment fund. And during the first four or five years of the campaign of the endowment fund Huntington Hospital matched from operating revenues every dollar that the community or some corporation contributed. So right now there is about 4.2, maybe 4.3 million dollars in the endowment fund. It is an endowment. I believe the County funds several other fine organizations which also have endowment funds. All of those organizations that have endowment funds are not allowed to touch the corpus of the endowment fund or it's not an endowment fund.

At best perhaps -- let's say there's an 800 or \$900,000 loss, operating loss at the Dolan Center, if the endowment fund has a great year and if the stock market is good, possibly 300, 320,000 could come out of there in interest. There's been years -- I know the County looks to us sometimes, I feel like they want us to spend that endowment fund to make up for lost County dollars. I will tell you that in 2008 the book value of that endowment was nailed by about 60%. I did not go to the County and say oops, our endowment fund lost money, can you help us more, because I don't think the County needs to do that. But I also don't think that an endowment fund, which is set up so that the hospital's main business is not jeopardized by loses at the health center, should be used to make up for County funding that we lose at the Dolan Family Health Center.

I would just like to say -- to disagree. The growth of the Dolan Family Health Center would not have been possible had there not been demand, but it also would not have been possible without the

Suffolk County Legislature. It was hard battles every year. The Department of Health offered us a \$100,000 planning grant in 1994 to fund a health center, \$100,000. Our budget now is about 7.2 million dollars. I'm happy to report that with all that we do for revenue we're getting close to patient fee revenue funding about 50%, maybe 49% of that. As I said, 39 to 40% had come from the County and there had been philanthropy every year in the endowment fund from Huntington Hospital.

So, what's going to happen if the cuts don't go away? Well, we are -- we'll spend a little over 1.4 million dollars at the current rate through June 30th, and as I said before, I believe we'll have \$285,000 left for the last six months of the year. We are still booking patients. I don't believe North Shore is coming forward. I do believe that we're going to continue to fight for our fair share of County funding. I have authored a plan, which I have to present next week to Huntington Hospital. It involves the layoff of ten people; one of whom is a busy physician. I would expect that his caseload is about 4100 patients a year, but I'm also going to have to terminate people who help with the efficient flow of patients through the building. So I would think that our loss of patients could be closer to the eight or 9,000 visit level. Last year we did 28,000 visits, the prior two years we were over 30,000 visits.

Probably 2300 of our patients are patients that have been identified by the Article 6 funding as what we shouldn't be spending money on in Suffolk County. Those 2300 patients have diagnosis of chronic obstructive pulmonary disease, hypertension, diabetes and asthma, and in our adult medicine department is where they are. That's where most of the uninsured at the Dolan Family Health Center reside. Now, they're not going to go to the ER and wait eight hours to get a hemoglobin A1C checked or their blood sugar checked. They're not going to go there for a family doctor. My thought is that they will probably go, eventually, to the Martin Luther King Health Center. It's only about eight miles away from the Dolan Family Health Center. And the folks at Martin Luther King, I believe, are suffering a terrible cut, but that's where a lot of Huntington residents know that they used to go before there was the Dolan Family Health Center.

I don't really see a good solution to what's a looming public health crisis, and I hope we can all stay in business together. It's been a very good partnership for me personally with the Department of Health, and I hope that there's a solution to this problem. I'll take any questions that anybody has.

**CHAIRPERSON BROWNING:**

Thank you, Terry. Now, Dr. Strongwater, you said that you have to give a 45 day notice to patients. I'm assuming both of you have to do that. Maybe you can jump in on this one because I'm trying to understand. In order to close the health centers, if you wanted to do that, which we hope you don't, you have to notify patients 45 days ahead of time. Do we have to get State approval in order to close health centers?

**DR. TOMARKEN:**

Yes, we do, and it's our responsibility to notify the patients and what we have is there is an outline of a plan that the State has sent us that we have to follow, and we have to notify approximately 18,000 patients, because what you have to do is go back three years in your records to anybody who presented at your clinic for the last three years is considered an active patient. That would be any health center that we control. So we have to send these letters out, they have to receive them 45 days before closure is anticipated, and that's for all the patients.

Then within that group is the managed care group, the Neighborhood Health Plan Patients, which they have to do an analysis of and because of the number of patients they have to then by zip code transfer them to another PCP, another primary care physician. So there's two processes going on. And then we would send the rest or transfer the rest potentially to one of our other -- or a couple of our other health centers which is, as has been said before, are crowded to begin with.

**CHAIRPERSON BROWNING:**

I'm just trying to figure out how you are going to do that before July 1st, because when they attempted to close John J. Foley, that wasn't happening in 45 days. It didn't happen in 45 days. So, you know, you have to get a State approval to do a closure, and you have to give them your plan. Has anyone sent even a plan?

**DR. TOMARKEN:**

Yes, we've notified the State and they said they will work with us. They have done this before. They think we can do it if things go smoothly, but, you know, that's a questionable deadline.

**CHAIRPERSON BROWNING:**

I don't think it's going to be smooth. Okay. One more, just curiosity, because I know Terry had mentioned about the EMR's and I know we have approved in our budget to get those EMR's up and running in the County facilities, which would save us money in the long run. Using the EMR's would save money and possibly help us bring in some more money. How are we doing with the EMR's, electronic medical records?

**DR. TOMARKEN:**

We have not purchased that system and we have not been told to go ahead with that system.

**CHAIRPERSON BROWNING:**

Did we not approve that? Didn't we approve that here at the Legislature?

**DR. TOMARKEN:**

It's in the Capital Budget and it has not been bonded.

**CHAIRPERSON BROWNING:**

Connie, do you want to come up and have a seat?

**MS. CORSO:**

What happened was two things. Last year the -- it was approved in the Capital Program but the bond didn't pass, and this year it's in the Operating Budget but because of, you know, the hundred, you know, fifty to 170 million dollar problem we're still kind of kept that aside just, you know, to see if we have to use that to close any of these other budget holes unfortunately.

**CHAIRPERSON BROWNING:**

Okay. I'm going to save some questions.

**MS. CORSO:**

It would actually be very good if we could pass the bond. Then we could move forward.

**D.P.O. VILORIA-FISHER:**

Why don't you bring it back to us?

**MS. CORSO:**

Would we have the votes?

**CHAIRPERSON BROWNING:**

Bring it back.

**MS. CORSO:**

Okay.

**CHAIRPERSON BROWNING:**

Because I know that was one of the issues, if we do it now it will be less expensive for it to do it now than when I believe it's a Federal law that we're going to be required to do it. So if we do it today it's cheaper --

**MS. CORSO:**

Okay.

**CHAIRPERSON BROWNING:**

-- and we'll actually -- sometimes spend money to save money, or make money.

**MS. CORSO:**

I would be very happy to bring that bond forward.

**CHAIRPERSON BROWNING:**

Okay. Vivian.

**D.P.O. VILORIA-FISHER:**

I think some of my questions were answered. Thank you for explaining the -- your -- we deal with the endowment at the Vanderbilt Museum all the time, so I understand about not wanting to pierce the corpus, because then you don't have an endowment, so I understand that. Because the word had been out there that you were the other facility that got the big cut because you have pockets, so thank you for explaining that.

But earlier, Dr. Tomarken, or -- and anyone can answer this, but there was testimony that I think Rita had spoken to this, people didn't know what they were doing, that there's no plan. There's no sense of what to tell people but, Dr. Tomarken, if I'm not mistaken, once you get that process going, and I'm not sure if we've begun the process or whether we can begin the process, if we're trying to delay it, once we start it is it going to be like being at the top of a hill on a roller coaster, in a roller coaster, or can we have a plan for the operational people or does that have to be a -- does that have to be an approved State plan before we can give any kind of direction to the people who are in the clinics? I'm a little confused about the plan that Rita is looking for and the plan that we're talking about when we're talking about moving toward closure, which we don't want to do precipitously.

**MS. CORSO:**

Can I answer that, please?

**D.P.O. VILORIA-FISHER:**

Oh, sure.

**MS CORSO:**

Thank you. First of all, I'm glad you are speaking in plan because that's exactly what we're trying to do, we are trying to come up with a plan that best preserves primary care services to the County. And I don't think anybody wants to close any of the health centers, but the way we're looking at things is that it's really just kind of unfolding. Like we plan on meeting with Stony Brook next week to see if maybe we could possibly avoid a closure.

**D.P.O. VILORIA-FISHER:**

Connie, I'm sorry. I think you misunderstood, or maybe I didn't put it --

**MS. CORSO:**

We're not there, that's my point.

**D.P.O. VILORIA-FISHER:**

I'm talking about a medical plan, you know, how to treat the patients, what to tell the patients. That's why I was asking Dr. Tomarken, because I want to know what kind of direction are you giving your directors, is there a plan or something so that they think can -- people are afraid. We're all getting calls, we're all getting letters. I'm just going the bounce it back because -- and will be happy to go back to you about the fiscal plan, but I want to hear about the medical plan.

**DR. TOMARKEN:**

The medical plan for patients involves notification of them for those that are not in the -- well, includes all the patients, the 18,000 patients. It also includes the Neighborhood Health Plan company notifying their patients of where they would be sending them. We would have to send out -- if the plan closure would be July 1st, we have to -- they have to receive those letters by May 17th, which is a week.

**D.P.O. VILORIA-FISHER:**

But in the interim we can't do -- we can't have some kind of direction for our -- I guess you really can't say anything to your directors. You know, Rita was talking about people who need to make an appointment two months hence.

**DR. TOMARKEN:**

Right. Well, we have stopped taking new appointments after July 1st, so that's been a direction. The staffing issue is really a -- Dr. Strongwater and his team's approach, and that's why the urgency is so great to either go down that road or to try to stop it and maybe postpone it, put it on hold. And I agree that, you know, there are messages in the press and rumors and stories, and until we can say something definitive that's going to be difficult. But in the meantime, if we go forward then we would go forward with these letters and the managed care company would do its task and we have to then take our medical records and transfer them to other health centers in the County. And we're preparing that. We have the outline of the plan that has to go to the State is being developed. We just got the outline a couple of days ago, so we're putting it together as if -- we have to kind of go in two directions. We have to prepare for a possible closure, but we're hoping that we can work it out with Stony Brook and with the Legislature to avoid it.

**D.P.O. VILORIA-FISHER:**

Well, you know that Legislator D'Amaro put together a resolution, and I'm cosponsoring it, and we're hoping to postpone that so that we can continue to work for at least another month so that we can push that -- keep pushing that date so that we can come look at answer ancillary services, look at costs, look at the State coming up with some money. We need to keep these centers open. You know, lately the expression failure is not an option has been used over and over again, almost becoming trite, but we have to look at this as failure is not an option; closure is not an option. You know, we can't see it as an option so we have to figure out a way, and as I said with Legislator D'Amaro's resolution, and I'm cosponsoring with him, we're postponing having to send those letters out and having to start that bus moving so that we could try to find solutions. And now I'll go to your plan.

**MS. CORSO:**

No it's just -- the problem that we have is that not -- you know the cut is on the chronic care over 21, the x-ray, the dental, all those things. However, the State has held first quarter, second quarter, third quarter 2010 the entire reimbursement for all service on Article Six. It's ridiculous. We don't have any money; it didn't come in. It's affecting the County's cash flow. So that's why the issue is so urgent. It's not only just a budget issue, it's a cash flow issue. If you don't mind, Eric is going to --

**CHAIRPERSON BROWNING:**

I was going to say because I know -- I have a bunch of questions here. Do you have questions?

**D.P.O. VILORIA-FISHER:**

Start with my question.

**CHAIRPERSON BROWNING:**

Well, I'm just wondering, do you have questions for Terry and Dr. Strongwater or?

**D.P.O. VILORIA-FISHER:**

What about the personnel plan? You need time for that, too.

**CHAIRPERSON BROWNING:**

Okay, but let me -- let me tell you what I'm trying to do here.

**D.P.O. VILORIA-FISHER:**

I'm sorry.

**CHAIRPERSON BROWNING:**

The County Executive's representatives want to come up and give a statement. We don't have enough room here, so if there's questions for Dr. Strongwater and Terry, I'd like to address those, if you want to address those now or do you want to let them come back up again.

**LEG. KENNEDY:**

I want to speak to Dr. Strongwater.

**D.P.O. VILORIA-FISHER:**

Can I just ask Steve a question about personnel? He needs time, too.

**DR. STRONGWATER:**

The short version is that were the planned foreclosure to go forward, we would have to notify our staff and they need at least 60 days or longer depending upon the various bargaining units. We would do everything we could, certainly, to find roles for them at the hospital, but it's coming at a very difficult time for us, as I've described our 47 million dollar hole. So we will also need some sense of the timeline of what's going to happen. So thank you for asking that question.

**CHAIRPERSON BROWNING:**

So what I will do is I'll let the County Executive's people come up. If you would give them a couple of minutes and then we'll bring you back up for any additional questions.

**MR. KOPP:**

Chairperson Browning and members of the Legislature, we welcome the opportunity to appear before you today. Late last year Suffolk County received the sobering news that the State had cut our County health system by 20 million dollars. For many years the State had tried to cut our reimbursements rates but these efforts were always rebuffed by the State Legislature. This time, however, it was unique in that the State Administration attempted to do administratively what they could not accomplish legislatively.

The Governor's Office unilaterally implemented a new policy based on a new interpretation of existing State law whereby they eliminated all reimbursement for patients over 21 years of age who sought chronic health care services at our health clinics. This was not merely a cut but a total elimination of this 36% Article Six funding. But the news was worse than that. The State not only announced there would be no further reimbursement for these health services, but was actually

clawing back the money they had promised for services we already delivered from the years 2008 through 2010. This amounted to a total hit to our health clinics of 13 million dollars. Additionally, the State eliminated its reimbursements for the Medical Examiner's Office, including the Crime Lab, and services we provide for training our incoming volunteer firefighters and ambulance workers.

In essence, this was the largest, most draconian cut Suffolk County ever received from the State of New York regarding the delivery of health services. More disturbing is the fact that Suffolk County was hurt more so than other counties around the State, because the health care clawback related only to County clinics and not County hospitals. Suffolk is the only county in the State of New York with an elaborate health care clinic system.

Earlier this year, and we thank Presiding Officer Lindsay for recognizing this in his statements at the Budget Committee on Tuesday, we introduced legislation asking the Legislature to join the Executive Branch on a committee that would evaluate how the County could best deal with these State cuts. It was the Executive's desire to receive legislative input and guidance before and not after the cuts were made. Unfortunately, legislative support was not forthcoming. The County Executive thereafter sought the guidance of the Health Department as to how to implement these cuts in the least disruptive manner possible, and it must be remembered that County Charter Law prohibits the County from making up the gap created by State aid cuts unless there is a super majority vote from the Legislature, something we believe is not likely.

The Health Commissioner suggested a straight across the board cut to our health centers would be so devastating that it could cripple the delivery of services at our core centers. As a result, the Commissioner recommended that we have larger cuts at two of the health centers. The facilities slated for these larger cuts were not selected randomly. The Huntington Dolan Center was considered in a different category from the others because it operated under its own license and not the County license.

It was never considered the Dolan Center was going to be a new County Clinic. The creation of the center emanated from Huntington Hospital itself in the mid-1990's as an opportunity to redirect patients from their emergency room. At the time they had asked the County for three years of start up funding, after which time the facility would be self sufficient. Additionally, as mentioned previously, the Dolan Center does have an endowment, which the other clinics do not.

The clinic for the eastern portion of the County slated for larger reductions was the Coram Health Center. There are three centers in Brookhaven. At first the Department was looking at one of the two clinics based in the southern part of Brookhaven, Patchogue or Shirley. It seemed logical to keep one north shore and one south shore clinic in place, however both the Patchogue and Shirley Centers are part of our Federally Qualified Health Center application before the Federal government. Were they slated for closure or major cuts, we would almost certainly be rejected in a large amount of State aid that is projected. Consequently, Coram was the only facility remaining in Brookhaven for the larger cuts.

While at first it was slated for total elimination of County funding to the center, Stony Brook officials approached the County with a plan to keep it operational. Stony Brook would waive the rent that we presently pay for the facility, and would also chip in a larger share of operating costs. In essence, it would be a mere 40% cut in County funding as opposed to total elimination. While agreeing to this proposal would require the County to find that extra million dollars in cuts elsewhere, the County Executive nevertheless gave his approval as a sign of good faith and thanks to the Stony Brook officials who sought to meet us halfway. After the Executive County relayed his approval, the Stony Brook officials unfortunately had to revoke their earlier offer.

At that point we were left with no choice but to go back to the original plan of eliminating funding to the center. It should be noted that in an effort to be fair to the Huntington Dolan Center, the County Executive offered the same shared arrangement for Dolan that he had earlier offered Stony Brook after they had pitched the idea. Consequently the funding for Dolan, which was going to be zero under the original plan, has been increased.

The Health Commissioner also asked that rather than having a large 10 to 20% cut to various health clinics across the board, that he look to other health related programs that are of less urgency and could be substituted as cuts. For instance, it was recommended that the three year rabies program that has now fulfilled its mission be eliminated, and that the extra money for flu vaccines no longer be budgeted. We should note there is still enough money in the budget for our standard flu shots, this extra funding was only for precautionary measures and pharmacies are now providing this service. It was also determined that some of our contractual services for radiology and lab services could be scaled down to a certain extent.

None of these proposals are things we take pleasure in, and we do not believe that we have cornered the market on what is the best way to proceed in this regard, but someone had to provide the leadership to deal with the enormous budget gap that was created by these State cuts. It was just not possible to wait any longer. These providers need time to adjust to the changes that are to come. And the County Attorney has opined that the County Executive, as Chief Budget Officer, retains the authority to void contracts during economic situations as we find ourselves in today.

We have proposed our plan and the Legislature has the right at any time to obtain the votes to change it. We cannot wait for this matter to drag on any further, and therefore the County Executive exercised the authority he retains under the Charter to do what has to be done to maintain budget stability. He asks Legislators to heed the words of the Presiding Officer, who eloquently noted this past Tuesday that this is not a battle between the Legislative and Executive Branch. This is a battle between Suffolk County and the State of New York. This is an instance where members of all political parties, Republican, Democrat, Working Families, Independents, the County Executive and the County Legislature should be working together to decry these outrageous cuts from State government.

This is the same State government that balanced its own budget by imposing crushing mandates on our County government and then simultaneously implementing draconian cuts, not only for this year, but by clawing back funds that were promised for previous years as well. The actions of the State are outrageous and cannot be considered acceptable.

The County Executive met numerous times beginning in late 2010 to emphasize to our State officials that the restoring of these State health cuts were priority number one to Suffolk County. The Executive met personally with the Senate Majority Leader, the Leader of the Senate Health Committee and our entire County Delegation. Unfortunately, thus far we have not been able to convince the Governor and the majority of the State Legislature to restore these draconian cuts.

It is our hope that the Executive and the Legislature can work cooperatively in expressing our outrage. Perhaps we will finally light the fire that's necessary to reverse what has become the largest assault on our health system from the State of New York in recent memory. Everyone in this room, indeed everyone in Suffolk County, should express their sentiments to the members of the State Senate and the Assembly as well as to the Governor.

We thank you for your attention and are willing to work with you in any way possible to mitigate the pain for our local residents and to fight as vigorously as possible to have the State change its drastic decisions of the past few months. Members of the Executive Branch stand ready to answer your

questions and to engage in a rancor free dialogue about these difficult issues. Thank you.

**D.P.O. VILORIA-FISHER:**

You're coming on my bus Eric, huh?

**CHAIRPERSON BROWNING:**

Thank you for those kind words. Just curious. Did the County Executive sign Legislator Cooper's bill? The committee, to create that committee?

**MR. CRANNELL:**

I don't know the answer; I would have to check for you.

**CHAIRPERSON BROWNING:**

Okay. I'm going to go next to Legislator D'Amaro. I thought -- no, we passed that on Tuesday.

**LEG. D'AMARO:**

Okay. Thank you, Madam Chair, and gentlemen, Connie, thank you for being here today, appreciate it. And I think it's important that we have this dialogue. And Mr. Kopp, I agree with your statement wholeheartedly that this is really the State of New York that pushed the patient out of the bed, we're just trying to pick them back up off the floor, so to speak.

But I do take issue with the battle scenario because on the one hand you say the County Executive has the discretionary authority as the Chief Budget Officer to allocate these cuts, but on the other hand you're telling me that there's no disagreement or there shouldn't be disagreement with those cuts. And this is the question that I have and I raised this in the Budget Committee the other day when we were talking about the bill that's been mentioned to try and restore some of the funding from our Operating Budget to the health centers, or a couple of the health centers. And I want to address this statement either or this question either to yourself or Dr. Tomarken, because I think it's important.

Mr. Kopp, you mentioned in your statement that the health professionals determined that across the board cuts would be devastating to the core centers, the core County Health Centers. So I'd like to ask Dr. Tomarken just -- you know, can you define a core center for me, because I'm just completely at a loss with respect to that statement because -- and let me just finish my thought. Because when I go into Huntington Station and I talk to the woman who testified and I say to her, you know, we could save your life if you were a core center, but you're not. Now, I'm being told that the cuts to these two health centers, the rational basis for that, is because they're not a core center.

Now, my question to you is, and I apologize for being overly dramatic on that, I'm just trying to make a point. My question to you is what consideration went into how to distribute these cuts? I mean, as a health professional I'm asking you, not as a budget officer, but as a health professional, how do you -- how do you come to terms with having to choose one area of population for health care over another? How do you do that? How do you justify the cuts from a health perspective.

**MR. CRANNELL:**

Legislator D'Amaro, would you mind if I just kind of jumped in and shared some of the County Executive thoughts first or?

**CHAIRPERSON BROWNING:**

Let Dr. Tomarken answer the question.

**DR. TOMARKEN:**

Let me clarify. The word is not core center, it's core services.

**MR. KOPP:**

I misspoke. I said the wrong word.

**LEG. D'AMARO:**

That's fine.

**MR. KOPP:**

I said the wrong word.

**LEG. D'AMARO:**

Thank you, I appreciate that. But it's still a question of. You know, how do we from a health perspective, you know, arrive at this.

**DR. TOMARKEN:**

All the health centers provide in essence basically the same level of function, primary care, so we don't view any particular health center as more valuable or more important than another. The way that we approached this was Dolan is in a separate category; we don't control it, we can't influence its efficiencies. It is a separate entity and we subsidize it, but that's the extent. We don't have any -- we don't look at their numbers, we don't have any input to their quality control. They do a great job, but we have no control over them. We just give them "X" amount of dollars and that's that.

**LEG. D'AMARO:**

So is that a distinction that is in the calculation of how to distribute cuts handed from the State?

**DR. TOMARKEN:**

No. It went into -- the process was we had a certain goal to reach, 11.3 million dollars. We had to prioritize different health centers in terms of which ones could be appropriate for more cuts than others, and let me go through the process. We have three -- four County Health Centers and one of our parameters was no layoffs, so that limited the amount of cuts we could ascribe to those institutions, those clinics. We have five contracted health centers and these are ones that are contracted with each hospital. Three of those are in the FQHC application; Patchogue, Shirley and Brentwood. So that left Coram and MLK as the two that really had less at risk and those -- so of those two we looked at the geography, and it looked, because Patchogue and Shirley are in Brookhaven and Coram was there as well, that one of those would make sense. And, again, as I said earlier, Patchogue and Shirley were not -- were part of the FQHC application and we didn't want to jeopardize that. So that was the thought process that went into that analysis.

**LEG. D'AMARO:**

I appreciate that answer. The problem that I have is that it appears to me that none of that rationale, or thought process as you say, takes into account the impact that you're having in the communities that are going to suffer a disproportionate amount of the cuts. That's the way it appears to me. And let me just -- absolutely will give you an opportunity to respond, because I'm not making an accusation. I need to understand how this decision is being arrived at.

If you have the discretion to distribute cuts, why wouldn't a philosophy of more shared sacrifice govern that type of draconian cuts and decisions that you need to make? In other words, you mentioned the Federally Qualified Health Center status might be jeopardized, but there must be levels of funding somewhere that could more evenly distribute this and yet minimize the impact more fairly, at least from my perspective, to all of the health centers. And I'm just having a real hard time understanding, or my impression is that dollars and cents are important, and I've argued

for five-and-a-half years at this Legislature on dollars and cents issues, and many times have supported the County Executive on those issues.

When you get down to something as basic as whether someone's getting care or not, I know we need to make the cuts, I know it's not our fault, us meaning the County, and I know you're doing the best that you can, but I just -- I reject the premise that these cuts are fairly distributed across communities in Suffolk County. And the considerations that I'm hearing whether you're putting at risk the federally qualified health centers, whether or not it's cost services, I mean, all of these are I guess considerations, but in my estimation they are absolutely the wrong considerations when you're prioritizing. So I really have to take issue with how you arrive at this priority.

You cannot say to a whole community that the reason why we're -- one of the reasons why we're closing this health center is because 16 years ago you were never intended to become a community health center. But you know what, that's not today. We're dealing with today, we're dealing with reality. I cannot believe -- every time I hear that rationale thrown at me, that that would be a basis to make a decision to cut back on 30,000 visits a year. I can't believe that. So I'm having -- I'm really struggling with the rationality, and let me just conclude and I'll give you a chance to respond of course.

I think what needs to happen here is we need to go back to the table and we need to look at impact as much as we're looking at all the factors that all of you are citing here today, and reevaluate how we're setting those priorities. That's what I would like to do and we need to do it immediately.

**MS. CORSO:**

Legislator D'Amaro, the only other consideration is that when we as a County on the health centers that we hold the operating certificate, we have the control on how they collect their revenue, we have the control of certain things they do. We don't have that kind of control with Huntington. We can't make them do or follow our policies. So that's another problem that we have when we're dealing with Dolan. I'm not saying we can't sit down and we can't hammer it out, I'm just saying that -- it's just a function of, you know, what can we do to make them more efficient. We can't go in there and say you have to do XYZ, we don't have that authority. We don't have the authority to go in and implement any efficiencies. That was another reason that they unfortunately ended up on the list.

**LEG. D'AMARO:**

I appreciate that. Also, and I think on as a theoretical discussion I agree with you, but in reality we've had the administrator of Dolan up here today and frankly, I think is running that health center as efficiently, if not more, than every County health center. And, in fact, has been asking folks to sign up for their insurance years before the County even came to the conclusion that maybe we need to do that also.

**MS. CORSO:**

Right, and I had a side conversation with him. The other thing I will note is that they -- when they did come to us initially, and I know they do a lot with their endowment, but they used to do a lot more fund-raising than they do now, and I realize that we're all in difficult fiscal times, but we don't even have that opportunity as a County to do any fund-raising for our health centers.

**LEG. D'AMARO:**

All right. Not to beat a dead horse and I do have to leave, and I apologize, but I hear all the reasons and, you know, I guess from an accounting or a cash flow or dollars and cents direction, they make sense to me and I know they need to be considered when we talk about this. But no one's ever told me well, if we did do this more across the board, here's the percentage of cuts that would be experienced by the various health centers. I don't know the answer to that question.

**DR. TOMARKEN:**

Let me give you the perspective and that is that there is a certain level up to at which you can cut and not endanger or make the facility inept. So you can't go really above the 20-ish, 25% range, because one of the things to appreciate about health centers and medicine is that there's a continuity issue, and you have to provide enough services to make it an effective clinic, so if you go up to a certain level in cuts, then that clinic can't function. So if we had to spread a 25% cut through all the health centers, that would mean incredible delays, cuts in all kinds of services for the entire County of patients. You have 300,000 patients that we -- visits that we have for 70,000 patients.

So if -- it's a matter of degree, if the cuts were less and we could distribute them evenly and they wouldn't impact all the health centers in such a catastrophic manner, but if the level of the cuts that we would have to make to go across the board equally would be such that all the health centers would be in danger of not being able to function in a reasonable way.

**LEG. D'AMARO:**

I hear that and I am not in a position to take issue with that. But I cannot believe that there's not a level of cuts that could be more of a shared sacrifice and then working with the Legislature where perhaps we could somehow get these centers up to where they're at least efficient enough to remain open. Because, you know, your logic is such that you're saying not -- some of them have to run so they don't close, but yet we're going to close two of them. I mean, it doesn't -- there's no -- to me that's not rational. I understand the numbers are driving it, but we can do better than the numbers. That's what I'm trying to say here.

And what I'm looking for from you is rather than come here and consistently justify to me the reason why 30,000 visits are put in jeopardy is because this center opened 16 years ago and we never promised the money or, you know, there's other centers that might lose Federally qualified health status, what I'm looking for from you is the proactive solution that says this is what it would take not to close these two centers. That's what I'm looking for. And I am willing to participate in that process. I think we can find that solution. I truly do. I started with my bill in the Budget Committee the other day where we found some funding in our budget. It's not nearly enough and I know we're not making up the State cuts. And all I'm trying to do is address 2011 from July to December. When we go into our budget season in the fall we'll be dealing with this issue and many, many other issues, but I cannot believe that for a half a year in this County that we cannot collectively find a solution to keep these centers up and running.

**DR. TOMARKEN:**

I couldn't agree more. If we can get help -- we were given a task. This was our goal, to hit 11.3 million dollars, with no money coming in. We weren't -- there was no assistance. So that was our task. If you have ways to help us get out of that box, we're all for it. None of us want to do any of this.

**LEG. D'AMARO:**

Well, those are ways that perhaps we're not going to, especially in light of the time, discuss here today, but I will tell you just as to open that discussion, you know, we have to talk about, seriously talk about as we'll do in the fall with our budget, what are our priorities now. And, you know, if it means cutting back in other areas, this is what we talk about, you know, when we say don't kick the tough decisions down the road. Don't kick the can down the road. We're at that point.

**DR. TOMARKEN:**

That's why we need your input.

**LEG. D'AMARO:**

Yeah. Well, we're willing to have that discussion. The problem is that I don't believe that we've engaged in any of that dialogue at this point. I mean, I attended a press conference like everybody else did. I walked in the room and I saw a chart on an easel that told me that Dolan and Coram were closing. I was like well, where was the discussion? That's the first I ever heard about it.

Now, in fairness to the Administration, I think there was a reach out and try and talk about this, and again, I'm not going to take issue with that, all I'm going to say is we have to move forward very quickly and try and find a solution here to try and -- I still have to believe there's a way to put this more of a shared sacrifice approach, more of an across the board kind of approach, that will at least get these health centers through the end of this year and then we can talk about working collectively going into next year, especially when it comes to the State and convincing the State of New York that this is really something that's at their doorstep, not ours.

So I just -- I can't listen to the dollars and cents justifications anymore because I don't -- my position's unique, along with my colleagues here, that I have to go back and face real people that are going to now be told that that follow-up visit you had scheduled for July 2nd, you're not getting. And emergency rooms, I know we keep talking about that, they're not set up for this; they don't do this. People are going to forego their health care and it's going to have a serious, serious impact on health, and I know you understand that.

So what I would like to do going forward today is I would like to take a look at my bill that's in the Budget Committee, that's a start, to find funding, which doesn't affect the other health centers, and perhaps then have even more of a discussion about what is that threshold where we can have a little more equity and fairness across the board to get us through the rest of the year.

**MR. CRANNELL:**

Legislator D'Amaro, if I can just add to that quickly. I think that I can honestly say that everyone up at this table and in the Administration is willing to work with you. You know, if there's a way to achieve that goal, we'd like to help you get there.

Another point I just want to make, too, is, you know, this is just a start of a plan, it's the start of a process. There's more to come. I mean, the Article Six cut, while it was really devastating to our health centers, also all of that aid has been eliminated for the Medical Examiner's Office. One-hundred percent of the aid is gone. Also, all the EMS training money is now gone. So we've got to work together, deal with the health centers, but also in the bigger scope we have to fund the Medical Examiner's Office mid-year. So, there's a lot of work that's got to be done. I'm available; everyone on this team is ready to roll up our sleeves and get to work and find a solution that takes care of the budget.

**LEG. D'AMARO:**

I just have one more very quick question, maybe to Mr. Kopp, if you can answer it, or to Connie, if you can answer it. I have a bill pending that is proposing to take 600 -- I think it's 600,000 out of the County's pay-go account and distribute that to the Coram Center and to Dolan, you know, again setting priorities. I would love to have the pay-go money and use it for what it's supposed to be used for, but I'd rather use it for this. Does the Administration have a position on that? Is that part of this dialogue, or is that something that's not part of the dialogue, is that rejected?

**MR. KOPP:**

We have to look at it in terms of the entire budget hole we're dealing with, the various issues that Ms. Corso and Mr. Crannell brought to your attention and we'll take a look.

**LEG. D'AMARO:**

I'm not trying to put you on the spot, but I'm trying to make a point. Yeah, you feel like you're on the spot, right? I've been there many times. I'm trying to make a point, just trying to make a point that when it comes to setting a priority, okay, that I really would appreciate if that is not rejected out of hand. I think this has to be a very high priority. There are many other things that we're funding in this County and, you know, I'm willing to take a look at all the other things that we fund, you know, whatever it takes. I'm not talking about next year, I'm only talking about this year, so if you could keep that in mind as we go forward I would appreciate that.

**CHAIRPERSON BROWNING:**

Thank you.

**LEG. D'AMARO:**

And, Legislator Browning, thank you very much for giving me the opportunity and I apologize I have to leave now. But thank you all, I appreciate it.

**CHAIRPERSON BROWNING:**

Legislator Kennedy.

**LEG. KENNEDY:**

Thank you, Madam Chair. Gentlemen, while -- and ladies, while I always enjoy speaking with you, I would like to have Dr. Strongwater come back up so that I can have him at least join the dialogue as well. Because really what I want to do is I want turn this for a moment from discussions of nickels, dimes, dollars, and Ben Franklins and I want to talk about the health issues that are at risk, and in particular I want to speak primarily about you two gentlemen and your oaths, "First do no harm."

What I think you deal with in these clinics are things that actually might put not just the patients in the clinics, but could put many Suffolk County residents in jeopardy and in harm, because you are dealing with people there who have a variety of maladies that you may not necessarily see right over here on 111 in "Doc-In-A-Box". Tuberculosis, gonorrhea, chlamydia, you're dealing with a number of things that get at the reason that we have a public Health Commissioner in the first place. Isn't that true?

**DR. TOMARKEN:**

Let me give you some information that may help you on that.

**LEG. KENNEDY:**

Please do.

**DR. TOMARKEN:**

There are certain services that we would continue regardless of whether any health center were closed because they are either mandated, funded by grants, or they're funded by the State. TB -- let me give you the list. Family planning, immunizations, prenatal care, HIV treatment and testing, TB testing and treatment, and sexually transmitted diseases. Those will stay no matter what. At the Coram Center, just for your information, that's where the TB clinic is, so that would remain there and they would continue do their services throughout the County. At the -- all the health centers all those other services would continue.

**LEG. KENNEDY:**

Okay. This is why I wanted you two to come up here, because I'll be candid with you. I was confused starting today, but I am absolutely and positively befuddled now, because I read something that said on July 1st that clinic would be closed. And now you're just explaining to me services will be delivered. So now here's the gentleman who's the physician who runs all those

many doctors and nurses and other folks, and Dr. Strongwater, what do I take from this dialogue?

**DR. TOMARKEN:**

TB is our staff, just so you appreciate that. It's not Dr. Strongwater's group, it's ours.

**LEG. KENNEDY:**

Okay.

**DR. TOMARKEN:**

What I'm saying is that all those services I listed -- all the other health centers are getting cuts as well, but those things are not to be cut at any health center unless the entire center were to be closed. But those are County services. If Coram were to close, none of these services -- at Coram these services would be eliminated, but they would be available wherever patients went in that County health center system.

**LEG. KENNEDY:**

Doctor, this is unfair for me to do with you right now, as a matter of fact, and actually it's been the only opportunity so far that I've had to try to ascertain this. I'm going to tell you right now, this doesn't seem like a plan. This seems like absolute free-fall. As a matter of fact, it is chaos unbounded. What I really think we need to do is, and I'll take some of what Legislator D'Amaro spoke about, and the County Executive's folks have rightly put forward something, I think you really are in need of seeing what we as a policy entity would put forward as an alternative.

I'm going to talk about a number of different things, like you spoke about a 25% reduction in a clinic as being kind of probably the max that one could sustain. Well, look, some offices operate six hours a day, some facilities operate four days a week. We have to, and I will commit with my colleagues now, to go look at ways to achieve that 11 point million dollars worth of savings that you indicated. You as a medical individual need to deliver the service. Yes, you have to be mindful of cost, but no more would I go to an accountant for my cold than I would go to my doctor for my banking. I want you to be about to go ahead and be about delivery of service and medicine.

The other thing that I'm very hopeful for with Dr. Strongwater is, the meeting that Connie spoke about for next week. Is this -- is there a possibility that we're going to have a meeting of the minds here? Not that I want to put people on the spot, but you know what, you guys open a door so here I am. I'm putting people on the spot.

**MS. CORSO:**

We were --

**DR. TOMARKEN:**

We have been talking and we want to continue to talk.

**MS. CORSO:**

Right. We were very hopeful that they would be able to take over the operating certificate and they would get the disproportionate share funding and that, you know, we would come to some agreement on the rent and the maintenance in lieu of rent. We were very disappointed that the numbers didn't work out. As Dr. Strongwater noted, they were on a very tight time frame because with all the other cuts that the State, and you'll have to correct me if I'm wrong, were facing, they're going to face layoffs regardless of what happens to Coram and other areas of the hospital. Am I wrong in saying that?

**DR. STRONGWATER:**

Most likely.

**MS. CORSO:**

So they were on a tight timeframe, so being on a tight timeframe that was it, the discussions were over. They were on a tight timeframe. However, when we learn they weren't on such a tight timeframe anymore, which is what I learned this morning, I had Dr. Tomarken, I think I called him about 10 o'clock, and said please have them come in as soon as possible and let's see if we can hammer out some kind of part-time clinic, something, where we wouldn't have to close, you know, eliminate a certain kind of service or do something where, well, if you have mammography you go to Riverhead or if you need this kind of care you go to Coram or if you need this kind of care you go to -- do you understand what I'm saying? You know, we don't have this duplication at each center, and if it can work. You have remember, though, when you go part-time you still have a lot of fixed costs so where's the savings.

**LEG. KENNEDY:**

I don't for a moment think that that's a simple solution, but I think in the range of dialogue it's not something I've heard talked about yet, and I intend to bring it forward and I'm sure we'll be able to do that in a collaborative fashion.

There is three points you made, Doctor, when you first spoke. I want to go back to one of them, because you talked about cost of service delivery in multiples of \$134 per visit I believe; is that correct?

**DR. STRONGWATER:**

Yeah. If you take our budget of about 4.6 million dollars and you divide it by 34,000 visits, it's about \$135 a visit.

**LEG. KENNEDY:**

Okay. Approximately what is the cost for a patient to receive care in the emergency room?

**DR. STRONGWATER:**

I can't give you an accurate number, but it's hundreds of dollars more than that.

**LEG. KENNEDY:**

Okay. So it's a safe statement to say that by not having care in our clinics, we're driving expense across the board, whether it be for the hospital, an insurer, a third party insurer, Medicaid or those that are uninsured. We are basically taking expense and lighting \$50 and \$100 bills on fire.

**MR. CRANNELL:**

If I can just interrupt, Legislator Kennedy. That is exactly what I told our State Delegation and the members of the Senate and Assembly Health Committee earlier this year. It's on their dime, you know, and they're not listening. And, in fact, we can find eight million dollars for Long Island Bus to keep operating for the rest of the year, but we couldn't find a penny to help us preserve these health services across our County.

**LEG. KENNEDY:**

Many of us have had that dialogue. We will join that dialogue again and bring it forward to our State representatives because for a Governor and a Legislature to backslap about an on time budget that basically destroys local health and local governance is no victory at all, it's abdication. I'm very, very --

*(Applause)*

**MS. CORSO:**

I'm going to give you a good stat. They say the Health Department, the State Health Department

was cut 1%. Suffolk County Health Services was cut 17%, our State aid.

**LEG. KENNEDY:**

Okay.

**MS. CORSO:**

How is that 1%?

**LEG. KENNEDY:**

Look, the hour's late. I appreciate you being here, Dr. Strongwater, and the gentleman from Dolan. You were extremely eloquent in speaking about the gamut of service there. The answer I think is not in targeting physically and geographically centers at all, because actually then I should be really ranting and raving because there's no center in Smithtown. There's not a single center in the 12th Legislative District.

**D.P.O. VILORIA-FISHER:**

There are no poor people in Smithtown.

**LEG. KENNEDY:**

Well, I don't know about that. I can tell you, I have plenty of seniors who are struggling to try to get even basic hypertension and diabetes and glaucoma and other services that everyone here with a health plan goes to their local doctor to see, so that I will disagree with.

**D.P.O. VILORIA-FISHER:**

I was just quoting your Supervisor.

**LEG. KENNEDY:**

Well, you know, you and I get along. I'm very eager to see what that meeting is next week, but I'm also going to say I am not in at all in agreement that these notices wind up getting dropped by the middle of May. I'll have a dialogue, I'll talk with you guys, but this -- you moved in a direction that you had to. I don't agree with the legal aspect of it, but I'm not going to bore you with that, because George Nolan will give you the chapter and verse about the 10%. We'll get to some agreement there. I'll yield. Thank you, Dr. Strongwater, for coming in and thank you, Dr. Tomarken. Keep your eye on the medicine.

**CHAIRPERSON BROWNING:**

Okay. Legislator Eddington, you're next.

**LEG. EDDINGTON:**

I mean, I can't say it much better than Legislator Kennedy did. Let me just say -- give you a little process feedback. I think I see as much frustration in your faces as I think you're seeing in ours. Intellectually, I can get it. I hear numbers like 170 million dollar deficit, 20 million in cuts, you know, 30,000 patients that won't be cared for. I get it, but it's like cognitive dissonance; I just can't get any more in my head.

What I can tell you is feedback emotionally, because I don't really know what I think until I feel it, and I'm feeling emotionally devastated. I mean, you know, there are two people in my community that could qualify for sainthood, John J. Foley and Elsie Owens. First we close one with a dynamic man's name, and now we're closing the other one. And you know what, I think that's the rallying cry to get New York State and maybe our Senators and Assembly people's attention, because these are two people that we all respected. We put names -- you don't get a name on a building very easily, but we're closing these things down. It should be a rallying cry for all of Suffolk.

I'm going to try to get the people in my community to stand up and say we can't -- look at the cost for not providing care. I'm hearing from the professionals here that that's devastating. We have to get it across to New York State. And I think we're all ready to work as a team to do it. So I for one want to sign up.

**D.P.O. VILORIA-FISHER:**

Okay. You're on my bus, too, then, Jack, right?

**CHAIRPERSON BROWNING:**

How many buses are we going to need?

**LEG. KENNEDY:**

As many as it takes.

**CHAIRPERSON BROWNING:**

Yes, you said it. Legislator Anker.

**LEG. ANKER:**

Again, I just want to reiterate what the other Legislators have put forth. Again, one of the most important things right now, there's not a lot of time. I wish we could get on a bus tomorrow and go and get this done, but we need for all of you to get together. If there's obstacles in your way you have to let us know and we would be glad to help you. There were some wonderful ideas here today. I have to ask, as far as communication, please work with the community, please work with the people of these centers so they can let you know what is available, the resources. We talked about maybe accruing more mammography patients, you know, again bringing in revenue. If you need to speak with someone in the business community, we will find that person.

And, again, there's two issues, again, I'm trying to deal with. The State, yes, the State is responsible for cutting the funds; that bothers me. The County. Why did you -- you know, why Coram? I understand Shirley and Patchogue are on the south, okay, you have two centers, and University is helping sponsor the Coram Center, but you know, again, I have a difficult time understanding the logic behind closing or considering the closing of the Coram Elsie Owens Center. And, again, if there's any input you can give me right now I'd be happy to listen.

**DR. TOMARKEN:**

Well, what I just want to remind the committee is that the deadline is very, very short, and I think Dr. Strongwater and I are under enormous pressure to get some sort of commitment that we can postpone this, so we have to -- if we have to go month to month, and I'm not speaking for Dr. Strongwater, but we have talked about if we have to do that, then that's the way we'll go. But we've got to get something to pay the bills. Otherwise we have to go down that road, so.

**D.P.O. VILORIA-FISHER:**

I'm sorry, can I just jump in? Because -- maybe I can go to the County Executive's people with this. You heard Legislator D'Amaro talk about his pay-go 600,000, with 300,000 going to Coram and 300,000 going to Dolan. If the County Executive could put that in a CN on Tuesday we can do it Tuesday.

**MR. KOPP:**

We're not going to commit to CNs here.

**D.P.O. VILORIA-FISHER:**

I know you can't commit to it.

**MR. KOPP:**

We have to look at the totality of the entire budget picture. We have more than just the health centers.

**D.P.O. VILORIA-FISHER:**

I know, just hear me out. I'm suggesting this; I don't expect you to -- because I know the CNs come from the 12th floor. But Dr. Tomarken is saying if there could be a commitment, because they are under the gun. Dr. Strongwater had said we have 56 days and he has to give his employees 60. You know, he's got to be in a time warp to do that, so there's a problem. The plan hasn't been approved by the State, but the letter has to go out 45 days before. So, I'm sorry, I'm getting very excited, go ahead. I didn't mean to take the floor.

**LEG. ANKER:**

And again, I just started five weeks ago, and this is my example of, I'm going to say, it's bad government, it's really bad government. Because the State, again, like you had said, they're going to create more taxes for our residents, five times more taxes per client, per person going to these clinics. That's no good and that's, again, unacceptable. So -- but enough of that.

We have to move forward, we have to get behind the negative and move forward, and right now negotiation, communication, you know, again, we need to get the great minds, I'll try to, you know, bring this up a notch, get together, talk about it. We need to figure out how we can keep these centers open. I know we need money, everybody needs money, but we have some -- very creative thinkers here, let's come to some type of conclusion. But again, my greatest request, please bring in the community to your discussions. That's really what I would like to see.

**MR. KOPP:**

I would also like to suggest if I could here, that there's no reason why every member of this Legislature shouldn't get on the phone tomorrow and describe to their State Legislators what it is they heard here today.

**D.P.O. VILORIA-FISHER:**

Been there, done that.

**MR. KOPP:**

Do it again.

**CHAIRPERSON BROWNING:**

Did that already, and it's in writing. Did that.

**MR. KOPP:**

Let's keep it up.

**MR. CRANNELL:**

I think Legislator Browning and I have been crossing phone calls up in Albany because every time I call, "Oh, I just heard from someone named Kate Browning".

**CHAIRPERSON BROWNING:**

Yes. And I will tell you, they all have letters, phone calls. I'm waiting, I have a call next week with Jim Clancy. I mean, I don't know how much more I can do, but I can tell they're not very quick in responding back. And, you know, Ken, you said it very well. They were able to get eight million dollars, the Nassau Delegation was able to bring eight million dollars for the Long Island Bus -- and I wouldn't be opposed to that, they need their buses. But where is our delegation in bringing us money here for our health centers? Nowhere, nowhere.

**MR. CRANNELL:**

I mean, I'm the first to admit, 20 million dollars is a lot of money in the scope of what we're dealing with; make us an offer.

**CHAIRPERSON BROWNING:**

Exactly.

**MR. CRANNELL:**

They've put no money forward to help solve this problem.

**CHAIRPERSON BROWNING:**

I spoke with one of our representatives on, I believe it was Friday night. And I said, "Look, if you could at least save us that 15, just hit us with the five, you know, then maybe we can work a little better". "Yeah, we need to talk". I have not heard. Dan Tomaszewski, who was here, okay, he left the room, he sends me a text. He says I just received your response -- he just received a response, I won't mention the elected officials name, re my inquiry. He said he will contact Levy to support our position on the health center. My response to him was so when will we get the money. He can say he supports, but come July 1st we have closed doors. So to say I'm going to call the County Executive and say I support you means nothing, absolutely nothing. Okay.

**D.P.O. VILORIA-FISHER:**

Okay. I'm not the last person.

**CHAIRPERSON BROWNING:**

I'm sorry, I forgot about that.

**D.P.O. VILORIA-FISHER:**

You forgot about me.

**CHAIRPERSON BROWNING:**

But I also would like us to look at the EMR. And again --

**D.P.O. VILORIA-FISHER:**

Bring it to us.

**CHAIRPERSON BROWNING:**

-- I'm getting back to what Lou D'Amato said. You know, Dolan Health Center is running very efficiently. They are saving money, they are making money, so to me cutting out a health center who's not -- who's efficient doesn't make sense. We should be taking them as a model and doing what they're doing.

**MS. CORSO:**

So hopefully you'll support --

**D.P.O. VILORIA-FISHER:**

We'll push it.

**MS. CORSO:**

Yeah, you'll support the EMR, but you'll also support the initiative of, you know, in trying to do aggressive enrollment, you know, at the health centers.

**CHAIRPERSON BROWNING:**

I know, Vivian, you have a question.

**D.P.O. VILORIA-FISHER:**

Yes. Well, because the fairness of this is very frustrating, the unfairness of it. You know, I find it very unfair when it has been very clear, we've written letters from this Legislature to the State because of the cuts, because of the hit that Stony Brook University has taken, the University Hospital, the vets home which is a sterling example of patient care. We've written letters from this Legislature that we have all signed. You know that. And yet you tell us that you went to Stony Brook and they couldn't come up with the money. The discussions broke down, so you decided to give the money to somebody else. That's mean. Yeah, you gave 238,000 to Dolan because --

**MR. CRANNELL:**

No, no.

**D.P.O. VILORIA-FISHER:**

-- because your discussion broke down with Stony Brook. Wait. I just have five points. I'll say them all and then you can talk because I know we all want to leave. That's fairness. I mean, Stony Brook did get a 47 million dollar cut. Stony Brook provides so much to this County as a major tertiary care hospital. When I put in for the pilot program for helicopters years ago, that was my pilot program going to the East End, the doctors in there were Stony Brook University Hospital ER doctors. They were emergency doctors, emergency care doctors.

When you walk into the Stony Brook Hospital emergency room, the University Hospital Emergency Department, you see Suffolk County cops there with the really difficult patients, okay. This is a hospital that's providing a de facto County hospital program for us, and we're saying, "Well, now we want you to waive our rent." By the way, they don't own the building, we're the ones who had the building. We don't pay them rent. How can they waive our rent when we don't pay them rent. Okay. You were asking them -- yeah, Eric said we asked them to waive the rent. They can't waive the rent; they don't charge us rent. We were asking them to pay the rent, okay. So we're asking them to pay the rent when they're suffering a 47 million dollar cut and laying people off. Okay? So it's really --

**MS. CORSO:**

They would have gotten reimbursed.

**D.P.O. VILORIA-FISHER:**

-- incredibly unfair. And by the way, a few years ago the index, the Long Island Index, said when you look at patient care and outcomes, health outcomes, one of the things you look at is infant mortality. And when we look at what is going on at our health centers it's prenatal care, it's neonatal care. You know, Suffolk County is one of the most progressive, well educated places you could ever find, and we're going to have an infant mortality problem because we're not delivering care to our residents? That's disgraceful. It's not just sad, it's a disgrace. We can't let this happen and we cannot close those two centers. And we should be able to take a little bit from the other eight centers and try to get something going here to keep these two centers open. It's not fair. And I know -- it's not fair to Dolan, but, you know, Stony Brook is what's in my heart because I see what Stony Brook does. It's my biggest constituent. I see what they do for the County, I see it, and it's just not right to do this.

**MR. CRANNELL:**

Legislator Viloría-Fisher, if I could just respond. First of all, I think there's some confusion between the negotiations that have happened with Stony Brook, so maybe we can provide you with some documents to kind of clarify that. There is some misinformation. You know, we share your admiration for Stony Brook and Stony Brook Hospital. In fact, the County Executive, when he was doing his lobbying on the State budget, actually brought Dr. Strongwater into our delegation meetings. We held press conferences. You joined us for a press conference to protest the cuts --

**D.P.O. VILORIA-FISHER:**

The burn unit.

**MR. CRANNELL:**

The burn unit, and we're with you. I think we're working to try to find a solution. I'll suggest, and I'll, you know, I'll ask Dr. Strongwater too. You know, the State Health Department has resources. You know, while we're focused on the Article Six aid, I know for a fact that the State Health Commissioner has access to discretionary dollars. Maybe they should make an investment to save this clinic, and certainly maybe that's what's required, is the State has to refocus, look at the situation that they've caused, understand that we have no choice but to act. Our Charter dictates that we have to act. We're trying to make lemonade out of a lemon. There's no good choices here. So please, Dr. Strongwater, we ask for your advocacy as well back to Albany as we try to work through this.

**CHAIRPERSON BROWNING:**

Okay. You know, I don't know what everybody's availability is, but I think what we need to do is in order to save Dolan and Coram we will need to have the other representatives, Brookhaven, Southside. We're going to need to bring them to the table also and ask them to share in the cuts. And maybe with having them all at the table, all of us sitting together, we could come up with a solution to the problem. You know, that's the only way I see it can be done, rather than -- I'm concerned about the North Shore. I'm really concerned about the North Shore, and I understand what you're saying about the FQHC, but I really think there has to be something that we -- some way that we can work out a solution for everybody so that we can keep them open, should it be a cut in a day a week. Whatever we need to do to keep them open let's try and put that together. I'm available, I'm looking at my calendar, next Wednesday.

**MS. CORSO:**

Okay. We'll try and set something up. Also, if you could -- I think it would be helpful if you could reach out to the hospital that's in your district, because we really have had no feedback. We've had no -- really very little support.

**CHAIRPERSON BROWNING:**

I met with Brookhaven on Friday and discussed some of the issues with the health center. More it was long-term, but I think they'd be willing to sit down and talk on the short-term.

**MS. CORSO:**

I mean, I think even in that initial press conference we invited everybody, and one, I think one or two, you know, hospitals attended. I don't think they realize that this is -- this is going to impact their emergency rooms. They just don't seem to get that.

**MR. CRANNELL:**

I also think it's important to bring in the Nassau Suffolk Hospital Association. I've been reading their comments in the paper. They're all over the place. The first article about this problem they talked about how the emergency rooms could absorb it, no problem; yet today they're talking about how it's a horrible burden on the community. I saw ads on T.V. with the hospital groups supporting this cut in health care to Suffolk County as part of the Governor's budget. There's a little disconnect here and maybe we need to bring everyone together and understand what we need to do to solve -- get a solution for this.

**CHAIRPERSON BROWNING:**

What I'd also like to do is maybe try and get somebody, I know the chance of getting them to come down from Albany, but somebody from the State Health Department to come and sit in.

**DR. TOMARKEN:**

I can try and get somebody to come down.

**CHAIRPERSON BROWNING:**

Okay. We'll try and get everybody together, if we can pick a couple of dates. Also, I know Terry Smith is back there, at one point you were shaking your head. I'd like to give Terry Smith and Steve Strongwater an opportunity to come if they have any final statements. Thank you.

**D.P.O. VILORIA-FISHER:**

Thank you.

**DR. STRONGWATER:**

While I'm here I just want to thank everybody for, again, creating this opportunity and forum and for your support as we battle to continue to provide these services to the community.

**CHAIRPERSON BROWNING:**

Thank you. Terry, do you have a few words? I know at one point you were shaking your head. I'm trying to remember what that reason was.

**D.P.O. VILORIA-FISHER:**

I think it was the endowment.

**CHAIRPERSON BROWNING:**

Yes.

**MR. SMITH:**

I believe I reacted to the comment of which I have no knowledge now, that negotiations were or developments were happening at Stony Brook and a similar development or offer was made to Huntington and it was rejected. I have no knowledge of that. I would, however, like to tell you a funny story which bears on it.

About three weeks ago my cell phone rang in my office at about four o'clock in the afternoon. No, I'm sorry, it was probably around two o'clock, the day that Channel 12 interviewed the County Executive and then they came to Dolan Center. I answered my cell phone, I said, "Hi, this is Terry Smith. Can I help you?" And the voice said, "This is Steve". And I said, "Excuse me?" And they said, "This is Steve Levy". And I said, "Really, is this for real?" I thought it was one of my Brookhaven buddies playing games, and the voice said, "No, there's someone you know well sitting across the table from me laughing that I'm calling you, it's Mrs. Connie Corso." Mr. Levy said, "We have some developments that we're working on with Stony Brook and we hope that in a week or two, perhaps a couple of days, you will be contacted and that there may be some offer made to Huntington Hospital based on what we can achieve with Stony Brook, and you'll hear from either Connie or someone within the Department of Health in the next three days". I never got another call. So that's what I know about a development. I know nothing about Huntington Hospital being approached to accept a new kind of funding proposal with different funding shares, and I know nothing about it being rejected. I think if Huntington Hospital was approached they would listen. So that's one thing.

Second thing I wanted to say is my friend Connie said that we used to do a lot more fund-raising. Well, I'm not sure what she means by that, because the Dolan Center is here partially with the name of Dolan because of an initial fund-raising gift. I don't know if you know that in anticipation of starting a health center, before we were working with Suffolk County, we bought a building in November of 1993, and that is because the community had convinced Huntington Hospital to find a way to start a health center. That building, we then marketed the opportunity to donate money and

have family names, and even the Sheriffs of Suffolk County donated money and there's a plaque there for them. There's probably a couple of hundred plaques. One of the opportunities was to name the building after your -- after your family or your company. Had we gotten a million check from the Browning family, we would be known as the Browning Family Health Center right now.

**CHAIRPERSON BROWNING:**

It's never happening. I don't have that kind of money.

**MR. SMITH:**

Okay. Well, we happened to be noticed by the Cablevision people and the Dolan family has a foundation. They did give us a million dollars 15 years ago to help fund the cost of building the building -- gutting the building and operating it for the first six months. That was our fund-raising. If Connie's referring to that as fund-raising which we're not doing anymore, yeah, she's probably right.

The second thing is our OB program grew so rapidly that I helped write a grant three years ago to try to get funding. I also helped write a grant to try to get Bank of America funding for a neighborhood improvements award, and we also got a challenge grant for 350,000 from the Dolans if we could raise 350 from the community. We raised enough to take over part of Huntington Hospital's warehouse and make it a very nice, discreet place for women to get services. And that's the Dolan funding.

Huntington Hospital perhaps in a year generates between 35 and \$40,000 worth of miscellaneous grants. I personally am active in that and I perhaps am able to raise ten to \$12,000 a year all for the operating deficit of the Dolan Family Health Center. That's our funding.

**D.P.O. VILORIA-FISHER:**

Thank you.

**CHAIRPERSON BROWNING:**

Thank you, Terry, and thank you, Dr. Strongwater.

**D.P.O. VILORIA-FISHER:**

Motion to adjourn.

**CHAIRPERSON BROWNING:**

There was a motion to adjourn, Legislator Viloría-Fisher; second, Legislator Anker. We're adjourned.

***(THE MEETING WAS ADJOURNED AT 5:57 P.M.)***