

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, February 26, 2015 at 2:00 p.m.

MEMBERS PRESENT:

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

ALSO IN ATTENDANCE:

Presiding Officer DuWayne Gregory
Legislator Sarah Anker - Sixth Legislative District
George Nolan - Counsel to the Legislature
Sarah Simpson - Assistant Counsel to the Legislature
Jason Richberg - Chief Deputy Clerk/SC Legislature
Craig Freas - Budget Review Office
Elizabeth Alexander - Aide to Chairman Spencer
Bill Shilling - Aide to Legislator Calarco
Greg Moran - Aide to Legislator Trotta
Amy Ellis - Aide to Legislator Anker
Katie Horst - County Executive's Office
Nancy Hemendinger - Department of Health
Joyce Caracci
Karen Sossin
Michael Watt
Lisa Aitken
Carol Lynch
All Other Interested Parties

MINUTES TAKEN BY:

Lucia Braaten - Court Stenographer

CHAIRMAN SPENCER:

Good afternoon. Thank you and welcome to the Health Committee meeting. If you could all rise for the salute to the flag to be led by Legislator Kate Browning.

*(*Salutation*)*

Let us just pause for a moment of silence for those that are protecting our country at home and abroad.

*(*Moment of Silence*)*

So I have a couple of cards. We're going to begin the Public Portion, and if you would like to be heard, please sign up with the Clerk and you'll be given an opportunity speak.

First card I have is from Joyce Caracci. Joyce, if you would like to come up to the podium. And she is representing herself, and speaking on the topic of eating disorders. Welcome, Joyce.

MS. CARACCI:

Hello. Hi. I'm here today, I just got an email yesterday regarding this issue. And it's extremely important to me to be here representing a family member, because I don't think that most people realize the intensity of the issue of eating disorders, and the problem that people have getting the services that they need to help them and their families. There are a lot of related issues to eating disorders and mental health problems, and many times, when a person is treated, they just receive temporary assistance, and they're back in the hospital months later or weeks later and there's no follow-up.

So it's very important that whatever medical services are received, there is some follow-through, so that people with eating disorders can be on the road to recovery long-term, not short-term. That's all I have to say. And I hope that legislation is passed so that health issues affecting people with eating disorders can be more long-term, rather than short term. Thank you.

CHAIRMAN SPENCER:

Thank you, Joyce. Next speaker is Karen Sessin or Sossin? Did I pronounce it correct? And she also would like to speak regarding eating disorders.

MS. SOSSIN:

Thank you. Good afternoon. I'm Karen Sossin. I'm a Nutrition Educator and a consultant, working with adolescents for over 25 years. Today, I'd like to bring your attention to a little known topic that is known as the Female Athlete Triad. Athletes and physically active girls are at risk for developing this life-threatening syndrome, which consists of disordered eating, which is a spectrum of eating behaviors which range from calorie restriction to a clinically diagnosed eating disorder. Disordered eating leads to hormonal problems and menstrual disturbances, such as not menstruating by the time a young girl reaches the age of 15, or three or more consecutive months of missed menarche. These menstrual disturbances can lead to weak bones, and increases the likelihood of stress fractures. Bone scans have been done on girls in their 20s and they look like women in their 50s. They present as post menopausal. In addition to this low bone density for chronological age, these girls can also experience cardiac, gastrointestinal, immunological and metabolic complications. A recent study described 78% of high school athletes as having one or more of these components, disordered eating, menstrual disturbances, or low bone density. That's an alarming number.

Adolescent girls are most at risk because of biological changes, growth spurts, peer and social pressures to achieve a particular body weight, calorie demands to support training and conditioning,

as well as the emotional turmoil that we all know can be associated with teenage years. Because this is a little known syndrome, it is so often overlooked, even when symptoms are evident. A 16-year-old soccer player who hasn't begun to menstruate, or the 18-year-old dancer who hasn't had her period in over a year are typical in my practice. They're told by their primary care physicians, their coaches, their trainers, "It's normal because you're an athlete," or if you don't -- if you're having menstrual disturbances, it just means that you're training enough.

I'm here to tell you today, and we must be aware, that this may be a normal condition, but it is simply not okay. This is a red flag that must be explored. These girls could either have an eating disorder, or are certainly on the road towards one. Screening for the Female Athlete Triad requires an understanding of the relationships among those interrelated components. This requires knowledge and awareness of this syndrome within our communities. Vulnerable girls are told to lose weight and you'll run or swim faster, you'll jump higher, you'll score more goals. This advice is simply dangerous.

We know that dieting is a common entry point for eating disorders. At the very least, research has told us that dieting can lead to chaotic and restrictive eating behavior, loss of self-esteem, food obsession, metabolic complications, binge eating, and, ironically enough, more unhealthy weight gain. This misguided advice can put a girl on the path of emotional and physical complications that can last a lifetime.

We have confused body weight with health and improved performance. For prevention and early intervention, education of athletes, parents, coaches, trainers, administrators, as well as the medical community must be a priority. We cannot wait. We must do better for the health of our girls. Thank you for your time.

CHAIRMAN SPENCER:

Thank you. It looks like you were reading a statement. If you would like to have that copied and distributed, then we could do that, if you would.

MS. SOSSIN:

That would be my pleasure. Boy, do I have handouts for you, so --

CHAIRMAN SPENCER:

Very good. Thank you, Ms. Sossin.

MS. SOSSIN:

Thank you.

CHAIRMAN SPENCER:

Next speaker is Michael Watt. Hi, Michael. How are you? Good to see you again.

MR. WATT:

I, too, have handouts. I've learned a long time ago that show and tell goes a long way.

CHAIRMAN SPENCER:

All right.

MR. WATT:

My name is Michael Watt. I'm the Executive Director of the Long Island Gasoline Retailers Association and I'm here to address I.R. 2174, the bill about requiring information to be distributed, disseminated when the purchase of liquid nicotine happens in a Suffolk County retailer, anyone who sells tobacco.

At the previous hearing, one of the suggestions that were made was in lieu of distributing information, they could have signage posted where the liquid nicotine is sold. There was some question as to whether or not liquid nicotine is a self-serve product. It really depends from store to store. But the real concern, not only with the signage, but also with the dissemination of information, it presents a lot of complications. And what I did was I just -- just to give you a sense of what's involved in the process of deciding what signs go where in a retail environment, I printed out a copy of a short white paper regarding retailing and how you can maximize sales during the -- when the consumer comes into your store. And I just want to read out something real quick. I, what do you call it, put a sticky right next to it if you want to follow along, but it says:

"In-line merchandizing requires careful planning and consideration. Too much of a good thing is still too much, not enough means lost sales. And regardless of the amount of merchandise you place in a queue, the arrangement of products, displays, stanchions, signage and other queuing necessities must be just right as well."

So, as you can see, even just from a simple white paper like this, there's plenty of thought and effort that goes into putting signs in the retail environment. And at this stage of the game, for most of our independent retailers, every penny counts. We're getting competition from all over. You see that Quick Chek is coming to town. They got a store going to be built not too far from here in Hauppauge. There's one in Centereach already, and, eventually, there'll be others on Long Island. There's also a company called Applegreen, which is coming to Long Island, they have one in Westbury. 7-Elevens are looking to expand into the gasoline business, Stop & Shop, so the competition is fierce. So now is the time for our retailers to make as much money as they can so they can stay in business.

And this also is coming on the heels of a recent stretch of weather, as we're all very aware. You know, every time a State of Emergency is declared and we're told to shelter in place, those are purchasing opportunities that disappear. You know, if somebody stays home on Monday because of a storm and they go into the store on Tuesday, if they go to that store every day for coffee, they're not buying two cups of coffee because they missed out yesterday, they're just buying the one cup of coffee. And the brutal part about retail, and the same for the hospitality restaurant business, you can't get that time back. So these are really trying times for our retailers, especially your independent retailers that don't have the deep pockets of their competitors.

And, also, and I'll wrap this up in a second, you know, one of the other things that we kind of touched upon the last time we got together to discuss this, you know, the idea of the person behind the counter can just hand out a piece of paper, or whatever, you're running a convenience store, you got people coming and going, you don't have security guards, like you have here with metal detectors, you're very vulnerable to the public. And there's been a spate of robberies in Suffolk County. We had a fatality last month in Nassau County. You've got to keep your eyes and ears open, you got to be on guard, aware of what's going on. You have a lot of responsibility in terms of maintaining product, the coffee has to be made fresh. There's a lot going on. To ask somebody working overnights, or working late nights, or working by themselves to remember to hand out a piece of paper just because somebody is buying something that somebody feels is not in their best interest, or not the best health choice they can make, I think is asking a lot of the local retailer. So thank you very much once again for this opportunity to speak. And we have a question.

CHAIRMAN SPENCER:

You have several questions. Legislator Trotta.

LEG. TROTTA:

First, I don't think this is a hand-out. It's something that they want on the counter or somewhere in

the store, a sign in the store.

MR. WATT:

I'm just giving you a sense of how much thought goes into the process of signage. If you notice, I talk about where to put signs in the checkout process.

LEG. TROTТА:

Okay. And, also, Doc, I think your bill made liquid nicotine over 21, correct?

CHAIRMAN SPENCER:

Uh-huh.

LEG. TROTТА:

And the new State bill requires childproof --

MR. WATT:

There was some question --

LEG. TROTТА:

-- caps?

MR. WATT:

-- as to whether or not it had to be childproof. My members would not sell anything that wasn't childproof. They just take it from the distributor and put it on the shelves. They don't -- somebody was saying, you know, what happens if you take a 50-gallon drum of this stuff and you pour it into little things. We don't get involved in that. We're hoping it's childproof, as far as I know.

LEG. TROTТА:

I think the State Law was childproof, if I'm not mistaken.

CHAIRMAN SPENCER:

(Nodded yes.)

LEG. TROTТА:

It was, okay. So now we have 21 and over, childproof. And I think the Federal Law is going to be the warning on it. Or the State Law, is the warning on it also?

CHAIRMAN SPENCER:

That's being proposed.

LEG. TROTТА:

That's being proposed.

MR. WATT:

There's a lot of discussion. The Federal Government is still doing its research, it's still doing its due diligence. We're very confident that when and if -- when they come to a conclusion, the parameters for how this product should be sold will be established, and the manufacturer can really bear the burden of making sure that whatever precautions have to be made, or awareness has to be --

LEG. TROTТА:

But, basically, in the past three months, it went from anybody being able to buy it --

MR. WATT:

Right.

LEG. TROTТА:

-- to it's got a childproof cap and it's 21.

MR. WATT:

Right.

LEG. TROTТА:

I don't really think what a sign is going to do after that. All right.

CHAIRMAN SPENCER:

Legislator Browning.

LEG. BROWNING:

I have to say, it's always nice to see you, but, you know, I'm sure you'd rather be somewhere else.

MR. WATT:

Nothing's finer than Hauppauge in mid-February, you know.

LEG. BROWNING:

You know, it's funny, you mentioned about the robberies. And I have to say, there's a Valero gas station near East Wind that was recently robbed. And I was going to stop to get gas on the way to East Wind, and I said, "No, I'll do it on the way back." And it was -- lo and behold, it was taped off with Police Officers and Deputy Sheriffs. So I happened to be out that way again by Baiting Hollow, and I needed gas, and I stopped in, they have good prices. So I stopped in, and I walked into the store to pay the guy, and I'm looking at the place, and, all of a sudden, I'm thinking is okay, if we were to have that sign, which is about this size (indicating), I'm trying to figure out where would he put that? His store was so -- it's tiny, and there was so much product that I was trying to figure out where could he put the sign where anybody would see it or even read it? And, you know, he had tons of lotto stuff, I mean, lotto like there was no tomorrow. And so I was trying to figure out where he'd put it. Now, if he was to put it on the register, a lot of times what I'll see is stuck on the register is a sign like this, and we joke about, you know, you got to go for the bread and milk when you get a storm, right? And a lot of the stores like that, when you go in, if they have something on special, you know, like milk's on special, we have a special price, generally at the register is where they put it.

MR. WATT:

Right.

LEG. BROWNING:

So now we're telling them you're not allowed -- you're not going to be able to display your specials on your register like you used to, because you're going to have to put the sign on your register.

MR. WATT:

Correct.

LEG. BROWNING:

And I have to tell you, I know we debated this on the energy drink issue and putting up the signs, caution, caution, caution, you know, beware of this, beware of that. The stores have become so sign heavy that, to be honest with you, when I walked in, I didn't look at any signs, I just went in and did what I had to do, and I grabbed a cup of coffee and left. But, like I said, I was paying

attention as to where. If he had to put that sign up, I don't know where he'd put it.

And I think, you know, like Legislator Trotta said, you know, we do have a law that says childproof, you know, the 21 age. And I spoke to my son and I said to him, "What do you think," you know, and they have a 21-month-old. And he said, "Mom, if anybody at this day and age doesn't think that nicotine is not dangerous and that it's okay to give it to your kids, then they," -- he said, "I'd be shocked," you know, and -- because, being a grandmother, and having my own kids and having grandkids, you know, it's kind of nice to get their opinions.

So, to me -- so let's say you have a store. If we passed this, I mean, have you talked to your members to say, "Okay, where are you going to put it," and "How you plan to accommodate this," and, "What is it going to do to you?" I mean, has anybody even decided to -- like, okay, this might happen, what am I going to do?

MR. WATT:

The nature of the industry is you deal with -- because they're challenged with so many other areas, you deal with the problems that you have to -- the fires that you have to put out that day. You know, the concern is, as always, you know, if we do it with this, then we got to do it with 15 other products, and, you know -- and then the next thing you know, we're putting a wireless router sign up there somewhere, and there's all kinds of signage. And you really have to appreciate the fact that every square foot of eyeballs is so important that a sign that's really not going to serve the purpose, or a sign that, you know, is just not going to have the impact that you hope it has is a waste of a very valuable resource.

And, you know, there's one other thing I really wanted to bring up, because you talked about the Valero getting hold up. I mentioned the recent spate of robberies. The Suffolk DA's Office was tremendous in working with LIGRA and working with our members to help raise their awareness for the need to be ever vigilant. And there was a story. The cops were following a guy into -- who they thought was one of the robbers, and he went into one of the stations, and the attendant wouldn't let him in. They had to buzz him in and the attendant wouldn't let him in. Something told this guy that this person trying to get in the store was bad news. And the Detectives had to laugh, because then they still had to follow the guy. They were all ready to arrest him, but he wouldn't let him in. Then he went on to another gas station, he robbed that place and they caught him. So I mention that because you talk about signs in the windows. You know, one of the things the DA's Office said was, "You got to talk to your members about having too much signage in the window, because if we can't see in, then, you know, it makes the clerk more vulnerable."

So, you know, wherever you're going to put this thing, again, everything gets weighed as to the value and the need, and, you know, if that sign's in a valuable spot, then it's taking the place of a sign that might encourage people to buy a quart of milk when they weren't planning to because there's great sale on it. So it's just -- I know it seems like a simple thing, but there's so much going on when you walk into a convenience store and into a gas station. Everything is there for a reason, everything is as well thought out as possible to maximize the experience so they can make the most amount of money so they can stay in business.

CHAIRMAN SPENCER:

Thanks.

LEG. ANKER:

(Raised hand).

MR. WATT:

Oh, you got one more.

CHAIRMAN SPENCER:

Legislator Anker. But we're not debating, it's just -- do you have a question or more of a -- if you're responding, you'll have that opportunity. But we're not on the bill yet, we're just in the Public Portion.

LEG. ANKER:

Okay. It's a question.

CHAIRMAN SPENCER:

Okay.

LEG. ANKER:

How many retailers are part of your organization?

MR. WATT:

We have over 550 members.

LEG. ANKER:

Now does that include all grocery stores, all gas stations, all -- how many retailers are there across Suffolk County?

MR. WATT:

I couldn't tell you how many retailers there are across the County. Our mix, it's an odd mix. It's half gas station/convenience store, half auto repair shop.

LEG. ANKER:

Okay. Thank you.

CHAIRMAN SPENCER:

Thank you, Michael, appreciate it.

MR. WATT:

Thank you.

CHAIRMAN SPENCER:

Next speaker is Lisa Aitkin.

MS. AITKIN:

Good afternoon. My name is Lisa Aitkin and I'm a licensed Clinical School Social Worker for Eastern Suffolk BOCES and the Miller Place School District's High School. I have worked with adolescents for over 30 years. In recognition of "National Eating Disorder Awareness Week", I would like to call attention to the hidden struggle of so many young girls.

Our media-driven culture promotes an unrealistic beauty ideal with a clear message that one's size and shape is what defines success and desirability. This message has taken its toll with the end result of a rapid increase in disordered eating and eating disorders. The body type portrayed in media as a beauty ideal is possessed naturally by only 5% of American females. In my school, I see more students struggle with body image issues than ever before. Young girls starve, purge, restrict, exercise, use laxatives and diuretics, and over-the-counter or street drugs to achieve that ideal. And this is no longer a gender-specific disorder. Young males feel the pressure to ascribe to the masculine ideal.

I have also found that the messages are confusing to parents. There is a lack of public education in what differentiates being healthy and being thin. Many parents unknowingly promote disordered eating in their quest to have a thin child. Parents are unaware of risk factors and behaviors that lead to an eating disorder. Parents do not cause eating disorders, but they play a major role in recovery.

Make no mistake, eating disorders are not a choice, and it is not always easy to identify who has an eating disorder from outward appearances. It is a burdensome task when I have to tell a parent that I suspect their child has an eating disorder. For the sufferer, this is a disorder hinged together by denial, minimization, distortions and well-guarded secrets. Parents feel confused, guilty, and hang onto to denial that maybe this is just a phase their child is going through. Once these obstacles are confronted and the family is ready for treatment, they are confronted with the biggest challenge of all, finding treatment. Research indicates that the sooner these behaviors are recognized and treated, the greater the chance for a quick recovery.

Suffolk County has limited resources that specialize in treating eating disorders, especially on the East End. If I could tell you what my wish list is, it would be, to begin with, providing more public education to increase awareness. Prevention is key.

I am grateful to the National Eating Disorders Association in providing me with a prevention program that I can implement in my school, but I am just one school, and this problem is not unique to Miller Place. I'm not qualified to state that this is an epidemic among young people, but, from lens, it sure looks like one.

I thank you for giving me this opportunity to express my concerns on this very important health issue.

CHAIRMAN SPENCER:

Thank you. The last card I have is from Carol Lynch.

MS. LYNCH:

Good afternoon. My name is Carol Lynch and I'm from Copiague, and my daughter has an eating disorder. She basically has suffered from bulimia and anorexia.

Mainly because of the fact that there was absolutely nothing around for parents, I formed a group called EDS for Family and Friends that I meet in the Copiague Library. We desperately need more education, and there is no facility on the Island for inpatient. My daughter had to be hospitalized twice, once was up in Westchester, the second time I had to go to New Jersey.

I'm really excited about the fact that Mather Hospital has such a good program, but we need education for the parents. It took me five years before I found out that this is what she had. And we need education, we need more help with insurance, and we need a hospital program. Thank you.

CHAIRMAN SPENCER:

Thank you. Carol, Legislator Gregory has a question for you.

MS. LYNCH:

Hi.

P.O. GREGORY:

Hi. How are you?

MS. LYNCH:

Good.

P.O. GREGORY:

How is she doing now?

MS LYNCH:

Right now, she's doing really good. She's in the outpatient program at Mather Hospital, and she goes from 2:30 to 8:30. She's been battling this for probably about 20 years.

P.O. GREGORY:

Are there any support groups for the parents that you're aware of?

MS. LYNCH:

Not the parents alone. There are a couple of support groups. There's ED-180, which actually is in Garden City, and there's -- Mather Hospital has one a month. I run one on the first Thursday. Mather Hospital has one on Monday, which is for patients and the parents.

P.O. GREGORY:

Okay. All right. Thank you.

MS. LYNCH:

You're welcome.

CHAIRMAN SPENCER:

Thank you. That is all the cards that I had. Is there anyone else that wishes to be heard? If not, we'll close the Public Portion. And today we are privileged to have with us from our Department of Health Services, the Department of Education, Nancy Hemendinger, who will talk to us regarding what a lot of the speakers were concerned about, eating disorders. Thank you, Nancy, for being here.

MS. HEMENDINGER:

You're welcome.

CHAIRMAN SPENCER:

Nice to see you. Do you have slides?

MS. HEMENDINGER:

Yes, I do.

CHAIRMAN SPENCER:

He doesn't have an eating disorder (referring to bear on screen). Well, maybe, yeah. Press the button first.

MS. HEMENDINGER:

I always like to start my presentations with this slide. And what I ask participants is when they look at this picture, this slide, if they had to put a title to it, just take a few seconds, what title would you put to this picture?

CHAIRMAN SPENCER:

Ready to eat.

MS. HEMENDINGER:

Ready to eat.

LEG. BROWNING:

Teddy bear's picnic.

MS. HEMENDINGER:

Teddy bear's picnic. I get other ones, Yogi Bear, hungry bear. And it's very interesting, because when I look at this picture, I have a very different response. My response brings me back to when my 15-year-old twin daughters were diagnosed with anorexia nervosa. And it makes me think about the bear, which looks very cuddly, is actually in my mind the eating disorder. The bear, if we had a bear in here right now next to us, our bodies would be in trouble, and our lives would be threatened. Eating disorders damage physical and mental health, and people die from eating disorders. The fact that it's at a table reminds me of the many, many meals where we would sit at the table and my daughters would refuse to eat. And we hear people saying "Well, just tell them to eat, force them to eat." That's -- when you have anorexia nervosa, bulimia, or a binge-eating disorder, it's not really about the eating. The food is the behavior that we see publicly. So, for this picture, it brings about many different feelings than most participants when they first see it.

Fortunately, I want to thank Legislator Spencer and the Health Committee for bringing eating disorders out of -- letting me bring eating disorders out of the shadows of shame and isolation, some of that you've heard from our presenters today, and into the light of, one, awareness, hope, which is something that people who suffer from eating disorders need, and their family members, and then also recovery, which we also have talked a little bit about already from our presenters, that we have limited treatment here in Suffolk County and Nassau County, and that's something that maybe on a local level we can address, but it is something that needs to be talked about.

Now the National Eating Disorder Association started a -- their campaign this year, and Suffolk County's campaign is "I Had No Idea".

I had no idea that 30 million people are suffering with a clinically significant eating disorder in our country, 30 million people. And eating disorders do not discriminate. We heard about young girls, but it affects older people, younger people, people of all ethnicities and all genders.

I had no idea that eating disorders are the third leading cause of chronic illness among adolescents. I had no idea that anorexia had the highest mortality, or we call that death rate, than any other mental illness.

And I had no idea that accessing and affording treatment is a major barrier for those suffering with an eating disorder until I lived through it for the past ten years.

I had no idea, prevalence versus funding, that eating disorders, as I said, 30 million people, and yet funding is at \$28 million. Now I'm not saying to take away from these other areas, Alzheimer's, autism or schizophrenia, but when we're looking at 30 million people and 93 cents is dedicated to research for treatments and cures, as compared to the other diseases, we need to do better in this area.

So I had no idea the types of eating disorders. You've heard some of them mentioned, one anorexia nervosa. That's what my daughters suffered from. And anyone who has an eating disorder, it's the way -- their coping mechanism. We hear people who use drugs, alcohol or cutting as a way to cope with their emotions. People with eating disorders, they are using the eating disorder. The food becomes the way they cope in a very unhealthy way. With anorexia, it's a restriction, not taking the food in, so they become malnourished.

With somebody with bulimia nervosa, it's about eating large quantities of food, and this is isn't what you eat at Thanksgiving or during holidays, this is large quantities. And then they feel guilty afterwards, and that where the purging, whether it's over-exercising, throwing up, or using laxatives or diet pills.

And then the other one is binge eating disorder. This, again, is taking in large quantities of food, but not getting rid of the food through purging processes.

And then that top one, eating disorders not elsewhere classified, these are people that don't quite meet the criteria, say, for anorexia. For example, when my daughters were initially losing weight, they could not be hospitalized, because they were one pound over what insurance companies considered the criteria for anorexia nervosa. It didn't take them long to lose the weight they needed. But, when we're talking about treatment of eating disorders, the earlier we get them treated, the better chance we have of this not being somebody dying from the eating disorder, or being a lifelong chronic illness.

So how does this relate to public health, which is my job in the Office of Health Education? And for years we've been trying to improve the way we eat, our dietary and physical activity patterns. In the American Journal of Public Health, they labeled eating disorders as a blind spot in the drive for childhood obesity prevention, and indicated that public health efforts to address obesity can no longer afford to ignore eating disorders. And then an additional study, which I have -- you'll receive at the end of the committee meeting, is from the Journal of Academy of Pediatrics, and this was in 2013, where they found 45% of those children being treated for obesity went on to develop eating disorders. They were getting such positive reinforcement for the weight loss that they were triggered. Now, they were vulnerable to begin with, the 45% that went on, so they were triggered into their eating disorder. But just think, if you've ever tried to lose weight, you walk into your office and people are like, "Wow, you've lost weight," it feels great. You know, you like that positive reinforcement. And this -- when this happens to other people trying to lose weight because they're trying to improve their dietary patterns, if they have that vulnerability, they may be triggered into an eating disorder.

My challenge for everybody in this culture in our country is when somebody has lost weight in a positive and a healthy way, is instead of saying, "You look great," is simply ask the question, "How do you feel?" Because one of the things we need to do is change the dialogue from what the diet industry wants us to be asking to the health question. And losing weight or gaining weight if you need to is about the health, how you feel, and that means how your body is functioning.

So early on in the public health campaigns to change the obesity epidemic, and this wasn't in Suffolk County or in the Office of Health Education, we have always addressed this issue in a very responsible way as health educators, but this was a campaign that was put out there. And so early on, some of the obesity prevention campaigns centered on fat-shaming. And just think about it. If you ever wanted to change a behavior, if somebody put you down, that's the last chance that you're going to change that behavior. Changing health behaviors, you try to lift people up. And I'm going show you a clip from this campaign also.

(*Video Presentation*)

Now, can you imagine sitting in a classroom and being that child? Weight discrimination occurs more frequently than gender or age discrimination, and, fortunately, the public health efforts have gotten away from those fat-shaming campaigns. And it's on both sides of the spectrum. Those people who are overweight, people tend to think, well, they don't care enough about themselves, and this is guys and girls. And on the other side, well, it's because they are -- they care too much.

In fact, when my daughters had just come out of the hospital for one of their several treatments, they were sitting in school and one of their teachers said to them, "You know, what you're doing is very vain and selfish." Having anorexia nervosa is not vanity and it's not about being selfish, it's a mental illness.

Weight-teasing, bullying can lead to chronic dieting, eating disorders, unhealthy weight gain and unhealthy weight loss. For my daughter Emily, the bullying played a large part. When she was in 7th grade -- now my daughters are identical twins. When they were in 7th grade, one of their best friends said to Emily, "You know, the guys in the class were rating all the girls. Ashton did okay, you didn't. Ashton got rated a seven, you were a three." Now, as adults, that doesn't seem like a big thing, and, certainly, as their mother thinking they're identical twins, they look exactly alike, how ridiculous. But for a 7th grader, that is taken to heart. Now, her eating disorder didn't start on that day, but the seed was planted for it to be ignited when she was 15.

Now we also have, besides those public -- early public health campaigns, and sometimes the way people dialogue about their weight, we also have a toxic bombardment from the diet industry. It's a quick fix, diet, diet, diet. And we can't improve our dietary patterns or our physical activity patterns by taking a pill, or trying to lose weight in a short period of time, it's about fueling our body and building our -- and strengthening our body through healthy eating. And what we have is a diet industry that spends \$60 billion a year trying to get us to buy their products, which, I have to tell you, 98% of the time fail. So we need to go back to the drawing board, public health efforts that are encouraging healthy diet -- healthy dietary patterns and healthy physical activity patterns.

The diet industry, what they've done is they've created a culture of people who are not happy with their bodies, and that's not just teenagers or people with eating disorders, think about people you know. Who feels really good about their body?

Now, when we look at -- what you're looking at now, this is from the National Youth Risk Behavior Survey 2014: 16.6% of high school students were actually overweight. Those are the people we need to target to improve their dietary patterns. However, 31.1% of high school students describe themselves as overweight. Right there, there's a body image issue. And the third column, 47.7% of high school students were trying to lose weight. Why? Because of the images they see in our culture, because our young people and even adults were externally focused. Instead of focusing on what kind of person am I, what kind of friend am I, what kind of daughter am I, what are my passions in life, instead, we're focused on Hollywood and images put out there by the diet industry.

And if we're talking about improving dietary patterns, this is another statistic from the National Youth Risk Behavior Survey: 7.4% of male students did not eat for 24 hours or more to stop from gaining weight or to lose weight. Thirteen percent of high school students did not -- that's the total -- eat for 24 hours or more. And almost one in five female high school students did not eat for 24 hours to lose weight or to keep from gaining weight. This is where our educational efforts, as far as dietary patterns, have to be. This is about strengthening the body, not taking food away.

Toxic messages start at a very young age. Here's an example of a book. "Maggie Goes on a Diet". Maggie, a 14-year-old girl, goes from being obese to thin. After she loses weight, her bullies become friends and she becomes very popular. So these are some of the messages out there. Well, you know, if you're overweight, you're not going to have friends and you're going to be bullied.

I have to say, when my daughters were in 7th grade, they were very thin and they were still bullied. Your weight doesn't always mean that you're going to be bullied, and your weight doesn't mean that you're going to be popular or not. So this is really not giving a very healthy message out there.

The toys that children use are also suggesting, you know, certain body types out there that are not realistic. And what these toys and what these books and messages do is they have our young children asking questions like:

(*Video Presentation*)

Now ask yourself, have you ever heard anybody say, "Do you think I'm fat," or "Do I look fat in these jeans?" When I ask high school students that and middle school, every hand goes up. That's our culture, that's what we need to change, one of the things.

One of the things that we're doing in the Office of Health Education, and Lisa from middle -- Miller Place spoke about this, is called the Body Project. And we were also trained in that, and our intention is to go on and train other high school teachers in this intervention program. There will be a program for males, but, right now, it's still going through the study -- research area. Right now, this is an evidence-based program.

So we need to look at how advertising, that's the -- the diet industry, Hollywood. When they put messages out, 8% goes into our brains, even as adults. And we can think about them and understand what those messages mean, but for young people, these messages go in and play over and over, and they're telling us who we should be and what we should look like. For an average teen, they see over 5200 attractiveness messages. Those are not messages saying, "Wow, you're a good person," "Wow, you know, you really treated that person good," or, "You have a lot of passions in life." Just the opposite. Try to fulfill this unfulfillable image to mean something in your life. We see this in PETA, and they have their philosophy and that's okay. But the way they advertise, "I hate men's guts. Don't be a whopper." Again, there's the fat-shaming. And you can see, they also are objectifying women. And the one on the right, be proud.

I just think next week I'm going on a plane, and I'm thinking, okay, when I go into the scanner, what are they going to see, and that's not something we need to be thinking about. And so it's disappointing that they are trying to change people's philosophy and dietary patterns by shaming them.

It's also in our higher education. This is an NYU professor, and he wrote on a tweet, "Dear obese PhD applicants: If you didn't have the willpower to stop eating carbs, you won't have the willpower to do a dissertation." This is real, and let's just say, he got hammered after he put that out, so, hopefully, he's learned his lesson.

A woman gives birth and on the left, you'll see, "What's your excuse?" And, fortunately, another woman who gave birth put out her answer to that. "My excuse is, this is I'm okay with this."

Now, it's just not women. Here we have Derek Jeter, you know, and we all look up to him as an athlete. And he -- at one point, he was injured. The papers didn't leave him alone either. "Derek Eater: Rehabbing Jeter Takes Fork in the Road to Recovery," suggesting that he had gained weight and that's such a bad thing.

Halloween costumes for boys who want to look like overweight females, and here's one. My daughter actually sent me this while she was in treatment. "Anna Rexia." Can you imagine making fun of any other illness in the way this costume does?

I have a short -- first, I want to ask, do you know what thigh gap is? You know what it is, okay. All right. I'll explain what thigh gap is. It's something else put out there by Hollywood and the modeling industry, and it's for females, it's directed to females, that when they stand, their legs need to be thin enough that there's a gap, that's the in thing. So this next clip actually makes fun

of that new phase that's going on.

(*Video Presentation*)

So what does that have to do with eating disorders? That's the environment we're in. Thirty years ago, when we weren't so focused on diets, and we didn't have so much focus on Hollywood and dieting patterns, we didn't have people -- there were people who were vulnerable for eating disorders. But now they're in this environment that is triggering for them. Our goal, again, physical activity and healthy dietary patterns. But we have body dissatisfaction out there and people dieting. Those are the two risk factors for somebody who has an eating disorder, and we have a country of disordered eaters. We have an epidemic of disordered eaters. Disordered eaters are not an illness, that's a pattern of eating. Somebody who has an eating disorder, as I said, dieting and body dissatisfaction are a gateway behavior. You know we talk about gateway drugs. Well, these are gateway behaviors for somebody with an eating disorder.

So what makes somebody vulnerable to have an eating disorder? There are a few components, one, genetic. If other people in the family have an eating disorder, if there's OCD in the family, anxiety disorder, perfectionistic tendencies are some of the genetic characteristics. Social, all the things that I just finished talking about as far as our environment, our culture. And psychological. Well, for my kids, it was the bullying. It's not an ability -- it's not being able to cope with the traumas and stresses in your life. And when we talk about the eating, remember I said eating is just the tip of the iceberg. When somebody goes to treatment, the things underneath are what need to be dealt with, and that's why when we heard our one speaker say "short term," insurance wants you out in a short period of time. Two months, you should be better. The things that are under the tip of the iceberg, they take months and sometimes years to change.

Depression is one of the things that results from eating disorders, because you're having a change in the brain chemistry if you don't eat. Think if you don't have lunch how crabby you sometimes get. Suicide and heart attacks are the leading cause of death for people with eating disorders, and also weak and brittle bones. Both my daughters at age 24 have osteoporosis. Now that's something that may be able to get down to osteopenia, but their doctor told them at 16 that they had bones of an 80-year-old woman.

Stomach acid from throwing up causes erosion. This, again, is from the bulimia for people affected in that way. And binge eating disorder increases your risk for Type II diabetes and heart disease.

Someone with binge eating disorder, typically, they will weigh more. Somebody who has bulimia or anorexia, you may not be able to tell by their body size. Now the National Eating Disorder Association, they have a help line. Their website is phenomenal. They also have a loss, a support group for loss, people who lose family members to the eating disorder. And they have a NEDA Navigator Program, so when your family member is first diagnosed, they connect you with somebody else who has gone through this process, because it is extremely isolating. And then on the bottom half there, you see NEDA educator tool kit and parent tool kit, I've made a copy for each one of you to bring back to your offices. Those can also be printed out from the website.

So I started this presentation with "I had no idea," and I'm going to end it with a PSA, "I Had No Idea."

(*Video Presentation*)

So, from that 7th-Grader who was greatly affected by being called a three, she has come a long way. Thank you.

(*Applause*)

CHAIRMAN SPENCER:

Wow, Nancy, that was unbelievable, I mean, really incredible. And this is something -- you shared something that was intensely personal, but you gave a very scientifically informative presentation that, really, a lot of people need to hear, so I appreciate that.

So, Nancy, I have just a couple of brief questions that I think are important, because I agree with everything you said, and everything you said is accurate, and we have to address it. And on the converse, you know, before 1980, there was no such thing as childhood diabetes. And we've seen -- you gave the obesity rates, that, you know, 18% of kids are actually obese, but that number has gone from 7 to 18%. Even though 31% have a perception of being obese, the obesity rate is still going up. And then we see that in teen obesity, that that's gone up to 21%, and that's even higher than the pre-teens.

And in this country right now, adults, 68% of adults are considered obese, and I'm talking about the definition of defining healthy body mass index between 18 and 24.9, and between 25 and 30 as being considered overweight and over 30 being obese. So these numbers have led to staggering health care costs, diabetes. So we know that obesity is an issue. And, you know, what do you advise in terms of -- and I know part of the problem is for years we were telling people the wrong thing. You know, now we're even realizing that you can -- we're telling people, "Don't eat fat, eat sugar," and the sugar -- you know, during the Richard Simmons era, we were telling people to exercise, and they weren't eating fat and they were eating sugar, and obesity, the waistlines kept going up and up and up and up.

So, as a physician, and definitely addressing the importance of having a positive body image, especially with regards to eating disorders and actually what is healthy, have we defined obesity incorrectly? Has it been that we've given the wrong advice? And I know you may not have the answers to these questions, but I struggle between a patient who comes and sees me and saying, you know, that obesity is an issue, but addressing it in such a way where it's not psychologically damaging, and going to cause our young people to have an incorrect body image. So, if 70% of Americans are overweight, and 31% of kids have the perception that they are when it's only 18, but that number has tripled, what do we do?

MS. HEMENDINGER:

We need to be cognizant of the way we are talking to our children as parents. We need to not be putting our own bodies down. As physicians, when you have a patient come in that needs to lose weight, it can't just be about the weight, it's got to be about the feelings. What is going on? What is going on in the home? It needs a conversation with the parents. And when that patient comes back in, or even for a child, it's not about, "Wow, you look great," it's about, "How do you feel?" For example, somebody with an eating disorder, when they lose weight and you tell them, "Oh, you look great," that just feeds into the eating disorder. And, yet, when somebody has an eating disorder and they're recovering and they're starting to gain weight, if you tell them they look healthy, that's a real negative also, they feel like they're fat.

So physicians really have it rough, especially with people that are sensitive, even if it's not a fully diagnosed eating disorder. Our young people are really having body image issues, body dissatisfaction starting at a very young age. I've had teachers, when we were doing the Health Smart trainings, coming to me and saying, "My kindergartner is telling me that she needs to be on a diet because she's fat and the parents are supporting their child to be on a diet." So it's physicians, or parents, or just general in our culture. We need to get away from that word "diet." That's the diet industry language, and we need to focus on fueling your body.

So, as a physician, how do you think the discussion needs to be revolving around how you fuel your body in a healthier way so you can function and exercise? Or not -- I mean, it's great to join a gym, but what other physical activity can you do? For adults, we say park the car further away, and those are the kinds of things, focusing on physical activity, not so much you have to join a gym that you may go to for a while, and I have nothing against gyms, they're great, but, again, it's incorporating physical activity.

And in the Office of Health Education, we have the Diabetes Prevention Class. Even in our tobacco classes, they -- tobacco cessation classes, they talk about dietary patterns, and they do it in a healthy way of fueling your body. Does that answer?

CHAIRMAN SPENCER:

I think you answered the question brilliantly, and I agree with you. And, you know, I answered -- you know, I asked the question kind of anecdotally to get your opinion. But I agree, you know, it is a -- it is an issue, and it's really what we find, that what we know as the experts keeps changing. You know, really, I mean, I told my patients, "Don't eat a lot of salt," and now we find that three grams of salt is good for you. Don't eat shrimp, you know, it's not the dietary cholesterol. Don't eat fat, and there are healthy fats. So there's a lot of -- you know, we're still trying to figure out what we're doing and it keeps changing as we get start smarter. But I do think moderation, healthy body image, positive messages is really the key. But Legislator Gregory has a question.

P.O. GREGORY:

Thank you, Mr. Chair, and thank you, Nancy, for your presentation.

MS. HEMENDINGER:

You're welcome.

P.O. GREGORY:

And for sharing your story, you know, your personal story, which really emphasizes the point.

You know, this issue is such a complex issue. I mean, there's a lot of conflicting messages in our society. And, you know, I grew up -- I did some modeling as a younger person.

CHAIRMAN SPENCER:

Whoa.

*(*Laughter*)*

MS. HEMENDINGER:

Now leave him alone.

P.O. GREGORY:

Yeah, yeah.

MR. HEMENDINGER:

It's all good.

P.O. GREGORY:

No. My point, my point really being like --

*(*Laughter*)*

All right, calm down. No, we would -- yeah.

MS. HEMENDINGER:

I'm good with it, it's great.

P.O. GREGORY:

There is a picture floating around of me in a Yoda picture for Sears catalog with the -- I tried to burn all the copies. I know there's at least one floating around. You know, it's not uncommon -- it's very common, actually, for your agent, or whatever, to call you, "Okay, we're looking" -- do a typecast, looking for a black male, certain height or, you know, weight, you know, because the -- you know, they want to portray a certain image. And this was obviously years ago before social media, which, you know, our kids today are inundated with social media, and they have their favorite, you know, celebrities and they're following them, you know, on Twitter and all. You know, we -- you know, if they take a picture on vacation in Hawaii, or whatever, and, you know, immediately it's all over the world. And it reinforces this culture that they try to push, which, in effect, can reinforce the sensitivity or the feeling of, you know, not being able to -- you know, self-esteem issues, and it's a billion dollar, billions of dollar industry. Is there an organized effort to combat that? I mean --

MS. HEMENDINGER:

Well, I think we can say, and this Legislature knows, we've spent -- in Suffolk County, the Health Smart curriculum is an example. And New York State Health Education standards mandate that there's some media literacy being taught in schools. So if schools are using Health Smart curriculum, and if they are doing the media literacy lessons, that's what's going to help, and also discussions. Again, it goes back to the home. Where -- what's being valued? Is it, you know, developing that child as a person to be kind and finding out their passion, or is it only about the outside, the modeling, the Hollywood? And I'm not taking away from -- young people like to look nice, and I understand that, but it definitely has changed from -- in the last 30 years, where it's all external, and that's what we really put as a priority.

So education from parents, parents not talking about being on diets or putting themselves down, and having that discussion. When you're watching TV and the Oscars are on, and they're talking about all the different outfits, if your child is going to watch it, talk about, "Well, what do you think about that?" Is that realistic to have, you know, those really expensive gowns and suits on, and even the new suits that the guys are wearing now? It's really focusing only on thin, thin men. They don't fit your average-size male. So those are the kinds of conversations, if I was talking to a parent, I would recommend they have.

P.O. GREGORY:

Right. And I think it's not just, you know, Hollywood and the fashion industry, they have a lot of influence I think. But also, you know, to be honest, I think, you know, the medical industry, health care industry is -- you know, because they push out the message, well, if you have a certain BMI, body mass index, you're unhealthy, so you got to -- if you have a certain body BMI, you're at a certain weight for your age. You know, that, too, sends the image that, wait a minute, I'm beyond the BMI that's recommended for my age and height and weight, so it must mean I'm unhealthy.

MS. HEMENDINGER:

Right. You need to be careful with the BMI, and that's come under scrutiny now, also. I don't want to make too many comments on that from a Health Department standpoint. But, basically, somebody could have a BMI and be very healthy, but because they're more muscle mass, it's going to come out higher. Or somebody might have a little bit -- a BMI a little bit lower and we won't be alarmed about that. But, actually, we should be, because if their BMI is lower, maybe there's a red flag for an eating disorder going on. So it's not so much about the BMI, it's about how you feel with

the foods you are putting into your body, and that's what I would emphasize. As a health educator, it's about fueling your body. What food -- enjoy your food, but fuel it. What kinds of foods fuel your body best?

P.O. GREGORY:

Okay. Thank you very much.

MS. HEMENDINGER:

You're welcome.

CHAIRMAN SPENCER:

Incredible. Thank you.

MS. HEMENDINGER:

You're welcome.

CHAIRMAN SPENCER:

Thanks for taking the time, you never go wrong. Kate just came in and she has a question that --

MS. HEMENDINGER:

Sure.

CHAIRMAN SPENCER:

-- popped into her mind.

MS. HEMENDINGER:

I love talking about this stuff.

LEG. BROWNING:

I was just thinking, and I think one of our problems, and I'm thinking you might agree, is when we look at our kids today, you know, everybody's in a hurry, everybody's eating the wrong stuff because they're in a hurry. You know, when I grew up, my mom shopped every day for the groceries. It was fresh vegetables, it was fresh everything bought every day, and now everything is prepackaged, everything is, you know -- and I do the same. I don't have time to shop every day, I don't have time to shop every week, so I'm shopping for the month.

But, again, you know, I look at our schools and they're taking away recreational time from our kids. And, you know, what can we do and how do we encourage that? Because, you know, they're talking about the Common Core, and, you know, about the kids and their education, but there seems to be there's a drop in focusing on -- granted, there are kids in sports, you can do the after sports, but some parents are not doing that. And maybe some kids are really not sporty kids, but that -- I remember in school, you know, we had our recreation time twice a day where you got to just run around and play. Our kids, the games that we learned when we were kids, jumping rope, doing things like that, our kids don't know those anymore.

MS. HEMENDINGER:

They know this (demonstrating texting).

LEG. BROWNING:

Right, yeah, and that's the problem. So, you know, how do we get to change the mind set, you know, of our schools. And, again, it's not saying that the schools are making that choice, it's they're being forced because of the pressure on kids.

MS. HEMENDINGER:

Right. I think in New York State and through Western Suffolk BOCES, they have a grant, and they actually work with school policy on physical activity and the nutrition, so what's being served in the cafeteria, and that has actually been upgrading over the years. And the physical activity is something that they are working with schools, and we work with them also, to increase physical activity, maybe even the classroom, doing exercises while they're learning. So there are really unique ways that they are trying to integrate teaching and physical activity in the classroom. So we are working on that. It's just going to take some time to undue the years of not having that.

LEG. BROWNING:

Right.

MS. HEMENDINGER:

But I definitely -- I hear what you're saying, the Core, but we cannot sacrifice the health, because if they're not healthy, they're not going to be able to learn.

LEG. BROWNING:

When I went to school, it was fresh cooked meals. You know, the schools today are, you know, the chicken nugget thing. When I was a bus driver, chicken nugget day was Thursday, and you knew the kids were going to be out of control on Thursday, because they -- and I swear, it was, you know, not a real study, but you say to the kids, "What did you have for lunch today?" "Chicken nuggets." I swear, every Thursday was the -- that was the day they were out of control.

MS. HEMENDINGER:

And that's being changed, what's being served in the cafeterias, on a State level and also on a Federal level, we're slowly making those changes.

LEG. BROWNING:

And I know that the First Lady has been talking about it and being criticized, but that's the kind of cafeteria food that I was raised with. When we ate in the cafeteria was what she's trying to encourage. And it just seems it's a little unfair that she's getting beat up for trying to make sure our kids are eating healthier, so --

MS. HEMENDINGER:

Leaders always have it rough.

LEG. BROWNING:

Yeah.

MS. HEMENDINGER:

Just one additional thing, and it was mentioned with our presenters, and that's the treatment piece. And I have to say, when a family is diagnosed, and I say "family", because it is a family that has to deal with this, this disease, it's isolating. A lot of shame is felt, and, yet, then to find the place of treatment for my one daughter, we ended up had to go to North Carolina. The other place we had to go was in New Jersey, that was the closest. And this is the County, so that's State legislation that needs to be worked on. But the other component was the health insurance and how they just deny, deny, deny, and want these patients who need to be in the hospital and they're making decisions to get them out. So that's a personal note to that, just to be aware that that is going on. Thank you.

CHAIRMAN SPENCER:

Again, thank you, Nancy, we appreciate it.

MS. HEMENDINGER:

Thank you for the opportunity.

CHAIRMAN SPENCER:

Thank you. With that, we're going to move on to our agenda. And we are going to take a couple of resolutions out of order, just because we've had a couple of people for appointments who have appeared here today, and I just want to be respectful of their time.

Amy Engel. Hi, Amy. How are you? If you wouldn't mind coming forward. I'm going to make a motion if we can take -- have a seat at the table for a moment, if you wouldn't mind.

I.R. 1050, to take it out of order. May I have a second? Second by Legislator Browning. All those in favor? Opposed? Abstention? We have I.R. 1850 above us.

I.R. 1050 is to appoint to the member of the Food Policy Council of Suffolk County (Amy Engel) (Sponsor: Kara Hahn). I'll make a motion to approve.

LEG. BROWNING:

Second.

CHAIRMAN SPENCER:

Second. All right. We have the motion before us. And welcome, Amy. We appreciate you coming and taking time out of your busy day, and also being willing to serve on a very important committee. And so, in light of the discussion, which seeing that you're going on the Food Policy Council, if you wouldn't mind to take just a minute just to tell us who you are and just kind of briefly your background. We have your credentials, actually, with -- here, and just why you would be interested in serving on the Food Policy, and if you have any -- a couple of remarks with what we've been talking about.

MS. ENGEL:

Okay. Thank you for having me. Thank you for the resolution. Thank you for considering it. It's nice to be back. My name is Amy Engel. I got my start and in my career right out of college working for the Suffolk County Legislature. I was the Legislative Aide in the 7th L.D. for Legislator Brian Foley, and so it feels really nice to be back here. Since that time, I went through various positions, Long Island Association as a lobbyist, and then moved on.

Before I was the Executive Director at Sustainable Long Island, which is my position now, I served eight years with County Executive Steve Levy. So I was in Intergovernmental Relations, and Executive Budget, and the Executive Office working for the Chief Deputy. So I really appreciate all of your service, and I know kind of the ins and outs.

And it's really an honor to be considered to be appointed to the Food Policy Council.

In my current job as the Executive Director of Sustainable Long Island, we promote economic development, environmental health and social equity, and a big piece of that social equity is food equity. And we really focus a lot on food access and the lack of food access. One of the things that we worked on was a Long Island -- with the Long Island Index was the Food Mapping Project, and that identified all of the food deserts on Long Island. And we have been working ever since then to create youth-staffed farmers markets and community gardens. And, I'm sorry, did you have a question.

LEG. TROTТА:

You said what on Long Island?

MS. ENGEL:

Food deserts. Any area within a one-mile radius that doesn't have access to a food retailer that sells fresh produce. So, for instance, if you don't have a car, if you're in a low to moderate income community such as Wyandanch or Brentwood, and you don't have a car, you'd have to walk more than a mile to get -- yeah, the term is "food desert". So, anyway, that's another thing that the First Lady is working on.

So, anyway, we work a lot on food equity issues and trying to increase food access. So it's a natural fit for us to be on the Food Policy Council. My coworker, Erin Thoresen, was on the Food Policy Council representing Sustainable Long Island. She is moving to Georgia. I was precluded from serving on it for the least -- the first two years, I was in the job. Because of the legislation that says I worked in the Exec's Office, so I couldn't serve on a County board or committee, but now that she is moving, I'd really like the opportunity to serve.

CHAIRMAN SPENCER:

Well, we would love to give you that opportunity. Thank you. Any questions? Everyone's good?

So we have a motion and a second on the table. All those in favor? Opposed? Abstentions? Congratulations, Amy. **(Vote: Approved 6-0-0-0/P.O. Gregory Present)**

MS. ENGEL:

Thank you very much.

CHAIRMAN SPENCER:

You are approved by this committee. You have to go before the full Legislature on Tuesday, but since you appeared today, you don't have to appear then.

MS. ENGEL:

Okay.

CHAIRMAN SPENCER:

That will make it -- which I'm sure you already know.

MS. ENGEL:

Thank you very much.

CHAIRMAN SPENCER:

Thank you.

MS. ENGEL:

Have a good day.

CHAIRMAN SPENCER:

I also have -- I need to take I.R. 1058 out of order, because I have asked Walter Dawydiak if he would come. And this is ***I.R. 1058 - Accepting (and appropriating) 100% Federal Grant Funds passed through the New York State Department of Health (to the Suffolk County Department of Health Services) for the Beach Act Program (Sponsor: County Executive).***

And there were a couple of questions that we have, although this is a grant. So I'm making a motion to take it out of order, seconded by Legislator Trotta. All those in favor? Opposed? Abstentions? **(Vote: Approved 6-0-0-0/P.O. Gregory Present)**. We have it before us. And, Walter, thanks. How are you?

MR. DAWYDIAK:

Good, Dr. Spencer. Thank you. How are you, sir?

CHAIRMAN SPENCER:

Good, thanks. A couple of questions we wanted to -- I guess, in caucus, we were just trying to talk about this a little bit, and that is tell us -- just could you summarize what this money does, and then what are the parameters of the program? And has the program changed over the years? So, if we take this money, what does it do, how are you going to use it, and how is it going to get our beaches open?

MR. DAWYDIAK:

Absolutely. Thank you, Dr. Spencer. My name again is Walter Dawydiak, Director of Environmental Quality. I'm here with Mike Jensen, who supervises the Marine Program, which includes the beaches, if there are any very specific questions.

From a big picture perspective, our beach program changed very dramatically in 2003. That's when we went from a coliform-based standard to enterococcus for marine bathing beaches. We also increased our sampling and went to a risk-based model, assigning the higher risk beaches more frequent sampling. And we have 187 bathing beaches in Suffolk County. That's more than any other county, with the exception of Barnstable County in Massachusetts, in the entire nation. We also have a premier model beach program, as well as an interactive beach website that gets upwards of 10,000 hits every summer.

So, starting in 2003, the State Department of Health approved our revamped program, and with that came approximately \$100,000 a year of Federal Beach Act funding, which reimburses essentially one full-time employee to do the beach sampling. We take about 4,000 samples a year, using mostly beach interns, and we use Sanitarians to inspect the sanitary conditions of the beaches at least once every summer.

What this particular funding does is there was a surplus in EPA grant funding to the State Health Department for this one year only. So, instead of 100,000, we're receiving an additional 40,000 above and beyond that. There are two main purposes that we propose using this funding for. One of them is to upgrade our website so that we could provide better service to the public on realtime issues, potentially things like shark sightings or seabather's eruption. Also, a better presentation of near realtime water quality data and adaptability to changing Federal standards.

The other and more important piece is that we're going to pick up a rapid PCR, or polymerase chain reaction, piece of equipment. So that instead of waiting 24 hours for a sample result, we can get a batch of results, up to 18 samples, in only four hours. So a beach which is closed can be reopened within one day, instead of two to three days. So that's going to be a big help, not only in assessing public health risk at the high-risk beaches, but also reopening them more promptly once the water quality does improve.

So that's a nutshell about our program, about this temporary increase in funding. We did not know about this increase at the time the 2015 budget was being prepared. It's a one-shot increase. From next year on, we'll be receiving about \$100,000 a year to conduct a baseline program.

CHAIRMAN SPENCER:

I think you answered at least my questions beautifully. Did anyone have any questions?

LEG. TROTТА:

You said shark sightings and what else?

MR. DAWYDIAK:

Seabather's eruption. It's a larval form of the sea anemone that can result in itch, severe itch and dermatitis. Every now and then, it floats up from the gulf stream in late summer and causes problems at local beaches.

LEG. TROTТА:

Chiggers type thing, where you get the --

MR. DAWYDIAK:

It's actually a nematocyst from a larval sea anemone. I don't know that it's directly analogous to a chigger.

MR. FREAS:

Think of jellyfish without the jelly part, like a -- and the stings from that. You know, it's that same sort of stinging, but not -- but much more diffuse, is that how you might say it, with the larva all over the place?

MR. DAWYDIAK:

Typically, what it does is it sticks to your bathing suit, and wherever the bathing suit contacts your body, you wind up with this severe dermatitis within the day.

LEG. CALARCO:

You know what, Rob --

LEG. TROTТА:

I think I've had it.

*(*Laughter*)*

CHAIRMAN SPENCER:

I think you answered the questions beautifully. I really appreciate it.

My last question is, representing Huntington, Northport, I'm going to be calling you guys. Like the end of the year, we were looking pretty good. Those beaches have been closed for several years now. And any chance we're going to get those beaches open?

MR. DAWYDIAK:

We've actually begun dialogue with the State Health Department about that process. I know that there was at least one beach which was closed in direct relation to the sewage treatment plant. Our understanding is that the plant have been upgrade -- has been upgraded.

CHAIRMAN SPENCER:

Upgraded.

MR. DAWYDIAK:

And the final repairs to the collection system are also being affected as of this spring, so we're talking to State Health about what sampling would be needed to institute sanitary water quality to hopefully reopen those beaches this summer.

CHAIRMAN SPENCER:

Thank you. That would mean a lot to me. Thank you very much. Thank you for being here, and thanks for your time.

So, with that, I think we're going to take the money. I would like to make the motion to approve and place on the Consent Calendar. Seconded by Legislator Browning. All those in favor? Opposed? Abstentions? Thank you very much. That motion is approved. **(Vote: Approved 5-0-0-0)**

MR. DAWYDIAK:

Thank you, Dr. Spencer.

CHAIRMAN SPENCER:

Those are the two I'm taking out of order. Back to the tabled resolutions.

J.R. 2174 - A Local Law to warn consumers of the dangers of liquid nicotine products (Sponsor: Sarah Anker).

I'll make a motion to approve. Is there a second on the motion? Is there any other --

LEG. CALARCO:

Second.

CHAIRMAN SPENCER:

Second by Legislator Calarco. On the motion. Is there any discussion on that particular motion? Legislator Browning.

LEG. BROWNING:

I guess I'll start. You know, it's funny, when we were sitting here all this time and --

(*Feedback on the Microphone*)

LEG. CALARCO:

Who was that?

LEG. BROWNING:

That was me. Okay. So I'm sitting here thinking about signs everywhere. And I happened to Google a song called "Signs Signs". Everybody remember that song?

MR. NOLAN:

Paul Revere and the Raiders.

LEG. BROWNING:

No, I don't think it was Paul Revere. But, you know, again, you know, this was a song about frustration. And let me see what it says. It says -- oh, my mic is going to get in the way. I'm not singing for you.

(*Feedback on the Microphone*)

Why is it doing this? Yeah. "Sign, sign, everywhere a sign, Blockin' out the scenery, breakin' my mind." And I think this is kind of what we're seeing is going on, is we have so many signs in stores today that nobody's paying attention to them. But, you know, I think the intent when that song was written was about frustration over signs and forcing people, government institutions trying to enforce -- you know, telling people that they have to conform, you know. And that song was written during the hippie era when long hair was like, you know, you were a long-haired hippie freak, you wouldn't get a job. So, you know, again, I think it

was said well --

(*Feedback on the Microphone*)

Why is my phone doing this? Turn it off. I don't know why it's doing this. But, you know, I think it's been well said. You know, we have a law that says you have to put a childproof cap. We have laws that prohibit the sale to 21-year-olds. And like I said earlier, you know, talking to my kids, I'm a mother, I have three kids, I have my grandson. My son and daughter have moved in with me temporarily with my grandson. I had to put special locks on all my nice new cabinets just to keep him out of them. And, you know, when I said to my son and his wife, and I said, "So, you know, just curious, what do you guys think about this," and they kind of looked at me and they said, "Look, you know, what parent doesn't know today that, you know, nicotine, liquid nicotine wouldn't be harmful to your children? I'm not going to put cigarettes out and let my kids access cigarettes."

So, you know, again, it's government again trying to tell parents how to be parents, and that's not my job, that's their job. And, you know, if we want to start telling parents how to be parents, then before they walk out of the hospital, maybe we need to force them to get licenses, and take training, and, you know -- but I feel like this is interfering with people's rights.

And, you know, to put up signs in a store where there's already so many signs, you know, about, you know, drinking alcohol and cigarettes, and it's just, to me, when somebody walks into your store, it's just another sign that's going to be ignored. And, you know, I think Michael said it well, too, because when I went into that one store and saw, you know, the gas station, it's a small place, and I did see, when you mentioned about the windows, and right enough, there's so many things stuck on their windows that, no, they're not really seeing very well from the inside out. And they have -- it was just cluttered, in my opinion, with product, with signs, with lotto tickets, that I just don't see how in the name of God that guy could put up another sign that anybody's going to really pay attention to.

So I think that everything that needs to be done with the 21-year-old ban, with, you know, the requirement by the State to do childproof locks, you know, should we now, because, you know, Tylenol, all of our medications have childproof locks, do we need to put up a sign in a store, you know, warning people of whatever kind of over-the-counter medication there is that it's dangerous? We all know it's dangerous, everybody knows it's dangerous. So I really don't think this is necessary anymore. I think we should just move on and let's worry about the things that we should be worrying about.

CHAIRMAN SPENCER:

So I agree with Legislator Browning. And I see our friends here, they have to come here way too much, and I consider them friends from the gasoline retailers. And I would be in favor of even looking at all the signs that they have to put up that Suffolk County has any control over and requiring that we take some of them down. I know now that we have some of the ones that are over 21, that it was a different age for drinking and smoking and now there's one, maybe that could be one sign.

And I agree with you, that we can't -- and I know that I, as a physician, I've always had a pretty tough line to carry in balancing our protection function versus our government, and not having government overreach, which I'm very sensitive about. And I think that one of the things that I find, and I consider myself someone that is in a position of getting information from a Legislative point of view and as a physician, and, yes, I think that people are aware of the dangers of smoking and aware of the dangers of nicotine. And this came up before this body before and we tabled it, and we heard about that child that died Upstate. And, you know, I wonder, most people don't realize that just handling the substance -- and I think this is where the hook is here. Sure, no one

would let their kid smoke a cigarette, but the idea that you get something that comes in a melon flavored or mango flavored sort of packaging, I -- when I look as far as signs go, the idea to be able to tell a parent that if this comes in contact with your skin, something that you're used to inhaling or ingesting, that this can be absorbed through the skin of a baby, I think is extremely important.

And I do think a lot's been done as far as the under 21, but I don't think that helps as far as letting regular people know that you can't play with this stuff, you can't touch it. And that's where I do think we have -- because this a parent, could be a parent, teach their kids that you don't smoke, keep the cigarettes away from their kids. And you can have a baby pour this liquid nicotine and get a toxic exposure.

I agree, that the Federal Government, obviously, will weigh in on the packaging and the FDA, but the fact that we could put up a sign and be able to say, "Hey, if this stuff touches your skin, if this stuff is absorbed, it can harm you," I just have to really applaud Legislator Anker. It takes a lot of guts.

And, again, you know, my buddies at the gasoline retailers, I would love to sit down with them and look at all these stupid signs that they have to put up, and I would -- I would introduce legislation to take down the ones that are obsolete to take some of the pressure off of them.

But this is a tough one for me. I do think that there could potentially an issue here when you talk about someone becoming exposed to this. And so that's why I understand the opposition out there, but I'm of the mind to support it. Legislator Anker.

LEG. ANKER:

So, again, Doc, you spoke about signs, and this has to do with living and dying, and this has to do with children's -- you know, saving a child's life. The situation that happened in Fort Plain, Upstate New York dealt with a one-year-old child, and the parents did not know that liquid nicotine was as lethal as it is. Again, just one teaspoon dropped on your skin will kill you, will kill a child, less than that will kill a child, and a lot of people just don't know.

So, again, I -- you know, we worked on trying to help provide a warning to the people that were purchasing it, and worked with the Food Association, and decided to go more with a sign and a warning. So this is the least we can do to provide a safety measure for this unregulated toxic, dangerous substance that's been leashed -- you know, been given to our society. And, you know, unfortunately, a lot of the kids are getting this. A lot of teens are really becoming attracted to the gummy bear and the cotton candy and these flavors that are attractive.

Is it our job to police these toxic chemicals? No, it shouldn't be. Is the Federal Government doing anything about this? No, they're not and they should be. Has the State created legislation to help protect us? Absolutely. The safety -- the childproof caps, and also, you know, not being able to purchase the product. But there needs to be more.

Hey, I'm not saying you can't use this stuff, I'm just saying be aware. If you purchase this, be aware, you have -- there's lethal consequences, and especially for our kids. Basically, the sign says "Keep Out of Children's Reach." Is that asking too much to help protect our kids in Suffolk County? I don't think so.

CHAIRMAN SPENCER:

Legislator Calarco.

LEG. CALARCO:

Thank you. You know, there are times where there's overreach, and there's times where we have

an obligation to inform and make sure that people are knowing what they're purchasing and knowing what they're getting themselves into. And while, unfortunately, we'd like to think every parent knows exactly what's going on, and people who use the liquid nicotine products would know that, you know, it's dangerous, and not only dangerous and inappropriate for the child to smoke, but dangerous and inappropriate for the child to get -- if it gets on them, if it gets on their skin, it actually has the capacity to kill a young child. To give them information and require that to be provided is not really asking, in my opinion, an exorbitant amount.

And the reality is the language that the sponsor has put on her -- in her bill here for the resolution is the language that the major retailers of these products is putting on the product themselves, they are already putting it there. And the argument that they -- people should now, well, then why does the government require bottles of bleach to be labeled? I think we all know you don't want to chug down a bottle of bleach and you should keep it out of your kids' hands, but they put the warning label on the bottle of bleach that says, "Keep Out of Reach of Children, Poisonous if Consumed."

This is something that government regularly does with items that are toxic and poisonous, we make sure that that information is getting out there. Until the day comes that the Federal Government or the State Government requires the manufacturers to do this on all of their products, we have to try to protect the people that are here in Suffolk County to the means that we have. And the day that the Federal Government says to the manufacturers of all liquid nictines, "You must put this language on your bottle that says that it's dangerous and keep out of children's reach and that it's poisonous," then we can pull the signage down. We won't have to have our retailers put a sign up saying it's poisonous, because the manufacturers are doing it on their own accord. But that hasn't happened yet, and this is just being a proactive approach to address the issue and try to put down the number of deaths. And we have seen it, a spike in the number of incidents where young children are consuming or being poisoned by the product. We should be taking action in this case, so I support this bill.

CHAIRMAN SPENCER:

Legislator Trotta, then Legislator Anker.

LEG. TROTТА:

I applaud you. This is -- I mean, three months ago, I would have voted for this in a heartbeat, but things have changed. And it's not the message, it's how its delivered. I mean, I have the verbiage here and I'm going to read it, just so you can -- people could see this.

"Liquid nicotine warning: Liquid nicotine is poisonous if swallowed, inhaled, or it comes in contact with the skin. It is not regulated, so the amount of nicotine in each container is uncertain. Keep out of reach of children. The use of liquid nicotine can be addictive. It may increase heart rate, blood pressure, cause dizziness, nausea, aggravated respiratory conditions. Women who are pregnant or breastfeeding, persons who are at risk of heart disease, high blood pressure, diabetes, taking medication, depression, asthma should not use this product. Ingestion of nicotine may be fatal." I can't think of one person who's going to stand at a store and read that sign. I mean, should there be a public health awareness campaign? Yes. Should there about something else? Yes. But to require a store to put the sign up -- you know, I go into stores all the time. The signs become nothing to you, they just became background information. And to have that in there, the odds of the person buying that standing there reading that sign are, you know -- you know, one in a million will do that.

And, you know, it's just -- I believe two good steps have been taken. I think it should be on the bottle. I think it's admirable. And if we didn't have those other two-step station, I would vote for it, but it's just -- the reality of it is no one is going to read that sign. And, you know, I'm not going to put the burden on people -- if it was something different, I'm for an education campaign, I'm for

getting the word out there, doing something, but its just not -- it's just not, you know -- what's the word I'm looking for? It's just not practical, it's not practical. It's not -- we should do things practical and people aren't going to read that. So not that I don't support it, I support the idea, but I don't support how this message is being delivered.

CHAIRMAN SPENCER:

Legislator Anker.

LEG. ANKER:

Okay. I just -- I understand where you're coming from to some extent, but I think that's a very weak excuse on trying to prevent a death of a child. I think it's -- I think it's a very poor excuse.

But I also wanted to mentioned the statistics. Since liquid nicotine has come out, there has been an increase in Poison Control, federally, 300%, 300%. The American Association for Poison Control 2014 has doubled, doubled since 2013. We're seeing a major increase in the incidence of poison control. More than 50% are from children or regarding children that are under five years old. It's not even like I'm saying the teens are getting this stuff and it's an issue, which it is, I'm saying the parents that are buying liquid nicotine for their e-cigarette don't realize the potency of this product.

So, again, this is a very realistic, practical approach in making the public aware. It costs us the matter of the cost of a sheet of paper to download this warning from Suffolk County Health Department, print it out, and put it by their cash register so people understand.

If this product was maybe some bubble gum, or something, soda pop, something, you know, that's not a big deal, okay, fine. This substance kills people, and we have an incident of a child dying on December the 15th, 2004, because they didn't know. If there was a warning and this sheet of paper could have prevented the death of that child, it would have been worth it. So we're going to -- we're just going to move on. And, again, I hope that I can gain the support with the Legislature, but this is a very easy thing to do to help prevent a death of a child.

So, again, I just wanted to remind people of the statistics. I was approached by Suffolk County Health Department that saw this as an issue. I was approached by Suffolk County Police Department that also saw this as an issue with kids getting -- young teens getting hold of this stuff, even kids as young as 10, 11 and 12 getting hold of this. And what they do, they put it in their inhalers and they bring it to school. I mean, there's so many issues with this in general, but my main focus is to prevent a death of a young child.

CHAIRMAN SPENCER:

I have Legislator Calarco taking a second bite at the apple, and then Legislator Trotta will take his second bite.

LEG. CALARCO:

Well, I just hope that since Legislator Trotta thought it was important to read into the record the warning label that the sponsor has asked to be put on -- posted in the retail outlets, I want to read the warning label that Altria, who makes Mark Ten of vaping devices, puts on all of their products.

"This product is not a smoking cessation product and has not been tested as such. This product is intended for use by persons of legal age or older, and not by children, women who are pregnant or breastfeeding, or persons who are at risk of heart disease, high blood pressure, diabetes, or taking medicine for depression or asthma. Nicotine is addictive and habit-forming, and it is very toxic by inhalation, or in contact with the skin or swallowed. Nicotine can increase your heart rate and blood pressure, and cause dizziness, nausea and stomach pain. Inhalation of this product may aggravate existing respiratory conditions. Ingestion of the non-vaporized concentrated ingredients in the

cartridges can be poisonous." This is from one of the leading manufacturers of the product.

LEG. TROTTA:

I agree.

LEG. CALARCO:

And while some of the smaller makers say that these manufacturers are just doing this to scare out competition, or maybe get everybody back to cigarettes, I like to think they're actually being a little bit responsible, considering the fact that these -- this is the same company that does make -- does manufacturer cigarettes, and they've learned their lesson from the past, and that they can't mismarket their products as being safe and being for things that they're not actually for, such as cessation programs, and being something that's not going to have a potential impact on someone. And as the science continues to come out about these vaporized and the liquid nicotine products, more and more are finding out how actually dangerous they are for individuals, how they have much higher levels of formaldehyde than a regular cigarette does. So they are trying to stay ahead of the game, I think, so that they don't be subject to the kind of lawsuits that they've already been subject to in the past.

And, as I said, I don't think its asking a lot to have this kind of warning, which you read, which sounds pretty similar to the one I just read, be posted until all manufacturers are putting these warnings on their product.

LEG. TROTTA:

I couldn't agree --

CHAIRMAN SPENCER:

Yes.

LEG. TROTTA:

I couldn't agree more. I mean, the fact that you think the sign in the store is going to prevent this from happening, it's just not logical. So, when someone goes -- I would bet my life that more people have died, more kids have died from drinking Liquid Plumr than nicotine. So do we put a sign for Liquid Plumr?

LEG. ANKER:

It's already on the bottle.

LEG. CALARCO:

No. It's on the product, it's already on the product. That's my point, it's on the product already.

LEG. TROTTA:

You're right, but the point of the matter is --

LEG. CALARCO:

So, until they put it on the product, we should -- we should be proactive in making sure we put it someplace.

LEG. TROTTA:

Is it logical that someone is going to read the sign as they're checking out with five things? Its just not logical. I would much prefer an education campaign. Well, that's -- I don't think it's an effective way of doing it, because people -- I know there's signs up there. I don't know what they are, I'm not reading them.

LEG. ANKER:

Maybe you should.

LEG. TROTTA:

I'm not, and I'm sure most people don't read them.

LEG. CALARCO:

Even if only one person reads it and it keeps one kid from getting the stuff on them and getting seriously injured or killed, its, you know, worthwhile. It's a sign, it's one piece of paper.

CHAIRMAN SPENCER:

I would -- I understand that -- I would concede that it's not a perfect solution, but what's happening is that the marketplace is changing so quickly that the consumer a lot of times isn't in a position to educate themselves. And although you may not read the signs, I do know, being someone that deals with a lot of families, young moms and dads with small children, that they are aware of the signs. And that although you're right, I think that is this legislation perfect, could it be improved, I would prefer a smaller sign with less words, I would prefer it to be by the product. But when I look at the landscape that's out there and that this came before us, and I'm kicking myself that we didn't approve it the last time. I just wondered even if the pressure --

LEG. TROTTA:

Make them put it on the bottle.

CHAIRMAN SPENCER:

Well, we don't have jurisdiction over that. I think it should be on the bottle and I think it will be on the bottle. And I think that once it comes on the bottle, I think Legislator Anker would make a motion -- would repeal this, but its not on the bottle. And I do think that most people don't realize, you wouldn't suspect. You would think that you could pick up a cigarette. There's a movie out right now, "The Fault in our Stars," where the main character throughout the movie has a cigarette in her mouth, and no one would suspect that cigarettes and nicotine, which we're familiar with, that you can handle an unlit cigarette and not have it absorbed through your skin, and the fact that this is something that a child could get a hold of. It's designed in a deceptive packaging to look attractive to kids. It's mango, and berry, and fruit, that I do think that enough people would take notice, but -- of that particular sign.

And I think this Legislature, it's not that we're looking -- I'm very sensitive. When we tried to change the gasoline prices and saying that there had to be a discrepancy, I voted against it. I think this Legislature has been balanced and tried not to overreach. I think that sometimes we could be accused of these things. But I do think that Legislator Anker is on the right track, I think she has a great point. Is it perfect? No. Will someone read the sign? Yes. Will everyone read the sign? Absolutely not. But I do think that that is something that we can do that doesn't cause any harm, that could save a life, and that's why I would -- that's why I'm supporting this. Legislator Browning.

LEG. BROWNING:

You know, a little bit off topic here was about the e-cigarette issue. There was a British study that actually is talking about the possibility that e-cigarettes are a good smoking cessation, so -- but moving forward, again, you know, I see that, you know, the bill says that the sign has to be located near the register. And, again, I go back to the gas station that I was in the other day, and I look at where in the name of God would he put the sign, and that would be an issue for him. Now let's say he puts it on the back of the register. What if somebody pulls it off and somebody comes in from the Health Department? Now he's in trouble, because his sign just got pulled off, you know. Yeah, the little kids come in and they're touching stuff, and, you know, what if somebody just pulls the sign off? And now what does he -- he's going to be held responsible because his sign is not

properly displayed. And so when you're talking about a very small place and you're saying put it near the register, you know, I would challenge us all to go out and to every one of our gas stations and small convenience stores and figure out where that sign would go, because I think when -- you might say there's no harm, but the harm could come to the store owner, who now might have to be paying fines for not having his sign properly displayed. And who's going to make sure that they're properly displayed.

And, again, like I said, I do think sometimes we do get a little overreaching in legislating. I cannot legislate -- if someone lets their child have a bottle of nicotine and that childproof lock, they allow that child to open it, or they open it and give it to their child, that's pure stupidity, and I can't legislate stupidity. And that's a problem, is, you know, we -- you know, we keep saying it's going to save somebody's life. Well, I don't know the situation. You know, it's sad. I have 21-year -- 21-month-old living at home with me. Like I said, I have childproof locks. Oh, yes, I do. He's wrecking my house every day. But, you know, at the same time, he's into everything, but there's locks on the cabinet doors. The medications are where he can't reach them. I mean, that's common sense, and I can't legislate common sense.

So that's why I think that no matter what we do, you can put all the signs in the world, but if they don't have the common sense to not give that to their child, when they know there's a childproof lock -- I don't hand my grandson the bottle of Tylenol. I don't even hand him my vitamins. You know, when I take my vitamins in the morning, he's going, "Mama," you know, wants the bottle, no, he can't have it, and you put it away, so -- and I put it up high where he can't reach it.

So, you know, like I said, it's just I think this -- we're just going too far legislating people's lives, and some people just need to get with the program. And, you know, Rob, you said some people, some parents can be irresponsible. I can't change that. They may be irresponsible with -- they might wind up giving their -- letting their child play with the liquid nicotine bottle, but they may be stupid enough, too, to let them play with a bleach bottle. So, you know, you can have all the signs in the world, but sometimes stupidity cannot -- cannot be legislated.

CHAIRMAN SPENCER:

Very true, Legislator Browning. Legislator Browning, I'll give you the final word.

LEG. ANKER:

Can I say something?

CHAIRMAN SPENCER:

Absolutely, Legislator.

LEG. ANKER:

I just want to say, I understand that, you know, people don't have -- you know, you said stupidity, but this is about education, because right now, liquid vials of liquid nicotine, they're not being regulated. There's no law saying they have to put anything, what the content is in that vial. There's no law that says they have to put a warning on that vial. The only thing in New York State is you have to have a childproof cap, and also they can't be sold. So this is, again, to educate and inform. And if you can get that information out to the parents, Suffolk County will be a lot safer because of that.

So, again, it's not -- we're not saying -- and I hope Legislator Browning understands that. It's not stupidity, this is just a form of education, so.

CHAIRMAN SPENCER:

It seems like we have a divided committee here. I kind of know how everyone's voting, except for

one person. But, in any case, we will find out.

Are there any other motions besides the motion to approve? If not, we'll entertain the motion to approve. All those in favor? Opposed?

LEG. TROTTA:

(Raised hand).

LEG. BROWNING:

(Raised hand).

CHAIRMAN SPENCER:

Abstentions? The motion carries 3-2. Congratulations, Legislator Anker. **(Vote: Approved 3-2-0-0/Opposed: Legislators Browning and Trotta)**

LEG. ANKER:

Thank you.

CHAIRMAN SPENCER:

All right. This will go before the full Leg. on Tuesday. ***I.R. 2176 - A Local Law to protect children from exposure to toxic chemicals ("The Toxin Free Toys Act") (Sponsor: Kara Hahn)***. I make a motion to table for public hearing, second by Legislator Trotta. All those in favor? Opposed? Abstentions? **(Vote: Tabled for Public Hearing 5-0-0-0)**

I.R. 1031 - To extend the deadline for Tick and Vector-Borne Diseases Task Force to June 30th (2015). (Sponsor: Jay Schneiderman). I'll make a motion to approve.

LEG. CALARCO:

Second.

CHAIRMAN SPENCER:

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

I.R. 1034 - Designating April as "Donate Life-Organ Donation Month" in Suffolk County (Sponsor: Steven Stern). Legislator Stern has asked this to be tabled. He has people that are going to come in to address the issue and he would like it tabled. So seconded by Legislator Martinez. All those in favor? Opposed? Abstentions? Motion is tabled. **(Vote: Tabled 5-0-0-0)**.

I.R. 1050 we covered. ***I.R. 1051 is a reappointment, to reappoint member to the Food Policy Council (of Suffolk County) (Randi Shubin Dresner) (Sponsor: Kara Hahn)***. I'll make a motion to approve, second by Legislator Browning. All those in favor? Opposed? Abstentions? Motion carries.

Amending membership of the Sober House, I.R. 1052, Oversight Board (Sponsor: Kate Browning). Legislator Browning makes a motion to approve, I'll second. All those in favor? Opposed? Abstentions? The motion is approved. **(Vote: Approved 5-0-0-0)**

We covered ***I.R. 1058***. ***I.R. 1072***. Mr. Clerk, are you okay?

MR. RICHBERG:

Playing catchup.

CHAIRMAN SPENCER:

Am I going to fast?

MR. RICHBERG:

Don't worry about it, I'm good.

CHAIRMAN SPENCER:

You're good? Okay, thank you. ***I.R. 1072 - Amending the 2015 (Adopted) Operating Budget to accept and appropriate 100% (additional) State Aid from the New York State Office of Mental Health for Clubhouse of Suffolk, D.B.A. the Association for Mental Health and Wellness, for the purpose of continuing a Pilot Program in Suffolk County to assist Vets. (Sponsor: County Executive).*** I will make a motion to approve and place on the Consent Calendar, seconded by Legislator Calarco. All those in favor? Opposed? Abstentions? Motion is carried. ***(Vote: Approved 5-0-0-0)***

I have no other business before this committee today. I'll -- with that, we are adjourned. Thank you.

(*The meeting was adjourned at 3:50 p.m. *)