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HEALTH COMMITTEE
OF THE
SUFFOLK COUNTY LEGISLATURE

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 Thursday, June 15, 2017, at 2:00 p.m.

MEMBERS PRESENT:

Legislator William R. Spencer, Chairperson
Legislator Bridget Fleming, Vice Chair
Legislator Robert Calarco
Legislator Thomas Cilmi
Legislator Leslie Kennedy
Legislator Monica R. Martinez
Legislator Robert Trotta

ALSO IN ATTENDANCE:

Presiding Officer DuWayne Gregory
Sara Simpson - Assistant Counsel to the Legislature
Craig Freas - Budget Review Office
Amy Ellis - Chief Deputy Clerk/Legislature
Elizabeth Alexander - Aide to Legislator Spencer
Elizabeth Sutton - Aide to Legislator Fleming
Maria Barbara - Aide to Legislator Cilmi
Ali Nazir - Aide to Legislator Kennedy
Alyssa Turano - Aide to Legislator Hahn
Meagan Zegarelli - Aide to Legislator Hahn
Katie Horst - County Executive's Office
John Marafino - County Executive's Office
Dr. James Tomarken - Commissioner of Health Services
Christina Capobianco - Deputy Commissioner of Health Services
Jennifer Culp - Assistant to Commissioner of Health Services
Walter Dawydiak - Director/Division of Environmental Quality
Richard D'Andrea - Neighborhood House of Sayville
Melissa Espinoza - Neighborhood House of Sayville
Anthony Sansevero - Neighborhood House of Sayville
John Lorenzo - Neighborhood House of Sayville
Lorraine O'Hara - Neighborhood House of Sayville
Kathy Valcich - Neighborhood House of Sayville
Alex Wilson - Neighborhood House of Sayville
Dr. Scott Campbell - Suffolk County Health Services
Moses Curcura - Entomologist, Department of Public Works/Vector Control
And all other interested parties

TAKEN BY:

Lucia Braaten, Court Stenographer

1 (**The meeting was called to order at 2:00 p.m.**)

2
3 **CHAIRMAN SPENCER:**

4 It appears that we have a quorum. I'm going to ask if we could
5 stand for a salute to the flag, to be led by Legislator Calarco.

6
7 (**Salutation**)

8
9 If we could remain standing for a moment of silence for the
01:59PM 10 families of the members of Congress and the police that were
11 involved in the incident in Washington D.C. Our hearts and
12 thoughts go out to all those that were affected by this tragedy.
13 And also for the men and women who are serving this country, both
14 at home and abroad.

15
16 (**Moment of Silence**)

17
18 So welcome to the June 15th Health Committee meeting. And on our
19 agenda, I have no correspondence since our last committee meeting.

02:00PM 20
21 The next item is the public portion. Are there any cards? Is
22 there anyone in the public who wishes to be heard on any topic?
23 Please let us know at this time. Seeing none, we're going to close
24 the Public Portion.

25
26 So today we have two presentations, and one is from the
27 Neighborhood House of Sayville, and they offer an eight-week
28 support group program for children, families and individuals who
29 are grieving the loss of a family member due to suicide and
02:01PM 30 overdose. And we have members of their Board, also with Richard
31 D'Andrea and Melissa Espinoza. So I would like to ask them to come
32 forward, if they would, and have a seat at the table. I also
33 understood that they have audiovisuals that are associated with
34 their presentation.

35
36 As they're coming forward, we also have a second presentation by
37 Dr. Scott and Moses Cucura to review Suffolk County's efforts on
38 the tick population and pathogen surveillance, management
39 potentials and personal protection. So Dr. Scott Campbell. It's
02:02PM 40 Dr. Scott Campbell, okay.

41
42 So thank you for being here today. We really appreciate your time.
43 And so what we're hoping to do, since we have two presentations, is
44 that the first portion we'll have a 10 to 15-minute formal
45 presentation, and then questions from the committee, and then we'll
46 move on to our second presentation. So welcome.

47
48 **MR. D'ANDREA:**

02:02PM 49 Thank you, Legislator. Thanks so much for making the time for us
50 today. Again, my name is Rich D'Andrea. I am one of the founding
51 members of a group called the Neighborhood House. We are located
52 out of Sayville, although we are -- we handle and serve families
53 and folks throughout the greater Long Island.

54
55 I have here with me today two Board Members, Anthony Sansevero and
56 John Lorenzo. I have also have a few participants. These brave

1 folks are participants in our eight-week program.

2
3 But let me tell you a little bit about the Neighborhood House, and
4 we started about five years ago. I happen to be in the funeral
5 industry. I started with a woman, Michelle Virga, who's our
6 Executive Director. She can't be with us today, but she's a
7 Licensed Clinical Social Worker in a high school here on Long
8 Island. The two of us are kind of, as you are, on the front lines
9 and privy to numbers that the general public probably isn't privy
10 to, and noticed that this, what I want to call an epidemic in
11 deaths by either drug overdose and/or suicide, are so much more
12 prevalent than in years past.

13
14 So about five years ago we got together and decided, Michelle and
15 I, to start the Neighborhood House to try to move the needle a
16 little and to try to create some prevention programs and also
17 support for those folks that have -- that have had the burden of
18 losing a family member or a loved one to either drug overdose or
19 suicide.

20
21 I have a small funeral business on the South Shore of Long Island
22 here, relatively affluent area around the community of Sayville.
23 I've said over the past four or five years, as we speak about the
24 Neighborhood House, that my business, about 5% of my business, one
25 in 20 funerals have been either drug overdose or suicide, numbers
26 that I thought were unprecedented until very recently. Over the
27 past year, it's almost 10%. One in ten funerals that we handle is
28 either drug overdose or suicide. That's staggering and
29 frightening.

30
31 So we've done a few things. We have really three or four
32 initiatives that we've started that we're very proud of. Unlike
33 any other organization, the first thing that we -- that we did, we
34 created eight-week closed programs. These closed programs are to
35 serve families and loved ones that have lost someone to suicide or
36 drug overdose. We meet in a local church. Actually, right now we
37 don't have space of our own, but the local church donates the
38 space. We get together. We have Licensed Clinical Social Workers
39 that actually facilitate the programs. We have somewhere in the
40 area of 20 people. We try to limit that so it's a smaller group
41 that come together. We have community members that volunteer and
42 provide dinner, so there's dinner together all with the group. And
43 then they break up into smaller groups with the facilitators to get
44 some counseling and help, and then they come together at the end of
45 this meeting.

46
47 By closed meetings, this eight-week group, it is just that. For
48 eight weeks the people that start in the program are with us
49 throughout the entire program, so they really build quite a rapport
50 and relationship. In fact, we've had some people, and you'll hear
51 from some of the participants in just a minute, that have built
52 such relationships that they -- that they've come back. We formed
53 an alumni group that help with the current groups. But the demand
54 is such that we don't have the manpower or the capital to continue
55 these eight-week programs the way we'd like to. It's just so
56 prevalent and there's so many people that need help out there.

1
2 In addition to the eight-week programs, I want to mention that
3 we've also pushed into some of the school districts with speakers
4 that speak on hope, and because I think that's truly what's lacking
5 in our society today, especially among our young adults. So I
6 don't want to call them motivational speakers, but we have some
7 folks that have come in. We had a refugee, Shadrack Boakye, that
8 spoke in a few school districts. We're working on a few others
9 that come in and speak to the young adults in our community about
02:07PM 10 just that, about hope and motivation and keeping their head up.

11
12 We've also created a peer educational leadership summit. We have a
13 pilot program we started in the Fall. We brought six school
14 districts, six local school districts. We bussed them into a
15 location where we had several groups collaborate with us. John
16 Martin from Suffolk County Health Department, you may know him, he
17 helped. We had LICADD, we had Response, a few other groups that I
18 should know right off the top of my head, but came together and
19 helped all these young adults. There were about 90 young adults
02:07PM 20 from six different school districts that came together. We taught
21 them Upstander education, drug awareness and suicide prevention,
22 how to notice the warning signs among their peers, so that they can
23 then go back to their school districts, to their respective school
24 districts and mentor their peers. And the school districts have
25 all been very -- they're on board, they're excited about this
26 program.

27
28 Again, that was a pilot program, we ran it in the Fall. We're
29 looking to do that throughout Long Island in the year to come. But
02:08PM 30 there are some costs to all of this, obviously. We're limited in
31 our resources. Our budget is bare bones. We spend just about
32 everything that we bring in. We do a couple of fundraisers a year.
33 We have gotten some private funding. We've gotten a couple of
34 grants, one from the OMH, and that's really kind of helped us to
35 maintain the programs that we're currently running. But we need to
36 expand to them, because, as I say, the demand is so great. We've
37 also done some prevention programs in the community. Again, all of
38 our -- all of our programs are at no cost to any of the
39 participants.

02:08PM 40
41 So I don't want to speak too long. With that, I just want to
42 introduce three members of our -- of our eight-week programs.
43 These brave folks came to speak, Kathy, Lorraine and Alex, and I
44 think they'll lend a little bit of more credence to what we're
45 doing.

46
47 **CHAIRMAN SPENCER:**

48 Just a question with regards to the eight-week program. One of the
49 things that's important -- and, first of all, absolutely amazing
02:09PM 50 what you're doing. It sounds like it's very positive. But during
51 that eight-week program, because I know there's different steps
52 that when someone's dealing with addiction, where you have detox
53 and rehabilitation, and, you know, some of the struggles is finding
54 a program that lasts long enough to have -- to be effective. Do
55 you have any statistics in terms of what your recidivism rate may
56 be? And then are you using -- as far as within the eight-week

1 program, where is the curriculum, the basis of the curriculum? Is
2 that coming from established psychiatric principles, or are we
3 dealing more with a type of personal support type of program?
4 Because these are all important issues as we start to talk about
5 support and funding.

6
7 **MR. D'ANDREA:**

8 So just to be -- to be very clear, on the eight-week programs, the
9 eight-week programs are grief support, grief support for families
02:10PM 10 and friends, loved ones that have already lost someone to either
11 drug overdose or suicide. So these aren't --

12
13 **CHAIRMAN SPENCER:**

14 Not addicts.

15
16 **MR. D'ANDREA:**

17 These are not addicts.

18
19 **CHAIRMAN SPENCER:**

02:10PM 20 So you're dealing with --

21
22 **MR. D'ANDREA:**

23 Oh, we're dealing with the bereaved families that have already lost
24 a loved ones, because the truth is that these are -- this is a very
25 at risk population. So folks that have lost a loved one to either
26 suicide or drug overdose are at a much greater risk than those that
27 have not. And so, again, these folks here are going to just give
28 you a little testimonial about what the programs have meant to
29 them.

02:11PM 30
31 **CHAIRMAN SPENCER:**

32 Okay.

33
34 **MS. O'HARA:**

35 Good afternoon. My name is Lorraine O'Hara. I lost my husband to
36 suicide November 15th, 2013. My husband, John, was a very
37 prominent Long Island commercial real estate broker. He was very
38 successful, so successful, actually, that the Town of Brookhaven
39 even dedicated a road in his name. John owned his own business, he
02:11PM 40 employed many people, and provided wonderful lives for their
41 families. My husband was diagnosed with mild depression. Never in
42 a million years did I think I would lose him to suicide.

43
44 The Neighborhood House was created to address this epidemic of
45 people dying from suicide or drug overdose. The Neighborhood House
46 provides hope and support for the prevention of mental health
47 issues and substance abuse with community workshops on suicide
48 prevention, response, drug and alcohol awareness and social media
49 issues. The Neighborhood House is a community that helps people
02:12PM 50 who are grieving the loss of a loved one.

51
52 I participated in several of the group sessions, which are free.
53 The Neighborhood House helped me heal. I learned how to be happy
54 again, how to smile and how to laugh. I'm an alumni. I help other
55 members who are grieving. We organize outings, such as bowling, or
56 walks on the beach, or just a shoulder to cry on. Please consider

1 helping the Neighborhood House with funding so they may provide
2 hope and support to prevent these senseless tragedies. Thank you.

3
4 **CHAIRMAN SPENCER:**

5 Thank you. Thanks for sharing your story.

6
7 **MS. VALCICH:**

8 Hi. Excuse me. My name is Kathy Valcich. In May of 2015, my
9 husband, Bruce, made a nearly fatal suicide attempt.

02:13PM 10

11 **LEG. TROTТА:**

12 Could you hold the mic closer?

13
14 **CHAIRMAN SPENCER:**

15 Is the green light on? That one may have to be held, or you can
16 you use the other one that stays on.

17
18 **MS. VALCICH:**

19 Okay.

20
21 **CHAIRMAN SPENCER:**

22 Thank you.

23
24 **MS. VALCICH:**

25 Again -- I'm sorry -- in May of 2015, my husband, Bruce, made a
26 nearly fatal suicide attempt. After receiving poor follow-up
27 treatment where he did not get proper mental healthcare, Bruce took
28 his life less than two months later. As someone who has lived with
29 major depression myself, I was desperate to find help to deal with
30 his death so that I didn't relapse and possibly deal with the
31 devastation in the same way that he had. Those of us that struggle
32 with depression know all too well the temptation of the quick easy
33 way out, which in that moment seems like the right and appropriate
34 decision. Your judgment becomes completely altered in that state.

02:13PM 30

35
36 In September of 2015, I started my first Neighborhood House
37 session, followed by several others. In those early months, my
38 instinct was to turn completely to maladaptive coping mechanisms,
39 not getting out of bed, not going to work, drinking too much, so
40 on. I am so fortunate that I found the Neighborhood House. The
41 Neighborhood House gave me a place to grieve in a healthy way, a
42 place where I found support, a place where I could share with
43 others who were similarly grieving, a place where I wasn't alone,
44 and a place that gave me hope, so I didn't go down the same
45 destructive path that Bruce had; a place that showed me that even
46 after Bruce, the love of my life was gone, that I could not only
47 survive, but I could live a happy, satisfying life without turning
48 to addiction or worse.

02:14PM 40

49
50 I will forever be grateful to the Neighborhood House, its
51 facilitators and my fellow survivors, many who have become lifelong
52 friends and family. Thank you.

02:15PM 50

53
54 **MR. WILSON:**

55 Good afternoon. I'm Alex Wilson. I lost my partner, Ryan, to
56 suicide in January of 2015. I can honestly say suicide basically

1 hit me in the face. I had no knowledge of it. I fell into the
2 same stigma that most people did, the stigma of suicide, and how
3 it's -- you don't talk about, it you kind of -- that person passed
4 away and you don't talk about how that person passed away. And I
5 found the Neighborhood House, and it truly has given me an avenue
6 to go to where people know what I've gone through and how I'm going
7 through it. It's -- it has given us hope. And I'm going to quote
8 a great American President. It has given us hope in the face of
9 difficulty, hope in the face of uncertainty. It has given us the
02:16PM 10 audacity of hope. And that is the one thing that you don't think
11 of when you're grieving, you don't think of the hope. You think of
12 how am I going to get through tomorrow? How am I going to get
13 through the holidays? And it's with the hope that I'm going to get
14 through these things.

15
16 And it's the Neighborhood House has -- it teaches the survivor on
17 how to survive. And it really -- it tries to break down that
18 stigma of drug overdose and suicide, that, oh, they passed away,
19 and put it to the side of we're not going to talk about how. We
02:16PM 20 should talk about how, and that's what the Neighborhood House does.
21 It brings that stigma to the forefront and it breaks down the
22 stigma. And that's why I so -- that's why I'm here, because I
23 believe in the Neighborhood House and I believe in its message.
24 Thank you.

25
26 **MR. D'ANDREA:**
27 So with respect for your time, I know we're going to go a little
28 bit over, but we have a video that you can see on our website. I
29 think that we've handed out literature. Do you have time to watch
02:17PM 30 about four minutes, is that okay?

31
32 **CHAIRMAN SPENCER:**
33 Absolutely. Why don't you -- let's show the video.

34
35 **MR. D'ANDREA:**
36 Thanks very much.

37
38 *(*Video Presentation*)*

39
02:22PM 40 **MR. D'ANDREA:**
41 All right. I stopped it kind of abruptly, I'm sorry. But, again,
42 I want to be respectful of your time and answer any questions that
43 you might have.

44
45 **CHAIRMAN SPENCER:**
46 Legislator Fleming.

47
48 **LEG. FLEMING:**
49 Yes. Well, first of all, thank you all for being here, especially
02:22PM 50 those who have very hard stories to tell. It's helpful that you
51 can come and articulate that. It's not easy, I'm sure. And I'm
52 very sorry for your loss, each and every one of you.

53
54 Could you just describe a little bit more about the pilot program
55 with the schools, and how we might be able to support it and
56 actually participate in it? My district is the South Fork, so all

1 the way out on the East End, and I just don't know how schools or
2 how we could advocate for it. How could we participate?

3
4 **MR. D'ANDREA:**

5 Absolutely. So we're proud of this program. I'm happy to say,
6 tentatively, right now, we've received two grants, one from Senator
7 Boyle for \$25,000, one from Senator -- I'm sorry. One from Senator
8 Croci for \$25,000, one from Senator Boyle for \$15,000, just
9 specifically earmarked for those programs, those peer educational
10 leadership programs. So the funding that we're searching for would
11 be more for these eight-week programs. However, you certainly can
12 participate, because we're looking for school districts all across
13 Long Island to give us the nod to come in and allow us to take some
14 of their students.

15
16 We typically take leaders within the school district, these
17 children that volunteer to be peer leadership mentors. We bus
18 them, we pay for the bussing, we pay for the -- they have lunch
19 while they're with us, so we bus them. We did it in Port Jefferson
20 this past Fall, which, again, was the pilot program, the first of
21 its kind, bussed them to a central location where they receive an
22 education from several different collaborating agencies on
23 Upstander education, how to be an upstander and not a bystander,
24 talking about bullying and the problem with social media and so
25 many others. Talk about drug awareness. Talk about suicide
26 prevention, and recognizing the warning signs that their peers
27 might be showing.

28
29 And so those students that are selected that volunteer to come to
30 this peer educational leadership Summit then go back to the their
31 school districts, and with the help of the school district, they
32 now mentor their peers. So right now, again, there were six school
33 districts that participated. I know Sayville, Bayport, Patchogue,
34 Westhampton Beach --

35
36 **AUDIENCE MEMBER:**

37 Hampton Bays.

38
39 **MR. D'ANDREA:**

40 -- Hampton Bays, and there was another, but they all came together
41 and they're all participating currently. So they received that
42 education back in the Fall and they're currently breaking out, and
43 those students that were educated back then are helping their peers
44 and giving them the tools.

45
46 **LEG. FLEMING:**

47 Is there any relation, or are you aware of the South Fork Mental
48 Health Initiative and the funding that's available through that
49 specific funding for the South Fork?

50
51 **MR. D'ANDREA:**

52 I'm not personally. And I'm afraid that, again, my Executive
53 Director, Michelle Virga, who you saw in the video, she's not able
54 to be here, but she's much more in charge of that type of
55 operation, you know.

1 **LEG. FLEMING:**
2 No. And I'll be happy to follow up. I'm just interested to know
3 if we're -- I mean, I think it's important that we optimize --
4
5 **MR. D'ANDREA:**
6 Yeah, absolutely.
7
8 **LEG. FLEMING:**
9 -- you know, the cooperating and the funding, so that we get -- I
02:26PM 10 know we have a coalition for suicide prevention. I don't know if
11 you're part of that coalition.
12
13 **MR. D'ANDREA:**
14 We are, we've worked with them also. You know, we've collaborated
15 with an awful lot of the local groups, but I'm sure that there's
16 some that we aren't privy to or haven't, so I'd be happy to. Maybe
17 I'll have Michelle reach out to you, Legislator, if that's okay.
18
19 **LEG. FLEMING:**
02:26PM 20 Absolutely. I'd come up and visit with you. I mean, as bad as it
21 is in Suffolk County, it's -- actually, our numbers are higher on
22 the East End.
23
24 **MR. D'ANDREA:**
25 It's daunting.
26
27 **LEG. FLEMING:**
28 So, to the extent that I can, maybe we'll -- my office will follow
29 up with you, but I really appreciate all of your participation.
02:27PM 30
31 **MR. D'ANDREA:**
32 Thank you so much. Any other questions?
33
34 **CHAIRMAN SPENCER:**
35 Legislator Kennedy.
36
37 **LEG. KENNEDY:**
38 Good afternoon. And I apologize for coming in late, I was stuck on
39 a phone call. I don't know. I have to commend you and say God
02:27PM 40 bless you for your work as an adult and adolescent psychiatric
41 nurse for a lot of years. The grief counseling is just a marvelous
42 thing. So did I miss? You eat dinner together. Do you live at
43 the house?
44
45 **MS. O'HARA:**
46 There is no actual house.
47
48 **LEG. KENNEDY:**
49 Well, it looked like a little house to me (laughter).
02:27PM 50
51 **MR. D'ANDREA:**
52 So right now, what I said right in the beginning, that we are
53 currently -- we have a local church that gives us the space. It's
54 set up perfectly, because we're able to come together, have that
55 meal together. They have a little cafeteria, and then there's an
56 area where they do have dinner as a family. All together, there's

1 typically about 20 to 25 total, including the facilitators and the
2 participants. And then they break off into smaller groups with the
3 individual facilitators based on their relationship to the person
4 that was lost. So siblings might break away with other siblings,
5 and spouses and parents, so -- and then they come back together at
6 the very end. They have dessert, and then they do a project
7 together, that is a therapeutic project. So it's unique. There
8 isn't another program like it.

9
02:28PM 10 **LEG. KENNEDY:**

11 This is definitely what's needed out there. This is marvelous.

12
13 **MR. D'ANDREA:**

14 Thank you.

15
16 **LEG. KENNEDY:**

17 Actually marvelous. Now my district is in the North Shore and you
18 didn't name any North Shore communities. Can they participate in
19 any of the leadership or the grief therapy?

02:28PM 20
21 **MR. D'ANDREA:**

22 We are across Long Island. In fact, the first peer leadership
23 group was -- we did it in Port Jefferson, so on the North Shore.

24
25 **LEG. KENNEDY:**

26 Okay.

27
28 **MR. D'ANDREA:**

02:29PM 29 But we're looking to do it across -- the demand is there. We just
30 don't have the capital and the resources, the manpower to make it
31 happen. That's where we need your help.

32
33 **LEG. KENNEDY:**

34 Okay. This is not the correct time to ask for budget issues.

35
36 **MR. D'ANDREA:**

37 Unfortunately.

38
39 **LEG. KENNEDY:**

02:29PM 40 But it's coming. What -- and don't tell me a million dollars, but
41 what do you need? What assists you in any way?

42
43 **MR. D'ANDREA:**

44 We're truly grassroots. Almost all of our funding -- almost all of
45 our help comes from volunteers, so the meals are provided at no
46 cost. We've gotten help for the bussing from friends. We've
47 gotten help with almost everything that we do. We do pay the
48 facilitators. They're paid nominally, and they really believe in
49 the cause, but our overhead is small. We have about under \$100,000
02:29PM 50 budget annually, most of which we raise in fundraising, and we've
51 gotten a few grants. But, I mean, \$50,000 goes a long way. We
52 could do an awful lot with a small amount.

53
54 **LEG. KENNEDY:**

55 Okay. No guarantees, but I will definitely keep your name in mind
56 when it comes to --

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MR. D'ANDREA:

Yeah.

LEG. KENNEDY:

-- budgeting. And God bless you all, and continue to support one another.

MR. D'ANDREA:

Thank you so much.

CHAIRMAN SPENCER:

I wanted to express my appreciation, especially to the families that came in, Lorraine, and your husband John, Kathy and Bruce, and Alex and Ryan, that you honor their lives and you allow them to live on when you're here and you share their stories, and you are making a difference. I know that's something that you shared with us that's deeply personal and difficult to talk about and sometimes chokes us up, but I just wanted to express to you how much I cherish your stories and how important it is. So thank you for doing that. And we -- and that's what makes the difference, because one of the things that's important is that we want to see the results. We want to make sure that -- and when I -- when you give this living testimony, it allows us to see that this does make a difference. So you made a difference today by being here. Thank you.

MS. VALCICH:

Thank you.

MR. D'ANDREA:

Thank you so much.

CHAIRMAN SPENCER:

Absolutely.

MR. D'ANDREA:

Yeah. So I very much want to be accessible for all of you and your respective districts. So please feel free to reach out if you want more information from us, we'd love to work together.

CHAIRMAN SPENCER:

Absolutely. Thanks for taking the time. I do believe, too, that -- I know that money is very important, but it sounds like you've already been creative. But as far as there may be other ways that we can assist, as far as like locations and space and transportation. There might be some areas where we can maybe work with our County departments to maybe offset or provide some support, as well as looking for real dollars, but we'll do everything we can.

MR. D'ANDREA:

Great. Thank you again for your time.

CHAIRMAN SPENCER:

Thank you. Have a great day. I'm going to ask if Dr. Scott

1 Campbell and Moses -- I think I pronounced your name wrong. It's
2 Cucura, right, even though it's spelled with a "C", but thanks for
3 coming in. And, again, they're going to review the County's
4 efforts on the tick population, and pathogen surveillance, and
5 management potentials.

6
7 **DR. CAMPBELL:**

8 Okay, if I may begin. Again, my name is Dr. Scott Campbell. I am
9 the Lab Chief for the Arthropod Borne Disease Laboratory for
02:33PM 10 Suffolk County Health Department. And what we have begun in 2016
11 is a countywide tick surveillance program, and looking at ten
12 sites, one in each township, and trying to get a baseline. It's
13 like a pilot study to better understand the pathogens that are
14 present at these sites, and the levels that these pathogens are
15 present at.

16
17 So what we hope to do is, with the findings, is to -- by
18 identifying the pathogens, is to inform the medical community that
19 these pathogens are present, and then the physicians and other
02:33PM 20 medical personnel can look for them in patients that are coming to
21 them with symptoms that may be indicative of tick-borne illnesses.

22
23 Also, this baseline will give us a level to start with of the
24 infection rates in the ticks, and should outbreaks occur of certain
25 tick-borne pathogens, we could maybe identify areas of higher risk,
26 like we do with West Nile Virus. We know it's here and we know
27 what kind of the baseline is, but if we -- we're trying to identify
28 areas where we are going to have outbreaks. So with this baseline,
29 we hope to be able to better understand or identify areas that may
02:34PM 30 be at a higher public health risk.

31
32 And, finally, to help educate residents, as well as medical
33 personnel in Suffolk County, on the risks that are out there. And,
34 you know, we already have brochures that we distribute. We have
35 videos on our website to help with personal protection, to get that
36 message out, because, really, it begins there. Personal protection
37 is of the utmost importance, and we try to -- we do our best to try
38 to get it out there to everyone in Suffolk County, both residents
39 and visitors, to try and prevent any kind of tick-borne pathogen
02:35PM 40 transmission while they're in Suffolk County. So that's a quick
41 summary of the pathogen surveillance.

42
43 **MR. CUCURA:**

44 Again, my name is Moses Cucura. I'm an Entomologist with Suffolk
45 County Vector Control. So I operate the biweekly surveillance
46 program, which we have four sites covering Suffolk County, and I
47 sample them every two weeks. And at those sites, we track the
48 species that we encounter, the tick species, the population
49 densities, and the seasonal cyclical activity that we see for each
02:35PM 50 stages of those three most encountered species of ticks on Long
51 Island, the American dog tick, the Lone Star tick and the deer
52 tick. And with that data, we can -- we're actually tracking the
53 activity, and that data we are sharing with pest control operators
54 that treat private property across Long Island.

55
56 We've held five co-workshops with Cornell Cooperative Extension

1 where we've shared the information we've collected on the various
2 management, tick management strategies, and the current data for
3 several of the primarily used agricides on the market. And with
4 the data from the biweekly sites, these private pest control
5 operators can more appropriately time their applications on the
6 private properties, therefore, increasing the efficiency of their
7 applications.

8
9 And aside from those items, we hold field efficacy trials for the
02:36PM 10 various agricides that our pest control operators are currently
11 using in Suffolk County. Currently, there's a very large push to
12 use organic natural oil-based products, and there's unfortunately
13 very little data behind these products to show their efficacy on
14 ticks. So we hold field efficacy trials and we're collecting that
15 date, which we are then also sharing with the private pest control
16 operators, so they can use more efficient strategies and products.

17
18 **CHAIRMAN SPENCER:**

02:37PM 19 Thank you for that overview. And I wanted to kind of drill down a
20 little bit more and ask a few questions.

21
22 First, just in both of your departments, and looking at your
23 resources, do you -- how many people are working in your respective
24 areas? And do you feel that you have the adequate equipment and
25 resources that you need to do this job adequately?

26
27 **DR. CAMPBELL:**

02:38PM 28 Currently, the -- our lab is three full-time personnel, and, you
29 know, it's -- we have a capital project in the works for equipment
30 to do inhouse testing. Currently, we send the specimens to the
31 State. They've allowed us to have those ten sites, but, clearly,
32 ten sites is nominal for all of Suffolk County to have one and only
33 one in each township. What we would like to do, if resources
34 become available, is to increase the number of sites and the amount
35 of testing, so we have a better idea of the range and scope of the
36 ticks and tick-borne pathogens in Suffolk County. But currently
37 the specimens are being tested by the State, so we would like to
38 have an increased surveillance program there.

39
02:39PM 40 **CHAIRMAN SPENCER:**

41 Legislator Fleming wanted to weigh, if she could.

42
43 **LEG. FLEMING:**

44 I just wanted to note for the committee that these gentlemen put
45 together a proposal for Assemblyman Thiele and Senator LaValle, and
46 met with the Legislators, State Legislators, and went through the
47 proposed two-phase -- is it two-phase or three-phase?

48
49 **DR. CAMPBELL:**

02:39PM 50 (Indicated by holding up three fingers).

51
52 **LEG. FLEMING:**

53 Three phase, sorry. Three-phase tick surveillance and management
54 program, and based on that presentation, Senator LaValle and
55 Assemblyman Thiele put in their budget request a half a million
56 dollar request to support this program. And as recently as Senator

1 LaValle's recent environmental roundtable, the Senator assured me
2 that he continues to look for funding, because they really have put
3 together a very robust program that would include not only what
4 they're doing now and expanding the surveillance, but also then
5 initiating some management techniques, most particularly a pilot
6 program, and then, you know, doing environmental reviews that are
7 required by the SEQRA law in order to really roll out a robust
8 program. It's not funded to date. And the 500,000 would have been
9 very helpful to fully fund the first phase, but it hasn't been
10 funded beyond that, and we're still working on getting that half a
11 million. But I could say from where I sit that these guys are
12 doing remarkable work. It's a real problem and they are not
13 adequately funded.

14
15 **CHAIRMAN SPENCER:**
16 Moses?

17
18 **MR. CUCURA:**

19 From Suffolk County Vector Control's end, I'm the only staff member
20 working on the tick item full time. We do have two seasonal staff
21 right now that can assist me with field efficacy trials and some of
22 the sampling. We don't have any additional funding outside of our
23 original operational costs, but we were able to get a small grant
24 in collaboration with Cornell Cooperative Extension in 2016, which
25 allowed us to push forward some of our field efficacy trials and
26 purchase materials.

27
28 And aside from direct funding, the private pest control operators
29 that operate in Suffolk County have been -- they've received our
30 efforts very well and they're -- many have actually offered to
31 assist. So rather than us having to purchase some equipment now,
32 some of these companies have offered to let us use their
33 application equipment for the field efficacy trials. Some of the
34 larger pesticide distributors have actually donated the specific
35 products we're looking to test so we wouldn't have to purchase
36 them. So we are -- we're trying to do everything we can with the
37 funds we currently have.

38
39 **CHAIRMAN SPENCER:**

40 Thank you, and that's important. We want to try to, again, make
41 sure that we get as much support that we can from the State, and I
42 appreciate that. I know Legislator Fleming is very involved in --
43 she is, I think, making a big difference in this area.

44
45 So with regards to the importance of this, I know with mosquitoes,
46 that we look for West Nile. I know Lyme Disease is something that
47 I'm seeing that was, I believe, severely underestimated, because
48 there are a lot of people that have a lot of autoimmune symptoms
49 that are related from just immune stimulation from I guess exposure
50 to Lyme Disease. Are we getting a better handle? Is there a
51 direct correlation that you're seeing as far as with things such as
52 Lyme Disease as the deer population has increased? And can we say
53 that when you mention dog -- deer, the segment that is on the rise,
54 would I be incorrect in saying that it seems to be the deer
55 population is probably one of our biggest issues?

1 **MR. CUCURA:**

2 Yes. There are essentially two schools of thought for what the
3 driver of tick populations are. There are some studies that point
4 to the white-footed mouse as the driver for deer tick populations.
5 But the white-footed mouse itself is only one of about over 100
6 host species that the deer tick larval and nymphs feed on. And
7 white-footed mice and other small mammals can maintain small
8 populations of ticks in areas, but populations will not be
9 bolstered and rise to the levels like we're seeing on Long Island
02:44PM 10 unless there is a large host present for the adult stage to feed
11 on. Adult stage deer ticks need to feed on a large host in order
12 to have a full size egg sack with a high survivability rate. When
13 they feed on smaller mammals, they have a smaller egg sack with a
14 high rate of fecundity. So there's a -- yes, it's larger animals,
15 and in our area, it would be the white-tailed deer.

16
17 **CHAIRMAN SPENCER:**

18 Yes. Did you have --

19
02:44PM 20 **DR. CAMPBELL:**

21 You mentioned about cases. I was the Chairperson for a Tick and
22 Vector Borne Disease Task Force, and we created a final report in
23 December of 2015. And what we found, looking at State data, is
24 that Lyme Disease fluctuates, and it's kind of on the downslide.
25 And we look at that data and we look at the publication from CDC
26 that says it's underreported. And I've spoken to the State Health
27 Department and they think it's related to reporting fatigue. You
28 know, it's been around so long, the physicians aren't really
29 accurately reporting it, so -- and I look -- so I look at that, and
02:45PM 30 I also look at, then, the cases of babesiosis, which is a protozoal
31 disease carried by the same tick. So you see a decrease in Lyme
32 Disease, but you actually see an increase in babesiosis. So we
33 don't know for sure, but, you know, looking at the data and the
34 report from CDC, Lyme Disease is probably underreported in Suffolk
35 County as well.

36
37 **CHAIRMAN SPENCER:**

38 Legislator Trotta is first, and then Legislator Fleming.

39
02:45PM 40 **LEG. TROTТА:**

41 Did you say there were ten sites or four sites? I thought you said
42 two different things.

43
44 **DR. CAMPBELL:**

45 There are ten surveillance sites for tick pathogens, four -- you
46 said four, right?

47
48 **MR. CUCURA:**

49 Yeah.

02:45PM 50
51 **DR. CAMPBELL:**

52 Four for population surveillance, to monitor the population of
53 ticks.

54
55 **LEG. TROTТА:**

56 But where are the four for population?

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02:46PM

02:46PM

02:47PM

02:47PM

MR. CUCURA:

We have one in Southold on the North Fork, one in Tuckahoe Hill in Southampton, the third is in Manorville, and the fourth is in Meadowlark Park on the border of Huntington and Northport.

LEG. TROTТА:

And what are you finding?

MR. CUCURA:

We actually have a pretty large variation in tick species from one end of the Island to the other. In northern Huntington, we're finding a much higher population of deer ticks and a negligible population of Lone Star ticks. And there are some dog ticks present, but the primary population is deer ticks. And the farther -- Caumsett State Park, for example, had one of the highest populations of deer ticks I found across the Island. Now as you move east, the Lone Star tick becomes more prominent, and the deer tick population minimizes to a point. The farther east you go, the more Lone Star ticks you tend to encounter, and sporadically you'll encounter dog ticks.

LEG. TROTТА:

What is the relationship for the western -- like if you find 100 deer ticks to the west, what do you find to the east?

MR. CUCURA:

On the surveillance sites, for the biweekly surveillance sites, we're finding slightly higher deer tick nymph levels in Western Suffolk than we are in Manorville. And then as you continue east on the North Fork and South Fork, we're finding even lower deer ticks.

LEG. TROTТА:

Is it twice as much, a quarter, a tenth?

MR. CUCURA:

I'd say about a third.

LEG. TROTТА:

So it's a third?

MR. CUCURA:

From the data we currently have, yes.

LEG. TROTТА:

So if there's 100 in Huntington, there's 66 each time you tested out east?

MR. CUCURA:

Essentially, yes.

LEG. TROTТА:

And are they -- now you're treating them in ten locations? What are you doing in the ten locations?

1 **DR. CAMPBELL:**
2 So the ten locations are sites where we're collecting ticks and
3 sending them to the State for analysis for tick-borne pathogens,
4 the pathogens that cause babesiosis.

5
6 **LEG. TROTТА:**
7 And what are you finding?

8
9 **DR. CAMPBELL:**
02:47PM 10 We are waiting for the results.

11
12 **LEG. TROTТА:**
13 So we're waiting.

14
15 **DR. CAMPBELL:**
16 So we have -- and they said they're getting -- we should receive
17 them in the next few weeks.

18
19 **LEG. TROTТА:**
02:48PM 20 Okay. So, I mean, just based upon my own -- I live near Sunken
21 Meadow Park. My dog has never had so many ticks as he's had this
22 year. Is it increasing every year, or, you know, is it stable in
23 the Huntington spot?

24
25 **MR. CUCURA:**
26 In the Huntington spot, that biweekly site has only been up for
27 about a year -- that biweekly site has only been up for about four
28 months.

29
30 **LEG. TROTТА:**
31 So you know there's no real change?

32
33 **MR. CUCURA:**
34 No. I do not have data from 2016 to compare the Huntington area to
35 see if it's risen or decreased. But on the eastern end of Long
36 Island, we're seeing similar tick population activity to what we
37 saw last spring.

38
39 **LEG. TROTТА:**
02:48PM 40 Which is? So it's similar, it's not going up, it's just about
41 stagnant?

42
43 **MR. CUCURA:**
44 It was much slower to start this year, because it was relatively
45 dry consistently. Once we had the recent precipitation events, the
46 activity increased, but now it's still similar to where we were
47 this time last spring.

48
49 **LEG. TROTТА:**
02:49PM 50 So there was only three test spots last year, now that you added
51 the fourth, is that what it was?

52
53 **MR. CUCURA:**
54 Correct. And we added the fourth site because we saw a variation,
55 such a large variation in the tick activity and species in the
56 western portion of Long Island.

1
2 **LEG. TROTТА:**
3 Do squirrels have these deer ticks?
4
5 **MR. CUCURA:**
6 Yes, they are a host of deer ticks, Lone Star nymphs, and sometimes
7 adults, but not very often.
8
9 **LEG. TROTТА:**
02:49PM 10 What do you mean? Deer ticks don't go -- adult deer ticks don't go
11 on squirrels?
12
13 **MR. CUCURA:**
14 Adult deer ticks have a preference for large hosts, so they --
15 dogs, turkeys, white tail deer, they tend to be the preferred host,
16 but they will feed on smaller animals if they encounter them. But,
17 again, the egg sack or the larval survivability is lower when they
18 feed on smaller mammals.
19
02:49PM 20 **LEG. TROTТА:**
21 Do you actually test like dead squirrels you find, or how do you do
22 that?
23
24 **MR. CUCURA:**
25 No. There has been some previous surveillance studies where
26 they've actually allowed the ticks to feed on various size mammals
27 under laboratory settings, and they've tested the survivability of
28 the resulting larva.
29
02:50PM 30 **LEG. TROTТА:**
31 So this isn't -- this is some outside test, nothing that you've
32 seen yourself?
33
34 **MR. CUCURA:**
35 No. This is existing peer reviewed published journal data.
36
37 **LEG. TROTТА:**
38 So they put ticks on different types of small animals to see how
39 they --
02:50PM 40
41 **MR. CUCURA:**
42 Yup, that's correct.
43
44 **LEG. TROTТА:**
45 What have you -- is there any truth to these, like bobwhite quail
46 eating them, or is that just --
47
48 **MR. CUCURA:**
02:50PM 49 There's no published peer reviewed data supporting the use of any
50 type of fowl, birds that have effectively reduced tick populations.
51 They are -- they're opportunistic feeders. I grew up on a farm in
52 Upstate New York. We have chickens and we've raised quail. They
53 will eat anything they encounter, they do not specifically seek out
54 ticks.
55
56 **LEG. TROTТА:**

1 So the areas where they're spraying, do you see a reduction when
2 they spray, does that work?

3
4 **MR. CUCURA:**

5 It depends on the material they're applying. Some materials are
6 very effective on ticks, and others, no. So that's part of the
7 reason we're doing the field efficacy trials, because many of the
8 pest control operators are using natural oils or natural based
9 compounds that -- they have ticks on the labels, but based on our
02:51PM 10 field efficacy trials, those materials only provide 5% control, 10%
11 control.

12
13 **LEG. TROTТА:**

14 So it's a farce, basically.

15
16 **MR. CUCURA:**

17 Many of them seem to be at this point, yes.

18
19 **LEG. TROTТА:**

02:51PM 20 Are there any that are good, that are killing me or --

21
22 **MR. CUCURA:**

23 The highest level of control we've seen from a natural or oil-based
24 product is cedar oil, that we found about 22% control. So it's
25 significantly lower than anything else.

26
27 **LEG. TROTТА:**

28 What about, you know, like good old chlordane or something? Not
29 chlordane, but, you know, something more --

02:51PM 30
31 **MR. CUCURA:**

32 There are quite a few synthetic pyrethroids on the market that have
33 relatively high control levels, high 70s and the 80 percentiles.
34 This -- right now, I actually have a field efficacy trial out in
35 one of our County parks examining Mavrik, which is a
36 tau-fluvalinate active ingredient. That's a synthetic pyrethroid,
37 but it's been used in the apiary industry for some time to treat
38 Varroa mites, so it's actually bee friendly. It's 150 times less
39 toxic to pollinators, bees specifically, than the other synthetic
02:52PM 40 pyrethroids.

41
42 **LEG. TROTТА:**

43 Now is that stuff, you know, safe for humans, or what's the story
44 with that?

45
46 **MR. CUCURA:**

47 Synthetic pyrethroids in general are very safe for mammals. We use
48 them in permethrin to treat our clothing. It's actually used in
49 lice shampoos for small children, so it's -- it is a very safe
02:52PM 50 compound for us.

51
52 **LEG. TROTТА:**

53 Is that like Sevin that you spray on fruit trees? Is that a --

54
55 **MR. CUCURA:**

56 No, no. Sevin is a different active ingredient in most cases.

1
2 **LEG. TROTТА:**
3 Does that kill ticks, Sevin?
4
5 **MR. CUCURA:**
6 It does. It takes longer, it's slower acting.
7
8 **DR. CAMPBELL:**
9 Pyrethroids are used on pets as well, one of the few compounds that
02:53PM 10 can be used on cats for flea and tick control. And it's -- the
11 only class that it can be used in slaughter houses because of the
12 low toxicity to humans.
13
14 **LEG. TROTТА:**
15 So what I put on my dog, whatever that stuff is --
16
17 **DR. CAMPBELL:**
18 It depends on the product, what it is. There's different,
19 different ones, but some are like -- some of the products that are
02:53PM 20 used for flea and tick control on pets are in the class because of
21 the low toxicity to mammals.
22
23 **LEG. TROTТА:**
24 Okay. And this -- the deer feeding thing I hear about where they
25 feed the deer and they get sprayed on --
26
27 **MR. CUCURA:**
28 The four-poster units?
29
30 **LEG. TROTТА:**
31 -- does that work?
32
33 **MR. CUCURA:**
34 Yes, the -- we have very good data, very good local data for the
35 four-poster units resulting from the Shelter Island studies. And
36 there's also several other state parks that are using the
37 four-posters to manage ticks on those parks. And when those --
38 when those units are properly maintained, you can have very good
39 control levels, up in the high 70s to low 80 percentile for deer
02:54PM 40 ticks and mid to high 90s for Lone Star ticks. Those are published
41 numbers.
42
43 **LEG. TROTТА:**
44 Where can I get one of those?
45
46 **MR. CUCURA:**
47 In order to have a four-poster unit, you have to have a
48 municipality or a village entity hold the permits. So the, yeah,
49 village or municipality would have to hold the permits for them,
02:54PM 50 and a pest control operator with a Category 8 license, Public
51 Health, would be the one to do the maintenance on the unit itself.
52
53 **LEG. TROTТА:**
54 So a private resident can't get one?
55
56 **MR. CUCURA:**

1 Correct, they cannot get them.

2

3 **LEG. TROTТА:**

4 Do you know if there is any in Sunken Meadow?

5

6 **MR. CUCURA:**

7 No, there are no -- none in Sunken Meadow.

8

9 **LEG. TROTТА:**

02:54PM 10 All right. Thanks.

11

12 **CHAIRMAN SPENCER:**

13 Thank you. Legislator Fleming.

14

15 **LEG. FLEMING:**

16 Thank you. Yeah, just a few follow-up questions. First of all, I
17 think Rob's questions are shared by many people, and everybody's
18 looking for some solutions to what's becoming an epidemic, I think.
19 I know that's a term of art or a legal term, but it's clear that
02:55PM 20 this is a population that is very out of control and is leading to
21 devastating health impacts. So -- but I appreciate your questions,
22 Rob, about how these various management techniques work or don't
23 work. And I wonder if one of you or both of you could just
24 describe for the program that you put together that we're -- that
25 you're seeking, we're seeking funding for, how that might inform
26 some of the questions that Legislator Trotta puts.

27

28 **MR. CUCURA:**

29 So a portion of the Phase I activities for the Tick Surveillance
02:55PM 30 Management Program is a pilot program that we designed for Indian
31 Island County Park, and in that pilot program we would be testing
32 various tick management strategies that currently have some
33 published peer reviewed literature behind them. Those -- that
34 includes vegetation management, which essentially you're altering
35 your canopy cover, you're pushing your leaf matter back, you're
36 widening trails. Essentially, all of those are geared towards
37 reducing relative humidity and soil moisture content, which allows
38 the ticks to actively quest, and over time, the populations will
39 diminish in areas that those practices are taking place. That has
02:56PM 40 been shown to work very well for deer ticks in Connecticut, but we
41 don't have much local data on that for deer ticks. So that's one
42 management strategy.

43

44 Another is exclusion, so host exclusion, essentially. So you can
45 put fencing in place to alter the path of hosts. So white-tailed
46 deer, for example, if they walk across a soccer field, they can
47 deposit ticks in the middle of the soccer field. If you fence a
48 portion of the soccer field, not all around it, but a portion of it
49 to redirect the deer activity, they won't be dropping ticks in the
02:56PM 50 middle of a soccer field, and then you can have a controlled
51 barrier application around the edge to increase the safety of those
52 using the field.

53

54 So the idea with Indian Island County Park is to combine numerous
55 management strategies to see the synergistic effect, which is quite
56 a bit of published data behind that where you combine more than one

1 strategy and you can actually minimize your efforts for both
2 strategies, but you still see an increased level of control in the
3 end. So it's -- it was eight or nine different management
4 strategies that would be -- we would be combining in different
5 areas of the park.

6
7 **LEG. FLEMING:**

8 And I think your -- as you note, that you have to rely on outside
9 data. The testing that Dr. Campbell had to send out that we're
02:57PM 10 still waiting for results from that test is all directly related to
11 the fact that you don't have the funding to do those things
12 inhouse, I think.

13
14 Could you just -- one other question. You were talking about the
15 black-legged tick, I think, about the western population and how
16 you're seeing increases there. Can you talk about the Lone Star
17 tick and what you're seeing in terms of patterns with Lone Star?
18 And if you just talk about what diseases these various species
19 carry. I mean, I think we know what -- if you know there is a
02:58PM 20 species of tick, you know that's either babesiosis or Lyme,
21 depending on what the tick is. If you could just speak to both
22 those questions, please.

23
24 **DR. CAMPBELL:**

25 So if you look at the ticks in Suffolk County, there are primary
26 three ticks of public health importance. The first is the American
27 dog tick, and that primarily transmits Rocky Mountain spotted
28 fever, the second is the Lone Star tick, which primarily transmits
29 ehrlichiosis, and the third is the black-legged, or also known as
02:58PM 30 the deer tick, and that transmits Lyme Disease, anaplasmosis and
31 babesiosis. And, currently, the one that's in the news is the
32 Powassan virus, or also referred to as the deer tick virus.
33 They're the primary pathogens that those three ticks can transmit.

34
35 **LEG. FLEMING:**

36 Did you -- and I don't think you mentioned the -- it's not a
37 disease, but the allergy that folks are finding now from the Lone
38 Star tick.

39
02:59PM 40 **DR. CAMPBELL:**

41 Correct. It's a condition called alpha -- it's called the red meat
42 allergy, and it's actually a sensitivity to alpha galactose, a
43 carbohydrate that is not normally found in humans or other
44 primates, so -- but it is found in ticks, and there appears to be
45 some exposure of -- during the bites. The scientists are still
46 working on that link, but they have found it in the ticks and they
47 believe it's from the tick bite, that people are exposed to it. If
48 an individual builds antibodies to that carbohydrate, when they eat
49 red meat, that red meat is digested, and the alpha gal that is in
03:00PM 50 that red meat starts -- is absorbed into their blood, and it is
51 seen as foreign, because of the antibodies that were developed from
52 the tick bite, and they have an allergic reaction, which can be
53 mild to anaphylaxes.

54
55 **LEG. FLEMING:**

56 And so anaphylaxes. In other words, it could lead to a fatal

1 event?

2

3 **DR. CAMPBELL:**

4 I -- well, I mean, anaphylaxes can. I don't know of anybody that
5 has died from it, but they have gone into anaphylaxes and been
6 treated.

7

8 **LEG. FLEMING:**

9 Good. And just with regard to the population, the Lone Star
03:00PM 10 population, Moses, what trends are you seeing?

11

12 **MR. CUCURA:**

13 So far this spring, adult Lone Star ticks were actually active two
14 months later than what I found last spring, so -- but the overall
15 activity right now is similar to what I saw last spring.

16

17 **LEG. FLEMING:**

18 And what about the east-west distribution?

19

03:01PM 20 **MR. CUCURA:**

21 Lone Star ticks, they seem to be present from -- you know,
22 essentially central Long Island east seem to have high populations.
23 And then the farther west you go, you'll see very minor populations
24 along the North Fork or the northern portion of Long Island and the
25 western. But if you go into southwestern Suffolk County, there's
26 actually very few ticks, and there's actually almost no deer
27 feeding in the parks down there. If you around Belmont Lake State
28 Park, I have to sample there for several hours more than any other
29 location to come out with ten ticks, and in other parks I can be
03:01PM 30 there for five minutes and get ten ticks. So it's very noticeable
31 in southwestern Suffolk the disparity between the populations.
32 Now, in Caumsett State Park, that is the highest population of deer
33 ticks I found, but --

34

35 **LEG. TROTТА:**

36 Where?

37

38 **MR. CUCURA:**

39 Caumsett State Park. And as I check my biweekly site in
03:02PM 40 Manorville, I'm finding lower populations of deer tick there than I
41 encounter in Caumsett State Park. And from speaking with the
42 people that maintain the trails on those -- that park, it seems to
43 be that there's significantly lower deer activity in that area than
44 Caumsett State Park. So it's a -- there is a lot of variation
45 within the northwestern portion of Suffolk County, in that area.

46

47 **LEG. FLEMING:**

48 And is it true that the Lone Star has a greater presence the
49 further east you go?

03:02PM 50

51 **MR. CUCURA:**

52 Yes. You've seen the farther east you go, Lone Star is more
53 prevalent in the overall population of ticks.

54

55 **LEG. FLEMING:**

56 Thank you. Thank you, Mr. Chair.

1
2 **CHAIRMAN SPENCER:**

3 Thank you. One of the reasons I asked -- that we wanted to have
4 this presentation was we know what the public is hearing and we
5 always want to clarify that in the public record. And there was
6 the recent Newsday article that they indicated potentially record
7 year for ticks on Long Island and the rest of the northeast because
8 of the confluence of climate, acorns, mice, and, I guess, obviously
9 deer. And, you know, I always want to try to do my best to get the
03:03PM 10 most up-to-date information from the experts. We, you know, had a
11 similar situation with the 1,4-Dioxane, where they had indicated it
12 was in 70% of the wells, and we kind of have a slightly different
13 picture here. So could you comment in terms of -- I don't know if
14 you're familiar with that article, but if you could give us your
15 thoughts, it would be helpful.

16
17 **DR. CAMPBELL:**

18 So, you know, there are many things that drive tick populations.
19 And there was a study done Upstate, when they looked at acorn masts
03:04PM 20 and that driving the mouse population, but that's just one portion
21 of the overall equation when it comes to what will drive a tick
22 population. So you obviously need food for the hosts, and that's
23 what the acorns are, but you also need proper environment. You
24 need the right weather. You know, too dry is not -- is not good,
25 too wet is not good, you know. So it's a combination of a lot of
26 different components.

27
28 So I think what happened was they took that story Upstate and kind
29 of made it generalized. And, as Moses said, we can find tick
03:04PM 30 population differences within Suffolk County. So to use data from
31 another part of the state, and I know even acorn masts vary from
32 forest to forest, so it's -- we have some data which doesn't -- is
33 not supported by those findings. But to just take one aspect, and
34 that's acorns, you can't make a generalization that it's going to
35 make it worse than the year previous. It takes many, many
36 components, and that's what we're trying to do in this whole tick
37 program, is trying to get a better understanding of what drives
38 tick populations and what may increase the public health risk year
39 to year.

03:05PM 40
41 **CHAIRMAN SPENCER:**

42 Moses.

43
44 **MR. CUCURA:**

45 Yes. So the original article that was published that all these
46 recent news stories came from, they found the correlation between
47 acorns, white-footed mice and an increase in deer tick nymphal
48 activity in one location that they studied in the Hudson Valley.
49 They looked at several other -- several other indices in other
03:06PM 50 areas and did not find that correlation. So, as Dr. Scott said,
51 focusing on one or even three macroelements like that has never
52 provided much evidence in determining future tick populations. So
53 what we can do with our bi-weekly sites is track the environmental
54 conditions at those sites, along with the activity for each species
55 we're finding, and then we have local data that we can actually
56 track.

1
2 **LEG. CILMI:**

3 Anyone who has questions can ask the questions and we'll go from
4 there.

5
6 **CHAIRMAN SPENCER:**

7 So just give us kind of a quick overview. We'll take them out of
8 order and we'll ask any questions on this, on the discussion.

9
03:09PM 10 **DR. TOMARKEN:**

11 Thank you. So on 1519, there's two pieces of legislation. This is
12 requesting that the Legislature approve the County Executive to go
13 into an Order on Consent with the DEC, State DEC. And the reason
14 for that is that we are the owners of the Suffolk County Fire
15 Academy, and the EPA has recently identified two chemicals, PFOS,
16 PFOS and PFOA as emerging contaminants that are now classified by
17 the State as hazardous substances. These have been used in a
18 variety of industries, and, especially for our concern, amongst
19 firefighters using fire fighting foam. They trained with it at the
03:10PM 20 Fire Academy over many, many years, and now it's been designated as
21 a hazardous substance.

22
23 In April of this year, the Suffolk County -- Suffolk County was
24 notified by the DEC that because of the use of the fire fighting
25 foam and the information that we provided them with our drill
26 sites, that this substances is not -- sorry -- the location has
27 been classified as a Class 2 Superfund site. That then requires us
28 to enter into an Order on Consent with the DEC to develop a
29 remediation plan, and in order to do that remediation plan and to
03:11PM 30 -- we need Legislative approval, and we'll need funding going
31 forward.

32
33 So the first legislation, 1519, is the request to allow us to enter
34 into a voluntary Order on Consent with the DEC in which we will
35 supply a mechanism for the County to implement a remedial program
36 for the site, and including any necessary interim remedial
37 measures. This is a standard DEC procedure when we have a
38 Superfund site. Anything else? Any questions?

39
03:11PM 40 **LEG. TROTТА:**

41 (Raised hand).

42
43 **LEG. CILMI:**

44 I'll just -- can I just make a motion to take this out of order, to
45 take 1519 out of order?

46
47 **CHAIRMAN SPENCER:**

48 Certainly. Madam Clerk, are you ready for us?

49
03:11PM 50 **MS. ELLIS:**

51 Yes.

52
53 **CHAIRMAN SPENCER:**

54 Okay. So there's a motion by Legislator Cilmi to take *I.R. 1519*
55 *(Authorizing execution of an order on consent and administrative*
56 *settlement with the New York State Department of Environmental*

1 **Conservation concerning the Suffolk County Fire Academy Site in**
2 **Yaphank (Co. Exec.)** out of order, seconded by Legislator Kennedy.
3 All those in favor? Opposed? Abstentions? (Vote: *Approved to*
4 *take out of order 8-0-0-0*)

5
6 Okay. We now have these before us. I'll make a motion to approve
7 for the purpose of discussion on the motion. Do I have a second?

8
9 **LEG. KENNEDY:**
10 Second.

11
12 **CHAIRMAN SPENCER:**
13 Second by Legislator Kennedy. All those -- so on the motion. So
14 Legislator Trotta.

15
16 **LEG. TROTТА:**
17 The question to be asked is why were we using this foam?

18
19 **DR. TOMARKEN:**
20 This was a standard -- first of all, I'm a not a fire --

21
22 **LEG. TROTТА:**
23 I know, you're probably not the person. It just seems to me, why
24 are we --

25
26 **DR. TOMARKEN:**
27 We didn't know that -- no one knew that this was a contaminated --
28 contamination or a contaminant.

29
30 **LEG. TROTТА:**
31 When did we find out?

32
33 **DR. TOMARKEN:**
34 May of -- what was it? May of 2016. So this has been used
35 throughout -- it wasn't just Suffolk County. This has been used
36 throughout the state, throughout the country, this sort of
37 substance for certain specific fires and for training.

38
39 **LEG. TROTТА:**
40 We're not using it anymore?

41
42 **DR. TOMARKEN:**
43 Correct, it's been banned. And as of April of this year --

44
45 **LEG. TROTТА:**
46 It's not banned for fires, it's just banned from training?

47
48 **DR. TOMARKEN:**
49 Yes, it is banned for fires.

50
51 **LEG. TROTТА:**
52 It is?

53
54 **DR. TOMARKEN:**
55 Yeah. You have to use a different type of foam, and what they're
56 using now is biodegradable.

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03:13PM

03:13PM

03:14PM

03:14PM

03:15PM

LEG. TROTTA:
Is this cancer-causing, or what's the story?

DR. TOMARKEN:
Here's the problem with all the health risks. There's been no definitive studies. There are associations. Some think it's a potential carcinogen, but there is no definitive study that links it to cancer. But the EPA put out this warning to -- with a level, what they call a health advisory level, indicating that that level is indicative of the need to take action to reduce exposure, but it's not a level that says if you're above that, you're going to get some health effect.

LEG. TROTTA:
So this contaminated the groundwater, also?

DR. TOMARKEN:
Yes.

LEG. TROTTA:
How do you clean that up?

DR. TOMARKEN:
Walt, do you want to address that?

MR. DAWYDIAK:
We're not sure that any groundwater remediation will be needed. That's what the remedial investigation and feasibility study are going to be about, to characterize levels that may be in the soil, as well as the groundwater, and work with the State on any necessary -- necessary remedial actions. The first priority is basically an interim remedial measure of extending public water, so that nobody is drinking this.

LEG. TROTTA:
Who found out? Were you notified by the EPA that this is bad, but we had no -- we didn't find this out, we were told this stuff was bad, is that how it worked?

DR. TOMARKEN:
Correct.

MR. DAWYDIAK:
Back in the spring of 2016, a couple of things happened very quickly. One is that the EPA issued a health advisory level, and the next is that DEC passed an interim regulation that designated it as a hazardous substance. So until that time, this was believed to be a safe product. It was used as intended. It was one of millions of chemicals that are out there potentially causing exposure and getting into the environment. Again, as soon as this notice was received, it was discontinued as a fire fighting agent at this site. The Health Department commenced a private well survey promptly in an area of potential impact, and that's what uncovered the problem in the Yaphank area.

1 **LEG. TROTТА:**
2 Okay. So it's not like we found -- we didn't have people getting
3 sick or anything like that?
4
5 **DR. TOMARKEN:**
6 No.
7
8 **CHAIRMAN SPENCER:**
9 So we have a motion and a second?
03:15PM 10
11 **LEG. KENNEDY:**
12 Yeah, one.
13
14 **CHAIRMAN SPENCER:**
15 On the motion, Legislator Kennedy.
16
17 **LEG. KENNEDY:**
18 You had mentioned that it's a voluntary action that we're signing
19 onto?
03:15PM 20
21 **DR. TOMARKEN:**
22 Well, it's voluntary, and then if we didn't --
23
24 **LEG. KENNEDY:**
25 It would become mandatory.
26
27 **DR. TOMARKEN:**
28 Right.
29
03:16PM 30 **(*Laughter*)**
31
32 **LEG. KENNEDY:**
33 Correct. I just wanted to get that on the record, because we have
34 to vote for this.
35
36 **DR. TOMARKEN:**
37 It's semantics.
38
39 **CHAIRMAN SPENCER:**
03:16PM 40 It's voluntary now.
41
42 **MS. SIMPSON:**
43 So long as you choose.
44
45 **CHAIRMAN SPENCER:**
46 Okay. So we have a motion and a second. All those in favor?
47 Opposed? Abstention? That motion is carried. (Vote: Approved
48 8-0-0-0).
49
03:16PM 50 I'm going to make a motion to take *I.R. 1520 (Amending the 2017*
51 *Operating Budget and appropriating funds in connection with bonding*
52 *for a Consent Order with the New York State Department of*
53 *Environmental Conservation to partially implement a remedial*
54 *program by providing a safe supply of drinking water to residents*
55 *in the vicinity of the Suffolk County Fire Academy in Yaphank, and*
56 *authorizing Suffolk County to enter into an Agreement with the*

1 **Suffolk County Water Authority (SCWA) to provide such services (Co.**
2 **Exec.)** out of order, second by Legislator Cilmi. All those in
3 favor? Opposed? Abstention? (Vote: Approved to take out of
4 order 8-0-0-0)

5
6 We now have I.R. 1520 before us. So I.R. 1520 is -- that's
7 amending the Operating Budget to be able to do things such as put
8 people who are on wells in that area on the water service, and also
9 anything else involved in this. And this was looking at about a
10 million-and-a-half dollars to do this?

11
12 **DEPUTY COMMISSIONER CAPOBIANCO:**

13 I.R. 1520 would amend the 2017 Operating Budget by increasing it by
14 1.2 million dollars, and that would allow us to amend a contract
15 that we have with the Suffolk County Water Authority to provide
16 public water to the homes affected in this area. There's
17 approximately 34 properties that are affected. And it would also
18 allow us to have a consultant start doing the needed remedial
19 investigation -- investigative feasibility study work and create a
20 citizens participation plan, and also a financial records search.
21 So it would start the investigative process.

22
23 **CHAIRMAN SPENCER:**

24 And that number, 1.2 million, who calculated that number with 34
25 residents? So it's -- we're assuming it's approximately around
26 \$34,000 per customer to hook them up?

27
28 **DEPUTY COMMISSIONER CAPOBIANCO:**

29 The \$1.2 million estimate is a combination of two things. It's the
30 contract with Suffolk County Water Authority. They provided
31 estimates for connecting each home, and for any water main
32 extensions that are necessary. And it's also an estimate from the
33 consultant to conduct the remedial program.

34
35 **CHAIRMAN SPENCER:**

36 And the remedial program, that would be cleaning up the water? Is
37 that --

38
39 **DEPUTY COMMISSIONER CAPOBIANCO:**

40 No. That would be the remedial investigative work that would
41 determine what type of remediation would be -- might be necessary.
42 That would be done at a later time.

43
44 **CHAIRMAN SPENCER:**

45 So there's going to be more to come once we get this -- the report
46 of the investigators to tell us what's required for us to clean up
47 the foam that was -- I guess, got into the soil?

48
49 **DEPUTY COMMISSIONER CAPOBIANCO:**

50 That's correct.

51
52 **CHAIRMAN SPENCER:**

53 Well, Legislator Kennedy?

54
55 **LEG. KENNEDY:**

56 PFOAs and PFOS's, when you remediate them, just a question, do you

1 use an air stripper? It's already into the water supply, but if
2 it's in the soil, is it soil removal, is it air stripper? What
3 is -- usually, what is done?
4

5 **MR. DAWYDIAK:**

6 Legislator Kennedy, this is not a chemical that we have any
7 experience with in Suffolk County. There is very limited data
8 nationally to date. I can tell you that it does absorb the carbon,
9 and in a home, a carbon filter would be sufficient if groundwater
03:19PM 10 remediation were required. A pump and treat to a carbon system is
11 one possible option, there may be others. It's a little early to
12 speculate as to whether that will be needed, but that is a
13 possibility.
14

15 **LEG. KENNEDY:**

16 Okay. It's still a little better than what I was thinking. Thank
17 you.
18

19 **DEPUTY COMMISSIONER CAPOBIANCO:**

03:19PM 20 Legislator Spencer, so to answer your question more fully before,
21 it wouldn't be 34,000 per home, because there's -- there's also the
22 remedial component factored into that 1.2 million.
23

24 **LEG. CILMI:**

25 I have a question.
26

27 **CHAIRMAN SPENCER:**

28 Legislator Cilmi.
29

03:20PM 30 **LEG. CILMI:**

31 Could you all, or potentially Budget Review, whoever's more
32 equipped to answer the question, discuss the fiscal mechanisms by
33 which we're doing this? It's because we're talking about Operating
34 Budget, but it looks like we're talking about serial bonds as well,
35 so --
36

37 **MR. FREAS:**

38 I think the best way to think of this is the way that we pay for
39 settlements, it's that kind of bonding. It's not within the
03:20PM 40 Capital Program, although, obviously, the bond will cost the same
41 amount. It's not a -- excuse me. It's not -- it's not a capital
42 cost, so the -- we'll bond for it, I would assume, as soon as
43 practical, and it will end up in the -- as funds that we'll expend
44 within the 2017 Operating Budget.
45

46 **LEG. CILMI:**

47 Right. So then there will be -- there will likely be a fiscal
48 impact equal to whatever the debt service is on this bond to the
49 2017 and subsequent years, correct?
50

03:21PM 51 **MR. FREAS:**

52 Correct.
53

54 **LEG. CILMI:**

55 So is there required an offset, or --
56

1 MR. FREAS:
2 No.
3
4 LEG. CILMI:
5 How do we deal with --
6
7 MR. FREAS:
8 Again, it's more like a bonding for a settlement that's done
9 through the ways -- you know, a court settlement that we've -- that
03:21PM 10 we've come --
11
12 LEG. CILMI:
13 But -- so what happens? Because we've already -- you know, we
14 already, obviously, have tax levies and warrants out there. And
15 where does the money actually come from, or does it just -- does it
16 just go to a deficit and we deal with it at the end of the year, or
17 we deal with it in next year's budget process?
18
19 MR. FREAS:
03:21PM 20 Well, we're borrowing the money. There'll be a --
21
22 LEG. CILMI:
23 Right, but there's a -- but there's interest and principal that has
24 to be paid.
25
26 MR. FREAS:
27 Correct.
28
29 LEG. CILMI:
03:22PM 30 That will come out of this year's budget.
31
32 MR. FREAS:
33 Correct, but, although, if we don't --
34
35 LEG. CILMI:
36 But if we don't have it --
37
38 MR. FREAS:
39 We'll -- I mean, the --
03:22PM 40
41 LEG. CILMI:
42 There's no allocation in the budget for this expense for the --
43
44 MR. FREAS:
45 No, but the actual debt service wouldn't really start until '18
46 anyway, we'd sell the bonds.
47
48 LEG. CILMI:
49 Oh, okay.
50
51 MR. FREAS:
52 Yeah.
53
54 LEG. CILMI:
55 All right. So --
56

1 MR. FREAS:
2 I believe that's right. I can -- I'll check with the Director.

3
4 LEG. CILMI:
5 Okay.

6
7 MR. FREAS:
8 But I believe that's correct.

9
10 LEG. CILMI:
11 Okay.

12
13 MR. FREAS:
14 Pretty much how it works with any bond that we --

15
16 LEG. CILMI:
17 Maybe you could let us know before Tuesday. Thanks.

18
19 CHAIRMAN SPENCER:
03:22PM 20 So we have a motion and a second on I.R. 1520. All those in favor?

21
22 MS. TURANO:
23 I don't have a motion and a second.

24
25 CHAIRMAN SPENCER:
26 I'm sorry? No motion, we just took it out of order. Okay.

27
28 MR. FREAS:
29 Mr. Chair.

30
31 CHAIRMAN SPENCER:
32 All right. Yes.

33
34 MR. FREAS:
35 We had a small side. As you know, Deputy Commissioner Capobianco
36 did work for the Comptroller, and she could confirm that the debt
37 service would begin in 2018.

38
39 CHAIRMAN SPENCER:
03:23PM 40 Fantastic. So I need a motion. I'll make a motion to approve.
41 May I have a second on the motion?

42
43 LEG. KENNEDY:
44 Second.

45
46 CHAIRMAN SPENCER:
47 Second by Legislator Kennedy. All those in favor? Any in
48 opposition? Any abstentions? The motion is carried. (Vote:
49 Approved 8-0-0-0)

03:23PM 50
51 So it seems like this is a necessary thing that we have to do.
52 And, you know, I have the utmost confidence in our Health
53 Department and in the services that we provide. And this seems a
54 bit out of -- let's say, out of the usual thing that I would
55 expect. And I understand how these things can happen, but our
56 Health Department, and this County is so environmentally sensitive

1 and proactive that I think questions that I would like to ask, and
2 maybe some off the record, is, you know, how do we get to 2016? We
3 test literally for hundreds of items in our water, and for us not
4 to have a bit more of awareness for this to kind of have to be
5 brought to our attention.

6
7 I mean, I know it could happen to anyone, so I don't mean this as
8 -- you know, I'm just looking at this committee's role and
9 oversight to -- you know, I don't know if I would ask for kind of
03:24PM 10 an explanation, and if there are other areas where we are using
11 chemicals for -- in our Public Works Department, on our roads, for
12 our Vector Control, that I am going to ask for some sort of
13 immediate review of everything that we are using as a matter of
14 course of doing business in this County. And it might seem a bit
15 of an onerous job, but for us to -- around the country, we really
16 set the standard as far as really our drinking water protection.
17 We're very much aware of our aquifer and our toxic plumes and what
18 we do with our dry cleaning businesses. And so for us to find out
03:25PM 19 something that we're using in our fire trading academy, to kind of
20 catch us where the DEC has to come in and we have to have a consent
21 decree, I hope that we can take steps in the future to sort of
22 ensure that something like this doesn't happen. So I'll just leave
23 it at that.

24
25 **LEG. CILMI:**

26 Doc, but in defense, in defense of the Health Department, the EPA
27 really just came out and said that this was a potentially harmful
28 chemical. They wouldn't even have known to -- you know, to
29 consider it a problem until the EPA -- I mean, the EPA at any given
03:25PM 30 moment could come out and say, "You know, the ink that you're using
31 in these Bic pens is a problem," and then all of a sudden we'd be
32 talking about, you know, banning the use of Bic pens, but I would
33 have no way of knowing that until that happens.

34
35 **CHAIRMAN SPENCER:**

36 Tom, there's no bigger fan and advocate and supporter of our Health
37 Department than myself, but usually for the EPA to get to that
38 point, you know, they move -- they move like glaciers. So there's
39 got to be something that's out there before -- it just doesn't come
03:26PM 40 out of left field to get to the EPA for the EPA to act, in fact.
41 So --

42
43 **LEG. CILMI:**

44 Right. Some red flags somewhere that said --

45
46 **CHAIRMAN SPENCER:**

47 Some red flags. So I don't know. Again, I take the comments for
48 what they're worth, and they're not meant to be prejudicial at all.

49
03:26PM 50 **DR. TOMARKEN:**

51 Let me just add, give a better perspective. This substance is so
52 new and we cannot test it locally. We have to send all our samples
53 to either the Suffolk County Water Authority or the State
54 laboratory, so we don't even have the ability to test for it
55 locally. Walt, do you want --

1 **MR. DAWYDIAK:**

2 Just a word of how the process works. There was national interest
3 in this. This was part of the unregulated contaminant monitoring
4 rule, whereby there's a vetting. And of the millions of chemicals
5 that are there, we as a local Health Department don't have the
6 wherewithal to look into all of them. There was a couple of years
7 of data collected in public water supplies. The Suffolk County
8 Water Authority wells near the Gabreski Airport resulting in that
9 Superfund were something that drew State attention and probably
03:27PM 10 national attention to the issue, along with some other key sites.
11 All of these are very recent. We do try and keep abreast of
12 emerging contaminants like Dioxane, hexavalent chromium and
13 perfluorinateds to the extent we can. There's certainly always
14 room for improvement, but we continue to work on being progressive
15 on these chemicals.

16
17 **DEPUTY COMMISSIONER CAPOBIANCO:**

18 And if I could just add one more thing. When the EPA did come out
19 in May of '16 with this new health advisory level, our Office of
03:27PM 20 Water Resources in your Division of Environmental Quality
21 immediately went out and conducted a private well survey in the
22 area. So they took proactive steps, realizing that there could be
23 an issue, because this foam was used at the site, and that happened
24 last June. And that's what prompted us to conduct Phase I of the
25 private well survey, and we had 16 homes connected to public water
26 by the end of 2016, and that prompted this expanded Phase II, and
27 all this data was shared with the DEC.

28
29 **DR. TOMARKEN:**

03:28PM 30 In essence, we were doing what the DEC would have told us to do
31 today. We did it probably a year ago without any impetus beyond
32 the EPA's recommendations and information. So we were doing what
33 the DEC would have done -- would have told us to do a year ago.

34
35 **MR. DAWYDIAK:**

36 If I could also add, we commenced groundwater investigations and
37 well drilling immediately. So, basically, the first step in any
38 process is a site investigation, and we substantially completed a
39 lot of that and are moving right into the remedial investigation by
03:29PM 40 the fact -- virtue of the fact that we've lopped a year or two of
41 the Superfund process by doing the work that is only now going on,
42 for example, at Gabreski.

43
44 **CHAIRMAN SPENCER:**

45 Well, thank you. And I appreciate those comments, and that helps
46 to also lend perspective. And tonight I will toast our Health
47 Department with a glass of tap water, so thank you.

48
49 (*Laughter*)

03:29PM 50
51 So thank you for being here. We're going to move on to the rest of
52 our agenda.

53
54 Moving back to *I.R. 1452 - Introductory Resolutions -*
55 *Adopting a Local Law to improve food allergy safety and awareness*
56 *at food service establishments in Suffolk County (Spencer)*. Motion

1 to table for public hearing, seconded by Legislator Cilmi. All
2 those in favor? Opposed? Abstentions? (Vote: *Tabled for Public*
3 *Hearing 8-0-0-0*)

4
5 The next series of resolutions will be able to be placed on the
6 Consent Calendar. So amending the 2017 Operating Budget -- that's
7 ***I.R. 1465***. My apologies. ***Amending the 2017 Adopted Operating***
8 ***Budget to accept and appropriate 100% additional State Aid from the***
9 ***New York State Office of Alcoholism and Substance Abuse Services***
10 ***(NYS OASAS) to Easter Seals New York, Inc. (Co. Exec.)***.

11
12 **LEG. CILMI:**
13 Motion.

14
15 **CHAIRMAN SPENCER:**
16 Motion by Legislator Cilmi, seconded by Legislator Fleming.

17
18 **LEG. FLEMING:**
19 (Nodded yes).

20
21 **CHAIRMAN SPENCER:**
22 And to place on the Consent Calendar. All those in favor?
23 Opposed? Abstention? Motion carries. (Vote: *Approved and Placed*
24 *on Consent Calendar 8-0-0-0*)

25
26 ***I.R. 1466 - Amending the 2017 Adopted Operating Budget to accept***
27 ***and appropriate 100% additional State Aid from the New York State***
28 ***Office of Alcoholism and Substance Abuse Services (NYS OASAS) to***
29 ***HUGS, Inc. (Co. Exec.)***. Same motion, same second, same vote.
30 (Vote: *Approved and Placed on Consent Calendar 8-0-0-0*)

31
32 ***I.R. 1469 - Accepting 100% federal pass-through grant funds from***
33 ***the New York State Department of Health Services in the amount of***
34 ***\$47,862 for the Mammography Inspection Program administered by the***
35 ***Suffolk County Department of Health, Division of Public Health and***
36 ***to execute grant related agreements (Co. Exec.)***. Same motion, same
37 second, same vote, to place on the Consent Calendar. (Vote:
38 *Approved and Placed on Consent Calendar 8-0-0-0*)

39
40 ***I.R. 1470 - Accepting 100% New York State pass-through grant funds***
41 ***from the Foundation for Aids Research (amfAR) in the amount of***
42 ***\$15,000 for the Regional Opioid Overdose Reversal Efforts***
43 ***administered by the Suffolk County Department of Health Services,***
44 ***Division of Emergency Medical Services and to execute grant related***
45 ***agreements (Co. Exec.)***. Same motion, same second, same vote.
46 (Vote: *Approved and Placed on Consent Calendar 8-0-0-0*)

47
48 ***I.R. 1512 - Accepting and appropriating 50% Federal grant funds***
49 ***from the United States Environmental Protection Agency in the***
50 ***amount of \$263,000 for the Peconic Estuary Program ("PEP")***
51 ***administered by the Suffolk County Department of Health Services,***
52 ***Division of Environmental Quality and to execute grant related***
53 ***agreements (Co. Exec.)***. This is 50%. This cannot be placed on the
54 Consent Calendar; is that correct?

55
56 **D.P.O. CALARCO:**

1 Motion.

2

3 **CHAIRMAN SPENCER:**

4 New motion by Legislator Calarco, seconded by Legislator Fleming.
5 All those in favor? Opposed? Abstentions? (Vote: Approved
6 8-0-0-0)

7

8 Can this be placed on the Consent Calendar?

9

03:31PM

10 **MS. SIMPSON:**

11 No.

12

13 **CHAIRMAN SPENCER:**

14 No, it's not. Okay. I.R. 1519 - Authorizing and --

15

16 **MS. SIMPSON:**

17 We already did those two.

18

19 **CHAIRMAN SPENCER:**

03:32PM

20 We did those two. And I think that that concludes our agenda.
21 Thank you very much. I have no other business before this
22 committee today. We stand adjourned. Thanks.

23

24 *(*The meeting was adjourned at 3:32 p.m.*)*

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				<p>Zegarelli [1] - 1:36</p>	
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				<p>“PEP” [1] - 36:50</p>	