DATE

HEALTH COMMITTEE

OF THE

SUFFOLK COUNTY LEGISLATURE

MINUTES

A 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 May 28, 2015 at 2:00 p.m.

Members Present:
Legislator William Spencer - Chairman
Legislator Kate Browning - Vice Chair
Legislator Monica Martinez
Legislator Robert Trotta
Legislator Leslie Kennedy

Member Not Present:
Legislator Robert Calarco - Excused Absence

Also in Attendance:
George Nolan - Counsel to the Legislature
Jason Richberg - Chief Deputy Clerk/Suffolk County Legislature
Dr. James Tomarken - Commissioner/Suffolk County Department of Health
Steve Kane - Public Health Protection Bureau Department of Health
Elizabeth Alexander - Aide to Legislator Spencer
Bill Shilling - Aide to Legislator Calarco
Ali Nazir - Aide to Legislator Kennedy
Greg Moran - Aide to Legislator Trotta
Craig Freas - Budget Review Office
Katie Horst - County Executive Assistant
Kerri Suoto - County Executive Assistant
Dr. Stephen Dewey - Suffolk County Board of Health
Adrienne Esposito - Citizens Campaign for the Environment
Roberta Chase Wilding - Clean and Healthy New York
Christopher Goeken - NYLCV
Dr. Kimberly Wise - American Chemistry Council
Steve Rosario - American Chemistry Council
Nikki Kateman - Appointee/Food Policy Council of Suffolk County
All Other Interested Parties

Minutes Taken By:
Alison Mahoney - Court Stenographer

Minutes Transcribed By:
Kim Castiglione - Legislative Secretary

(*The meeting was called to order at 1:58 p.m.*)

CHAIRMAN SPENCER:
Good afternoon and welcome to the Health Committee. I'm going to ask if we could stand and have a salute to the flag, which will be led by Legislator Kennedy.

Salutation

CHAIRMAN SPENCER:
If we could remain standing for a lot of important events. One, a moment of silence for all of the men and women who are fighting and serving this country both at home and abroad. We also want to recognize all of the victims of the floods in Texas. Our thoughts and prayers are with them.

Moment of Silence

Thank you. You may be seated. I did want to mention a couple of important announcements. We are all familiar with Terry Pearsall, who is at North Shore Manhassat after -- excuse me one moment. Okay. Sorry, Counsel had a question. But he had a successful kidney transplant and I understand he is recuperating very well and our thoughts go out to him and his family.

Counsel was just making me aware that our meetings are being publicly aired, but we do have to have them transcribed, so we're just going to give a moment to have our transcription and our Clerk's Office. Sorry. Are you okay? Excellent. Thank you.

I think we are in good shape and ready to proceed. I do have two cards, and the first one is Roberta Chase Wilding, and if you would please come to the podium. And you've been with us before, and thank you for coming back, and you have three minutes to be able to address the committee. Thank you.

MS. WILDING:
Good afternoon. I'm Bobbi Chase Wilding. I'm the Deputy Director for Clean and Healthy New York and it's nice to be back here again. I am here to urge your support for the Toxic Free Toys Act that's been amended to really clarify exactly how the County would implement this. I think it's a very clean bill that really meets the needs that have been articulated and addresses the concerns that have been raised. We know that --

LEG. TROTTA:
That was a mistake.

CHAIRMAN SPENCER:
Go right ahead.

MS. WILDING:
We know that parents here in Suffolk County and across the state, in fact, across the nation are very concerned about toxic chemicals showing up in children's products and in toys and about safeguarding their children's health, and Suffolk County can take a huge step forward in protecting our kids health by advancing the Toxic Free Toys Act today. So there's, you know, growing momentum. There was a hearing in Monroe County last night, and I just wanted to remind you again how important this issue is and thank you for considering it. Thank you.

CHAIRMAN SPENCER:
Thank you. Thanks for being such a passionate advocate and for the information that you've provided to this Legislature. Thank you. Our next speaker is Chris Goeken, and also on the topic

of toxic free toys.

MR. GOEKEN:
Hi. So first off if I'm squinting strangely, it's because I left my glasses on the train last night. This is an old pair that doesn't quite work right and they're crooked, so. But in any event, thank you very much for taking this matter up. Over the past several months there's been a lot of discussion about this. There's been changes to the bill in response to both what Legislators have expressed concern about, what the County Executive's Office has expressed concern about, and I also think what industry has expressed concern about.

The bill, the toxic free toys bill now is a very straightforward and clean bill. It's very clear what the County will be doing, what they won't be doing. I think it makes a lot of sense from that perspective, and we know that the parents in Suffolk County and grandparents and anybody that wants to buy a toy for a kid, they're going to be really thankful when this law -- when this bill becomes a law. So I do urge you to pass it today out of committee so it can be voted on by the full Legislature.

I once again just want to thank all of you, especially the Chair, Doc Spencer, for taking this matter up and really spending so much time hearing about the issue and listening to us over and over again and thank you very much for that.

CHAIRMAN SPENCER:
Well, I appreciate your comments and thank you for working with us and, again, educating us on this important issue. Thank you. Next speaker is Dr. Kimberly Wise with the American Chemistry Council.

DR. WISE:
Good afternoon. My name is Kimberly Wise with the American Chemistry Council. I appreciate the opportunity to come and speak to you on behalf of the American Chemistry Council with a couple of concerns related to the current bill. I am a scientist, a toxicologist specifically, with the American Chemistry Council. I work in our Chemical Products and Technology Division, and so I'm really very supportive of legislation that is really built on sound science and to protect both human health and the environment.

A couple of the questions and concerns I have about this particular bill is that one of the missing elements of the bill is on the exposure aspect, and whether or not there's actual exposure to children from the toys and the chemicals that are being listed here. The bill outlined some specific areas and some specific chemistries that it would like to have removed from those toxic toys, but one of the things that it doesn't take in consideration is whether or not the chemicals are actually going to be exposed to children in those products. So I think before you move forward with passing any bill related to removing toxins out of toys, we want to make sure that it's actually going to have a health impact for the children, and that we're looking at actual exposures and the potential impact and the potential exposures to those children.

So I want to make sure that those aspects are taken into consideration, as well as there's an aspect in the bill that talks about using an analyzer to test certain chemistries in products as kind of a fail-safe to see how the bill is being enacted and whether or not there has been actual enforcements, and I think we need to make sure that there is one adequate training for employees that might be using that particular piece of equipment, as well as the type of information that that analyzer can actually provide. The analyzer provides information on the substance in that particular product, but not necessarily if that product has the ability to leach that chemical out of the product, and whether or not it's going to actually pose a risk.

I think those elements need to definitely be taken into consideration before any bill moves forward and is passed. And so I want to just make sure that there is these particular elements taken into consideration before a bill moves forward so that it actually will have some impact on children's health and safety.

CHAIRMAN SPENCER:
Thank you, Doctor. Legislator Kennedy has a question for you.

LEG. KENNEDY:
Good afternoon. Thank you for coming.

DR. WISE:
Thank you for having me.

LEG. KENNEDY:
Infants and toddlers and some older children we all know learn and explore by putting things in their mouth. With oral exposure, something that normally wouldn't leak out has a great potential to leak out of whatever toy -- not leak, but be absorbed by the child. How would you test to be sure that some product with oral exposure, and it's usually continual because babies and toddlers put everything in their mouth and they chew and they suck on them, on the toys constantly. How would you be able to test as a chemist?

DR. WISE:
So with oral exposure and, for instance, the toys in their mouth. You really have to look at the actual chemistry and how it's bound to the particular product, because depending on how the product is actually bound and that chemistry is bound will really impact how much would potentially be coming off with the actual sucking. There are models that have been put in place for various other types of products that you can kind of simulate the amount of chemical that might essentially come off of a product with the sucking motion, and so that's some information, like I said, that I think that needs to be taken into consideration with the product and how it might be exposed to children.

LEG. KENNEDY:
I understand bonding. I took a lot of chemistry, but still I don't know if you can adequately test for that, to see how much comes off and will be absorbed. If we're going to err, we should err on the side of being conservative.

DR. WISE:
I think what would be most helpful is to make sure that we're not being what I would say overly conservative and having something in place that's not necessarily going to provide added health benefit. And so what I am suggesting is that we do try to model to get more closely aligned with the actual exposure that children might have to that product and that chemistry that's in there.

So, for instance, if we take a broad view and say *Well we're going to be as overly conservative as possible*, then, for instance, water has the potential to cause hazard. You know, if you eat, you know, a certain amount of dirt. EPA, for instance, models for hand and mouth -- for dirt specifically in children in superfund sites. So they model the amount that they anticipate a child will actually put in their mouth. And that's what I am saying, that I think that we can make this legislation a little bit more tight and more effective if we make sure that we model for those particular exposures so that the information is really more efficient. As it stands now, it's being what I would consider overly conservative and not necessarily going to provide additional health benefits in children.

LEG. KENNEDY:
Okay. Thank you.

CHAIRMAN SPENCER:
Legislator Trotta also has a question for you, Doctor.

LEG. TROTTA:
I mean, clearly everyone wants the kids to be, you know, safe. Would you equate this to like, you know, 42,000 people a year get killed in car accidents and we're not going to put motorists in cars anymore or we're not going to drive anymore?

DR. WISE:
No, I mean, what I would equate this to is that if we have available science on these various chemistries, I mean, the bill outlines mercury, lead and others. There is a wealth of scientific information on these chemistries, and I think we just need to make sure that as we're building the legislation that we use that information and not just kind of blanket, you know, have a very conservative level. Let's try to make sure that the level that we're setting is actually going to cause and benefit children.

I think if we look at like overly precaution, as you mentioned about car accidents, we put our seat belts on when we get in our cars to help reduce the amount of risk, because we understand that there's a risk associated with driving the cars, potential accidents, and so we're doing everything we can to reduce that risk based on what we know by the facts and the information. If you wear your seatbelt, then you're less likely to die in a car accident.

What I'm saying is for this legislation that we take into consideration the available science that we have to ensure that when we put a number in our legislation, that it's likely to have a real health benefit to the children and that we're not just putting an arbitrary number that may not really benefit.

LEG. TROTTA:
What specifically do you think should be different?

DR. WISE:
Well, I guess the -- for the specific legislation, for instance, I think that exposure, so we don't have any information specifically on the exposure for children's toys specifically, for instance, to lead. So if we incorporated some of that information I think it would help us set a number that's more realistic than probably what's set currently in here. So that's just what I'm saying.

CHAIRMAN SPENCER:
Certainly. Legislator Kennedy would like to ask you another question.

DR. WISE:
Sure.

LEG. KENNEDY:
I do understand the science behind what you're saying, but my question is I don't need -- I don't think I want the chemical industry to tell me how many parts per million, billion, whatever, is safe for a child. In my view, no lead is safe for a child, because lead causes brain anomaly, lack of development, a ton of other things. What chemicals are you specifically concerned with?

DR. WISE:
So my view is I am not asking you or the Legislators here to allow the chemical industry to tell you

what concentration, I'm asking that you look towards a science to tell you what that concentration is. So not me, but whatever the science dictates as the appropriate concentration.

One of the things that I think is also important to take into consideration, and you mentioned specifically lead so we'll stay with lead right now, is that lead has the ability to cause health effects. We know this to be true. It does depend on the level that people are exposed to and those children that are exposed to. So this is why I'm harkening back to making sure that the Legislators here, as well as those that would enact this legislation, really take a good look at that science to make sure that whatever number is dictated in the legislation is appropriate based on that science.

So all I'm asking is that we take into consideration the science, because there is wealth, if we stick specifically to lead, there's a lot of science available for the levels of lead that potentially have health impacts for children. So I just want us to make sure that we're taking those numbers into consideration here.

LEG. KENNEDY:
Thank you.

CHAIRMAN SPENCER:
Thank you for your testimony. And I as a scientist, as a physician, I do believe in evidence-based medicine, I believe in evidence-based policy, but a lot of times, and here's where I have a concern with your position for two reasons. One, that we've seen many times in medicine when it comes to exposure there are immediate effects, but then we know that there are sometimes long-term effects that a lot of times don't become evident. We've seen that with things such as, you know, asbestos and other things that in the short-term, in any sort of clinical trial that you might do to sort of dictate what reasonable levels or what harm may be, there's delayed harm that may -- that it's also impossible to quantify, and we've become more intelligent as scientists and as physicians as time has gone on. Things that looked in the short-term 20 or 30 years ago as if there would be no harm, we've seen that there is harm later on.

And then the second thing that's an issue for me in terms of your argument, you indicated that we're being overly conservative. And I can balance that any time that I'm going to do some sort of preemption or ban, as I look at the impact of that ban, so if I'm doing something, for instance, with regards to travel or with automobiles, I'm looking at *Well, what harm am I doing? Am I preventing people from getting to work? Am I causing some issue?*

My concern with the toxic-free toys is that when we talk about toys -- if we made all of these toys that we're concerned about disappear off the face of the planet, there would be, besides the economic impact, and the economic impact obviously is important, but when we look at a relative risk, I feel I'd rather err on the side of being conservative. There's nothing that you can show me in a chemical trial or study as a chemist, as a physician, when I'm talking about a three-year old, and the same thing happens for me as a pediatrician. There's no statute of limitation when it comes to kids. Some of the actions or things that take place now can have an impact in terms of productivity for a young person when they are in their 30's or 40's or going to get a job, and we may not see anything in short-term in a clinical trial to be able to do that.

So I support what you're saying. It makes sense like let's not over legislate, let's not put policies in place, unless we can have sound science behind them. I totally agree with you there. But where I disagree is that, and you can see just in the basis of the past year, for the last 30 years we have told everyone fat is bad, bad, bad for you. Your dietary cholesterol is bad for you. Now we discover it's really the sugar that's doing most of the damage. And so we change, and you know this, all the time. I see it in medicine that -- we see that we're just the opposite. So I don't know the answer, and you're right. There may be some policies or levels that we might be putting into

place today that could be overly stringent. And so, you know, my issue is that I may be denying children this particular type of toy, but there's no harm to society. Now maybe you're arguing for the economic burden, but I think I have a responsibility to kind of supersede that.
So I don't see, even though you could give me studies, there's no way you can predict the future or how our knowledge is going to evolve when it comes to protecting children. So that's kind of why I respectfully disagree.

I wish you'd have been here earlier because we definitely have been going back and forth with industry and we have changed this legislation where initially there were no levels that were in place. Our Commissioner addressed concerns and so, you know, I mean, personally I appreciate what you're doing. I hope to get your information so that we can work together, but that's why I'm leaning more towards supporting it.

DR. WISE:
Could I make just two comments?

CHAIRMAN SPENCER:
Absolutely.

DR. WISE:
So the first was that obviously technology and what we learn about science has changed over the years, and we're going to know more in ten years than we know today. And so what I would say is that for the chemistries that are identified in this specific bill, we do know a lot about them. I would just implore the Legislators to look at that information as they're identifying the numbers that they choose to set in any legislation that moves forward. So that's one, just because we do know a lot. Some of that information has changed over the course of ten years, but I think that there's been a lot of evolution in some of these chemistries over those 10, 15 years that we do know that I'm not sure has been taken into consideration in the legislation as it stands now.

The second is as we're looking forward about, you know, is it okay just to be overly conservative because what harm is it doing if you take off some of these toys off of the market. What I would say is one of the things that's probably missing in this legislation is let's look at if it moves forward as it stands, and we are removing some toys with some of these toxic chemicals that have been identified here, let's look at what type of impact that has had moving forward, whether or not we're seeing any reduction in the type of health impacts. I think that that would be a good feedback loop to see whether or not the legislation that you would potentially move forward is actually having a health benefit, and if it's not, then you can come back and kind of revisit and make modifications. So I would just say let's make sure that we keep those two things in mind at a minimum as this discussion moves forward.

CHAIRMAN SPENCER:
Well, the American Chemistry Council is well represented by you, Doctor. Thank you. Thank you for your time. I appreciate it. Thank you.

DR. WISE:
Thank you.

CHAIRMAN SPENCER:
Our next speaker is Stephen Rosario, also with the American Chemistry Council. A one-two punch.

MR. ROSARIO:
Well, Mr. Chairman, as you know, I always get a lot of science questions that I can never answer, so I figured I would ask Dr. Wise, and as you can see, she did very well. Again, thank you for allowing

me a couple of minutes. I'm not going to reiterate anything that Dr. Wise said. Our issue is with the language of the legislation. Earlier this week we sent all members of the County Legislature a letter regarding the issues to the amendment. We don't think that the bill as amended really addresses some of the critical issues, and we raise this because we know what happened in Albany County. They passed their law, we tried working with them. They ignored us, and now the courts have stepped in and basically said you did not get it right. And their law has been stayed.

We're here to help you try and get it right, that's why we offered the amendments that we did. We think that there are -- they are reasonable. They go to the issues of accessibility and total content and intentionally added versus contaminant. So, again, we would ask the County Legislature to please seriously consider those amendments. You'll find them in the copy attached to the letter that I sent out, I believe, on Tuesday of this week. Thank you very much.

CHAIRMAN SPENCER:
Thank you. I appreciate it. It's nice to see you again also.

MR. ROSARIO:
Likewise.

CHAIRMAN SPENCER:
That's all the cards that I have. Is there anyone else that wishes to be heard? Is there anyone else that wishes to be heard? Adrienne, I saw you come in. I said that twice for you. I can't imagine that -- usually you always have something good to tell us. Welcome. You need no introduction.

MS. ESPOSITO:
Thank you very much.

CHAIRMAN SPENCER:
Adrienne Esposito, Citizens Campaign for the Environment. Thank you, Adrienne.

MS. ESPOSITO:
I'm just here to remind you once again that CCE is strongly supporting the banning of microbeads legislation that you have before you in the committee. Again, this bill is working its way not only through your legislative arena, but also through the State one. You'll be happy to know we're making a lot of progress on the State level, but it is not definite yet, and we need you to continue to move forward to help us ban microbeads.

You may have heard the great news, those of you who watch these sort of things, that, you know, three white beluga whales have been sighted numerous times throughout Long Island Sound. For environmentalists, that's like actually seeing Bigfoot. It's pretty equivalent to that. But as we know we have this type of special, endangered and rare wildlife, we have a special obligation to protect them. So I'm just throwing that out there as one more thing. You've heard it all from me before. I've given you all the literature, I've given you all the science. Now it's up to you. Please vote yes and ban microbeads. Thank you.

CHAIRMAN SPENCER:
Thank you, Adrienne. That concludes our public session. So with that, as far as the public, any other comments? Legislator Calarco has an excused absence from the committee. He's our Majority Leader. Him and his wife are in labor today and so our thoughts go out to him. His wife's in labor. He's there with her. I know I got a bunch of hisses right away, but it is a shared -- you know, he's there as the father and our thoughts are with them.

I wanted to -- we have a great presentation today and we're going to get to that, but we have an appointment that is coming before us and we usually have the consideration that we'll take the person who's waiting for the appointment out of order, and that's what we'll do. Is Nikki Kateman here with us? Hi, Nikki.

I'm going to ask for a motion to take ***IR 1385 - To appoint member to the Food Policy Council of Suffolk County (Nikki M. Kateman)(Hahn)*** out of order. Seconded by Legislator Kennedy. All those in favor? Opposed? Abstention? Motion is taken out of order. I'm going to make a motion to approve.

LEG. KENNEDY:
Second.

CHAIRMAN SPENCER:
I have a second. Legislator Kennedy had seconded it once again. All those in favor? Well, on the motion. So we have the motion before us. We have a motion to approve and a second. Nikki, welcome. Welcome to the Health Committee. Thank you. I first of all wanted to thank you for taking the time to come out and be with us. Thank you for being willing to serve, and what I was hoping you would do is just give us maybe a one minute introduction about where you're from, what your professional background is in relationship to food, and any thoughts that you have with regards to food issues here in Suffolk County.

MS. KATEMAN:
Absolutely. I would be happy to. Thank you for having me today. My name is Nikki Kateman. I am the Deputy Director of Politics, Communications and Special Projects for Local 338, which is an affiliate of the Retail Wholesale Department Store Union, United Food and Commercial Workers. We are a labor organization that represents about 19,000 working men and women here on Long Island, New York City, Hudson Valley and parts of Jersey. A large majority of our membership are workers at supermarkets and grocery stores and food retail. We also do represent pharmacist workers at drug retail stores and some other different amalgamated facilities.

Our membership works primarily in the industry that would be represented on the Food Policy Council. We would provide -- we provide a unique voice on the committee, as we are -- we represent the workers. We know what goes on in the stores. We kind of see the habits of consumers through interacting with our membership. So we can be a unique voice because of our experience working in the front lines of the Suffolk County families and what they experience in the stores, what their needs are as far as food and perishable items. We have in the City worked on the food desert issue, so I know that's a big concern here in Suffolk County as well, and we can be a great voice guiding on that issue.

CHAIRMAN SPENCER:
Well, it sounds like you do really great work, and I asked this question over the last couple of months of anyone that has come before us. One of the things that I felt most shocking most recently the special that's been on cable that talks about how that 50% of the edible food in this country is wasted, either during a harvest or manufacturing, culling and things like that. That if a cucumber has a bump on it or it's not a particular size it's discarded because it don't look great on display. There's a lot of expiration dates that are very aggressive, and understanding the difference between something that's expired or best used by date.

Are there any things that you have thought about with regards to the challenge where we have a crisis in this world or in this country of people that are hungry, food pantries that are doing everything they can, but 50% of the food is wasted. Have you addressed that issue? Do you have any personal thoughts, and is there anything that you think would be good policy to consider?

MS. KATEMAN:
So taking off my labor hat here and speaking primarily as an individual, France actually just passed legislation that requires food that's considered waste to not be thrown out and it would be donated to food pantries and supporting communities in need. I actually think that's an incredibly progressive and innovate way of handling it and making sure that the people in need get the food that they deserve. France is a little bit more progressive than we are. I don't know if that's also feasible. The burden might be on industry, but I think that would be a very fun and thoughtful way to approach it.

CHAIRMAN SPENCER:
It's good that you would say that. In fact, there's a lot of restaurants and supermarkets that will waste food that will say *Well, we'll get in trouble if we save it*, but I do think that's a great idea, especially when we look by the year of 2050 it's projected that we will not have enough food to be able to feed the population without doing extraordinary measures, which I won't say on the record. But, you know, my understanding is that other forms of food -- well, insects will be actually a major form of a food source to sustain the population, and yet we're wasting 50% of our food. So I did put it on the record, I did. A Chairman's prerogative, I can do it if I want to.

MS. KATEMAN:
We do have many supermarkets and retailers, I know there are plenty of restaurants that do great work with organizations like Island Harvest that actually do make sure that whatever they have goes -- is reused to make sure that people in need get the food that they need.

CHAIRMAN SPENCER:
Well, a really important issue. It's really important work that you're going to do on the Food Policy Council. I know as a labor representative, you know, but I appreciate your willingness to serve. I don't have any other concerns with this. Committee, I think we're ready to vote. All those in favor? Opposed? Abstentions? ***(Vote: 5-0-0-1 Not Present: Legislator Calarco).***

Congratulations, Nikki. The motion carried. That means you're passed out of committee. You will go before the full Legislature on Tuesday. You do not have to appear, but your appointment becomes official after confirmed by the entire Legislature. All right? Thank you. Thank you very much.

MS. KATEMAN:
Fantastic. Thank you very much. Have a great day.

CHAIRMAN SPENCER:
So we have the option of covering the agenda, but I think there's going to be some debate on the microbeads and the toxic-free toys, so I'm going to move on to our presentation. I see some sighs in the audience but, you know, we also -- you're going to -- you're in for a real treat. Today I'm very honored to have Stephen Dewey, who is a member of the Suffolk County Board of Health, but also someone that is renowned for his presentations throughout Suffolk County on the subject and the biochemistry with regards to addiction science. He has recently given us a presentation at the Board of Health and I was so compelled by his presentation, it was really something that I felt would give us significant insight as Legislators. And, Dr. Dewey, thank you for taking the time to join us. I appreciate you being here.

DR. DEWEY:
Thank you. I'm not used to sitting. Thank you very much for having me. Before I begin, I'd just like to thank you for appointing me to the Board. It's been an interesting, albeit very brief, tenure thus far. But one of the things that I found as the new kid on block, I wouldn't -- it wasn't obvious to me that the Board of Health would be as aggressive -- I shouldn't say it that way -- would be as

welcoming to the issues I've raised because I'm the new kid on block. But I have found that, in fact, they have been extremely helpful. And my work in substance abuse has been going on for over 30 years and when I brought it to the Board of Health, we've been talking about it almost every time we meet. They have been incredibly positive, very engaging. The Commissioner has been outstanding. I mean, his background is obviously in dealing with substance abuse issues from a research and treatment perspective as well. So I really appreciate the opportunity to have been appointed to the Board.

Next, as you said, I've spent the last 20 years talking in every school district across Long Island. It started from my being on my local Board of Ed. I brought my research and substance abuse to my local school district. Skip ahead 20 years, and I've been in every district in Suffolk and Nassau County and am unable to accept all the invitations I still get.

So what I thought I would do is show you what I showed the Board of Health, what I show school districts and the kids in school districts, and I kind of, as a teacher, I kind of like to make it dynamic. If you have comments during, ask. You don't have to wait till the end. Someone can help me get this.

CHAIRMAN SPENCER:
Until we get the presentation up I'm going to cover some of the agenda.

Tabled Resolutions

Tabled Resolution ***IR 1151 - Adopting Local Law No. -2015, A Local Law to ban the sale of personal care products containing microbeads in Suffolk County (Hahn).*** The sponsor of the bill has asked that we table it and we're going to follow that. I'll make a motion to table.

LEG. TROTTA:
Second.

CHAIRMAN SPENCER:
Second by Legislator Trotta. All those in favor? Opposed? Abstention? ***(Vote: 5-0-0-1 Not Present - Legislator Calarco)***

IR 1376 - To appoint member to the Food Policy Council of Suffolk County (Monique Gablenz) (Hahn). She has not been able to appear in front of the committee, so I'll make a motion to table. Second. All those in favor? Opposed? Abstention? The motion is tabled. ***(Vote: 5-0-0-1 Not Present - Legislator Calarco).***

We covered Nikki Kateman.

Introductory Resolutions

IR 1425 - Accepting and appropriating 100% Federal grant funds from the Centers for Disease Control (CDC) passed through Health Research Incorporated (HRI) to the Suffolk County Department of Health Services for Ebola Preparedness and Response Activities (Co. Exec.). It's a hundred percent. I'll make a motion to approve and place on the Consent Calendar. Second by Legislator Browning. All those in favor? Opposed? Abstentions? ***(Vote: 5-0-0-1 Not Present: Legislator Calarco)***

IR 1435 - Requesting legislative approval of a contract with Hudson River Healthcare, Inc. (HRHCare) for the operation of the Riverhead Health Center. This is not ready. They're working on details with regards to the public hearing, so I'll make a motion to table. Second by

Legislator Martinez. All those in favor? Opposed? Abstention? Motion is tabled. ***(Vote: 5-0-0-1 Not Present: Legislator Calarco)***

LEG. BROWNING:
I guess we can wait until after this, but I do have a question as far as has information been provided to the union with regards to the employees of I guess it was Amityville and Riverhead Health Center, numbers of employees, where everybody is. All that good stuff.

CHAIRMAN SPENCER:
Okay. So we'll come back to that. So we have -- there's going to be some significant debate on the toxic-free toys, so we will cover that last resolution after our presentation. And with that, with the slides up and ready to go, Dr. Stephen Dewey.

DR. DEWEY:
Thank you. For those of you who don't know, I currently work at the Feinstein Institute. It's part of North Shore/LIJ. After 23 years at Brookhaven Lab they decided to close the Imagining Center and I moved there. I would like to acknowledge two people that I work with closely, Nora Volkow, who is the Director of NIDA, and Joanna Fowler, who was the Director of my group back at Brookhaven.

So I've been studying substance abuse for over 30 years. I bring that information to the classroom, elementary schools, middle schools, high school. And again, I thought I would just show you what it is we do. What we do is we study the human brain. We take pictures of it using a camera called a PET Scanner. Most people are familiar with the CT, x-ray and MR. These are imagining techniques that are in every hospital, and they take pictures of how the body looks. But in a disease like substance abuse, anatomy of the body doesn't change; what changes is function, so we really need a camera that takes pictures of function.

That camera is called a PET Scanner, Positron Emission Tomography. It's an imaging technique that's currently available in many hospitals around the U.S. It's primary indication is for oncology, but we use it to study the human brain and to see how changes in brain function change as a consequence of exposure to different drugs of abuse.

What you have here are just three classic PET scans of three normal people just showing you the difference of the range of PET. What we're looking at really are just colors. So you're just looking at the reds and yellows and comparing to the blues and violets. If you remember the colors of the rainbow, ROYGBIV, red means there's a whole lot going on in the brain, and violet or blue, not much.

So the three PET scans that you see here is on the left is a five-day old baby, normal PET scan. You can see that five day old babies, their brains aren't terribly active. The middle is a six-year old boy. You can see that a six-year old boy has a very, very, active brain. Anyone whose got kids knows that six-year olds are getting into everything. And as we get older, the picture on the right is about a 35-year old male, normal PET scan, but you can see that as we age our brain becomes less active. The point here really is twofold. One, to get you familiar with PET scans, and two, to show you that age makes a big difference. So if we look at 12 year old methamphetamine abuser, I have to compare it to a 12-year old who isn't. I can't compare a 12-year old to a to 35-year old.

So we use PET to look at how drugs of abuse alter the brain. For those of you who have never seen a PET Scanner, that's what a PET Scanner looks like. It's not a terribly impressive machine. It's just a big box with an opening. We can scan our patients head to toe.

A couple of things just to get on common ground. Every single drug of abuse that's out there works by increasing a chemical in our brain called dopamine. We all have dopamine, all of us use it. It's the primary neurotransmitter or chemical used to allow us to move. It's a neurotransmitter associated with novelty seeking, and all that means is kids who on self-report tend to say they would try something novel, they're novelty seekers, have higher dopamine levels than kids who don't. So we associate dopamine with novelty seeking, which addresses kind of the question of getting at why do some kids abuse drugs and others don't. Your sense of well-being, whether you're happy or sad. We typically associate well-being mood with serotonin, but dopamine also plays a very important role. In addiction, every drug of abuse that's out there increases brain dopamine. That's how drugs of abuse work. They work through the dopamine system and they increase brain dopamine concentrations.

So we've been studying all drugs of abuse. You might imagine over 30 years we can look at a lot of different drugs, look at how they affect the brain, changes that have gone on in the brain not only acutely, but over time, and that speaks to the comment you raised before. One of the things that's very important is acute doses produce changes that are very different than long-term chronic exposure. And that's something that's really important if we think about someone who abuses a drug once or twice may have a change, but if they abuse it a few times or even longer, changes are greater the longer we're exposed.

CHAIRMAN SPENCER:
So with Parkinson's, for instance, dopamine, you have less dopamine receptors?

DR. DEWEY:
Actually in Parkinson's Disease you have more dopamine receptors because you have less dopamine. So in the Parkinson's Disease what we see is dopamine neurons die. We don't know why, but they die. As a consequence, dopamine receptors start to increase. It's a compensatory thing.

CHAIRMAN SPENCER:
We think of the symptoms of Parkinson's where someone has less movement, which you described. Are Parkinson's patients less likely to take -- what do you see on the addiction side with Parkinson's patients?

DR. DEWEY:
It's a really good question. Parkinson's patients tend to be less substance abusers, mostly because we think the last thing they want to deal with is addiction issues. They're having trouble with being able to move, they're having trouble motivating themselves to move, they have a high incidence of depression. So typically when you talk to them they'll say the last thing I need to do is start using methamphetamine. But to answer your question, they actually have a lower incidence, which is consistent. They have lower brain dopamine.

So one of the things that kids always ask me or I'm asked all the time is, you know, how come kids relapse. Why do people take a drug more than once. Well, it turns out that the number one cause of relapse is the environment. So one of the things that's always intrigued us is how can we show that to kids. What can we do to show kids that the environment matters, because when you speak to kids and you tell them the environment, they roll their eyes and, you know.

And interesting study was done where we went out and got 40 people who like coffee. That was their requirement. They had to be normal and healthy and all that stuff. They had to like coffee. We brought them to the Imaging Center and we scanned them, and they were going to serve as controls for all our studies. We need age match control, so we got a bunch of -- 40 people who were normal controls. The requirement was they had to like coffee. During the PET scan, we brewed a pot of coffee in the next room. They didn't know we were going to do it. They had no

desire -- we didn't tell them we were going to do it. They couldn't have it, they didn't know it was happening, but they could smell it during the scan.

These are the images of those 40 brains, and what you see in the top left, you only see one spot, that bright yellow, because it's only one-half of the brain. Top right, two spots, bottom left, two spots. This is part of the brain called the nucleus accumbens. What you're seeing here is, in the absence of a drug, these people had no drug, nothing was given to them, but in the presence for a cue, presence of a cue for a drug they like, in this case caffeine, and the cue here is the smell of coffee, their brain activates in the nucleus accumbens, and only the nucleus accumbens. That's the part of the brain that motivates you to seek something that you want. So it's a perfect example of how a cue for a drug you like motivates you to seek that drug again.

And there's nothing really surprising here. We talk about treatment. What do we want to do in treatment? We want to get people out of their environment. We want to get them away from the kids they hang out with. We want to get them away from the street corners they go to. Get them away from the parking lots where they tend to assemble. Because the very presence of those things cues them to relapse, and this is just a perfect example of how the environment plays such a powerful role.

And when we talk to kids, and they'll say that, you know, they get together and drink when they're a group. That speaks to this cue causing them to relapse or causing them to want to pursue that drug. So it's just a classic example showing how the environment impacts.

CHAIRMAN SPENCER:
What does the nuclear accumbens do when it activates? Does it release dopamine?

DR. DEWEY:
Absolutely. It releases large quantities of brain dopamine, which make people -- so you'll hear people -- some people will talk about a rush, they'll get a rush. We hear quite commonly when cocaine abusers see a white powder, if they see a white powder on TV or they see a white powder at home, they'll get a rush, which is related to this cue induced dopamine release. The nucleus accumbens has the highest concentration of brain dopamine.

CHAIRMAN SPENCER:
What happens -- so the nucleus lights up when they smell the coffee.

DR. DEWEY:
Correct.

CHAIRMAN SPENCER:
They want the coffee, dopamine levels go up.

DR. DEWEY:
Correct.

CHAIRMAN SPENCER:
So if they don't get the coffee, what do we see? Do we see increasing levels, agitation, withdrawal? And what happens when they get the coffee? Do we see the brain then turns off? Does the dopamine drop after they achieve what they're looking for?

DR. DEWEY:
Absolutely. Those are really good questions. So what happens when they don't get the coffee, in this case, they become agitated. They want their caffeine. They want their coffee. Can I buy a

cup, how much do I have to pay to get it. Then they start talking about what it is. It smells like Starbucks, it smells like Dunkin' Donuts. They start to now freely talk about what it is, they like it this way, they don't like it. If they don't get it, they become agitated. Now, we see this as a classic withdrawal symptom.

If you then reward them by giving them caffeine, the nuclear accumbens returns to baseline, the agitation goes down, anxiety dissipates, whole brain glucose metabolism lowers. So the simple act of getting the very drug they want returns their brain to a baseline state.

So then the question is what does caffeine do. This is a classic caffeine study. Individual on the right, normal control baseline scan. Give him a 16 ounce can of Monster to drink. Monster is a highly caffeinated -- it comes in 16 ounce cans. You see their brain activate, it's on the left. Now, that's not so terribly exciting. We all know that one of the reasons we drink coffee in the morning is to get a kick start, right? The thing that's a little bit more compelling here, and something that we try to teach the kids is that, yes, this is the metabolic response. This is what happens to your brain when it gets caffeine, but more importantly is the duration of the effect.

If you talk to kids or you talk to us and you have a cup of coffee or you have caffeine, you feel more active. You don't feel more active for the rest of the day, you feel more active for a short period of time. This effect lasts 24 to 36 hours, much longer than the drug itself. So it's a classic example that shows that when you take a drug that alters the way you feel, it changes your brain, which you can see, but the change in your brain persists for a lot longer than the way you feel. So it's just an example of how an acute dose of a drug produces brain changes that persist far longer than the drug makes you feel. This is -- when you talk to kids and they say *I get jacked up, you know, I'm jacked up for an hour*. Well, then the effect of caffeine wears off. Actually it doesn't wear off. You accommodate, or your brain adjusts for the presence of increased metabolism, and now you start -- you have a new normal. So it just shows that we need to be aware that the effects of drugs last a lot longer than the effects of how they make you feel or the manifestations of those changes.

CHAIRMAN SPENCER:
I'm so sorry, Dr. Dewey. I'm really getting good information here. So I understand -- so the nuclear accumbens lights up, dopamine levels goes up, but then they get the coffee, so they're getting caffeine. So there's an impact of caffeine causing other areas of the brain to light up, but the dopamine -- so the dopamine levels are going back down at that point --

DR. DEWEY:
Correct.

CHAIRMAN SPENCER:
-- and now we're strictly dealing with the drug effect --

DR. DEWEY:
Correct.

CHAIRMAN SPENCER:
-- of that. And so -- but that effect continues, so that's going on. What happens with the nucleus accumbens with the caffeine? So it's in there for 24-hours. Does that stay suppressed, and then once the total brain starts to go off of that caffeine high, then does that nucleus start to bring up the dopamine levels again?

DR. DEWEY:
Right. So to address that question, we need to get a little bit more in-depth with the neurophysiology. So neurons will fire at a specific rate. We all have neurons in our brains and

they're firing at a specific rate. That rate depends on a whole bunch of things. When you take a drug like caffeine, the firing rate in the nucleus accumbens goes way up. So cells now are firing faster, dopamine is being released. Neurons are very, very good at accommodating the presence of a change in firing rate, which means all those neurons start to fire very quickly. Pretty soon the whole brains adjusts to that firing. When it adjusts -- so you start to see it active, right? The caffeine is going up, causes the brain to go up, that's the brain adjusting to an increase in cell firing in the accumbens.

Over time, the brain adjusts. When it adjusts, it's now at what we call a new normal state, so things start to settle down. It's in a new normal state. It's higher because it had this increase in self-firing, but it's now at a new state. That's why you feel normal, because now it's back, it's now what it's considered -- now it's saying I got this input, I'm adjusting to the input, now I'm normal again. Then over time, that cell firing starts to slow down. The brain starts to go back down. All of a sudden, you start to crave the drug again.

So it's -- the answer to your question is we get an increase in cell firing, neurons connected to the accumbens accommodate for that increase in cell firing. That accomodation produces a new normal state. That's why people will drink caffeine and they'll feel fine the rest of the day, but over time, the next morning, that firing has calmed backed down and they want their caffeine again.

CHAIRMAN SPENCER:
Thank you.

DR. DEWEY:
Okay. So nicotine and smoking. The kids are pretty well-versed in cancer. They'll tell you if you smoke you get cancer. All right. So we talk about that a little bit. But then we look at the brain, and this is some of the work that Joanna Fowler has done. Showing the left is a normal control person, and we're looking at a very specific chemical in the middle of her brain, middle of their brain, called the thalamus. You see it's very high there, that's a nonsmoker. On the right is a smoker. What she's shown is that if you smoke tobacco products, you destroy this chemical in your brain called monoamine oxidase. Not only half the people, everyone. Every person who smokes loses monoamine oxidase. They lose it dose dependently. The person who is smoking one pack doesn't lose as much as the person who is smoking three packs. So it's a dose dependent loss that's ubiquitous. Everyone who smokes, whether it's cigarettes or cigars or hookah, loses this chemical.

Now, the question is what does the chemical do. So we talked about increasing brain dopamine when you take a drug. Well, if your brain can increase dopamine, it has to have a way to lower it. It's no different than what we do every day in our lives. If you walk into this room, you are using increased dopamine levels to allow you to walk. But when you sit down, you're not moving anymore, your brain's got to be able to bring those dopamine levels down, otherwise you'll continue to move. The chemical that it uses to bring down dopamine is monoamine oxidase. So, what does it mean.

In the real world it means when you smoke cigarettes, the nicotine increases brain dopamine. Hence, the addictive liability. Next, there are compounds in tobacco that break down dopamine. So what does it mean? It means when you smoke, dopamine levels go up, and there's something else in tobacco that keep them up. So that's why tobacco becomes so addictive. You're getting a drug that elevates dopamine, nicotine, and you're getting a drug that destroys the very mechanism your brain uses to bring those dopamine levels back down. Very simple, straightforward.

What does it mean in the real world to kids? So what it means in the real world to kids we think is when a kid goes to a party, and this is now a kid who says they're never going to do drugs, they

sign a contract with mom and dad I'm not going to do drugs. They go to a party and at that party, people are smoking. They're breathing in secondhand smoke, which does the same thing as direct smoke. All of a sudden they're losing monoamine oxidase, their dopamine levels start to go up, and pretty soon they go up to a point where we see in people who are abusing drugs constantly. So all of a sudden you have kids who will say, *I don't know why the hell I tried ecstasy. I have no idea why I did it*. It turns out that we now think that secondhand smoke is causing an increase in brain dopamine which leads to behaviors consistent with substance abuse. So the thing is with kids you just tell them you got to be aware that when you're in the presence of secondhand smoke, there's a potential for you to behave in a way you might not normally behave because of changes in brain dopamine.

Now there's a lot of hype, I get asked all the time about e-cigarettes. And e-cigarettes, we all know the deal here, e-cigarettes is really nothing more than a means to deliver nicotine safely. No different really than the gum, than patches, than inhalers, except that it addresses one of the problems with smoking is people get addicted not just to the nicotine, but to the behavior associated with smoking. If you ever want to see that demonstrated, have someone who smokes, smoke in a dark room, pitch black. It's a very different experience, because the smoker is hooked not only on the nicotine, but the smoke as it rises from the cigarette, the look of the cigarette, and if they can't see any of that because they're in a dark room, then all of a sudden it's not as rewarding.

The e-cigarette is just a delivery system to deliver nicotine, straightforward. There's no fancy science here. The issues that are starting to come up is in order to get nicotine to volatilize, that is to make it so that you can heat it up to breathe it in, there's some evidence now that there are compounds like formaldehyde associated with the very liquid that nicotine is in. So there are now papers being published showing that there are high concentrations of formaldehyde in e-cigarettes. Well, formaldehyde we know is a carcinogen. It's what we use to embalm bodies. So it's just, again, something we need to be aware of that there are now reports coming out that there are increases in formaldehyde concentration.

Alcohol. We do a lot of work with alcohol and kids. Kids tell me every day how they're abusing alcohol, what it is they're doing, funnels, shotgun, keg stand, beer pong. I've heard this now forever. My work back in 70's in fetal alcohol syndrome, kids were doing keg stands back then, so there's nothing really new here. In the last few years there has been an increase in two new ways that kids are abusing alcohol. I've heard it from every school district I've been in. Kids have talked to me about eyeballing and using tampons, so it's nothing new. It's nothing that we didn't know already. The problem is it's becoming much more prevalent.

Eyeballing is very simple. Kids are taking clear alcohol, putting their eye on the bottle, tipping the bottle back, and the alcohol fills their eye. Now, our eye is filled with something called aqueous humor, and that's water. Water and alcohol exchange readily. Alcohol goes into the eye, kids get hammered. They get hammered. It's popular. Kids will tell you now -- the first thing you'll hear is *Yeah, but it hurts*, which it hurts. But, it turns out that things that hurt is a double edged sword, because kids -- it hurts, now they make a game out of it. How long can I hold the bottle up, so we have a stopwatch added. So now you'll hear kids talk about Billy can hold the bottle up for ten minutes, Nancy can only do it for six. So this is something we're seeing a lot. It's becoming very common. Kids are now self- reporting the times that they can keep the bottle up.

Next are tampons. Again, nothing new, but the prevalence is going way up. And I think it's obvious why this is happening. It all -- when you talk to the kids, it all comes down to being caught. When kids came home from parties -- my own two kids, when they would come home from parties, mom and dad would stand in front of them and say *Breathe on me*, right, to see if they have beer breath. *Have you been drinking? No, not at all. Breathe on me*. Boom, beer breath, busted. But if you put it in your eye or you put it rectally it doesn't come out on your breath, so we

don't get caught. It's very simple. We hear it all the time. It's all about hiding it. And you might say, because kids have told me, the problem with putting it in your eye is your eyes get bloodshot. Well, mom and dad pick up bloodshot pretty quick, but kids are very quick to say the place was full of smoke. *Oh, okay, well, that makes sense.*

So these are -- the biggest increase we're seeing in the use of alcohol in Suffolk County and Nassau County is eyeballing and tampons. And it's as prevalent in boys with tampons as it is with girls, so this is not a this is what the girls do and this is what the boys -- no, they all do it.

CHAIRMAN SPENCER:
The thing that came out when we were discussing this in the Board of Health was that when she put the alcohol in the eye, it starts to dry up the iris, the retina and, you know, over time with sometimes one use, there can be delayed blindness where kids can go blind permanently, sometimes months later. And the same thing in the rectum, that the alcohol takes all the water out of the rectum and sometimes it can lead to colon ruptures. Kids may have to have colostomies.

DR. DEWEY:
Correct.

CHAIRMAN SPENCER:
And this can be, you know, like much delayed use. It's extremely painful when they do it, and we discovered that there is a potential long-term, permanent injury that can occur.

DR. DEWEY:
Absolutely. And those are now starting to become reported more and more. And the other thing that we didn't touch on was we know that alcohol poisoning is a real problem. We hear about it all the time. Kids drink too much alcohol and it kills them. But one of the things if you drink too much alcohol you can vomit. Throwing up is a mechanism our body uses to rid itself of the toxicity associated with alcohol. But if you put it in rectally or you put it in your eye, vomiting doesn't work. So now all of a sudden the lethality of alcohol goes way up. The amount that it takes to kill you drinking it is X, but the amount it takes to kill you when you put it in your rectum or your eye is X over some number. That is a smaller amount. Because believe it or not, vomiting is a way your body naturally protects itself against toxins. So too much alcohol in your stomach, you vomit. Too much in your eye, you can't, because alcohol in your eye or in your rectum goes directly into the bloodstream. It's a vascular delivery. And alcohol levels go up in your blood, you can't vomit from the alcohol in your blood.

If we look at the effects of alcohol on the brain, this is straightforward. Our top is our control. Normal PET scans are two slices. One is at the level of the eyes, the other, on the right, is at the level of the cerebellum. An individual gets intoxicated, you can see that they become metabolically blunted. This is a classic metabolic image associated with alcohol use. If you use alcohol your brain metabolism goes way down. Well, we kind of didn't need to do PET scans to know that that was going to happen, because we can talk to someone who's intoxicated and they don't behave as well, they don't balance as well. They can't walk as well, they can't touch their finger to their nose as well, they can't recall things as well. It's all consistent with a decrease in brain metabolism, which is what you see following the acute dose.

Now, the thing that becomes more compelling here is just what we saw with caffeine. This effect can last four or five days. So a person, a kid who is drinking alcohol on Friday or Saturday morning, Friday night or Saturday normal, when he or she goes to school Monday and they think their brain is normal, it's not normal until Tuesday or Wednesday. So, again, you have a perfect example of how a drug used acutely produces changes that last for days.

So what kids are doing, we all know this, right, binge drinking. You just saw. Karen, which is treatment center, just tweeted yesterday that there's been about 13 or 14% increase in binge drinking just in the last five years. Binge drinking we all know is drinking, it's the seven glasses of wine one day is different than seven glasses of wine over a week, one day a week. So binge drinking produces increases in brain dopamine as well, which produce marked decreases in brain glucose metabolism, which can last four or five days.

So kids continue to do this until at some point what happens is the brain becomes permanently hypometabolic. On the left is a normal control, in the center is an alcoholic who hasn't had a drink in over 20 years, and the person on the right is an alcoholic who's intoxicated. What we see is the only way to restore -- that alcoholic in the center has a permanently hypometabolic brain. His brain is permanently reduced in glucose metabolism relative to age match control. The only way to get it back to normal so far that we've seen is to continue drinking. That's the person on the right. That's why when you ask alcoholics why they drink, the number one answer isn't I want to get drunk. The number one answer is it makes me feel normal. So alcoholics drink to feel normal. Here's a metabolic image that shows just that, that when the alcoholic is intoxicated, his or her brain metabolism is considered normal. In the absence of alcohol, it's hypometabolic.

It just shows us, it's a way to teach, to talk to kids about the long-term consequences, because kids always will say to you *What's it going to do to me tomorrow? It didn't do anything to me yesterday*. So we try to show them that there are long-term changes that may not manifest in a week, they may not manifest for 20 years, yet we now have metabolic evidence, we have scientific evidence that changes do occur.

CHAIRMAN SPENCER:
Dr. Dewey, so if that brain scan for the alcoholic shows that it's normal when they're intoxicated or close to normal when you're comparing to their peers, is that person's ability to function compromised or if you have a chronic long-term alcoholic, is able to work and function and carry on and may be able to hide this from most people.

DR. DEWEY:
Absolutely. That's the thing that's the most, not the most, very interesting, is that these people will function normally when they're intoxicated. It's actually hard to pick it up. Now, we know long-term there are diseases like Verna Key Korsakoff's, where long-term, chronic alcohol exposure causes a demyelinating disease in the brain which causes cognitive impairment, but that's way down the road. For the classic alcoholic it's very difficult to determine if the alcoholic is intoxicated because when alcoholics are intoxicated, they tend to function normally, which is consistent with their brain scan.

CHAIRMAN SPENCER:
What about when it comes to like operating a motor vehicle. Do they have the same impairment that you would see as with a non-alcoholic who's intoxicated?

DR. DEWEY:
That's another great question. There is now evidence that shows that some alcoholics, when they're intoxicated, perform just as well as the non-alcoholic sober. So they're rumblings in the business of trying to get -- allow alcoholics to be able to drive if they're intoxicated because they can -- they behave within a normal range. That's just the thing -- you know, in my field you hear every strange thing you might imagine, right? That was actually one of the less strange things you hear in my field.

Pot. We've been doing a lot of work with pot. We all know that there's all kinds of work being done with pot and it's becoming less and less legislated or maybe is it more and more legislated? I

don't know. It's becoming more accessible. You talk to kids in school districts, kids are smoking pot. I hear it as much as I ever did, and now what I hear more common than not is it's going to be legal, so I can do it. So one of the things that are now starting to come out are studies looking at the long-term consequences of marijuana use in adolescence. There are now several good studies. Remember this functional imagining is relatively new. It's only about ten years old in the substance abuse arena. So now we're getting studies that showing there's profound changes in the brain of people who use marijuana during adolescence. And if you look at these images, this paper just came out last November, the changes are not global. We saw with alcohol the changes are global; the whole brain changed. But with pot, it's very unique. It's the frontal cortex that looks like it's being delayed or changing.

Now, the frontal cortex is that part of our brain that develops last. It's that part of your brain that allows you to make cognitive or higher order decisions. So speaking now as a parent, and I'll couch this as easily as I can. Sometimes my kids didn't make great decisions in their lives, not with respect to drugs, but they'd say something and you'd go *what*? It turns out we need our frontal cortex to integrate all the information presented to us to make a decision. Adolescence that frontal cortex isn't developed, so it's not unreasonable to expect that adolescents will make decisions we as adults might not understand, because they're just not able to incorporate their frontal cortex into the decision-making process. So kids say *cut through the crap, what do you mean*. A child has to make a decision based on ten pieces of information. He or she may only use two of those, whereas an adult will use all ten. We may weight them differently, but at least we'll look at them. The child will look at two.

Well, now there's evidence that marijuana is starting to slow down the development of the front cortex, which isn't complete until you're 24, 25, 26. So now we're starting to see real evidence of changes that are specific to different parts of the brain in adolescence as a consequence of THC exposure. So now we're starting -- I always hear that it doesn't do anything. Kids have told me forever it doesn't do anything. There's now very compelling evidence that nothing could be further from the truth, and in fact, it is changing the brain, and it's changing it in a very unique pattern.

I think everyone knows about ectasy. I hear a lot about ecstasy in school districts. I don't hear as much about it as I used to. Ecstasy is methylenedioxymethamphetamine. It's a drug that's very serotonin toxic. It produces changes in brain serotonin. Serotonin is another neurotransmitter like dopamine, and one of the things that it's notorious for is it kills by making people hyperthermic, so it raises body temperature, core temperate very high. Kids die from becoming hyperthermic. And you see this in raves. It's actually the rave drug. It's pretty common in school districts.

One of the things that's very unique about it with respect to all the other drugs is most kids who have used ecstasy have never really had true methylenedioxymethamphetamine. It is the most impure drug of abuse that's out there. So the rule of thumb is when they have a pill that they say is ecstasy, it's probably 1 or 2% ecstasy. There rest is all the crap that gets put in with it. So ecstasy is a drug that kids use, but in actuality they get very little because the stuff that's out there isn't really pure ecstasy.

Cocaine. I won't belabor the point. Cocaine is a drug that produces a permanent change in brain dopamine. If you lose brain dopamine all the manifestations, you have trouble with moving, motivation, become addicted, high incidence of depression. One of the classic things with parents with kids with cocaine problems is they say is *It's my kid but it's not my kid*. What you'll see is as you lose brain dopamine you lose your ability to feel pleasure from anything. So if you take away your ability to feel pleasure from anything, then you're going to change your world. You're no longer going to hang out with the friends you used to, because they don't make you feel good anymore. You may no longer play Xbox. You used to love Xbox, but now you don't love anything, so you stop doing that. So parents will report my kid's changed. It's my kid, but they

don't like anything they used to like. They don't hang out with who they did, they no longer play in the band, they quit playing Xbox. That's because they're losing brain dopamine, which is the chemical that allows us to feel natural rewards.

We know that -- I've been in the business over 30 years. I've never seen an increase in substance abuse as I'm seeing now with Opiates. We know why. They're being overwritten, overprescribed. They're being left in medicine cabinets. I hear it all the time. I hear two reasons. One, I paid for them so I'm not going to get rid of them, and two, you never know when you need an Opiate when you slip and fall on your ass on the ice. I hear it all the time. So people will go out and get Vicodin and they'll get 80 for some indication, an extracted tooth. They'll get written for 80 Oxy's, use four of them, and now have 76 left over. Then they don't throw them away, they keep them because you never know.

We know pill parties are still common. I hear about pill parties. The latest thing I've heard about pill parties is kids have actually said to me the downside of a pill party is when you go -- a pill party is nothing more than you to a party and there's a bowl, and to get into the party you have to throw pills in it. Now, the pills can be anything, dog heartworm medication, birth control pills. I've had kids say to me *Doc, there are pills this big*. Well, for the women, you remember taking those vitamins for pregnancy? They're the size of a shoe. So there are those. And, of course, there are some Opiates. But now what kids have said is the problem with those is if you OD they take you to the hospital and they pump your stomach and they find the residual pill. Then they can tell what you've been taking and you get busted. So, now what they do is they dissolve them first in alcohol. Now instead of reaching three pills, you now have to take a shot of the dissolved in alcohol.

We know that kids are getting hooked on Opiates. It's very common. We've had more kids die, right, last year, in 2013 more kids died from Opiates than alcohol. We know that in most school districts buying an OxyContin or buying a Vicodin is expensive. Well, you can get heroin now for four bucks, and you're starting to see, I'm not telling you anything you don't already know, that heroin is everywhere now. It's easy to get, it's cheap. Back in the 60's heroin used to have to be injected because it wasn't pure, and those were the pictures you saw back in the 60's with junkies with needles in their arms. Well, now the purity is over 90%. People can snort it. We can get past the needles thing and it's available for kids to get and it's very, very cheap. Kids will now start to tell you where they get it -- will start to tell you they can tell what's the best heroin out there. Just like now, they've been telling you forever, who's got the best pot. Well, now it's who's got the best heroin.

Methamphetamine is a drug that's in every school district on Long Island. We've heard about it, right? It started in Mexico, came up the West Coast, then it was in the Midwest, now, of course, it's here in New York. It comes in a whole bunch of colors. Every time -- not every time, many times I'll show this picture and a kid will say *you left out the green stuff*. So it's also green. It comes in a whole bunch of colors. It's very, very addictive. It increases brain dopamine levels many, many times above what any other drug does and it's in our school districts.

One of the things that's probably the most compelling is the data that are now coming out showing that a lot of the pot that's out there today has methamphetamine in it, so kids might say *I'm going to ever do meth, but I am just going to continue to smoke pot*. Well, it turns out that a lot of pot out there has meth in it. You can't see it. You know, the other day a kid said *I picked the meth out of my pot*. Okay. Right.

(*Laughter*)

So he said *I sit there and I actually pick out the crystals*. Well, okay. So you can't see it.

And then I'll just end on I think you've -- just yesterday on CNN, Sunday in The New York Times, you are seeing about this drug flakka. It's the newest thing that's out there. It's very cheap to make. You can see the blue is ecstasy related crimes; green is flakka related crimes. They're going up. It's a synthetic bath salt. It makes people very, very aggressive. One of the things -- the reason they become so aggressive is because they hallucinate so much. One of the most difficult things to deal with is a patient who's hallucinating because they see things that they believe are very real that you and I don't see, so trying to get them to calm down -- try to get someone to calm down who thinks he's being chased by tigers is not simple. He believes he's being chased by tigers, you'll never convince him he's not, and that's what these bath salts do and they're becoming very, very common.

So I will leave it there. If you guys have any questions about anything. And I apologize for taking so long.

CHAIRMAN SPENCER:
Unbelievable presentation. As I said, you know, hearing it twice and you even added some new stuff. I've been hogging all the questions. I know Legislator Browning had a question.

LEG. BROWNING:
Yes, thank you. I know it's been a while since you've done a presentation. I can see how much more work you've done, how much more information you're providing us.

DR. DEWEY:
Right.

LEG. BROWNING:
Obviously, you know, there are states who have legalized marijuana. In fact, my daughter lives in Denver, and she was telling me a friend of hers has MS, and she has prescribed marijuana. But now there's -- she's told me that there's certain types that she can use and I guess, you know, you go into one of those dispensaries and, you know, they have so many different types, it's almost like flavors. But there are certain ones that she said that she can use that helps with her MS and the complications she has with it, but she's allowed to drive because it doesn't make her high. How does that work?

DR. DEWEY:
Right. So there are a couple of things there. It turns out that the therapeutic component of most of pot is actually not the THC. THC is tetrahydrocannabinol. It's the psychoactive compound. THC is the stuff in pot that gets you high. But it turns out that the medicinal component of the drug is actually some of the oils that are endogenous to marijuana that's not THC. So what people are doing, 60 Minutes did a great story on it, is they're now starting to engineer marijuana plants to produce more of the oils that are very good for MS, seizures, and not THC. So they're trying to actually reduce the THC concentration and elevate the cannabinoid oils that seem to have the therapeutic efficacy.

So I think what you're bringing up is that they're now starting to see that it's -- for forever they thought it was the THC that had the medicinal properties, and they're learning that it's not the THC, it's the oils that, in fact, don't make you high that have the therapeutic efficacy. So they're now starting to engineer plants to get those oils.

LEG. BROWNING:
Okay. One of the things that I spoke with a representative, one of the State representatives about the issue, and he was telling me, you know, one of the problems they're having, obviously it's been legalized, but testing somebody when they're driving. Obviously with alcohol we know what we can

do. Is there any that can be done to test?

DR. DEWEY:
(Shook head no.) Not -- I mean, you can do blood, you can do urine, but you certainly can't do anything that's like a breathalyzer, to my knowledge at least. We measure urinalysis or blood, but nothing orally.

LEG. BROWNING:
Okay. Interesting. But, you know, so I always hear the medicinal benefits and I get that, and I know obviously in New York now they're doing it, but the fear is like when you look at some of the things that you're presenting to us -- a funny thing. I was showing them a text I sent my 20-year son. I sent him a text and I asked him did he know what tamping was, and he said *Oh, that's something to do with strip mining*. I said *No, to do with alcohol*. He was like *Nah, I never heard of that*.

DR. DEWEY:
Go into a high school around here and ask.

LEG. BROWNING:
Oh my God. Okay. Thanks.

CHAIRMAN SPENCER:
Really important talk right now before the proms, too. I'm disseminating that information out. It's good for parents to know that they really have to be vigilant. You mentioned that with smoking it reduces monoamine oxidase, which stops the dopamine from going down.

DR. DEWEY:
Right.

CHAIRMAN SPENCER:
It sounds, from what you're describing, that that's an immediate impact then.

DR. DEWEY:
Absolutely.

CHAIRMAN SPENCER:
Is that a longstanding impact in chronic smokers or like kids who have it, you know, they're in a smoky room and they get a little more of interest.

DR. DEWEY:
It's a good question. It turns out that the monoamine oxidase effect that I showed is the only effect I showed that's reversible.

CHAIRMAN SPENCER:
Okay.

DR. DEWEY:
So if you stop smoking or if you get out of an environment where you're breathing in secondhand smoke, monoamine oxidase comes back. That is clearly a reversible effect. It takes about 50 or 60 days to come back to normal, but it comes back.

CHAIRMAN SPENCER:
And the other thing we were talking about when you gave this presentation before, you mentioned

the kids are now using the white out to put on their nails. What's the chemical in there? They may sniff their nails and get high in class.

DR. DEWEY:
One of the things I didn't go into, just because of the time, is one of the big problems around most places are the use of inhalants. Inhalants, it's the classic sniffing glue. Kids paint their nails with white out. And for those of you who are old enough, we remember white out. In the computer age, now we don't. White out is something you buy that has acetone in it, and acetone is an addictive compound. It's an inhalant. It's actually the stuff that's in nail polish remover, although I know they make nail polisher remover now without acetone. But acetone, kids will paint their nails with white out and sit in class and breathe in the acetone. When I was in school we used to have old mimeograph machines. You'd crank and these blue sheets of paper -- we'd pick them up and breathe them because they had xylenes in them. Go into an elementary schools and the teachers will tell you Sharpies walk. Kids steal sharpies, put them in a bag and huff them and get buzzed off Sharpies. So Sharpies in elementary schools walk because they contain those things. VOC's, volatile organic compounds.

CHAIRMAN SPENCER:
Dr. Dewey, Thank you.

DR. DEWEY:
Thank you very much.

CHAIRMAN SPENCER:
Thank you so much. It gives us a chance to put the word out in our legislative district, to our schools. Kids are going to prom over the next couple of weeks. There's going to, you know, it couldn't come at a better time to have this information.

DR. DEWEY:
Well, thank you. And, again, I'd like to acknowledge the Board of Health has been really good about bringing -- talking about this. It's been -- I couldn't believe -- I can't believe how good it's been. The Commissioner, you guys have been great. I know I'm the new kid on the block, but you guys have been really good about talking about it, being concerned about it. So I appreciate your efforts.

CHAIRMAN SPENCER:
Thank you. Thank you so much, Dr. Dewey.

Applause

So with that, I did want to acknowledge Commissioner Tomarken. Thank you for being here, Commissioner. I know that I didn't know if we were going to take the last item on the agenda, which was the toxic-free toys, and I think that there may be a question. I know you had some concerns. So I'm going to bring that item up and if you wouldn't mind coming up, if you had a couple of moments, Commissioner, I'd appreciate it.

So moving back to our agenda, the last item is ***IR 1382 - Adopting Local Law No. -2015, A Local Law protecting children from exposure to toxic chemicals ("The Toxic Free Toys Act")(Hahn).*** We have the item before us now. I personally understand the concerns that are out there. Commissioner, you had been working with the sponsor. I saw that there was some correspondence. There were concerns that you had, kind of had expressed, and the legislation has been adjusted. Are you sufficiently satisfied that this is a reasonable piece of legislation? What's your thought? I mean, it weighs heavily on this committee.

COMMISSIONER TOMARKEN:
Thank you. First, I'd just like to introduce Steve Kane from our Public Health Protection Bureau, which would be doing the enforcement of this piece of legislation. So we support this legislation. This is a doable piece of legislation if we get the resources which we need, which would be the machine and one full-time staff. Having said that, and if we get that, then we can implement this. We think this will help increase the awareness of this issue. This is the time frame for this, it doesn't really become implemented until December of 2016. Many things can happen over that time. The science probably will change and we will keep abreast of that. The Feds and the State may supersede us, but in any case, it's a sentinel effect. It has a message to the industry. And I think the amount that's required in the legislation with the assets that we require is, again, doable and we can implement it.

CHAIRMAN SPENCER:
Thank you. Legislator Kennedy.

LEG. KENNEDY:
What machinery do you need and how many additional staffers?

COMMISSIONER TOMARKEN:
One additional staff, and the machinery, it's called an XRT. It's a scanner -- XRF, sorry. It's a scanning machine. It's handheld and you go into the store and it tells you what's there and the amount.

LEG. KENNEDY:
All these chemicals that we're speaking about?

COMMISSIONER TOMARKEN:
I can't hear you.

LEG. KENNEDY:
It was all the chemicals that we're speaking about in this bill?

COMMISSIONER TOMARKEN:
Yes, that's what had to be changed in the bill as well from previous.

LEG. KENNEDY:
What is the cost of that machinery?

COMMISSIONER TOMARKEN:
You can purchase it for about 29,500 or you can lease it around a thousand to 1200, 1300 a month.

LEG. KENNEDY:
Okay. And it's one, what, Health Care Sanitarian?

COMMISSIONER TOMARKEN:
Yes.

CHAIRMAN SPENCER:
XRF, just what's that -- is this like a form of spectometry? What does it do? Does it -- it scans using a light or is there an actual -- how does it work and what does XRF stand for?

MR. KANE:
XRF stands for x-ray fluorescence, and it is a kind of spectometry that is used and calibrated and the

sensitivity set for the specific chemicals that are in the current legislation as it's written.

CHAIRMAN SPENCER:
Does it just cover those chemicals or it can be programmed to cover a variety of chemicals? I mean, how many chemicals does it cover?

MR. KANE:
It would probably have to be factory recalibrated for other chemicals if they became included in the legislation. We currently have one of these units that's used in the Childhood Lead Prevention Program, but it is specifically calibrated and set up only for lead at the levels that are required for monitoring in that program and cannot be repurposed for the legislation that's currently under consideration.

CHAIRMAN SPENCER:
George, to Counsel. My question to you is this Local Law that we're about to pass, if that's the will of the committee, does the -- does the cost of this machine, is that part of the legislation?

MR. NOLAN:
It's not part of the legislation, no.

CHAIRMAN SPENCER:
And is -- is there someone -- Katie, are you here still from Administration?

MR. NOLAN:
By the way, Doc, if the concern is about the offset, because the bill doesn't go into effect this year, then it does not need a fiscal offset.

CHAIRMAN SPENCER:
Okay. All right. That's important. And the Administration, as far as since we would be talking about another sanitarian, is this something that you've worked with the sponsor? Is there a position that if we were able to pass this to provide that position and the equipment something that the Administration would be able to work with us to do?

MS. HORST:
I believe so, yes.

CHAIRMAN SPENCER:
Okay. All right. Legislator Kennedy.

LEG. KENNEDY:
At present, how many Health Care Sanitarians do you have?

COMMISSIONER TOMARKEN:
In the Public Health Protection?

LEG. KENNEDY:
Correct.

MR. KANE:
We currently have 18 full-time equivalent sanitarians.

LEG. KENNEDY:
And they're cross-trained for each thing they have to observe for, or do you have specialists in

certain testing?

MR. KANE:
For the majority of the field staff that we have they are cross-trained in all of the program elements so that they can be deployed where we need them.

LEG. KENNEDY:
Okay. Thank you.

CHAIRMAN SPENCER:
So to Counsel. Again, I heard one of the testimony, I think you were speaking also aside, the State law right now has been stayed. Is this by -- what's the status of that? It's an indefinite stay? Is it delayed? How does that work?

MR. NOLAN:
I think we're talking about the Albany County Law, which this law is similar to, and it's being challenged by the toy industry folks on preemption grounds, that this law is preempted under Federal law. And the judge is hearing the case. It's a Federal District Court Judge from the news accounts, has stayed enforcement of the Albany County Law pending, you know, the outcome of the lawsuit. But I would say when a judge issues a stay, you know, that is sometimes a sign that the law is in trouble.

CHAIRMAN SPENCER:
Okay. Are there any other -- Legislator Trotta.

LEG. TROTTA:
I was going to ask that question about, you know, the Federal law. I mean, in your opinion, is this something that we're allowed to do?

MR. NOLAN:
There's a very serious Federal preemption issue with this in this area. I think the law will be vulnerable to a challenge if it's adopted. You know, I can't say for certain what the outcome is going to be, but certainly, you know, it's a serious issue.

LEG. TROTTA:
Is that going to cost us, you know, if we pass this law and we have to defend it, is that going to cost us a lot of money?

MR. NOLAN:
I presume the County Attorney would defend it in-house. I don't know -- I would doubt that they would send it to outside Counsel. So it's going to be an in-house defense I presume.

CHAIRMAN SPENCER:
Well, if it passes -- but it has to go into effect next year, so there wouldn't be any, if it was challenged, there wouldn't --

MR. NOLAN:
They'd probably bring it. Now I'm just conjecturing, but I would think that the industry having challenged the Albany law would probably do the same here and, you know, when they would -- they wouldn't wait for the law to go into effect. They'd probably bring it sooner.

LEG. TROTTA:
Let's say -- so now let's say it passes, and for whatever reason passes everything, and now you go

into a store and you shoot your gun at something and it comes up a one millimeter, one something more than is allowed. What happens then?

COMMISSIONER TOMARKEN:
The process is we notify the owner of the store that this product is not to be sold in the County and we give him, and we haven't developed our regulations, but we'll give him a period of time to remove it. So we would come back in X period of time, and if it was off the shelf, fine. If not, then he would be in violation. We would issue a violation and he would have to have a hearing in front of our staff.

LEG. TROTTA:
But what if, you know, we just saw something on I guess 60 Minutes was that wood flooring that said it was certified. It wasn't certified. So, you know, now you're putting more of a burden on the retailer to, you know, how is this guy going to go spend $29,000 for a -- whatever that thing is to test this?

COMMISSIONER TOMARKEN:
Look, this is a -- we feel that this is, frankly, a Federal and a State issue at best, but if -- my position on this is we can do this. The idea is that going forward that we would hope that the manufacturers would identify and advise their retailers what was in the products that they were selling. That's the motivation behind it as well.

LEG. TROTTA:
So, I don't know what you just -- I mean, are you saying that you don't think this is our -- in our purview to be doing this?

COMMISSIONER TOMARKEN:
No, it is -- well, I can't speak legally, but I think -- we can implement this law, but I think that this is also part of a bigger issue which is at getting at the manufacturers and that's a State and Federal level from my --

LEG. TROTTA:
I would think that there's an Albany Law that's very similar. Maybe we should just wait to do that before we drag ourselves into any lawsuits.

CHAIRMAN SPENCER:
I believe that, you know, the sponsor is aware and it's something that, you know, I think is, you know, she would like us to move forward, but I do think that my position is that it is deserving with the work and the back and forth of a debate in front of our full body.

LEG. TROTTA:
Well, I'm thinking that, you know, we have some more time, and if we were to table this for a cycle or two, you know, we might have some outcome to the Federal lawsuit rather than getting us -- dragging the County into a lawsuit. I mean, it's not going to be implemented until the first of the year anyway.

CHAIRMAN SPENCER:
Well, your concern, I mean, I can understand, because this doesn't go into -- you're right, until the beginning -- the first of the year. I think the sponsor has done a lot of work.

LEG. TROTTA:
I don't think the sponsor would want to get us involved in a lawsuit that we don't need to be involved in. There's no rush. It will make it by the end of the year anyway.

CHAIRMAN SPENCER:
Is your concern that the lawsuit will create -- because there's no damages at this point, is there?

LEG. TROTTA:
No, just the fact that we have lawyers that now have to go, you know, they're doing many other things and we're short everywhere, so we're going to get them involved in a lawsuit they don't need to be in.

CHAIRMAN SPENCER:
Your points are well taken. Legislator Kennedy has requested if, through the Chair, if Mr. Rosario, I see that he is still here, one of the Legislators has a question for you. Would you mind coming back up to the podium? Thank you. Actually, I'm sorry. Dr. Wise, would you mind joining him too, please? Thank you.

LEG. KENNEDY:
Hello. It's very simple. Does the American Chemistry Council -- are you satisfied with XRF analyzers or -- my thoughts are okay, that tells me what's in the toy. That doesn't tell me how much it bleeds.

MS. WILDING:
That's correct, and that's the issue that I have with the XRF, is that it only tells you what's in the toy, that's it. It doesn't tell you if there's actually a risk. And so that's why I said we have to take that piece of information for what it actually provides you, which is just what's in there and not whether or not it's actually posing a risk and what type of risk.

LEG. KENNEDY:
Thank you.

MR. ROSARIO:
And if I could just add, I think the Commissioner said it properly. When you look at the XRF, it's not only just a screening tool, but it has to be recalibrated for every different material.

LEG. KENNEDY:
Yeah, I'm reading about it now.

MR. ROSARIO:
Okay.

COMMISSIONER TOMARKEN:
Just to give a little more information. We would have to do a confirmatory test to implement any penalties, so that it wouldn't be based solely on that machine.

CHAIRMAN SPENCER:
Legislator Trotta -- oh, I'm sorry. Legislator Kennedy.

LEG. KENNEDY:
Wouldn't that be much more extensive testing to see the amount that bleeds out of, and I'm thinking plastic, with six-month's use of a toy by a toddler?

COMMISSIONER TOMARKEN:
That issue is nothing we can address. You know, that's really not in our --

LEG. KENNEDY:
Yeah.

COMMISSIONER TOMARKEN:
-- domain. All we can do is say it's there and it's there in this amount and if that's what the legislation prohibits, then we enforce that.

LEG. KENNEDY:
Thanks.

LEG. BROWNING:
My turn?

CHAIRMAN SPENCER:
Yes, Legislator Browning.

LEG. BROWNING:
You know, I always hate to hear that we could possibly get sued because I think the last thing we want to do is waste time on lawsuits but, you know, again, we used to have lead paint and the dangers of lead paint and we're smarter, and by the way, Steve, it's nice to finally see a face to the name. I want to thank you for everything you do to help my office.

There's a couple of things, I mean, obviously I believe in Albany there's the Assembly bill has passed, and I know -- but the Senate does have a companion bill exactly the same, but that has not passed I believe. So I don't know if Counsel can answer to this one. If all -- if the State Legislature was to go ahead and pass it, will they get sued also?

MR. NOLAN:
I think it's the same issue for them.

LEG. BROWNING:
Okay. So, you know, obviously this doesn't come into effect until January of next year, right, January first of 2016. So another thing I have concerns about is the exemption.

LEG. MARTINEZ:
(Inaudible)

LEG. BROWNING:
It says beginning January first, right? Or did it change. Oh, July. Okay. I don't have a new one.

MR. FREAS:
Excuse me, Legislator?

LEG. BROWNING:
Yes.

MR. FREAS:
The information I have from what I believe is the last part of the bill, the inspection -- the enforceable portion of the bill, the inspection regime doesn't begin until January 1st of 2016.

LEG. BROWNING:
Right.

MR. FREAS:
Is when we would begin the inspection.

LEG. BROWNING:
Enforcement. It says --

MR. FREAS:
December of 2016.

LEG. BROWNING:
January first. Okay. Anyway, one of the other things I have concerns about is when we did the drop side cribs, that there was a ban on the sale of drop side cribs County-wide where you couldn't even buy them secondhand. However, you know, one of the concerns I have, and I know that I had a conversation with a gentleman in the back about, you know, secondhand stores. You know, people who don't have money go to secondhand stores to purchase. And I understood that, you know, eventually if we did this, the secondhand stores will eventually not have them. You know, however, my son just moved here from Colorado. They don't have that law. What if they never have it? So you don't really -- can't really say it's never going -- eventually the secondhand stores are going to wean out of it.

So that was my concern is people of lower income going to secondhand stores who are more likely to be exposed to it. And, you know, then the other issue with helmets, athletic supporters, knee pads, elbow pads, are exempt also. You know, do we have -- is there those same chemicals in that type of equipment as in like a Matchbox car?

COMMISSIONER TOMARKEN:
I can't obviously speak to all these different products, but I think you've raised the issue of we're doing a sampling, so even on regular retailers we're only doing ten per quarter. So there's hundreds, thousands, that we will not be testing, so -- but it does have potentially the impact of letting others know that this is there on the books. They could get tested at any time. But the whole area of the secondhand equipment and toys, etcetera, is an issue that the bill does not address.

LEG. BROWNING:
Right, right. And, again, I think it's unfair to, you know, have this exemption and the people who are less fortunate are more likely to be exposed to it, and why we can't do the same as drop side cribs. You know, it's hard because, you know, knowing about the lawsuit, I mean, I would think that our -- I guess there's nobody from the County Attorney's Office to respond to this. I'm not opposed to the bill. I think it's a good thing if we do it -- you know, if we're going to educate the public on paying attention to the items that they're purchasing to make them, you know, to provide safer products for kids. But, again, I don't know, as I'm reading it we could wind up in a lawsuit. That's my concern. And we certainly can't afford, while it's an in-house attorney, is it another lawsuit that we need to deal with.

So granted we have six months. If we pass this, maybe I shouldn't ask this on the record, I don't know, but if we pass this today and we pass it again on Tuesday, because our law doesn't actually come into effect until the end of the year, my assumption is that we could still be sued effectively Wednesday.

MR. NOLAN:
Yeah, when the law goes into effect they could start an action. I would only just say I know people are concerned about the lawsuit but, you know, this is a type of case that is not going to be tremendously expensive to defend, only because it's a question of law. You're not going to have

witnesses and depositions and all that. It's a very discreet question of law that will be decided on papers by a judge. So, you know, I wouldn't be that concerned about the cost of defending the case.

LEG. BROWNING:
Okay. So I don't know if we could have put some language in there pending the outcome of, you know, a lawsuit. You know, that we could pass the bill pending the outcome.

MR. NOLAN:
You can't, you know, you're guessing, you know, whether somebody's going to start, you know. They may, they may not bring a lawsuit. You know, no big challenges, the law -- the law is good.

LEG. BROWNING:
Okay.

CHAIRMAN SPENCER:
Legislator Trotta.

LEG. TROTTA:
I just don't see any downside. The last thing we need is our lawyers getting tied up with Mattel and there is multiple lawsuits. You know, there's no urgency here. If we table this for one or two things, cycles, and see what happens in Albany. If they win, God Bless you, I think everyone is for this, but I just -- there's no reason why we need to do it now. There's no sense of urgency. It's not going to take effect anyway. This lawsuit is going to be decided, and then when that outcome comes, we make a decision. It wouldn't be fiscally prudent for us to do this because it will tie up our lawyers.

LEG. BROWNING:
I agree, you know, but then again I think that possibly by us passing this it's basically this Legislature's saying we support this, and should that message go all the way up to the Federal level that they need to do something, and should that be our message to them, is we pass it here, how many other counties are passing it. Whether Albany is going to pass it or not, you know, it would be nice to see if the State Senate would pass it. But to kind of force that message that we want safer toys for our children, I don't think that's a bad message to send either.

LEG. TROTTA:
I don't think it is either, but not at the taxpayers expense. I think that it's a Federal law. Once that lawsuit is decided, then we go forward.

CHAIRMAN SPENCER:
So that's all the speakers, so we're at a point where we need to make a determination. There's several proposed things that have been kind of discussed. We can -- I'm for approving it. I think the sponsor has worked on it. There's discussion of tabling and maybe a discharge is something that would still give us the option to bring it before the full body, and I do think this is a big enough issue. The sponsor has asked for an approval and has asked that we, if not an approval, if there's concerns, that maybe we could consider a discharge.

LEG. BROWNING:
I'll make a motion to discharge without recommendation basically because, you know, I know that generally we try to make sure that things get done in committee and it's vetted, but I think it's a serious enough issue that we are facing a potential lawsuit that maybe we should let the full Legislature make that decision.

CHAIRMAN SPENCER:
I think that's reasonable, and on that basis I'll second the discharge without recommendation. Is there any other motion?

LEG. TROTTA:
Motion to table.

CHAIRMAN SPENCER:
Is there a second on the motion to table?

LEG. KENNEDY:
I'll second it.

CHAIRMAN SPENCER:
Okay. So we have two motions on the floor. Which takes precedence, discharge or tabling?

MR. NOLAN:
Tabling.

CHAIRMAN SPENCER:
All right. So tabling motion goes first. So with the tabling motion all those in favor? Opposed? Abstentions? All right. So tabling motion fails. ***(Vote: 2/3/0/1 Opposed: Legislators Spencer, Browning and Martinez; Not Present: Legislator Calarco).***

Next goes the motion to discharge without recommendation.

MR. RICHBERG:
Can I get the vote?

CHAIRMAN SPENCER:
Legislator Trotta was a no -- he was a yes to table. Martinez, Browning and Spencer were no, and you abstained -- oh you were a table. Okay. Trotta and Kennedy were yes to table. Spencer, Martinez and Browning were no. All right.

Motion to discharge without recommendation. All those in favor? Opposed? All right. So we have four to one. Four to approve to discharge. No against discharge and one abstention. None against discharge. ***(Vote: 4-0-1-1 Abstention: Legislator Trotta; Not Present: Legislator Calarco)***

LEG. BROWNING:
Mr. Chairman.

CHAIRMAN SPENCER:
Yes.

LEG. BROWNING:
On the 1435.

CHAIRMAN SPENCER:
Yes.

LEG. BROWNING:
I know that we tabled it. I believe that the union, I don't know, Dr. Tomarken, if you've been

involved in the conversation, but I believe the union did make a request for the information with regards -- the new leadership I should say, not the current. Obviously they don't take office until July first, but I know that they've been doing a lot of work on meeting with their members, talking to them about the issues. And obviously in Riverhead I believe the union President was visiting with the Riverhead Health Center employees. Amityville was the County owned and operated, correct? I made a mistake and I said MLK.

I think it would be nice, even though they're not in office yet, to provide them with the information about the employees who were in Amityville. How many there were, what their job titles were, where they are today. And, again, with the Riverhead employees, how many of them, what their titles are, and where they are actually going to go. I think that granted while the union's not there, they don't necessarily have access to all of that information. But I think we should be respectful of them and provide them with the information that they need pending this legislation. So if we could get that for them I would appreciate it.

COMMISSIONER TOMARKEN:
The only thing we can't give right now is where the Riverhead people are going because it's too far in advance. We just don't that because it may change. We can certainly give the titles and the numbers.

LEG. BROWNING:
Okay. I mean, because I know that there -- there was a plan to have public meetings at the end of June, so -- and then this bill was on the table already to be approved. So I would have thought that there would have been a plan a couple of months out to say what you're going to do with them.

COMMISSIONER TOMARKEN:
I'm not privy to exactly the dates of when it's all planned, but I just know that the last thing we put out is where people are actually going, because things change. It’s a fluid environment with staff.

LEG. BROWNING:
Right. I don't want to put you on the spot because I think the Administration should be playing a role in this, because if you're going to pass something, if you are going to do something, don't you have a plan? And part of your plan would be where we're going to put them if in the event it privatizes, Riverhead is privatized. So I would assume that the Administration would have a plan in place for every single one of the workers where they're going to go. Are they going to go to the jail, you know, Public Health Nurses. Where are they going?

COMMISSIONER TOMARKEN:
We can't be that specific this far out because people move and leave and lots of thing change, so that what we might think today's person X would go to this unit, and then all of a sudden there's a vacancy over there that's more important so we may have to move them over there. So we just can't be that specific this far out from --

LEG. BROWNING:
Right. I mean, I know some people might retire.

COMMISSIONER TOMARKEN:
Right.

LEG. BROWNING:
But I think canvassing all of those members.

COMMISSIONER TOMARKEN:
That's all part of it.

LEG. BROWNING:
I think it would be a good idea to have that in place before we take a vote, that you're going to know before we take a vote that you've canvassed the employees and that you pretty much have somewhat of a plan, right?

COMMISSIONER TOMARKEN:
We have somewhat of a plan, but we can't say to individual X this is where we know you're going to go on whatever date the actual -- until that -- we get closer to that date, and then we give them notice as to where they are moved to.

LEG. BROWNING:
Okay. That worries me. So I don't like that kind of an answer. I'm sorry, Doctor. I just don't like that answer.

(*Laughter*)

I like to know, you know, I think that the employees should know that the plan was set in place, a couple of months before this that there was a plan put in place, and that these employees are going to find out that well, the bill's been passed and we're sending you Timbuktu. You know, I don't want to hear that.

COMMISSIONER TOMARKEN:
With every other health center we've done this process where, and I think it's generally about 30 days ahead of the actual transition date, we notify them in writing where they're going to go. We've done this for all seven other health centers, so this is no different.

LEG. BROWNING:
Well, yeah it is, because this is County-owned and operated.

COMMISSIONER TOMARKEN:
So were other ones.

LEG. BROWNING:
Yeah, but I think these are all County employees. I have to say that was Brookhaven's issue, you know, when it came to the Shirley Health Center, Patchogue Health Center, but when it comes to your actual County employees keeping them in the County, we need to know exactly where they're going to go. Thank you, Doctor.

CHAIRMAN SPENCER:
Legislator Browning, thank you. Is that -- you're good?

LEG. BROWNING:
Yep.

CHAIRMAN SPENCER:
All right. That's all the business I have before this committee today. If there is nothing else, then we will stand adjourned. Thank you.

(*The meeting was adjourned at 3:57 p.m.*)