

**HEALTH COMMITTEE  
OF THE  
SUFFOLK COUNTY LEGISLATURE**

**Minutes**

A regular meeting of the Health Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Smithtown, New York on Thursday, February 4, 2016 at 2 p.m.

**MEMBERS PRESENT:**

Legislator William Spencer - Chairman  
Legislator Bridget Fleming - Vice-Chair  
Legislator Robert Calarco  
Legislator Monica Martinez  
Legislator Tom Cilmi  
Legislator Robert Trotta  
Legislator Leslie Kennedy

**ALSO IN ATTENDANCE:**

George Nolan - Counsel/Suffolk County Legislature  
Sarah Simpson - Counsel/Suffolk County Legislature  
Jason Richberg - Clerk/Suffolk County Legislature  
Elizabeth Alexander - Aide to Legislator Spencer  
Chris DeLuca - Aide to Legislator Cilmi  
Liz Sutton - Aide to Legislator Fleming  
Seth Squicciarino - Aide to Legislator Hahn  
Josh Slaughter - Aide to Legislator Browning  
Ali Nazar - Aide to Legislator Kennedy  
Greg Moran - Aide to Legislator Trotta  
Dr. James Tomarken - Commissioner/Department of Health Services  
Jen Culp - Assistant to the Commissioner/Department of Health Services  
Erin King - Resident of Central Islip  
Douglas King - SC Disability Advisory Board  
Marc Hamroff - Chair/LI Board of Directors/American Heart Association  
Jessica DiMeo - American Heart Association  
Robin Vitale - American Heart Association  
Michele Gervat - American Heart Association  
Frank Rivera - Sarcoidosis of Long Island  
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 3:05 p.m. \*)*

**CHAIRMAN SPENCER:**

Good afternoon. We are now going to begin the Health Committee. If we could please stand for our salute to the flag to be led by Legislator Fleming.

***Salutation***

Please remain standing for a motion of silence for, again, all of our men and women who are serving this country, both at home and abroad.

***Moment of Silence Observed***

Thank you and welcome to the Health Committee. I'm sorry for the delayed start. Normally we'll begin at 2:30. I am proud to be selected by our Presiding Officer to serve as Chair. This will be my fifth year and it's really an honor and a privilege to address really all of the important issues that we have affecting our public in the health arena. So I want to recognize my Vice-Chair, Bridget Fleming, who's been -- it's been Legislator Browning, so I am looking forward to working with Bridget. Thank you. I'm really glad that you're here. I'm also proud to welcome my colleague, Legislator Tom Cilmi, who's -- this is your first time.

**LEG. CILMI:**

First Health Committee meeting, yes. Delighted to be here.

**CHAIRMAN SPENCER:**

First Health Committee, so thank you very much. I don't have any correspondence, but I do have a card and we will begin the Public Portion. Mr. Frank Rivera, if you could come to the podium. Thank you for being here and just push the button and it will stay on, and you have three minutes to be able to address the committee.

**MR. RIVERA:**

Hello. I'd like to thank you for listening. I'm from Sarcoidosis of Long Island and I'm President of Sarcoidosis of Long Island. I'm also one of ten ambassadors for Foundation of Sarcoidosis Research, which is a national organization for Sarcoidosis. I am here for the resolution to make April Sarcoidosis Awareness Month. I came to talk about sarcoidosis. It's a very rare disease, but it's actually -- it was under rare disease legislation at first, but now it is actually -- unfortunately it got moved up. Rare diseases are, according to United States and IH, they're any -- over 200,000 people in the United States that have the disease. Well, unfortunately we are over that now as of last year so we actually are under our own classification. Sarcoidosis, being such a rare disease, has no cause and no cure. And one of the common misconceptions of it is that you look okay, so a lot of doctors don't recognize it.

What I'm trying to do is set up awareness through the doctors for early detection, because if it is early detected most Sarcoidosis patients will be fine. The way it works out is 75% of the patients that have Sarcoidosis don't need treatment, but there are the 25% that do, and with that the early detection is the most critical part of sarcoidosis. With that, there's estimated that 35.5% of African Americans per 100,000 have Sarcoidosis, and then for Caucasians it's 10.9 for every 100,000.

Like I said, there is no cause and there is no cure, and the medicines that are for Sarcoidosis, mainly they only have one medicine, which is prednisone. Prednisone has a lot of side effects. There are many drugs out there that are -- that can be used but are not approved by FDA, so that's what I'm trying to do -- and SR and myself are trying to raise the awareness with the doctors for early detection and also we're working with the Health Department to get that early detection for the

doctors. Thank you very much.

**CHAIRMAN SPENCER:**

Thank you very much for being here and creating the awareness. This is something that's very personal for me. My mother has Sarcoidosis and she actually died of complications of Sarcoidosis. And actually one of the reasons I became a physician was my mother was not expected to live when I was 12 years old. I did research as I went into college on Sarcoid with a pulmonologist at University of Connecticut, Steven Slovic, for a number of years when nothing was known. She was on prednisone for a number of years, but did die of pulmonary complications eventually. I was lucky that I was able to have her another 20 years beyond when they thought she wasn't going to make it, but it definitely could attack any organ in the body, including the eyes, the liver, the lungs, the larynx, granulomatous disease, so it creates nodules on different organs and causes obstruction or pressure on different things.

It's been one of the reasons I'm here, one of the reasons I'm a physician, one of the reasons I actually am in New York was Sarcoidosis, so it's a very personal story that's I guess very public at this point. But in any case, this is something I would like to be listed as a cosponsor on and it's definitely something I want to have meetings with you to see how we can create the awareness.

It does affect, and I knew this, sir, it affects African Americans three to one, to Caucasians, and woman actually more so. My mother, a black woman was, you know, they were told *Well, you've got a higher chance*. But in the 70's when she was diagnosed there was really no information, and so it's definitely great that awareness is out there, but the fact that it's taken off of the rare disease list I agree, is good and can be increased challenges as a result of that. So, you know, definitely touched a nerve with me today.

**MR. RIVERA:**

Thank you very much.

**CHAIRMAN SPENCER:**

I appreciate you being here. I appreciate Legislator Hahn for bringing this awareness forward. Legislator Kennedy.

**LEG. KENNEDY:**

I, too, appreciate Legislator Hahn. My father-in-law passed away from Sarcoidosis so I, too, have an interest and I would also like to be listed as a cosponsor. If you meet with Dr. Spencer I would like to also meet.

**MR. RIVERA:**

That would be great.

**LEG. LINDSAY:**

Thank you.

**MR. RIVERA:**

Thank you very much.

**CHAIRMAN SPENCER:**

Thank you very much. We appreciate your comments. Besides Mr. Rivera, are there any other people who wish to be heard? Anyone else wishes to be heard in the Public Portion? Seeing none, we'll close the Public Portion.

Now we have a presentation today, but before we do our presentation we have a very brief agenda, and because of just the brevity of the agenda and just that people who are here waiting for a couple of items, we'll do our agenda and then we'll go through our presentation.

I do appreciate the American Heart Association, who are no strangers to this County, to New York, actually to the nation with regards to the great work that you do and we're very excited to have you here. I'm going to invite you to the front table shortly, but moving on to Introductory Resolutions.

**Introductory Resolution**

***IR 1000-2016 - Adopting Local Law No. - 2016, A Local Law to increase awareness of dry cleaning chemical use (Hahn).*** Motion to table. The Public Hearing is still open. Seconded by Legislator Cilmi. All those in favor? Opposed? Abstentions? Motion is tabled. **(VOTE: 7-0-0-0)**

***IR 1001-2016 - Declaring April as "Sarcoidosis Awareness Month" in Suffolk County (Hahn).*** I'll make a motion to approve. Second -- I'm going to take the second from Legislator Kennedy. All those in favor? Opposed? Abstentions? The motion is carried. **(VOTE: 7-0-0-0)**

***IR 1017-2016 - Amending the 2016 Adopted Operating Budget to re-allocate 100% State Aid from the Jewish Board of Family and Children's Services to EAC Network for the purpose of providing Transitional Case Management and Medication Grant Program services (Co. Exec.).*** Motion by Legislator Fleming to approve and place on the Consent Calendar. Seconded by Legislator Calarco. All those in favor? Opposed? Abstentions? Motion is carried. **(VOTE: 7-0-0-0)**

***IR 1018-2016 - Amending the 2016 Adopted Operating Budget to re-allocate State Aid and County funds from the Jewish Board of Family and Children's Services to Family Service League for the purpose of providing Assertive Community Treatment (ACT) and Mental Health Clinic Services (Co. Exec.).*** Is this 100% funded, George? Is this a Consent Calendar? I don't see it.

**MR. NOLAN:**  
It doesn't say.

**CHAIRMAN SPENCER:**  
It doesn't say, so I'll take the motion from --

**LEG. CILMI:**  
It's a transfer within the budget.

**LEG. CALARCO:**  
Same motion.

**CHAIRMAN SPENCER:**  
Same motion, same second, same vote. We can place on the Consent Calendar?

**MR. NOLAN:**  
We can put anything on.

**CHAIRMAN SPENCER:**  
Okay. We can put anything on. All right. We'll put it on there. Sounds good. No one disagrees.

All right. (VOTE: 7-0-0-0)

**IR 1019-2016 - Amending the 2016 Adopted Operating Budget to re-allocate 100% State Aid from the Jewish Board of Family and Children's Services to Family and Children's Association for the purpose of providing Family Peer Support Services (Co. Exec.).**

Same motion, same second, same vote. (VOTE: 7-0-0-0)

**IR 1020-2016 - Adopting Local Law No. -2016, A Local Law to ban the sale of formaldehyde for use in holding tanks (Spencer).** We'll make a motion to table for Public Hearing. Seconded by Legislator Calarco. All those in favor? Opposed? Abstentions? Motion is tabled. (VOTE: 7-0-0-0)

So that completes our agenda. Today I'm proud to have members from the American Heart Association. We're celebrating in February Heart Awareness Month, particularly in women's health. Women are more likely to not be recognized and treated for cardiovascular issues, so we want to create that awareness. February 5th is Wear Red Day, so tomorrow please wear red, but we could see up here that there's a number of people; my tie qualifies. I do appreciate Legislator Martinez and Legislator Fleming that have their red on for Heart Health Day.

**LEG. CALARCO:**

Legislator Kennedy.

**CHAIRMAN SPENCER:**

I would like to invite Marc Hamroff, Chairman of the American Heart Association. I think he came with a delegation. If you would please join him at the table or are you going solo? It looks like you're going solo.

**MR. HAMROFF:**

I'm going solo to speak.

**CHAIRMAN SPENCER:**

All right. Thank you, Marc, for being here. I know that, you know, that just all the things that you do with the American Heart Association is really very, very important and I just wanted to extend my appreciation. So if you could share with us some information that you think would be important for us to know as public elected officials and that we can spread the word. We appreciate it.

**MR. HAMROFF:**

So thank you very much for having me. I'm glad to do that. I also invite you to ask me questions as well should you have any rather than have me just speak to you nonstop, which I'm very capable of doing and very willing to do, but I am certainly willing to take questions as well.

Good afternoon. As Legislator Spencer said, my name is Mark Hamroff and I serve as the Chair of the Long Island Board of Directors for the American Heart Association. I've served on the Board since 2008 and been its Chair for the last two years. I'm also an attorney serving as managing partner at Moritt Hock & Hamroff, one of Long Island's ten largest law firms devoted to Long Island and helping the health and well-being of the community and our residents. I would like to thank the members of Suffolk County's Legislative Health Committee for the invitation today to present to you an overview of our mission as it particularly relates to reducing death and disability from cardiovascular disease and from stroke.

The American Heart Association is our nation's largest voluntary lead science based organization focused on the prevention and treatment of cardiovascular disease and stroke, and I am pleased to participate in today's meeting as our mission is imperative and never more relevant than it is today.

The AHA and Suffolk County share a unified goal, and that is to empower every County resident to live longer, to live healthier and to live lives free of heart disease and stroke.

Having lost my Dad in 2007 at the unfortunate young age of 69 to heart disease, I decided I needed to do something to combat our nation's number one killer. Through my work with American Heart I was appointed for the 2013 to 2015 term to serve on the New York State Tobacco use Prevention and Control Advisory Board with the New York State Department of Health. My term's since ended. It was an extraordinary experience and it felt good to give back a little bit because tobacco itself and smoking, people think of that primarily as something with respect to lung cancer and cancer, but tobacco use and misuse is one of the most significant causes of heart disease, particularly the increasing use of tobacco among our young people.

As you mentioned, February is officially sanctioned by Federal resolution as American Heart Month and it's a welcome opportunity to highlight a startling truth. Heart disease and stroke are our nation's leading cause of death. This fact cuts across all subsections of our population and women carry a disproportionate risk for this disease, something that is only most recently come to light.

In 2003 the AHA and the National Heart, Lung and Blood Institute responded to this disparity and began to take action against the disease that was claiming the lives of nearly 500,000 Americans a year, a disease -- 500,000 American women each year, a disease that most women were not paying attention to and indeed -- and indeed at that time most women truly believed that heart disease was a man's disease. That was kind of a common misconception among most of our population.

As a result of this startling lack of awareness, the AHA and the National Heart, Lung and Blood Institute collaborated to launch National Wear Red Day. It's held on the first Friday in February, tomorrow. Thank you for those that are wearing red today. I have my little pin on today. And every year we use that day to start to raise awareness about heart disease being the number one killer of women in the United States.

Heart disease and stroke kills approximately one woman every 80 seconds. An estimated 44 million women in the U.S. are affected by cardiovascular diseases. Alarmingly, 90% of women have one or more risk factors for heart disease or stroke and women have a higher lifetime risk of stroke than do men. The health outcomes for women who are diagnosed with these diseases is equally troubling. Young women who have a heart attack have a lower quality of life and more physical limitations than do young men. Women are more likely to call 911 for someone else than they would be to having a heart attack and seeking appropriate treatment for themselves. So since tomorrow is National Wear Red Day, February 5th marks our 13th anniversary in holding such a day on the first Friday of each month, first Friday of February. And looking back on what we've accomplished we've made incredible strides during that 13-year period.

I know I have shared with you a lot of bad news, but there's some really good news as well. These include that nearly 90% of women have made at least one healthy behavior change. More than one-third of women have lost weight, more than 50% of women have increased their exercise. Six out of ten women have changed something in their diet, more than 40% of women have checked their cholesterol levels, one-third of women have talked with their doctors about developing heart health plans, and today nearly 300 fewer women die from heart disease and stroke each day.

Death in women has decreased by more than 30% over the past ten years, but despite our progress our work is crucial. So our mothers, daughters, sisters, and friends are all at risk. Heart disease and stroke cause one in three deaths among women each year and more than all cancers combined. Fortunately we can change that, because 80% of cardiac and stroke events may be prevented with education and action.

For me, just to digress for a moment, when I lost my father in 2007 at 69 to a heart attack, I had to do something to make right of that. So some people take these on in small ways, I decided that I would run the New York City Marathon and raise money for heart disease. I had never run more than two miles in my life, was running a pretty big law firm at the time, trying cases, and I said, you know, you have to do and give back sometimes; you can't be a taker. So we ran and we put a team together to run the New York City Marathon for the Long Island Division of the American Heart Association and raised, you know, thousands of dollars in doing that. It was my way of sort of connecting and coming back to what we do.

One of the things that I think is most important also is the access to food and healthy food in our community. So many of the communities in Suffolk County are communities that are less advantaged and in which the residents there have a very difficult time in finding healthy food alternatives. That is a big mission for us this year on our Board on Long Island, and we've been charged with that responsibility, to try and get the word out there about healthy eating, and healthy eating only comes from the ability to have access to food, fruits, vegetables, things of that kind. And in many of the supermarkets and bodegas in the local communities there are no choices and that's why I think we have seen increased heart disease, cardiac and stroke risk in minority and otherwise challenged communities in our own neighborhoods. You have to have the access to the food and the choices to be able to actually eat healthy. It doesn't just happen and come out of thin air. Thanks for the -- thanks to the Go Red Movement we're correcting a lot of the problems that I've identified.

In 2012, Congress passed the Heart for Women Act requiring the FDA to report clinical trials based on gender. We helped increase funding for Centers for Disease Control and Prevention to provide screening for low income women. We also worked to pass a law in 2010 to keep women's health insurance premiums from costing more than men's, which we found was a problem.

Through the work of the American Heart Association and the Go Red for Women movement we've come a long way, but there is so much more work to be done. We know that 1.7 million New Yorkers currently struggle to find fresh, healthy food. In too many neighborhoods we are making it excessively difficult to make healthy choices. The American Heart Association hopes to identify ways to support current and prospective businesses and business owners to provide more fruits and vegetables at food retail locations. We also encourage businesses to adopt our healthy food and beverage tool kit in order to improve the workplace's food environment and better promote a culture of health. Related to this, company's procurement standards should prioritize healthier food and drink options, further supporting the healthy choices as the easiest choices.

These are just a few of the proposals that the American Heart Association is prioritizing in Suffolk County and throughout the State of New York. So we're grateful today for this committee's support of our mission, for giving us a little bit of time to letting you know what we're doing and what we're trying to do as a local organization of a national -- a huge national support network.

One interesting bit of information, second to the Federal Government, the American Heart Association is the largest supporter from a dollar's point of view of research nationwide. So the dollars we raise on a volunteer basis from little things like running marathons and raising money to all the other things we do to support our efforts really go back and help our residents.

So on behalf of the American Heart Association I'm excited for the future opportunities where together perhaps we can achieve a healthier County, a healthier community, a healthier Long Island. Thank you for your time.

**CHAIRMAN SPENCER:**

Thank you very much. Really extremely important, and I just think that the points relating to

access to healthy food, and a lot of people because of economic factors it makes it a lot more difficult. And I think that the fact that you're working on that mission and in government where we are supporting a lot of families, and we know that it's a bigger issue here in Suffolk because the cost of living being so high, that the self-sustainability line in Suffolk County for a family of four is \$90,000. So you can -- we think of this as poverty affecting the issue being someone maybe that is perhaps unemployed, but there are families and men and women who are going to work every day working full-time jobs that are still struggling to have access to healthy choices to eat. It's a bigger problem, it's a much bigger problem than we would imagine and it's not away from us, it's right there in our community. It's our next door neighbor.

So, you know, that's a very important point and I really appreciate the fact that you're working on these things and things that we can do where we have agricultural here and farm stands where we can get fresh fruits and vegetables and we're working on providing healthy choices in our schools, healthy choices in our vending machines, and trying to do our part to increase access and not necessarily overregulate, but to increase access and educate. So that's a really important mission. Legislator Fleming, I saw you out of the corner of my eye. Did you have a question or comment?

**LEG. FLEMING:**

I actually just wanted to mention a couple -- one comment and one question. You should be aware that in my district in Southampton about five -- I think five years ago now, we founded a farmers market in the Flanders area of Southampton, which is one of the least affluent and actually one of the most disadvantaged, economically disadvantaged neighborhoods in Suffolk County. They are considered a food desert. Research that we did showed that it was three miles to the nearest grocery store, and so a lot of folks in that neighborhood, especially folks who are working more than one job, you know, in order to feed their families were relying on delis and fast food establishments to feed their families. So I guess that's probably something that you're responding to.

I just wanted to let you know that. It's a youth run market and it relies on grant funding. We did it in partnership with Sustainable Long Island, and I know Sustainable has another farmers market in Roosevelt and a number of other markets in what they've identified as food deserts. So I'd be happy through my district office to connect you if you would be interested in supporting that. I know they're always looking for support at the market.

**MR. HAMROFF:**

So if I could just for a brief moment. That is -- that really underscores exactly what I was trying to convey when I was speaking about those points. Our Board, our Long Island Board, has identified this exact issue as what we're supporting this year. So as a Board we raise our own money from our own Board members for particularly these kinds of things where we can make a particular difference on Long Island for something direct -- that we can directly impact. So -- and unfortunately too many people have now heard about the term food desert, so we didn't just invent it. This is actually prevalent and on Long Island, which is generally an affluent place. It is remarkable how many stories like you just described that we have heard. So we would want to connect with them and we love hearing about that because it at least lets us know some of the information that we're getting out there, somebody is doing something with that information. So it feels good, but we would also like to pay it forward a little bit and see if we can help them as well.

**LEG. FLEMING:**

Great. I'd love to follow-up with you. The other question I had was with regard to your advocacy efforts on tobacco use. Have you focused at all on, you know, alternative nicotine delivery systems? Vape cigarettes, e-cigarettes? I noticed they're even being advertised on cable television when the Federal Government has prohibited tobacco advertising since 1969. It seems like it's an area of the law that could get some attention. Has your organization focused on it?

**MR. HAMROFF:**

Well, I'm off that board now. Certainly I can only speak in my personal capacity, I can't speak in an official capacity with respect to that, but I do know that the -- let's say smokeless type tobaccos, of which the vapor and vape type smoke is one is high on the agenda to look at. And a big part of what that community does is how it spends the dollars from a lot of the tobacco programs, and those television commercials that you see on TV about how horrible smoking is and what it can do, that has actually shown to be the most effective in terms of combating teenage smoking, which is where a lot of that type of product is unfortunately being consumed. And so it is on the radar, but like anything, the commercial enterprises tend to move quicker than the rest of us and I think we're all trying to catch up to what that's really all about.

**LEG. FLEMING:**

I understand there is a Federal process that's underway to look to classify those nicotine delivery systems as tobacco products so that they would fall under the prohibition, but the ads, you know, they make it now in like mint chocolate chip flavor and raspberry flavor and they're all brightly colored and they're being marketed to young people. So it does seem like it's an area that deserves some attention.

**MR. HAMROFF:**

And in your neighborhoods, in your little strip shopping centers you could have, you know, a deli, a bank and then next door to it a vape center where you can just go in and sit around and smoke these smokeless whatever they are. So I think you're going to see it more in the communities too so, you know, that kind of legislation is obviously pretty important.

**CHAIRMAN SPENCER:**

You're on the right committee, too. It's something that we've taken a really big look at here in Suffolk County and Legislator Anker last year really took up the flavors in terms of making sure that we provide laws to label them appropriately. And I do want to thank the American Heart Association for your help with the raising the smoking age legislation that we passed here two years ago and the testimony that you gave and the papers that you sent out in support of our legislation really made a big difference.

**MR. HAMROFF:**

If I could just pat ourselves on the back with respect to legislation. The New York Board of Regents in September of 2015, after 15 years of our hard work, made a graduation requirement in high school being trained in CPR, which for us was a huge initiative; mandatory CPR training as a requirement for high school graduation. As a physician I am sure you understand how important that is as well. The lives that are really directly saved from CPR and how everybody can be empowered to save lives and do a little part was a big, big, big thing for us in September.

**CHAIRMAN SPENCER:**

Legislator Kennedy. I thought you had your hand up.

**LEG. KENNEDY:**

No, but you did a wonderful job. Thank you.

**CHAIRMAN SPENCER:**

Legislator Cilmi.

**LEG. CILMI:**

Thank you, Mr. Chair. So, I was going to mention before you started the committee, I was chatting with you and your team back there, and I was going to say something and I got cut off and I came back here, but you know what, it provided me a good opportunity for me to say it publicly and

before the committee and just remind everybody. In 2012 I sponsored a bill that designated the week of February 7th through the 14th as Congenital Heart Defect Awareness Week. I did that along with a friend of mine who runs an organization called Gavin's Got Heart out of Islip. They're doing some great work raising tens of thousands of dollars to support families whose children have been diagnosed with congenital heart defects. So February 7th through the 14th you will see hopefully, if everyone does what they're supposed to do, the Dennison Building will be lit in red in recognition of Suffolk County Congenital Heart Defect Awareness Week.

**MR. HAMROFF:**

Spectacular.

**CHAIRMAN SPENCER:**

Thank you, Legislator Cilmi. That's great information. Thank you once again for taking the time. We look forward to working together. We appreciate all the great work that the American Heart Association does right here on Long Island and we will continue to be partners. Thank you for your time.

**MR. HAMROFF:**

Thank you for having us.

**CHAIRMAN SPENCER:**

With that, I did want to, one, acknowledge our Commissioner, Dr. Tomarken, who is here, and I would like to thank him for working with me for the past four years and helping me on the Health Committee. And there is one issue that we need to address before we adjourn and we'll be extremely brief, but I'm sure that we've heard a lot about the Zika Virus. I had received a request from our Majority Leader, Kara Hahn, but there's also personal interest that we just get an update kind of as to what's going on. And as Dr. Tomarken's coming forward, you know, he did update the Board of Health. There was a call yesterday where Suffolk County Department of Public Works and also the Health Department, that we're already looking to make sure that we are prepared. And so without saying what you're probably going to say, I will turn it over to Dr. Tomarken.

**COMMISSIONER TOMARKEN:**

Well, since we've talked there's been updates as well, so.

**CHAIRMAN SPENCER:**

I'm sure.

**COMMISSIONER TOMARKEN:**

And as you probably all know, this is rapidly changing. Let me try to simplify it as much as it makes common sense. The Zika Virus is carried by a form of a mosquito called *Aedes aegypti*. That mosquito is not in New York to date. There is a similar mosquito called *Aedes albopictus*, otherwise known as the Asian Tiger mosquito, the one with the stripes, that is in Suffolk County. It is a daytime biter. It's been here for a few years. So what we're looking at is two potential issues. Can the *Aedes albopictus* carry the Zika Virus? We don't know the answer to that. It's being tested in Albany right now. Or will the *Aedes albopictus* -- I'm sorry, the *Aedes aegypti*, which is in the warmer climates, move up to New York and other New England areas. It has yet to happen. There is a report that it was in Washington last year, Washington D.C. So those are the two parameters we're looking at.

In the meantime there are, depending on how it's counted, either 10 or 11 cases in New York State. Today the Governor expanded testing to all pregnant women who've traveled during their pregnancy to any of the affected countries. Prior to that, it was just those who had symptoms. So it's all pregnant women who traveled to those affected countries are eligible for testing. Testing is done at

the Wadsworth State Laboratory. No commercial laboratories have this test. It has to be -- come through the Health Department, so providers are being advised to contact us because we have to give them specific instructions as to how -- what has to be sent, so it's blood and urine, and it has to be frozen with dry ice etcetera, etcetera. It takes anywhere from two to three weeks to get the results. And the other group of people that are going to be eligible for testing are people who traveled to these endemic areas, which is basically South America and Central America, who have symptoms. If you don't have symptoms at this point in time this could change.

Now, this just came out literally about an hour ago. So this is -- it's constantly changing. There will be increased surveillance of mosquitoes when they start to proliferate. We have, as you know, a very aggressive surveillance program, but the State is going to increase surveillance in the five surrounding Counties in New York City and Westchester and up in that area because we have a higher incidence of mosquitoes and in the past West Nile Virus, etcetera.

You've probably heard about the sexual transmitted case in Dallas. There's also one now reported in Colorado. Again, no direct cause and effect has been established. It's an association, just like the microcephaly is an association, not a direct cause and effect. The estimation is it will take another six months of study in Brazil to establish whether or not it is truly a cause and effect relationship. So that's the latest as of now.

The other thing to keep in mind, 80% of patients who have Zika Virus are asymptomatic. They have no symptoms. They do not know they have it and that's the population that is difficult to get a handle on and to figure out and to know what their risks are. So it's very similar to other -- these viral diseases where a very small percentage have symptoms and end up coming to the attention of health care providers. Maybe with that I'll open it up for any questions.

**LEG. FLEMING:**

Just what are the symptoms?

**COMMISSIONER TOMARKEN:**

Symptoms are generally a rash with lumps and bumps, red eyes, fever and joint pain, so very similar in many ways to any kind of viral illness. Nothing terribly unique about it.

**CHAIRMAN SPENCER:**

I was very pleased to see that we are aware of this, we're keeping, you know, close track in terms of what sort of guidance that we need to give our health care community, our public. I think there's some coordination with Public Works and Vector Control with regards to having a plan to be able to spray if necessary, but also keep in mind that we also spray for West Nile, too, and the impact this will have.

I'm sorry.

**COMMISSIONER TOMARKEN:**

Let me make a point on this. This is truly one of those conditions that every person in the County can help reduce the risk by making sure that their home is safe and there's no stagnant water. And these mosquitoes can get into -- all they need is a tiny bit of water, so a little bit of water puddling somewhere is prime for them. So people really need to be vigilant and no matter how much spraying or whatever is done, we're going to have to do a very aggressive campaign about educating people to make sure on a daily basis they check, especially after rainfalls, their houses and make sure that there isn't any stagnant water because these mosquitoes take very little to proliferate. So it's really going to be a special emphasis.

**CHAIRMAN SPENCER:**

Well, we really appreciate the surveillance and keeping us in the loop. Thank you, Commissioner.

**COMMISSIONER TOMARKEN:**

One last thing. All this information is on the website, the County website on the home page, and continues to upgraded -- updated and we will continue to do that.

**CHAIRMAN SPENCER:**

Thank you. So just, you know, I think that if you hadn't heard the Zika Virus started in Brazil and the issue there when the Commissioner refers to microcephaly is that this is not a survivable condition. Babies that are born with small brains are not -- it's not compatible with life typically, or they're profoundly, I guess, diminished in their ability to be able to function and grow, but a lot of times it is -- in fact, that's the alarm, because it's impacting our most vulnerable members of our society and pregnant women. The disease in and of itself for adults it's something that is probably not as severe like you would think of an Ebola or something like that, but it is -- seems to be, as far as the number of countries that we're seeing on the list, that seems to be expanding at a very rapid rate. So I think the concern is how quickly it seems to be expanding. Am I correct?

**COMMISSIONER TOMARKEN:**

Yeah. There's about 10% of babies born with microcephaly that are normal, and the other 90% have a huge range of disabilities, very mild to very severe. You often can't tell until they've developed to the point where they're not reaching their milestones.

**CHAIRMAN SPENCER:**

Okay.

**COMMISSIONER TOMARKEN:**

So it's not something that you can look at immediately and say *Oh, this child will have this handicap or this deficit*. It's something that evolves and it's unknown at the time of birth.

**CHAIRMAN SPENCER:**

Thank you. Thank you very much. I'm sorry, Commissioner. Legislator Cilmi.

**LEG. CILMI:**

Just on another issue, Doctor. The issue that we were just talking about is I'm sure appropriately taking a lot of your attention, but I would just ask you to look into -- I'm getting some complaints and I hadn't heard complaints in a while, but I've gotten two or three different complaints lately -- recently rather, having to do with lengthy backlogs, particularly in the wastewater permit area. So if that's something you could look into please and --

**COMMISSIONER TOMARKEN:**

Is that commercial or residential? Do you know?

**LEG. CILMI:**

Actually the two that I am thinking of right now, one is commercial and one is residential.

**COMMISSIONER TOMARKEN:**

Okay.

**LEG. CILMI:**

Thanks.

**CHAIRMAN SPENCER:**

Thank you very much. I don't have any other business before this committee. Is there any business any of my colleagues may have? No? Seeing none, we stand adjourned. Thank you.

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