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**HEALTH COMMITTEE**

**OF THE**

**SUFFOLK COUNTY LEGISLATURE**

A regular meeting of the Health 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, December 11, 2014 at 2:00 p.m.

**Members Present:**

Legislator William Spencer - Chairman  
Legislator Kate Browning - Vice-Chair  
Legislator Robert Calarco  
Legislator Monica Martinez  
Legislator Robert Trotta

**Also in Attendance:**

George Nolan - Counsel/Suffolk County Legislature  
Jason Richberg - Chief Deputy Clerk/Suffolk County Legislature  
Elizabeth Alexander - Aide to Legislator Spencer  
Bill Shilling - Aide to Legislator Calarco  
Debbie Harris - Aide to Legislator Stern  
Craig Freas - Budget Review Office  
Dr. James Tomarken - Commissioner/SC Department of Health Services  
Jennifer Culp - Assistant to the Commissioner/SCDHS  
Walter Dawydiak - Director/Division of Environmental Quality  
Scott Campbell - Chief/Arthropod-Borne Disease Laboratory/SCDHS  
Walter Hilbert - Principal Public Health Engineer/SCDHS  
All Other Interested Parties

**Minutes Taken By:**

Lucia Braaten - Court Stenographer

**Minutes Transcribed By:**

Kim Castiglione - Legislative Secretary

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*(\*The meeting was called to order at 2:16 p.m. \*)*

**CHAIRMAN SPENCER:**

We're now going to begin. If everyone could please rise and join us in the Pledge of Allegiance to be led by Legislator Trotta.

***Salutation***

Let us remain standing for a moment of silence for all those brave men and women who are serving, fighting for our freedom, both locally and abroad.

***Moment of Silence***

Good afternoon. Welcome to the last Health Committee meeting of the year. And it's -- I just wanted to express that it's been my pleasure to serve as the Chair of this committee. I'd like to thank my colleagues who have served on this committee with me, and I think we've had a really good year, considering the issues. I thank the Presiding Officer for his confidence in allowing me to Chair this committee, and I hope that I have the privilege of returning next year. I appreciate working with Commissioner Tomarken very closely and the Administration.

And what I wanted to do, was to over the course of the year we address a wide variety of important topics, especially within the Department of Health that relate to both public health, the environment, safety and we've initiated a lot of new technologies. And I always want us to try to make sure that we're on the same page and that we have an update with the areas that we've addressed throughout the year. So this is kind of -- our presentation will be an end of the year update.

We have an extremely short agenda with only one Introductory Resolution and one Tabled Resolution, so I'm going to do our agenda so that we can have the remainder of the time where we will be able to kind of get our updates. So with that, I'm going to go to our Tabled Resolutions.

**Tabled Resolutions**

***IR 1736-14 - Adopting Local Law No. -2014, A Local Law to ban the sale of personal care products containing microbeads in Suffolk County (Hahn).*** That has to be tabled for Public Hearing. I'll make a motion to table. May I have a second?

**LEG. CALARCO:**

Second.

**CHAIRMAN SPENCER:**

Second by Legislator Calarco. All those in favor? Opposed? Abstentions? Motion is tabled. ***(Vote: 4-0-0-1 Not Present: Legislator Trotta. Reconsidered later during the meeting)***

**Introductory Resolutions**

The Introductory Resolution is ***I.R. 2101-14 - Amending the 2014 Adopted Operating Budget to accept and appropriate additional Federal Aid from the New York State Office of Alcoholism and Substance Abuse Services to YMCA of LI (Co. Exec.).*** I'll make a motion to approve.

**MR. NOLAN:**

Place on the Consent Calendar.

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**CHAIRMAN SPENCER:**

And place on the Consent Calendar. We will graciously accept the money. All those -- I need a second.

**LEG. CALARCO:**

Second.

**CHAIRMAN SPENCER:**

Second by Legislator Calarco again. All those in favor? Opposed? Abstentions? **(Vote: 4-0-0-1 - Not Present: Legislator Trotta. Reconsidered later during the meeting)**

That's all I have on our agenda. Correspondence to this committee, Monica Caravella, who was one of the professors who brought her nursing class to the committee meeting last time, the graduate nursing class. She wishes to express her thanks, so that's so noted. I have no cards. Is there anyone in the audience that wishes to be heard today? There isn't? Very well. So with that, I have -- oh, okay. Just -- I had a Legislator that requested just a quick reconsideration that just stepped out. So when Rob Calarco comes back in we'll do that. When he comes in, we'll do it.

I have no cards. So with that, I'm going to ask if Commissioner Tomarken, if you would come to the front table. And we have Walter Dawydiak, Walter Hilbert and Scott Campbell. If they would please join us at the -- in front. Thank you, gentlemen, and it's been a pleasure working with each of you this year.

Commissioner, thank you for being here. I know that in particular, I had expressed an interest, one, getting an update. We know that Congress is considering five billion dollars in additional funds for Ebola preparedness. I know that we had a lot of concern and preparations from both the State level and I think that we did a great job being prepared. And I just wondered if you could give us an update on the Ebola preparation and where we're looking towards the future. And the upcoming influenza season, we're kind of at the start of the influenza season. I know there's been a lot of issues with water quality, or testing of wells. The -- having the manpower to be able to do the appropriate testing, what chemicals we should test for and being on the same page with our water -- our water treatment facilities.

And then we had a rollout of the permit process. I was hoping we could get an update, kind of indicate we had laid out a goal of cutting the permit time in half, both for the residential and commercial permits. I just wanted to see how that roll out has been going. West Nile is always an issue. I see you brought the appropriate team, and Commissioner, I'll -- I was actually stalling a little bit because I wanted Legislator Calarco back in the room. Legislator Calarco, when we did the two motions, Legislator Trotta just stepped away.

**LEG. CALARCO:**

Oh.

**CHAIRMAN SPENCER:**

And we just need to reconsider those. He's present and wants to be on record. So I'm going to ask for a **motion to reconsider**. First is I.R. 1736. May I have a second?

**LEG. BROWNING:**

Second.

**CHAIRMAN SPENCER:**

Second by Legislator Browning. All those in favor? Opposed? Abstentions? We have the motion again before us. **IR 1736-14 - Adopting Local Law No. -2014, A Local Law to ban the sale of**

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***personal care products containing microbeads in Suffolk County (Hahn).*** I make a motion to table for an open Public Hearing.

**LEG. CALARCO:**

Second.

**CHAIRMAN SPENCER:**

Second by Legislator Calarco. All those in favor? Opposed? Abstentions? The motion is carried. ***(Vote: 5-0-0-0)***

I make a ***motion to reconsider IR 2101-14 - Amending the 2014 Adopted Operating Budget to accept and appropriate additional Federal Aid from the New York State Office of Alcoholism and Substance Abuse Services to YMCA of LI (Co. Exec.).*** May I have a second on the reconsideration motion?

**LEG. BROWNING:**

Yeah.

**CHAIRMAN SPENCER:**

By Legislator Browning. All those in favor? Opposed? Abstentions? We have the motion before us. I make the motion to approve IR 2101 and place on the Consent Calendar. Amending the operating -- I don't need to read it again for the third time, do I? No. It's to accept the funds. Seconded by Legislator Calarco. All those in favor? Opposed? Abstentions? ***(Vote: 5-0-0-0)***. All right.

**LEG. TROTТА:**

Thank you.

**CHAIRMAN SPENCER:**

We've done the reconsideration. Okay. Commissioner, thank you for your patience.

**DR. TOMARKEN:**

Thank you and good afternoon. We have several speakers, so we'll move right into our presentation. We'll start with Water Quality, which will be presented by Walter Dawydiak, our Director of Division of Environmental Quality, and then he'll move on to some of his staff. Thank you.

**MR. DAWYDIK:**

Thank you, Dr. Tomarken. Thank you, Dr. Spencer, members of the committee. I'm going to give you an overview on our Water Quality initiatives. This is probably the longest piece of the pieces you're going to see, because it integrates a lot of interdepartmental initiatives as well as five operating units and Environmental Quality, so I'll try and move pretty quickly. Feel free to interrupt me if you have questions or comments as I go along.

The first thing I wanted to speak briefly about is our Comprehensive Water Resources Management Plan update. This plan was first drafted in January of 2011. This year, under the County Executive's leadership, we've gone back to the drawing boards in cooperation with the Department of Economic Development and Planning. We do expect to have this plan completely redrafted by the end of this year and rolled out in the first quarter of next year. We're updating the water quality status and trends for all key parameters. We're looking at rising sea level, source water assessment plans for protecting public supply wells. We've added chapters on evaluation of water, ways and means to protect water quality, watersheds and coastal resiliency, as well as wastewater management. All of the strategies for volatile organic compounds, pharmaceuticals, personal care products and pesticides are being updated, and there's a host of new actions, including wastewater, which I'll talk

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about in just a moment.

The Reclaim Our Waters initiative is one of the most important County Exec initiatives this year. It's led by Economic Development and Planning in close cooperation with the Health Department and Public Works. And as part of this, the idea us to address nitrogen, which was declared public enemy number. It's the most ubiquitous and hard to tackle contaminants of all the contaminants we're dealing with. We've done a great job with the point sources over time, much poorer job with the non-point sources. And through an exercise of looking through a GIS based approach at density of lot sizes, sensitivity of areas, including contributing areas within 25 years of sensitive surface waters and depth to groundwater, we've identified preliminarily 209,000 parcels which are subject, potentially, for advanced on-site treatment, whether it be sewerage, cluster decentralized or individual on-site treatment.

And an outgrowth of that exercise was a further sieve to look at where most of these were concentrated in terms of low hanging fruit. We found that Carls, the Connetquot, the Patchogue and the Forge River were the four areas most in need of upgrade from an environmental health perspective, as well as logistical perspective of high densities of unsewered houses. And in one fell swoop the proposal is to remove 15% of nitrogen from the south shore estuary system using \$383 million of New York State funding, which was recently announced. It's a total of 10,700 parcels. It would remove 860 pounds per day. So it's not the end to the solution, but it's a major beginning to begin tackling a serious problem that's affected not only dissolved oxygen, but harmful algal blooms and coastal resiliency, including wetlands and eel grass, things that stabilize our infrastructure and our shoreline from storm events.

In terms of septics, the Septic Cesspool Upgrade Program Enterprise, we affectionately refer to it as the "SCUPE", culminated in a septic tour report, which was posted on-line. It was a four state tour. About ten years ago we took this tour when these programs were not that successful. Since then over 10,000 of these advanced on-site systems have been installed from Maryland to New Jersey to Rhode Island to Massachusetts. We had a comprehensive site visit to each of these and published a report. There's a lot of lessons to be learned that we hope to capitalize on, and we've already begun by establishing the Septic Demonstration Programs.

We issued a request for expressions of interest, for people to donate these systems at no cost to the County, and to install them as demonstrations. Four manufacturers have donated six technologies, 19 systems total, that are going to be going into the ground shortly. We are in the lottery process. Currently there are no systems approved by the Health Department for as of right use. These will be the first. Once they're tested successfully, we'll amend our standards and these will be available as an important tool in our toolbox. We're also installing a non-proprietary constructed wetlands system, which Legislator Krupski championed, as one of our demo programs for septic alternatives. So these will be in the ground in 2015, they'll be approvable.

We have an associated support program, which will train industry and government on how to best capitalize on these, and next year we're going to kick-off and complete our wastewater plan for all of the 209,000 parcels, which watershed should be prioritized in a tiered manner, what's the best means of wastewater treatment for those, and most importantly, how to fund this and how to set up an institutional implementation structure. So it's an exciting time of change in the time of wastewater.

We have a lot of other accomplishments this year to report, many of them in cooperation with Economic Development and Planning. IBM came to town back in May and June and issued a Smart Cities Report about looking at water in a very different way, from cradle to grade holistically rather than in a balkanized, diffuse way. They have a lot of other recommendations on shared services and institutional implementation, data management, we'll talk about some of those in a moment, that

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are the basis of the comprehensive water plan.

Some of you may have been to the CrapSHOOT Film Festival back in September in Huntington Cinema Arts to raise awareness about wastewater management. Peconic Green Growth is undertaking a cluster wastewater feasibility study, which is ongoing. I'll talk about the Volatile Organic Compound Action Plan in a moment that relates not only to wastewater, but more importantly to industrial discharges. We've upgraded our monitoring strategy, which I'll talk about in a moment in terms of AnaLights for emerging contaminants of concern.

And in the near future, you'll be hearing about our septic lottery. We had about 200 applicants for those 19 systems that are going to be going into the ground. We believe that at least 100 of them were viable in terms of meeting our criteria. On December 15th a lottery for the 19 winners will take place.

EPA has funded a couple of grants, one of them is a health impact assessment for human health, as well as ecosystem services and values. There's a separate grant on triple values of the relationship between humans, industry and economic development. And in Environmental Health we'll be putting out a report on microbeads, and we have a harmful algal bloom action plan that we've undertaken with funding from the County Executive and Legislature by Quarter Percent. We'll be having a workshop this spring on how to better assess causes and effects as well as management of these emerging harmful algal blooms that I'll talk about more in just a moment.

My colleague, Walter Hilbert, who runs Wastewater Management, will be talking to you in a moment about the great success story of the permit process. I just wanted to quickly note that we expect to see almost 20 hundred applications this coming year. This is roughly a 6% increase since 2013. It's not quite near the historic levels of the bloom years, but it's good news that it's moving in the right direction in terms of County growth. The backlog is at two weeks and the review goals are on track, as Walter will talk about in a moment.

The Sewage Treatment Plant Program is one of the really great success stories of Performance Management. Back when we had particular resource allocation needs we were looking at Sanitarian shortages and we trimmed one Sanitarian from the STP Inspection Program by going to a performance based system, whereby the good sewage treatment plants can be inspected twice a year rather than four times a year. The result of this actually is that sewage treatment plant performance continues to get better, not worse. Total nitrogen of the plants that are fully functioning under steady state has gone down from 5.8 to 5.7 parts per million; the standard is ten. They're already better than the standard, they're moving in the right direction. All plants, even the ones that are not at steady state and functioning perfectly have gone from near nine to near eight, a move in the right direction. And most importantly, those high risk facilities, out of the 193 plants, 60 were considered high risk. That number is now 32, so we've almost cut that number in half. It's a great testament to the dedication of the staff, as well as an improvement in the process.

We have an Office of Pollution Control that looks at toxic and hazardous material storage. We inspected over 5,000 facilities at almost 1400 sites. We did meet our goal in inspecting each and every site that needed to be inspected. Under the Sanitary Code we oversaw about 118 clean-ups this past year. I'm sorry, 188 clean-ups this past year. Over a million gallons of contaminated liquid that might otherwise leach to the environment was removed, and over 6,000 tons of contaminated soil from the environment. That number is expected to be in the same range this year. That 2014 number is year-to-date, so it's going to be a little bit higher. Historically we used to see about 250 to 300. We're down a little bit. That's due in part to the economy and less property transfer turnover, and part less -- an inspection program which was reduced, which will now be increased again, that I'll talk about in a moment, but is still a great news story. The Volatile Organic Compound Action Plan. Our Comprehensive Water Plan showed the VOCs,

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volatile organic compounds, are still generally well within standards, however, they're going in the wrong direction. So we ratcheted up our program this year. We added five staff people; three Sanitarians, an Engineer and a Chemist, all dedicated to this to beef up our inspections of small commercial and industrial facilities, with the goal of finding contamination before it gets significant and before it affects groundwater and surface water. Way over 90% of these are remediated at a very low cost, very expeditiously, keeping businesses in business while saving the groundwater and the surface water. The VOC Action Plan is revenue neutral.

The next phase, which is an RFP which is being developed, is to look at the 15,000 plus facilities that we're not routinely inspecting. Some of them may be having an impact. We will look at our clean-up database, we'll look at public and private partnerships, as well as performance based goals to chip away at those facilities to make sure that they're operating as well as they can for their benefit as well as for the benefit of the environment.

We have a Swimming Pool Program. Very quickly, we met our goal of inspecting each of these annually. We have over 500 outdoor and almost 100 indoor pools. We do find violations. In 2014, we found over 200 of them. They were all promptly corrected. That's pretty much in line with the historic norm. It's a little above the previous years, but still within the range, and that's been an effective program in keeping the pools operating well.

A quick note about Brownfields. This is a longstanding program which is finally coming to fruition. The Gabreski Airport jet spill at the Airport Planned Developed District as well as the Bellport gas station, fully remediated. Blue Point Laundry, the on-site remediation was completed this past year. There may or may not need to be some off-site work done in the next year or two. We have a budget for it and we're pressing to expedite that. The PCBs at the Canine Kennel at Gabreski Airport and the metals at Ronkonkoma Wallpaper, we expect the clean-up to happen within the next year. Again, the budget is in place and those projects are moving along effectively.

The Office of Water Resources, a lot of folks think about the Water Authority as our water supplier and they're definitely our most major. We have 10 other major water suppliers that serve about a quarter of a million people, 27 minor water suppliers, and 192 non-community systems. So those 230 systems and 1,000 wells, each and every one of those is inspected as a goal and as a mandate every year for sanitary conditions of equipment and operations, as well as for water quality. So all of those are sampled. We consistently have been effective in meeting and exceeding our mandate, so we're proud of that.

Our public water supply, again, is still of excellent condition. Ninety-eight percent of it meets standards in its raw state, all of it meets standards after treatment. There is growing low level contamination of concern. About 22% of the wells have activated carbon treatment, generally for low levels of organic compounds. We want to see that trend arrested and reversed, and that's part of our water plan. Well, we've done about 500 samples in 2014, which is in line with the samples of private wells that we've done in the last several years. Eleven private well surveys at the five dumpsites in the Islip area, at the Speonk VOC plume and at several compost related sites in that compost report that we have been working on with DEC is going to be coming out, hopefully by the end of this year.

We put in over 150 new wells, or will put those in by the end of the year, and we'll take over 500 groundwater samples. Those generally meet goals that are consistent with the last couple of years, but we'd like to see those levels higher. In the 2015 budget we budgeted for two positions which will double the well output and add a couple of hundred samples to the groundwater sampling. That's going to be a major benefit to our Groundwater Investigation and Monitoring Program and we're excited to bring those levels back to at or above historic levels. Historically this has been successful in finding and fixing superfunds, accelerating remediation and extending public water.

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This is our pesticide monitoring well network. Again, we get to all of these wells every year. We exceed the grant requirements. We've gotten over a million dollars from DEC since 1999 to do this work and it's really the bread and butter of our Well Drilling and Groundwater Monitoring Program. Our Well Drilling Unit also put in eight fire wells this year in combination with fire departments in the Manorville area. This is a big help to the firefighters and we're still working with the fire units to determine whether additional ones may be useful.

We have one office called Ecology, which deals with beaches and marine monitoring in the Peconic Estuary Program. We've taken over 10,000 samples this year, which is consistent with last year's goal, and about 20% higher than several years ago. That program is moving in the right direction to address Water Quality Estuary Programs. Much of it is grant funded. It also addresses harmful algal blooms and other environmental health issues.

This year we have our YSI continuous monitoring sondes. Which you are looking at there is a graph of dissolved oxygen. One of many parameters that these instruments take on a realtime basis to see what's going on under water quality so you can figure out how to better fix it. This year we focused on Grand Canal, where we're doing an environmental health study to look at water quality and to determine whether dredging would make the water quality better. We're also looking at Peconic Estuary programs, subwatersheds that are looking at storm water plans. Next year we hope to get the sondes out in the North Shore to spread the wealth a little bit and piggyback with the update on the Long Island Sound Study Management Plan and their priority areas.

In terms of harmful algal blooms, this was actually a less severe year in 2014 than 2013, which was an especially intense year. You wouldn't know it to look at this map, because there are still HABs everywhere. We still have red tide on the North Shore and the South Shore, brown tide in Great South Bay, C.poly in the Peconic Estuary Program. Again, prior to 1985 these HABs didn't exist for decades. Then we only had brown tide. Now we have three red tides, a blue-green algae, which is a public health concern, and various macro algae, so this is an issue that we're looking at with the Harmful Algal Bloom Action Plan this coming year.

We have 192 bathing beaches that we monitor at regularly. Under our Bathing Beach Regulation Program, if anybody has not seen our website, we'd encourage you to take a look. It provides near realtime data on openings and closings during the summer season of bathing beaches. We continue to successfully operate that so the public has access to water quality and status of beaches being opened. We get about \$100,000 a year to do this program. We consistently take 4,000 or more samples meeting our goals. This year we had 22 beach closures based on water quality and four rainfall related advisories at the 66 higher risk beaches. This trend is relatively stable. We typically see about 100 closure days a year based on water quality at about 20 bathing beaches. Most of our beaches are still of the utmost quality. This represents something on the order of slightly more than 10% of our beaches, but we do need to be vigilant about making sure that bacteriological levels don't reach unacceptable levels and we meet all our requirements in that regard.

The Peconic Program has a lot of accomplishments, Storm Water Intermunicipal Agreement funded this year, a million dollar Indian Island wetland restoration project solidified this year. We're reusing Riverhead STP effluent at the Indian Island Golf Course, which is a major environmental health benefit. We've gotten grants for climate ready estuaries and EPA non-point source storm water management and a Bayscaping Rebate Program began this year. So that's been a busy program for environmental improvement as well as public visibility.

This is the last office, the Public and Environmental Health Laboratory. This graph shows you the number of different analyses that we do on a typical water sample. Right now our number is 331. At its peak it was 349. We had a big success story in 2014, adding Hexavalent Chromium, an

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emerging national issue. It's not required, but we're doing it now and we're collecting and compiling a database on it. We'll be adding Dioxane. The goal is to have it in place by January, as well as several radionuclides in the pharmaceuticals and personal care product. So our goal for the next year is to get that 331 number back to above historic peak levels, and it will be at 359 looking at all high risk parameters as well as emerging parameters in particular.

This graph shows you how many samples we've taken a year in the Public and Environmental Health Lab. The long-term average over last 15 years was running at about 13,000. Last year and this year will be at about 11,000. About 1,000 of those samples were reduced due to restructuring of programs like the STP Program, Distribution Sampling Program, the reduction in private well surveys. We're looking next year to get the number up to 12,000 through the Volatile Organic Compound Action Plan, a sampling in industrial facilities as well as with the new staffing to increase our groundwater sampling. So that program is going in the right direction.

This is my last slide. It's on a shared services agreement that we're excited to announce. We've been exploring opportunities with the Water Authority about how to leverage our resources. We identified 16 parameters that we'd like to add, mostly pharmaceuticals and personal care products. The Water Authority has offered to do eight of those for us on a screening basis for free. So those 50 samples a year for the eight parameters, which is really 400 output units a year, it's about a \$10,000 expense to the Water Authority. It saves us \$50,000 in setting up for the program and it increases our analytical capability so we can look at the highest risk areas to determine whether these are occurring, at what levels and what to do next about it. So it's exploratory work that keeps us on the cutting edge, not mandated, but again, something we like to do when we can in cooperation with the State Health and State DEC.

We're going to be on our end expanding our Pesticide Program using a State grant not only inhouse, but through a cooperative agreement with the U.S. Geologic Survey. The Legislature approved the County Exec's budget add on to do this project. We're looking at more and different pesticides. We'll be sharing that with the Water Authority. This implements the IBM Smart Cities and Comp Water Plan about sharing resources and data management, and this is going to be reported on an annual basis in terms of the results and direction of this program, so that we keep it moving in direction.

Thank you for your patience and time on this. I know it was a lot of materials. Dr. Tomarken has a series of other speakers, but I'm happy to answer questions at any time.

### **CHAIRMAN SPENCER:**

Yes. And, you know, it's amazing what you do when you listen to all of the different programs and I really appreciate just your knowledge and there's all the different activities that you have going on. I had a few questions, specific to some of the issues that you spoke about. And the reason I'm asking these questions really comes from the standpoint that a lot of times people will come to me as a Legislator, a policy maker that interacts with the Health Committee, and they'll ask very specific questions, or they'll express, you know, very specific concerns and I'll address some of those. And, you know, a lot of times I find that there's always two sides, and once I speak to you and I understand, it makes a lot of sense, because we're not in the position where we have the depth of knowledge.

The first thing was early in 2014 there was a letter that came from the State of New York with regards to our, I guess, our water quality in testing wells and our staffing for doing those different functions. And I think we had sent back a response where we were -- maybe later on in March where we had responded to some of the concerns that the State had laid out from the State Department of Health. Are you aware of what I'm talking about? And I just wanted to see with regards to some of the -- I don't know if we were under a -- a consent order may be a little too

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strong of a word, but can you -- did we address the concerns? And if we have, have we sent back a response and has the State responded? Are we in good shape as far as with what their concerns were?

### **MR. DAWYDIAK:**

Yes, Dr. Spencer, I'm familiar with that site visit. There were a number of findings and recommendations and we did send a response to the State Health Department. There were two particular issues that had to do with compliance that were actual substantive issues. One of them was simply a filing in a timely manner, not a substantive environmental health inspection timeline, about filing reports within 45 days rather than longer. That was quickly addressed and that is in place. The other had to do with data entry for State Drinking Water Information System, and part of the problem is that we collect so much data, I mean tens of thousands of data points, far in excess of simply compliance and not compliance, that we can't possibly enter all of it in our data entry format. It would take several clerical data entry people to reenter all of this in a format that's compatible with the State and the Federal Government.

So what we are doing, and we did before and we continue to do, is enter all substantive data in terms of any violations or issues of concern, and we're working with our IT people in the State to come up with an electronic data platform so that our database can populate their database without having to physically reenter all this information, because at this point everything is automated on our end. So we are in substantive compliance with the State on those issues.

There were a number of other observations. We've begun doing a succession plan on our end in terms of long-term growth, transfer of technology and information among our engineering corps, that's one of the County Exec's Performance Manage initiatives. I think it's fair to say that the State was happy with our answer. There hasn't been any other follow-up other than discussion that I'm aware of.

### **CHAIRMAN SPENCER:**

Okay. Thank you. And as far as the Smart Cities Comprehensive Water Plan, and -- well, I guess they're separate, the report that you're implementing, is that an internal document? Is that report a public document and is it something that can be shared with the Legislature?

### **MR. DAWYDIAK:**

Yes, Dr. Spencer. Smart Cities is indeed a public information document. It is currently not Americans with Disabilities Act compliant so it's not posted on the website to my knowledge, but we can send you that report or anybody who wants it directly. Maybe just let us know. We've been disseminating it in that manner.

In terms of the update of the Comp Water Plan, that's still currently in its draft form. The County Exec hasn't even been briefed on it yet. We hope to have that process substantially progressed by the end of this year, and our goal, again, in the first quarter is to make that publicly available to the Legislature and the general public.

### **CHAIRMAN SPENCER:**

And with regards to some of the inspections that we do, I heard the numbers, they sound good, but as far as understanding the significance of 50 samples or 10,000 samples, I guess we have to put it in the -- just what is needed. And one of the concerns that a constituent brought out to me was with regards to dry cleaners, and that there are -- a lot of those are potential Brownfield sites because of the chemicals that they use. Are we able to inspect dry cleaners and are we inspecting them sufficiently?

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### **MR. DAWYDIAK:**

That's an excellent question, Dr. Spencer. I kind of went over it quickly, but the highest priorities in the VOC Action Plan where we funded five new positions is to inspect each and every dry cleaner annually, as well as each and every gas station. Right now there is no requirement for us to inspect dry cleaners and we haven't gotten back to them in several years. We inspect gas stations once every three-years, which meets the State mandate of delegation that we have. So we will be resuming that activity in 2015. It's something we haven't done for a few years. We agree it is important and we're taking it up.

### **CHAIRMAN SPENCER:**

Thank you, and that's really important to me. And then with -- I know we have the new technologies for the sewer that we're having the lottery for, I guess, with our current approved technologies. So my understanding is that Nitrex and Cromaglass, they are now approved as far as technologies that developers can submit as far as an appropriate sewer treatment plans that we accept. What is the process -- well, not necessarily the process, but do we have a mechanism in place that we're able to incorporate, assess new technologies and incorporate them into our permit process to where developers are able to take advantage of these new technologies? You know, where do we stand? Have we approved new technologies this year?

### **MR. DAWYDIAK:**

Another excellent question. The H2M report on innovative and alternative systems was 2013, Walter? So that was this past calendar year, and that added about a half dozen technologies to simply the Cromaglass, which was the only approvable system. We added Nitrex, Best, Air Rotor and a couple of other technologies. So those are actually small package plants which are approval as of right for 1,000 to 15,000 gallons per day, which is 50 units, so up to 50 residential units or a small community can use these. With a variance or a code change it might be up to 100. Our process is really that at any time anybody can come and propose an alternative system to us or design a custom built system and we'd be happy to look at it, but the range of options in that program has grown and will hopefully continue to grow.

The technologies that I was speaking of are actually individual on-site systems for one individual home. Right now we don't have any approved, and the goal is that with these six different technologies that are being piloted right now, that in 2015, those six will be in the ground working and approvable. So however that winds up being implemented, a developer, an overlay district, a town, if it becomes a Sanitary Code requirement with some sort of funding stream to support it, all of those are options on the table, but at least a tool will be available for folks to use this coming year. We expect as part of that code change to set up a pilot program so that folks with alternatives can come, work with wastewater and test a system so that it can become approvable without having to go through the time uncertainty of a Board of Review process, which is what you have to do now, which is delay and money. We don't have all those questions answered, but we're aware of the issue and we're working on it.

### **CHAIRMAN SPENCER:**

Thank you. I mean, you're doing a great job of addressing all of my questions directly and I really appreciate that. You covered so many different things and I was trying to save up or write down my questions, so I apologize. Last one, though, last area. Moving on to bathing beaches, that you indicated that there were two that were closed. I can just speak with familiarity of my Legislative District, Northport. So some of the anecdotal reports that we had was that there wasn't as intense of red tide that we've seen in the past. And as a result, I know that, you know, our sewer treatment plant in Northport, they were under a Consent Order to get their nitrogen levels down from the mid-teens to below ten, and they achieved that. They indicated that there was a very short red tide season compared to previous years and the nitrogen levels are down. Is this something that you are seeing?

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And the follow-up to that is that in Northport those are some of the beaches that have been closed for at least five years. A lot of those organizations, the civics and yacht clubs are looking to try to see if their beaches will open now that the sewer treatment plant has been upgraded. Is there -- can you verify this information? And what would be the process to reopen those beaches in the Northport Harbor area?

### **MR. DAWYDIAK:**

I can give you some general answers and I'm going to have to get back to you on some of the specifics. You are correct, Dr. Spencer, that this was a much better than average year. To my knowledge, there were no DEC closures due to red tide of shellfish beds for the first time in many years in the Huntington/Northport area. It was detected at relatively low levels by Dr. Gobler in Stony Brook, but it didn't reach the levels that it did previously. Now, some of that, but not necessarily all, is attributable to the fact that we had a very cool spring, and that window of bloom in late spring, the water was just too cold and the organism didn't bloom. But undoubtedly there have been some very significant wastewater treatment upgrades at the wastewater treatment facilities that you mention.

The process for reopening would involve looking at water quality and coordinating with the State Health Department. I know my Ecology Unit has coordinated with some of the civic groups and restoration associations in those areas. I will touch base with them about the status of that and we'll get you a report on that.

### **CHAIRMAN SPENCER:**

Thank you. Wonderful presentation. Legislator Trotta has a question.

### **LEG. TROTТА:**

A couple. You said that you're testing these new systems. How do you test it?

### **MR. DAWYDIAK:**

First and foremost, we got to get them in the ground and flowing and discharging properly, which is not always the most trivial thing when you have no experience with a system. So we have a consultant with some expertise about setting up a system and how to put them in to make sure that we're inspecting the things that we need to and that they work as intended. They've worked successfully in other places but we have an experience learning curve in our area to so to speak get it in the ground, kick the tires and make sure it runs properly.

The other things that we'll be doing is looking at an effluent data profile on an intensive basis for the first several months to make sure that this unit comes to steady state and meets the nitrogen performance goals, which we believe these systems can, which in our case is about 19 milligrams per liter.

### **LEG. TROTТА:**

How do you do that?

### **MR. DAWYDIAK:**

By testing the effluent. You look at the discharge of the system, you run it through a lab sample and determine the nitrogen level.

### **LEG. TROTТА:**

And how do you do that?

### **MR. DAWYDIAK:**

A water sampler. We have an automated sampling device which takes pieces of water over time to

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composite it so that you're not getting one little slug of discharge that might be unduly influenced by whatever is coming in and out of the system at that time.

**LEG. TROTTA:**

How do you do that?

**MR. DAWYDIAK:**

You hang it from the pipe, and I'm going to turn this over to my colleague, Walter Hilbert, who's got about 30 years of experience. Once you get into those nuts and bolts, it's a nuts and bolts man who can answer.

**MR. HILBERT:**

Basically what you're doing is you are creating a spot within the discharge point to collect a representative sample coming out of the system. So you'll have effluent, it will go through the treatment unit, process it how it's going to process and you basically interrupt the discharge between the point of final disposal and the treatment unit and you pull the sample from that. An autosampler is a device that has basically a pump. It pulls one -- one sample an hour for a period of about a minute-and-a-half, puts it in a bottle that composites the sample, keep that under refrigeration. The unit does this all. It automatically takes them. The next day you come, you take that bottle, pour it off, take it to a certified lab, and they actually analyze that sample.

**LEG. TROTTA:**

We're going to go to all these houses, 18 houses and install something underneath the system to test the water that's leaking out of these systems?

**MR. HILBERT:**

Actually, we're going to purchase seven autosamplers. We're going to move them around. They are -- they basically look like a thermos cooler that you would see on any soccer field, kind of an Igloo thermos cooler. They're about that size piece of equipment. You plug them into an electric outlet, you put the discharge hose or the sample hose into your sampling point and leave it there.

**LEG. TROTTA:**

That's my question. The sample, where is the sampling?

**MR. HILBERT:**

It's actually in the pipe itself. So you're actually, as liquid passes through the pipe you create a little sump within that pipe that holds a small portion of water that's been discharged. The next time the pipe is just flushed, that sampler gets flushed out and again it holds a small piece of liquid in there. That's where you put the hose, the automatic sampler automatically starts a suction pump on a timed cycle and actually pulls a portion of that volume out of the pipe.

**LEG. TROTTA:**

Before it gets to its last leaching point.

**MR. HILBERT:**

Before it gets to its last leaching. So you interrupt the discharge. That's held, that is then collected and put in a bottle and taken to a State certified lab, and we are going to sample for and test for total nitrogens, suspended solids and biological oxygen demand of the parameters that we're going to be looking at.

**LEG. TROTTA:**

How come he couldn't say that? Next question. How many guys do you have testing private wells?

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**MR. DAWYDIAK:**

The private well crew depends on the given date and time. We move resources around as needed. We have a significant portion of one Sanitarian dedicated to that on a permanent basis. And other Sanitarians can pitch in depending on workload needs.

**LEG. TROTТА:**

And how many private wells do we have?

**MR. DAWYDIAK:**

Suffolk County has got on the order of 40,000 private wells, plus or minus. That number has been going down, so it may be closer to 35,000 at this point. And we sample the ones who ask us to sample them as well as the private well surveys, areas of known contamination, where we want to just make sure that anybody down gradient of those areas has their water tested for free in those cases.

**LEG. TROTТА:**

Are we required to test it?

**MR. DAWYDIAK:**

No. This is an optional, discretionary program.

**LEG. TROTТА:**

And where -- so where -- if they call up -- because to have one person testing 40,000 wells.

**MR. DAWYDIAK:**

We only get a couple of hundred requests, I don't have an exact number for you, a year.

**LEG. TROTТА:**

And the last question I can't read my handwriting.

**LEG. BROWNING:**

Give it to Doc.

**LEG. TROTТА:**

Oh, I know what it was. The closures for the shellfish. You said it wasn't closed for red tide, but it was -- I mean, if I remember correctly, it was closed for bacteria after rain storms.

**MR. DAWYDIAK:**

Correct. It's a different indicator. Enterococcus is a bacterial indicator that we measure for, the Shellfish Sanitation Program, the State DEC. They look for either levels of the actual organism, alexdriam or the saxitox, in accumulating in an indicator or a boat depending on how their program is structured in a given area.

**LEG. TROTТА:**

I know, I clam a little bit and it was closed quite often because of the rain.

**MR. DAWYDIAK:**

That's true. Again, that program is actually a DEC program. We sometimes supplement it with some of our data as needed, but they do their own program on bacteriological water quality and they have their own standards for closures.

**LEG. TROTТА:**

So they're testing the water, not you.

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**MR. DAWYDIAK:**

They're testing the bacteria for shellfish bed closures on a different protocol than the beaches.

**LEG. TROTТА:**

Is it higher or lower?

**MR. DAWYDIAK:**

I believe, and I would have to check on this, at one point we said wait, enterococcus is our standard. I believe the State DEC is still using coliform bacteria. And I'll have to get back to you on this.

**LEG. TROTТА:**

It seemed like they were closed more, the shellfish beds were closed more than the beaches.

**MR. DAWYDIAK:**

That's probably true, as a practical matter that shellfish is sucking up huge volumes of water with the higher probabilistic risk of soaking up a pathogen if there is one around there.

**LEG. TROTТА:**

As a side note, if you steam them, are they better? You know, can you kill whatever's in there?

**MR. DAWYDIAK:**

I always eat my shellfish raw.

*(\*Laughter\*)*

**LEG. TROTТА:**

All right. Thanks.

**CHAIRMAN SPENCER:**

But they will filter, if you put them in fresh water, or in uncontaminated water, they will filter through and become clean after a period of time. Even with the ones that had the paralytic shellfish poisoning, that they will filter through once the offending agent is gone.

I think Legislator Martinez had a question. But just as a quick anecdotal aside. I know we have a lot of baymen that were complaining when we looked at the whole Methoprene issue, and they were blaming Methoprene. But I did have someone that came to me after the red tide levels were down and whatever said, "Doc, the lobsters are back". So I don't know if there's any way that we can confirm any of that, but this is a lobsterman that used to do several thousand pounds of lobster and has noted that there has been a robust return. He said that they're small and next year he can't wait. So I don't know if this fits into any sort of assessment. But I'm sorry, Legislator Martinez.

**LEG. MARTINEZ:**

Thank you. No, it's not a question, it's more of a comment. I just want to thank from the bottom of my heart, everything that you guys have been doing in the Town of Islip. Dr. Tomarken, the time that you have spent at our forums trying to ease the minds of our residents. I truly appreciate it and I look forward to working with you next year in making sure that, you know, the area is kept up to par to where it should be for our residents. Thank you.

**CHAIRMAN SPENCER:**

We'll continue with the presentation.

**DR. TOMARKEN:**

Any more questions?

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### **CHAIRMAN SPENCER:**

We will have more questions, but I think we're caught for the moment.

### **MR. HILBERT:**

Good afternoon. Thanks for having me back to speak to you. It's a little small, I realize that. You have a handout. It actually will give you a better picture of what's here, and this is just to represent what the -- what the change to the overall process was in the office and just give you a little bit of background of where we came from.

In probably July or January of last year, Performance Management approached our office about taking a look at the overall permit process complaints, that I'm sure that you guys routinely were getting, on the amount of time it took to get a permit through Wastewater Management historically has been something that people have gone on through their whole entire careers to have to face. But we started taking a look really at the process itself from the inside, taking a look at the timing, how events happened within the permit process, really peeling apart our database in ways that before were really not possible, and actually looking at the total cycle time and try to determine just where the problems were within the process.

Not to bore you with too many details, but basically some of the things that we found was from a workload standpoint the Health Department staff was investing anywhere between 1% and 2% of the overall cycle time actually working on an application. The rest was spent in either backlog or in resubmission time back with engineers to make modifications that were required. Some of the items that were required routinely were floor plans and filling out applications completely, and then it was really found that it was a lack of quality on the part of the application that was really the biggest obstacle to getting a permit through the Health Department.

So we basically looked at the process and we invented a -- really a new front end process, which is the green process you see here, which is a pre-application process. There's an upfront process now where an application is immediately reviewed, forms are completed to ensure that at least the required information is made at the time of submittal. Again, we established some performance goals to have the overall backlog be held to approximately two weeks, and the overall cycle time to get a permit reduced by half. So that's what I'm here to report on today.

So summary of applications, Walt actually had shown you this slide. Right now we are at about a 6% increase from last year. It's about 2,800 applications that are being submitted. If you see here, there's actually -- now if you can read, there's a new line, it's 117. It's actually a red line. That's actually the pre-application process. So an application comes in, gets a pre-number, gets reviewed, and if it's acceptable, it actually comes into the process. If it's not, it's actually rejected out of the process and returned back to the applicant.

By just towns, Southampton led the way with 26% of the applications this year, followed by Brookhaven at 19%. Others, Huntington had 16%, East Hampton and Islip was about 11%, and the other towns combined for the rest. So -- but again, overall the number of applications are increasing from last year and from, you know, from -- basically the last probably four or five years, you know, trends.

So in January -- on July of '14, we instituted our new permit process and this was the pre-application process. Since that time, we've received 585 applications. Roughly 48% of those have been approved since they were submitted. Again, with the goal of having an overall cycle within the residential program of 1.5 months and an overall commercial approval time of three months, you can see that the early indicators are that we're doing much better than that. We're about 1.4 in the residential program and under two months in the commercial program actually approving jobs. The overall approval time is less than two months for the average application.

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Obviously there are outlier applications, applications that have coordinations with other outside agencies that tend to potentially delay the time that it takes to review an application, but this is basically the 80% of the applications that come through the office that really do not need a high degree of coordination with other -- with other agencies.

Again, just to compare to the same period in 2013, it was roughly the same amount of applications. The approval rate was a little bit less, but -- so again, the approval rate is increasing. So, again, it's indicating that the quality of applications is actually getting better now that we've been several months in the program.

If we take a look at the overall trends of 2014, again, slightly higher. The overall cycle time as compared to last year, right now the residential is two months, commercial is about three months, the overall cycle, again, is a little more two months. If you look at last year during this period of time, again, residential was almost three months, commercial was over five months, and the overall cycle time was over three months. So, again, this new process is having a dramatic effect on increasing or speeding up the overall process, you know, through the office.

Current backlog, again, through the advent of computer here, it says it's 1.9 weeks, but it tried to do it based upon a seven-day week. It's actually a ten-day backlog, which was the goal of this, is to have a ten-day backlog. So if you submit an application to us today we'll be reviewing it in two Thursday's from now, and will be coming out of the bin and get a complete initial review. Again, the overall backlog and how it's -- and how it's decreased over time, when we got into the program, when we started we had a backlog of 277 applications waiting in the queue. As of two days ago, it was 51 applications, so we've roughly reduced the backlog since the beginning of this new program four months ago by about 81%. So we are bringing applications in quicker. Again, the whole thing here was to try to give credence and benefit to people that were making quality applications. Okay? We would always have that, We were waiting in a backlog and our applications were correct. If you just took a look at mine you'd be able to approve it right now". So we've actually changed the process where we bring you in and we actually do a thorough review very quickly within the process. And again, those that do it right get their approval very timely. Those that don't, again, have to, you know, go through the resubmission process.

Current revenues. This is one of the things that if you take a look appears to be a little bit of a negative. Our revenues are down, but the reason why our revenues are down is because at the pre-application stage we no longer take fees. Until -- so you make the application, you do not give us a fee, and until we deem that the application is acceptable, we then bill you. So what's happening now and what we're seeing is the revenues are lagging about three months behind, because we had a period of time where the overall application during the new part of the process was actually a little bit lower. So it's catching up. So far in the first ten days of December we took in over \$50,000 in ten days, so as people get their bill they're paying their bill, but it's now a little bit delayed. So eventually everything will wash through the system. It just gives the appearance here that, you know, revenues are down, but they're just delayed in coming in. So, you know, we have contacted the Budget Office, they are aware of this and this trend. And moving forward, again, we should be -- we should get to a point where we may actually even take in slightly more money next year because it's going to be paying for applications that are actually submitted at the end of this year. So eventually it will all turn out, because until, again, you convert your application you don't actually pay us a fee.

One of the things as far as the upfront process that's in the pre-application process, when your application is submitted we require now check sheets to show that you've given us all the required information. We require that you have the correct number of plans, that all the application is filled out correctly and signed. It seems like things that would be, you know, fairly obvious but, however, were not done in the past. This actually at first caused a little bit of problems, where we would

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actually return applications if someone came into the counter and it wasn't complete. We would hand them back the application and say, "Once you complete all the required information please feel free to come back and hand it in to us". It was part of the learning curve that we realized was going to happen, and is represented by this graph. You can see it's happening. Originally we were probably rejecting about 60% of the applications that were submitted. Last month we took in over 60% of the applications that were submitted. So in a short few months people are already learning that yes, we say we need you to give us all the information, we really do mean that, and if you don't, we will give it back to you. So again, it is a learning curve, but that -- us getting that information upfront really cuts down on the amount of times we have to touch the application, makes an application more complete. The questions we can then ask back to the applicant are more thorough, and again, we don't get that -- those several iterations that overall delay the cycle time.

And again, this is just one of the -- this is actually my last slide here. I realize you wanted to try to keep this moving along. In the initial review stats, we've been tracking applications that if they had the fee we would have been able to approve on the first shot, applications that were rejected for minor reasons, and applications that were rejected for major reasons. Each month, these are starting to trend in the right direction. We are able to approve more applications off the bat. If you look at percentage wise it's about 27% of the applications we were able to approve on initial submission. Most of those are residential in nature, so they are the simpler applications but, again, we're able to get them out the door very quickly.

There are not that many major issues for rejection. As part of this program, what we are doing is we are trying to educate the design community and the applicants. If we have a permit that's rejected for major reasons, we actually have a mandatory meeting with the design professional and we have them in. We show them what they need to do to make a submission that would be of the quality that we could approve it. We guide them through the process, help give them suggestions and send them on their way. As part of that they do have to make a resubmission and actually go back in and rewait the entire process, so that's a little bit of their penalty to hopefully the next time get it right, and again, develop a process that we're not just having all these iterations over and over and over again.

So overall all the early -- all the early numbers and goals really have been met within this process. It's obviously not a process that we consider complete. We have looked at other areas like our covenant review and some of our final paperwork now and are looking to develop check sheets and processes in place similar to what we've done now to help enhance the program. The Performance Management Team has been looking at some, you know, technological advances that perhaps we can institute to help, again, speed the process along. So those are some things that hopefully within the next several months, maybe to a year, that we'd be able to institute to, again, keep this moving in the right direction. But so far it's been well received. It was done in cooperation with the design community, with the Long Island Builders Institute actually when we were doing the forms and the process. We actually had meetings and actually took part in discussions with them. We actually a few weeks ago I had a briefing to them to say where were we after three months of the process, got their feedback. It is being very well received, so it really is something that has been a very good thing and kind of a home run. So it's good to -- good to be able to report on a success story like this.

### **CHAIRMAN SPENCER:**

Really unbelievable, and I had a chance to participate in the forum, and was probably one of the best received, you know, was very well attended. There wasn't an empty seat in the house. And I'm still getting feedback from it. I had a few questions that are brief this time, very brief. But one of the things, I remember the goals that we set out. One was to get the backlog down to ten days, which you've achieved, and we were trying to get the residential process from three months to six weeks and the commercial from five to six months down to about three months, if we could.

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Now, it looks like, looking at the numbers you put up there, you've made -- you've gotten closer to that. But you seem to have done better on the commercial side as, you know, when you look at gains. Is there any particular reason that you could think of that the commercial -- we've, you know, if you look at the improvement when you show the two numbers, it looks like you have the commercial side actually closing in on the residential approval, or just a very short period of time apart. So what would be -- do you know why or what would you speculate why we've been better with the commercial.

### **MR. HILBERT:**

Well, I think right now the commercial engineers have really been taking advantage of our pre-meetings coming in. As part of this process we did develop some GIS coverages that we could actually go through and show individuals where public water was. If they had, you know, environmental concerns in the area, pull up our old records electronically for them, go through and start with giving them FOIL requests upfront for where existing components of their sanitary systems that they may be trying to upgrade were. So, again, they've taken much more advantage of what we've offered upfront, so the quality of those applications really has increased.

### **CHAIRMAN SPENCER:**

And one of the things that I have seen when -- I'll do this point first. You mentioned the backlog with regards to payment. One suggestion may be that you're not billing them, but as they set up the portal, that you have that payment information in place so maybe that can happen electronically and may cut back on some of that backlog. I don't know if that's a possibility.

But there's been a big issue with regards to expeditors, and I know that's big business, and by virtue of our position, every Legislator is an expeditor because we get that call, "I'm in your district, I'm trying to do business and that darn Health Department" and I pick up the phone and I call you and I say well, can you -- and I always say to them, my job is not to help you break the rules, but to try to cut bureaucracy.

Now, my question to you, one consistent recommendation has been the outside expeditors are subject to corruption. Sometimes they can spread out the process because it's more money to them. We have the ability to do this -- we try to treat everyone equal, but the world isn't necessarily equal, and we're talking about sometimes the difference of hundreds of thousands of dollars just based on the interest of a particular development. So why can't we as a County have a concierge service or an expediting service where I can submit an application, because, you know, I can fly to Disneyland but if I get a park pass where I can go to the front of the line, I pay more money for it. So I've had developers that would say, "You know what? If 2% of the time is reviewing this application, if there was a dedicated person that would take my application and get me through, I'd be willing to pay \$15,000 or \$20,000 for that".

We're able to charge fees, there's no taxes involved. I've looked into this, we don't need State approval to do it. If it's a matter of resources, then if you're talking about someone paying a fee, why don't we have our own expediting service and charge a fee for it? Is that something you could look at or do you have any type of response to that?

### **MR. HILBERT:**

Actually it's funny that you say that. In one of the main points that LIBI had made, Long Island Builders Institute had made to us, was that they actually did not want to see an expediting fee. They liked the fact that we -- that we take applications as a first come, first serve basis, because they realize that there are those that can pay and those that can't, and why just because you can pay should you get the benefit of an expedited review. So they actually did not feel that that was something that they were in support of as part of the overall process. So we did bring it to the community, we did float ideas like that, what if we did those kind of things, and they were actually

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not very well received. There are some people that think that they would get a benefit out of that, but for the vast majority of people they did not mind being treated fairly. They did not mind that because we were going to shift the process and really put an emphasis on getting a complete, thorough review in a relatively short timeframe, that two weeks, that if they did it right they were going to get through the process, there would be no need to expedite at that point. And it's A, being shown to actually work that way, because the new applications getting through, we do have a better approval rate than in the past, and we don't have to give that appearance that if you -- if you can pay for it, well, yeah, well, we'll look at yours over somebody else's.

### **CHAIRMAN SPENCER:**

I respect that. I've heard -- I could give you a converse argument, neither the forum to do it. But I do know there are other incidents within the County and within government where you're able to kind of pay an expeditor fee in this particular situation. If you're talking about someone that has a multi-million dollar loan or something that's outstanding and you're talking about bringing additional revenue into the County, I think that we could debate on, you know, fair as far as like I don't think it's fair versus is there really something that's unethical about it. But that's for another --

### **DR. TOMARKEN:**

Just a quick comment. I think that's a policy decision at the Legislative and Administrative level.

### **CHAIRMAN SPENCER:**

That's what I was going -- it's something I may want to debate with my colleagues at some point.

### **LEG. CALARCO:**

The fast pass. Yeah, we're doing the fast pass.

### **CHAIRMAN SPENCER:**

Legislator Browning.

### **LEG. BROWNING:**

I would think that Counsel could weigh in on the legalities possibly of us actually doing this, but I had an experience with some expeditors in my district who were hired to do work and basically didn't do the work.

### **CHAIRMAN SPENCER:**

That's my concern --

### **LEG. BROWNING:**

We kind of fixed that. We have those expeditors who are now registered, so we do require them to register with the Health Department, and they do pay a fee to register, and there is some requirements. We can give you a copy of that bill, what was required. It was based on the experiences I had in my district, because yeah, some of them are -- some hardworking people are getting taken for a ride. And I'm trying to encourage the Town of Brookhaven to do it, and to yet no -- no success. But I think it might come.

### **DR. TOMARKEN:**

I just want to just clarify that those expeditors are not getting preferential treatment. They're just allowed to represent their clients, if you will.

### **CHAIRMAN SPENCER:**

Sure.

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### **MR. HILBERT:**

And they also licensed -- are licensed to Consumer Affairs, actually not directly the Health Department. They get a Consumer Affairs license.

### **CHAIRMAN SPENCER:**

Understood. And so, you know, we're licensing these outside guys that are a lot of times, even though they may have the qualifications, they may still not be doing the right thing. I kind of feel like they might be better off -- anyway, that's for -- that's for something to debate in the future. I won't hold us on that. Any other comments on the permit process? No. Thank you.

And I would like to see if we could, my last thing, a second meeting, our second forum. That is something that there was a lot of interest in. I know you've given feedback to LIBI, but to have another open forum to all of the architects and developers that they could sign up and attend here, we'd be happy to host. If that's something you would consider we would love to do something maybe over the winter.

### **MR. HILBERT:**

It's definitely something I'll bring back to the Performance Management Team. And yes, it is one of the goals to, again, keep this to be an open process, so that is a good idea now after we have a little bit of, you know, boots on the ground to be able to go back and get feedback and see if we have to make tweaks or not. So it's something I'll definitely recommend.

### **CHAIRMAN SPENCER:**

Thank you. Thank you very much. Commissioner, I'm sorry. I guess I'll let you continue with the line-up.

### **DR. TOMARKEN:**

I will. The next ones will be much more brief. We have Scott Campbell, who is the Chief of our Arthropod-Borne Disease Laboratory, going to talk to us about West Nile Virus and mosquito surveillance, etcetera.

### **MR. CAMPBELL:**

Good afternoon. There are two mosquito motion borne arboviruses that we conduct surveillance for; one is West Nile Virus and Eastern Equine Encephalitis Virus. We have a Countywide program. We do both Forks, Montauk and Southold all the way to the western portion of Huntington and Babylon. So our surveillance is Countywide, and we target areas where we think the virus will be most active, or historically where the virus has been most active.

If you look at the table, I've included the years 2010 to 2014, kind of a historical perspective. Two thousand ten was our most active year, followed by 2012; 2011, '13 and '14 have been on the low or moderate level when it comes to virus activity. If -- so basically in 2014, we sent approximately 1500 samples, mosquito samples, from throughout the County to the State testing lab to be tested for both of those viruses, West Nile Virus as well as Eastern Equine Encephalitis Virus. It constituted approximately 63,000 specimens of mosquitoes. So a sample is a number of specimens sent from a certain location, so the total of mosquito specimens tested are approximately 63,000, and that is the portion of the total collected, which is 192,000. So it takes a tremendous effort to go through all those 192,000 mosquitoes, identify them individually as into species, collect them into samples and send them up to New York State testing lab.

So of the 1476 specimens we sent, 186 of them were positive for West Nile Virus. We did not have any positive horses this year, and -- either for West Nile Virus or Eastern Equine Encephalitis Virus, and the reason for that is there are commercially available vaccines for horse owners for both of those viruses, and it appears that most of the horse owners are vaccinating the horses and,

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therefore, that's why we see very low numbers of horse cases. We actually had one human West Nile Virus case. We got notice yesterday, so we didn't update the slide. It says zero, but we did have one this year, but obviously very low compared to the previous years that are on the slide.

Birds, we use birds to help direct our eyes to where possible West Nile Virus activity is occurring. That program is based on people calling in. We have a hotline that people do call in if they see birds. We evaluate or triage the call to see if it is a species that we want to collect, that it may yield a positive for West Nile Virus. So that is driven by public participation. And this year we collected 99 birds. Of the 99, 11 became positive, and we do that testing inhouse. We have a commercially available system that we use.

This year, we set out approximately 95 traps per week, so those traps are what yield, obviously, the 192,000 mosquitoes that we collected. We typically start the first week of June and go until either there are no more mosquitoes to catch or the virus levels are low enough to not warrant any more collections.

West Nile Virus is endemic; we find it every year. EEE is more sporadic. The last time we saw EEE in Suffolk County was 2008 in mosquitoes, 2003 in a horse case, which is a good thing because EEE is -- has a higher mortality than West Nile Virus. So what Eastern Equine Encephalitis has been found in recent years all around us, Connecticut, New Jersey, Upstate New York, but for whatever reason, probably ecologically driven, we have not found it here, but we continue to do surveillance for that very important virus. I think that's everything I wanted to cover. Any questions?

### **CHAIRMAN SPENCER:**

Yes. I see a lot of information in that chart there, and I'm just looking at trends. It looks as if, you know, when I look at the samples, you know, it looks like you're doing a lot of testing. If I look at total mosquitoes collected, you know, collected 191,000 in 2014 versus 105,000 in 2012. So you're collecting -- you're collecting more. And the amount of mosquito samples that were positive were roughly, I guess, 210 to 186, roughly the same. So I guess the number that sticks out is 14 human deaths in 2012 versus zero human deaths in 2014. So there does seem to be --

### **MR. FREAS:**

I believe, Doctor, the parenthesis is human deaths. I believe two human deaths in 2010 and none since then.

### **DR. TOMARKEN:**

The regular number without it is just the human cases.

### **CHAIRMAN SPENCER:**

Oh, understood. Okay. All right. The parenthesis. But -- all right. But in any case, the cases going from 14 to no cases, to zero. So is there any explanation that there are no human cases and you're still saying -- I mean, it seem like the positive rate has dropped because you're doing a lot more testing and you're coming up with kind of similar numbers. As far as just the public safety, if I'm looking at -- speaking to the Commissioner, I guess, from a public health point of view, are we safer? Are we seeing -- what -- explain the trend of less human cases.

### **DR. TOMARKEN:**

There's a variety of reasons that it's possible; we don't have a definitive answer. First of all, West Nile Virus is -- fluctuates from year to year. As you may or may not know, in Dallas two years ago they had just an awful season throughout the Dallas area and the state for no apparent reason except maybe some previous weather issues. But we -- it's possible that people are becoming better informed, taking more precautions, and recognizing how to avoid contracting it. It also depends on geographically where these specimens are found. So if they're in a highly urban area

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and densely populated area, the likelihood of infection rate is going to be higher. If they are out in a rural area it may not have the same consequence. So the problem that we see is as you can look at the numbers, they fluctuate. I mean, there is a bit of a steady range, but within that range there's a great deal of fluctuation. Weather, people's interest in taking preventive measures, etcetera, are important.

And the other thing to keep in mind always, that 70 to 80% of patients, people, who contract West Nile Virus have no symptoms. So we're looking at a very narrow spectrum of people when we look at these human cases. These are cases that have come to the attention of the medical profession and have been diagnosed with tests. Many people never come to the attention, and if they do, many are just written-off as, you know, a flu-like illness, a viral illness. So these are -- this is a very skewed look at the data.

**CHAIRMAN SPENCER:**

Okay. Any questions from any of my colleagues?

**LEG. TROTТА:**

You tested 195,000 mosquitoes?

**MR. CAMPBELL:**

No. We collected 192,000 mosquitoes. We tested 62,591.

**LEG. TROTТА:**

Are you sure?

*(\*Laughter\*)*

**MR. CAMPBELL:**

Positive.

**LEG. TROTТА:**

Nassau gave out 400 speeding tickets in just 81 days.

**CHAIRMAN SPENCER:**

Well, obviously a very important, you know, program. Thanks for keeping us up to date. I guess in line with that, with our surveillance, as far as our treatment with or spraying, has that -- have we learned anything? Have we changed kind of where we're spraying and how we're spraying as a result of looking at -- looking at these numbers?

**MR. CAMPBELL:**

Well, I mean, to -- when we get data that indicates a level risk there's obviously a collaborative effort to determine what to do. The spray arm of the County is Vector Control, which is Department of Public Works, and we work closely with them to determine the level of risk and what needs to be done. So it's a constant discussion and looking at, you know, what's -- how is it best to address those risk areas.

**DR. TOMARKEN:**

And we do larviciding as well as adulticiding. Adulticiding is when you spray either in the air or on -- through the trucks. Larviciding is when you try to attack the mosquitoes before they're born.

**CHAIRMAN SPENCER:**

Right.

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**DR. TOMARKEN:**

That's generally in water areas. And then during the off-season, the Department of Public Works will look at areas that might need to be drained or some change to the environment from the data of the previous year.

**CHAIRMAN SPENCER:**

So we're looking at total data. And so when I have a constituent that comes in and says, "You know, spraying makes -- doesn't make any difference at all". Do we have the data to backup like if we sprayed in one area and looking at positive samples versus if we didn't spray, and do we -- are we adjusting? If I were to say to you as a Legislator I'm putting in a bill to eliminate spraying and you were to oppose it, would you be able to show the benefit of spraying from our information alone, or is it only information that you're getting from outside? That's always a point of contention. Do we need to spray, is it helping, is it hurting the environment.

**MR. CAMPBELL:**

When a spray occurs you need optimal conditions to have optimal decrease in mosquitoes. So when you're dependent on weather components you try to do the best you can with that -- with the ever changing weather patterns. But clearly when there is a good weather available, the -- typically the adulticiding is effective at reducing anywhere from 80 to 95%. What it doesn't do is typically eliminate the virus that's in the area. So we can have a spray event. It will decrease the number of mosquitoes, but it never seems to really eliminate the virus. So we just need to continue to monitor those levels, both the mosquito as well as the viral levels, to see if anything would be needed after that.

**CHAIRMAN SPENCER:**

So when Legislator Trotta introduces a bill to end spraying, you'll be able to come here and I'll be able to show him why it's not a good idea? Anyway, just -- I'm just -- just kidding. I don't want it on the record but I'm just kidding, that's not true. But thank you very much. I really, you know, appreciate that information. It's exactly what I was looking for. Commissioner, if you want to wrap up.

**DR. TOMARKEN:**

Well, we got two -- well, three more quick ones and hopefully we'll be done quickly. We're going to talk about the health center transition, and then the flu update and Ebola, so that shouldn't take too long.

**CHAIRMAN SPENCER:**

Oh, wow. Great.

**DR. TOMARKEN:**

Jen Culp, the Assistant to the Commissioner, who's been the lead on the health center transitions, will walk you through it.

**CHAIRMAN SPENCER:**

Hi, Jen.

**MS. CULP:**

How are you?

**CHAIRMAN SPENCER:**

Good.

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### **MS. CULP:**

So, as most of you are aware, we, this year in 2014, the department has successfully transitioned six health centers that were formerly County operated to an FQHC operation under Hudson River Healthcare or HRH Care. Beginning in March we consolidated and transitioned East Hampton and Southampton. In June, we followed with the Maxine S. Postal Tri-Community Health Center in Amityville. In September the MLK Health Center in Wyandanch, and most recently the Patchogue and Shirley Health Centers, which transitioned November 3rd.

Overall, these transitions have been very successful. You know, there's certainly been, you know, little operational bumps in the roads, phone problems or just working through with some patients. But overall, if any issues have arisen we work very closely with HRH Care. They're very responsive and we're typically able to meet those patients' needs.

We have two health centers remaining that the Health Department currently operates, and those transitions are scheduled for 2015, of course, upon approval by this Legislature and also the New York State Department of Health.

### **CHAIRMAN SPENCER:**

With what, Brentwood?

### **MS. CULP:**

Brentwood and Riverhead Health Centers.

### **CHAIRMAN SPENCER:**

With regards to the transitions, I know we have -- is it the Article 6 functions that were going to be separate contracts? Have we negotiated those contracts and, you know, how is that going?

### **MS. CULP:**

Yes. So we contract separately with HRH Care for the public health services that are mandated by New York State for the department to provide, and those services include free testing and treatment of certain STDs and also free testing and treatment for TB. Those contracts have been executed and we actually meet monthly with a team from HRH and our team in the STD and the chest disease, and it's working out quite well that we're meeting monthly, we're reviewing any issues that are arising, having trainings and conversations.

### **CHAIRMAN SPENCER:**

With regards to the transitions, as far as feedback from the community, I know one of the -- there was an issue with regards to the fee structure. Have we had anymore feedback and adjusted or that's been -- you know, I guess some residents were initially claiming that they were being separately billed for lab services versus one set fee and has that been -- are we hearing any more complaints? Has that been stabilized?

### **MS. CULP:**

We have not heard any recent complaints. That is a change for the patient that they do now receive a separate lab bill, but those fees are quite minimal. They're based on a lower fee schedule. I believe the issue had initially arisen under the Coram transition, where there was some -- was it a cystic fibrosis test and, you know, patients were getting like \$400 bills, but that was all reviewed and looked at and it's not something we're hearing from patients. Their sliding scale fee is 15 to \$35, so it is lower than ours, so patients are seeing that benefit on that end, too.

### **CHAIRMAN SPENCER:**

And we -- I like the transitions but I will follow-up on this question that we are putting a lot of eggs in the Hudson River basket and ultimately, you know, we're kind of getting out of the health care

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business. But we're government, so I think, you know, at the end of the day, when all else fails, you know, we're kind of -- so are we, again, if there was some sort of catastrophic failure within the HRH system, I mean, as much as we hope to separate ourselves, do we -- I guess would we ultimately still have some liability the way that the contracts are spelled out, or we're -- are we separate and apart and then if we are, do we have an ethical responsibility if there was an HRH failure?

### **DR. TOMARKEN:**

Well, the licenses with HRH, the State license, so the State would be involved, the Federal Government would get involved because of them being an FQHC. Whatever contractual relationship we had would be governed -- would govern those activities. If they -- generally how this works is that they're monitored by the State and by the Federal Government, and if they start to see something that they're concerned about, they step in. I know we were asked in the past could we retake them back, so to speak. Frankly, that -- I don't have an answer to that. I mean, there's legal issues, etcetera. They've been doing it for over 20 years. They have now over 20 health centers -- 40 years, right. So I think that's something that would have to be looked at as it occurred. I don't think there's any automatic that it would automatically come back to us. I think that's an issue that would have to be addressed depending on the circumstances.

### **CHAIRMAN SPENCER:**

I will let the, you know, just the record definitely reflect that's been my one reservation is that, you know, I understand it's kind of like they're the only show in town. I don't know if once we transitioned if there was some sort of competitive market or where we could assess one versus the other. It's one thing for us as an entity of government that represents the people that has all of these, you know, health centers, but we're transitioning them to a private entity. Although they have a good reputation and I will state that I have the utmost confidence in HRH, at the end of the day, if something goes wrong, we -- we're government. We have an obligation. So I just hope that that's in the back of our mind and there is some sort of catastrophic plan in place, should we have to cross that bridge. But hopefully we never will.

And I still, I don't know how they're able to do it. Everyone says to me, Doc, it's fine, but to say one organization and to have them continually just come in and just take on the management and the administration of all of these health centers, to me, I just don't see how a small organization, although it's getting bigger, how they're able to absorb it. And every time there's another transition I'll continue to ask those questions. But I hope that we are asking the questions that we need to ask, and not just listening to the answers that we want to hear. So I'll leave it at that. Thank you, Jen. Appreciate it. Kate.

### **LEG. BROWNING:**

If you could just give us an update on the Patchogue Health Center and what the plan is?

### **MS. CULP:**

The location of that or --

### **LEG. BROWNING:**

Relocation.

### **MS. CULP:**

That's still, I believe, under discussion. I know Legislator Calarco, that's something that's very important to him in his district and HRH is aware. And we've already started conversations about various options. I don't think, you know, anything solid yet as to where, but certainly looking at where patients reside, you know, making sure we're staying in the community, but also respecting the community's wishes.

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### **LEG. BROWNING:**

So if there's a plan to move and consolidate with Shirley, or if something was to happen with John J. Foley and, you know, say Brookhaven was taken over and they were to do something with HRH, is there going to be some community meetings for those communities?

### **MS. CULP:**

I would imagine, yes. We want to be as transparent.

### **LEG. BROWNING:**

Okay. Well, they're moving out of this Legislator's district and moving to another Legislator's district. I'd appreciate that, to continually be informed. Thank you.

### **CHAIRMAN SPENCER:**

Thank you, Jen.

### **DR. TOMARKEN:**

Now we'll move on to the flu. As you know, the CDC recommends a yearly flu vaccine for everyone from the age of six months of age and older, and this is considered one of the important steps in protecting against the influenza disease. There are two sets of vaccines this year. There's a trivalent, which protects against three viruses, and there's also a quadrivalent, which protects against four. There are a variety of manufacturers and methods of production of the vaccine. Some are egg based, some are cell based, some don't use eggs at all and they're called recombinant. There's basically two forms of delivery of these vaccinations, intramuscular as an injection and then nasal spray mainly for children.

What's interesting this year is that there has been indication of approximately 50% of the influenza A. There's two types of influenza, A and B. One of the two influenza A variance has what they call drifted. In other words, it's changed its genetic makeup so that the immunization that we're all receiving, hopefully, is maybe less effective against that part of the A vaccine. But the CDC is still recommending that people get vaccinated because it still offers protection to the other three, as well as only half of the samples that have been tested are showing this genetic drift. They are also recommending the use of antiviral medications when appropriate, as it may reduce the likelihood of severe illness and reduce complications.

Just as a reminder, the flu season runs from October through May, with generally the highest flu activity peaking in January. As of today, a couple of hours ago, we were just notified that the State Health Commissioner has declared flu as prevalent, which is the highest category, meaning it's present in more than 50% of the counties of the State, and therefore the law is now being enacted that requires healthcare workers to either wear a mask or be vaccinated against the flu. This is the second year for this legislation to be enacted.

We get weekly updates from New York State and the chart that you're looking at is from November 29th. That's the latest data we have. And the line in red, which is 2014 to '15 on the bottom end of the graph there, shows that it's -- the incidents of influenza is pretty much the way it was in 2013 to '14, less than the bad year of 2012 to '13. So it's starting out like you would have expected, but it is still increasing, and we expect it to go up, but exactly where it's going to increase to we're not sure. So any questions on influenza?

### **CHAIRMAN SPENCER:**

With that drift, are we still purchasing -- well, we purchase our vaccines in advance and we purchase in such a way that we're able to return a certain number. So I'm curious, have we made any adjustments in our strategy seeing that there's such a large drift out there? Because we keep a certain amount on store for like an emergency situation, so.

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**DR. TOMARKEN:**

And there's no other option. There's no new vaccine being produced, so that you would not want to give up what we have, because it still covers three viruses and half of the, so far, 50% of the -- the A virus that's had a genetic drift in it. So there's no new virus being produced to deal with that genetic drift.

**CHAIRMAN SPENCER:**

And do we still purchase based on the numbers from the previous flu season? And I know that that can vary substantially.

**DR. TOMARKEN:**

Most of our flu vaccine is used in the health centers, so as the health centers have transitions to FQHC, our amount decreases, but it's based on sort of past experience at the individual health centers that we still maintain and what we predict would be needed for the following year. But our overall numbers have been decreasing.

**CHAIRMAN SPENCER:**

Well, since I have the pleasure of serving on the Board of Health, I don't need to hold the committee longer with my questions about the flu. Any other questions? No? Commissioner, really -- one more topic. All right. Ebola. Save the last one --

**DR. TOMARKEN:**

Can't forget about it.

**CHAIRMAN SPENCER:**

Isn't it gone? It's over. It's over now, right?

*(\*Laughter\*)*

**DR. TOMARKEN:**

I'll try to make this quick, and it will be quick. Let me just give you an overall assessment of the process that's in place right now. There are four countries that have been designated as -- of concern. They are Liberia, Sierra Leone, Guinea and now Mali. Anybody traveling by air from any of those four countries entering the United States is only allowed to come into one of five airports; that is Chicago, O'Hare, Newark, JFK, Washington Dallas and Hartsfield in Atlanta. At each of those airports is a CDC staff person and State Health Department as well as customs and immigration. These individuals are evaluated at that time. And in New York, there -- it is determined that either they are in one of two categories; either a higher risk or lower risk. If they're in higher risk categories, and that generally means people who have been taking care of health care -- I'm sorry, people with Ebola or who have been exposed directly to these individuals. And they would be quarantined for 21 days. And literally, the process is the State Health Department escorts them to their home. We are available 24/7 to issue a Commissioner's order for quarantine. It's implemented by the Sheriff. And our Health Department staff meet with the individual, explain to them, as has already been explained at the airport, but we explain to them again, and if they are quarantined they are not allowed to leave their property for 21 days.

We assess their needs, it may be somebody who lives alone, has no food in the house, needs heating oil or etcetera, etcetera, and we attend to those needs. We make two unannounced visits daily to them, and assess their symptoms. We give them the phone number of the EMS system, which has been trained to have only the Stony Brook EMS Ambulance Service respond to them, because they have the training and the equipment. And at the end of 21 days, if there's no problems, their quarantine is ended.

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If they're in the lower risk category, they are -- we could do what's called direct active observation monitoring. We contact them twice a day and it's sometimes it's in person, sometimes it may be over the phone or video if they have access to that. Again, assessing them for fever and other symptoms. And again, if they become symptomatic the Stony Brook EMS system is notified and they're taken to Stony Brook Hospital.

So to date, we have had one person do the 21-day surveillance, the other person stayed for about a week, week-and-a-half, and then returned to the country they had come from. Currently we have no one under observation or quarantine.

If you look at the map there on the far left, and I don't have a pointer, but just so you get a feel for where -- I think this shows up on the screen -- the countries affected are on the left-hand side on the underside of that bulge of Western Africa. These three very, very -- well, Mali's a pretty big country, but the others are three pretty small countries, and this is where it's all coming from.

The New York State -- we are working both with the Federal Government and the State Government, but we're directly responsible to New York State and the Commissioner's order has -- the Commissioner has put out two Commissioner orders, one in which we were required to develop policies and procedures, which required us to purchase PPE equipment and train our staff if and when they might need it. Just so you know, PPE is not required for making visits to people who are quarantined or under direct observation. In fact, they don't even have to enter the home. We can stand outside, have them come to the door, have them take their own temperature, ask them the half a dozen questions. Everything's fine, we move on. The PEE is available because some people may want to use it. We had to prepare policies for monitoring visits, and provide education and guidance to the community.

So that's the status of the Ebola situation. New York City is monitoring somewhere between two and 300. Most of the other counties surrounding it, just a handful, and the rest of the State was total -- last week was in the 20's for the entire State outside of New York City.

### **CHAIRMAN SPENCER:**

Commissioner, when we look overall, I know that at least my level of anxiety with regards to Ebola has dropped quite a bit recently. And I think the issue is the lethality of Ebola. But when you compare it to influenza, where we lose tens of thousands of people every year, now are we taking this response out of an abundance of caution, but if we look at the overall true risk, at least you're expert as a public health person, I mean, you know, there's \$5 billion that's being appropriated, and if you look at our cost as a county. And again, I'm asking this with all due candor, not necessarily my personal feeling. Could we be overreacting a bit and spending money to respond to the hysteria, or better safe than sorry. Do you think our response is appropriate or do you think that the media environment that has been generated around this has -- you know, we're saying tens of thousands of people die from the flu. Our flu vaccine might be 50% effective, but, you know, oh well, a few old people and young people will die and that's it. But with Ebola it's like, "Oh my God, the sky is falling".

### **DR. TOMARKEN:**

I think there's been a huge misconception of its prevalence and the ability for the average citizen to come in contact, which is almost infinitesimally small. But here's what is really interesting. I was at Stony Brook all day yesterday with the CDC staff visiting and the New York State Health Department assessing Stony Brook. They do to all these hospitals that are designated as Ebola hospitals. They go on-site, they look to see if everybody is doing -- you know, prepared. And we've all agreed, and we work very closely now with EMS and Stony Brook and everything, this exercise has been a very valuable exercise for not just Ebola, but for any potential other condition and emergency situation where we now have been talking with agencies and groups that we never deal with. And it has

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really brought to the forefront that we didn't have the equipment, we didn't have the training, whether you're protecting yourself from Ebola or any other communicable or transmissible disease. And it's really established a very positive working relationship and it -- if there is a silver lining, that's it.

### **CHAIRMAN SPENCER:**

Commissioner, it's truly, again, been a pleasure to work with you. Thank you. You've always responded to my needs as the Chairman of this committee and to the Legislators who are here. You have a great team. It's been an honor. I wish you a very healthy and safe holiday and look forward to getting back to work in the new year.

### **DR. TOMARKEN:**

Thank you.

### **CHAIRMAN SPENCER:**

Thank you. Thanks, Jen. Thanks, Walter and everyone who is here. We really appreciate it.

### **LEG. BROWNING:**

How much longer, Jen?

### **MS. CULP:**

Tuesday.

### **LEG. BROWNING:**

Congratulations.

### **CHAIRMAN SPENCER:**

Tuesday, wow. This was a great time to give an update. All right. With that, I see no other business before the Health Committee in the year of our Lord 2014. With that, we are adjourned. Thank you.

*(\*The meeting was adjourned at 4:08 p.m. \*)*