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HEALTH COMMITTEE
OF THE
SUFFOLK COUNTY LEGISLATURE
MINUTES

A meeting of the Health Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Smithtown, New York on February 6, 2020.

MEMBERS PRESENT:

Leg. William Spencer, Chairperson
Leg. Leslie Kennedy, Vice Chair
Leg. Kara Hahn, DPO
Leg. Tom Donnelly
Leg. Rudy Sunderman

ALSO IN ATTENDANCE:

Presiding Officer Robert Calarco, 7th Legislative District
Sarah E. Simpson, Counsel to the Legislature
Jessica Nowak, Assistant Counsel
Amy Ellis, Chief Deputy Clerk/Legislature
Craig Freas, Budget Review Office
Amy Keyes, Assistant Deputy County Executive
Elizabeth Alexander, Aide to Leg. Spencer
Ali Nazir, Aide to Leg. Kennedy
Karen Klafter, Aide to Leg. Donnelly
Tim Rothang, Aide to Leg. Sunderman
Doug Sutherland, SC Deputy Comptroller
Dr. William Tomarken, Commissioner/Health Services
Dr. Gregson Pigott, appointee/Commissioner/Health Services
Jennifer Culp, Assistant/Commissioner Tomarken
Christina Capobianco, Deputy Commissioner/Health Services
Robert Braun, Deputy Chief Bureau/County Attorney's Office
Michael Stoltz
Anne Marie Montego
Jake Kozak
Paulette Orlando
And all other interested parties

MINUTES TAKEN BY:

Diana Flesher, Court Stenographer

1 THE MEETING WAS CALLED TO ORDER AT 2:06 PM
2
3

4 **CHAIRPERSON SPENCER:**

5 Good afternoon. It's now five after the hour so we're going to
6 begin the Health Committee. I'm going to ask if we can all rise
7 and be led in our salute to the flag by our Vice Chairwoman
8 Legislator Kennedy.
9

10 **SALUTATION**

11
12 Please remain standing. In our tradition a moment of silence for
13 the men and women who are fighting for this country both at home
14 and abroad.
15

16 **MOMENT OF SILENCE OBSERVED**

17
18 You may be seated. Thank you and welcome to the first Health
19 Committee of 2020. First of all, I'd like to express my
02:06PM 20 appreciation to our Presiding Officer Legislator Calarco for
21 allowing me the privilege of continuing to serve as Chair.
22

23 Also, the Committee looks a little different this year. She's
24 served with this Committee before, but it's great to have
25 Legislator Kennedy as our Vice Chairwoman on the Committee and I'm
26 looking to working with her. She is a healthcare professional, a
27 nurse for a number of years and someone that, I think, brings a
28 lot. So, thank you, Legislator Leslie Kennedy.
29

30 **LEG. KENNEDY:**

31 Thank you.
32

33 **CHAIRPERSON SPENCER:**

34 Also, we're very fortunate to have our Deputy Presiding Officer,
35 Legislator Kara Hahn, who has served in the past but now is back
36 with us again on this Committee. Have you ever served on Health?
37

38 **D.P.O. HAHN:**

39 I don't remember, but that doesn't mean I didn't.
40

02:07PM 41 **CHAIRPERSON SPENCER:**

42 Okay. All right. Well, thank you. Welcome, Legislator Hahn.
43

44 So, we have a great presentation today. But before we do our
45 presentation, one of our colleagues has a longtime previous
46 engagement, but wanted to make sure that if we could stick around
47 for the appointments.
48

49 **PUBLIC PORTION**

50
51 We do have cards. And I'm just going to ask for -- I would like to
52 do the agenda. Do I have to do the cards first? All right,
53 Counsel is saying that I have to do the cards first. So, we're
54 going to do the cards.
55

56 So, at this time we're going to go to our public portion. And we

1 have four cards. So, it shouldn't be too long, but we are very --
2 always excited to hear from the public who's joined us. So, first
3 speaker is Michael Stolz. Please come to the podium and you'll
4 have three minutes to address the Committee on whatever topic you
5 choose.

6
7 **MR. STOLTZ:**

8 Good afternoon, everybody. I'm Michael Stolz. And with me is
9 AnneMarie Montego. She is the second card. So, we'll knock this
02:08PM 10 out, the two of us, out together.

11
12 I thank you for this opportunity to have three minutes to recognize
13 Dr. Tomarken and to express our support for Dr. Pigott. I am the
14 CEO of the Association for Mental Health and Wellness and Suffolk
15 County United Veterans. We're one of 27 mental health associations
16 across New York State and one of 270 affiliates of Mental Health
17 America. We serve over 5,000 people in our county through over 25
18 programs in psychiatric rehabilitation and support, care
02:09PM 19 coordination and service engagement, community education and work
20 force training. And many of you know our Suffolk County United
21 Veterans Shelter and Joseph P. Dwyer Veterans Peer Support and our
22 regional state and national advocacy.

23
24 We're in a time of great public attention about mental health
25 conditions and distress more so than ever before; certainly more
26 than any time in my lifetime in my 42 years in community mental
27 health services.

28
29 My career has included providing thousands of presentations and
02:09PM 30 conversations about mental health stigma, about bringing addiction
31 and mental health out from the shadows and closets and into the
32 main streams of our health care and social service delivery
33 systems. Today we're having conversations about recognition and
34 prevention and early intervention and suicide prevention in circles
35 we've never had before.

36
37 In our schools thanks to mandated mental health education and
38 parent and student demand for services with the experience of
39 serious anxiety has now far surpassed depression as the primary
02:10PM 40 mental health concern among students and our educators at our
41 community college, state university and private colleges where
42 counseling departments and health care venues are backed up with
43 students seeking mental health care.

44
45 Among our veterans and their families who struggled quietly and
46 painfully for generations against the impact of war and post
47 service transitions and partnerships and networks of providers of
48 mental health substance use, intellectual and physical
49 disabilities, those conversations continue among those in health
02:10PM 50 care and working with people with chronic health conditions where
51 mental health distress is too often the precursor to poor health
52 care compliance and poor outcomes, most especially among our aging
53 in a county where we have an aging population.

54
55 In our law enforcement departments, correction officers, parole,
56 probation and police where not only do officers want and need more

1 help in engaging citizens in distress, but also intervening with
2 fellow officers and themselves who show signs of distress and risk
3 including suicidality. These are just a few of the many
4 communities and sub-populations who reach out to MHAW and our
5 colleague and partner agencies regularly for education, support and
6 services.

7
8 We've been grateful for the leadership that Dr. Tomarken has
9 provided to our county. He has also helped to promote the critical
02:11PM 10 role of behavioral health services in our county's public health
11 policy and practice and we look forward to working with Dr. Pigott.
12 He has been the right person -- he is the right person to lead and
13 ensure that these conversations are happening in communities and
14 stakeholder groups where we need to do a better job of ensuring
15 access to appropriate, timely and quality mental health services in
16 order to save Suffolk County families and save lives.

17
18 I'll link to the second speaker AnneMarie Montego.

19
20 **MS. MONTEGO:**

21 Thank you. Thank you for the opportunity. My name is AnneMarie
22 Montego. I'm the Deputy Director at the Association for Mental
23 Health and Wellness. And I'm here to support the nomination of Dr.
24 Pigott to become the next Health Commissioner in Suffolk County.

25
26 As a member of the Multicultural Advisory Committee for Mental
27 Health for the last five years, I witnessed Dr. Pigott take a
28 committee that had just a few members and very faint pulse and
29 develop it into a robust, active group in a very short period of
02:12PM 30 time. His commitment to addressing the mental health needs of our
31 communities has been paramount and it's evident that his commitment
32 crosses to all members of our community. He's also keenly aware of
33 the disparities of both physical and behavioral health needs of
34 communities of color.

35
36 I'm not sure if you're aware that those with behavioral health
37 needs, meaning those with mental health and substance use issues
38 die an average of 20 to 25 years sooner than the average person.
39 These disparities lead to many years of life loss by our family,
02:13PM 40 friends and neighbors. Dr. Pigott wants to change that in Suffolk
41 County. The Gospel Health Fest, which he's led for the last eight
42 years has been an incredible success. The relationship he's
43 developed with underserved communities is a key to ensuring better
44 health for all. He is a proven leader and I encourage you to make
45 Dr. Pigott the next Health Commissioner. Thank you.

46
47 **MR. STOLZ:**

48 Thank you.

49
50 **CHAIRPERSON SPENCER:**

51 Thank you very much. Any questions from my colleagues? Okay,
52 thank you. We hear you loud and clear.

53
54 Our next speaker is Paulette Orlando. She's with the Tobacco
55 Action Coalition. And on deck is Jake, but Jake is very -- we have
56 very special parents by him so we're going to save him, he's coming

1 up next, okay.

2
3 **MS. ORLANDO:**

4 Good afternoon. Although the Clean Indoor Air Act protects New
5 Yorkers from exposure to secondhand smoke in all indoor public
6 places and work sites, millions of non-smokers continue to be
7 exposed to secondhand smoke in areas not covered by smoke-free laws
8 or policies including the very homes where they live. In fact, the
9 home is the primary source of secondhand smoke exposure for
02:14PM 10 children and a major source of exposure for non-smoking adults.

11
12 As a community engagement specialist working for the American Lung
13 Associations Tobacco Action Coalition of Long Island, I've spoken
14 to many tenants living in multiunit housing that are experiencing
15 these harmful effects of secondhand smoke: Older adults with
16 chronic obstructive pulmonary disease and other respiratory issues,
17 a pregnant woman, a young boy with asthma and many other nonsmoking
18 adults.

19
02:14PM 20 I visited the home of an older woman who in the middle of the
21 winter leaves her windows open forcing her to heat her home with
22 portable electric heaters. I've spoken to other tenants in other
23 properties that are also leaving their windows open in the middle
24 of the winter. Some tenants have been offered the option to move
25 to another unit but with a costly fee which they don't have, nor do
26 they have family support to assist with the move. Many tenants
27 they call me in desperation are afraid to leave their name or
28 afraid to speak out because of the repercussions they may
29 experience.

30
31 For residents of multiunit housing, apartment buildings and
32 condominiums, secondhand smoke could be a major concern even if
33 people don't smoke in your unit, as smoke can migrate from other
34 units and common areas and travel through doorways, cracks in
35 walls, electrical lines, plumbing and ventilation systems. In a
36 study of multiunit housing residence in New York State 73% of
37 residents did not allow smoking in their unit but 46% experienced
38 secondhand smoke infiltration from other units during the past
39 year. Essentially if one person smokes in the building, everyone
02:15PM 40 smokes.

41
42 Secondhand smoke exposure poses serious health risks to both
43 children and adults such as heart disease, lung cancer, respiratory
44 infections, stroke and asthma. More than 3,000 nonsmoking adults
45 in New York State die from diseases including heart disease, lung
46 cancer and stroke caused by secondhand smoke every year. Children
47 are especially vulnerable to the health effects of secondhand smoke
48 given their developing bodies and lungs. Children exposed to
49 secondhand smoke are at increased risk of Sudden Infant Death
02:16PM 50 Syndrome, ear infections, asthma and respiratory infections caused
51 by secondhand smoke.

52
53 Secondhand smoke exposure in multiunit housing also contributes to
54 disparities in health. This same population has a higher
55 prevalence of asthma, COPD and other health conditions worsened by
56 exposure to secondhand smoke. More than two in five nonsmokers who

1 live below the poverty level are exposed to secondhand smoke and
2 nearly seven million multiunit housing residents live in subsidized
3 or public housing.

4
5 Legislators, the bottom line is this: Everyone should be able to
6 breathe freely in their homes. Thank you.

7
8 **CHAIRPERSON SPENCER:**

9 Your timing is impeccable. I agree with you wholeheartedly. I
10 just have one quick question.

11
12 **MS. ORLANDO:**

13 Sure.

14
15 **CHAIRPERSON SPENCER:**

16 And that is I definitely think that everyone has a right to breathe
17 freely in their own homes. And some of the issues that we try to
18 reconcile with this is that when we start looking at multifamily
19 units, whether or not it's someone that's in a rental situation,
20 but I can think of perhaps someone that has worked and saved to
21 purchase the American dream and now they have their own home, and
22 they're suffering from addiction. And they've been restricted from
23 more and more smoking in public places.

24
25 And I think there's gotta be a way to protect the public who have a
26 right to have clean air in their homes, but also someone that who
27 might be disabled, a veteran, a senior who is suffering from the
28 addiction as an adult making it a personal choice that they're in
29 something that they've paid for in the privacy of their own
30 bedroom. And how do we sort of protect their individual rights to
31 say to a veteran that has one leg that has a home that's purchased,
32 that you can't smoke in your own home? And that's part of the
33 thing that I wrestle with. There's gotta be a balance there. So,
34 do you have any thoughts about that?

35
36 **MS. ORLANDO:**

37 I do. And I know that's a big question that comes up. And I hear
38 what you're saying. And it's so hard for me because when I hear
39 the person from the other side that's suffering or on the phone
40 with the kid that has asthma, it's so hard. But I think part of
41 the work that I've been doing is we will work with properties, and
42 we do realize and we do understand that it is an addiction. And
43 that's why when we look to implement these policies, when I look to
44 work with a property that's doing a voluntary policy, is we really
45 look at it, and we encourage them and we help them to implement a
46 plan over time --

47
48 **CHAIRPERSON SPENCER:**

49 Okay.

50
51 **MS. ORLANDO:**

52 So that we can provide the resources and connect individuals with
53 the resources. On any given day, if you surveyed smokers, 65
54 percent of them would say that they want to quit. I spoke to a
55 woman just a week or two ago who's a smoker living in an apartment
56 that implemented a policy about two years ago. And she said

1 because of that policy she is smoking less and she is looking to
2 quit.

3
4 So, I think when we also look at other policies, that we can see
5 the positive effects over time that policies do have on people.
6 And we're not saying that someone because they are a smoker they
7 cannot live there. And we would never -- we don't believe in
8 taking someone's right away to live somewhere. We're just saying
9 that they can't live within this property, just the way they can't,
10 you know, play loud music 11 o'clock at night or they can't leave
11 their garbage somewhere. All the other rules that fall into a
12 policy when someone moves into a condominium or a rental property;
13 I don't know if that helps.

14
15 **CHAIRPERSON SPENCER:**

16 It does. It's definitely something I'm willing to work with you
17 on, but I definitely have to reconcile someone that has served this
18 country, maybe given a leg, suffers from addiction, post traumatic
19 --

20
21 **MS. ORLANDO:**

22 Right.

23
24 **CHAIRPERSON SPENCER:**

25 -- lives in a home, multifamily unit dwelling, I want to protect
26 those people with asthma, but I don't want to start to go in and
27 penalize and cause this person angst if they're suffering from an
28 addiction. And somehow whatever policies we put in place has to
29 allow for that human right on both sides.

30
31 **MS. ORLANDO:**

32 Right, right. And if I could just add one more thing, I think we
33 look at -- smoking rates have gone down; they're at 12.8 percent.
34 Suffolk County they're much higher. They're at 17.8 percent. And
35 they're going down at disproportionate rates. You're still seeing
36 high smoking rates with low income individuals, lower education,
37 those that are suffering from mental distress. So, the benefits of
38 a policy really help to connect with those individuals and provide
39 them the resources and the support that they need. So, there's
40 definitely a relationship.

41
42 When we look at the cost of healthcare, there's also a relationship
43 with that. So, I think that's important to take into
44 consideration; and any other resources we can provide, you know
45 that we're always available to help.

46
47 **CHAIRPERSON SPENCER:**

48 Thank you so much. I appreciate what you do. Thank you.

49
50 **MS. ORLANDO:**

51 Thank you. Thank you everyone.

52
53 **CHAIRPERSON SPENCER:**

54 Okay, so what I'm going to do, our last speaker, and I think this
55 is real important because our last speaker is also really the
56 subject of one of our resolutions. So, we are fortunate to have

1 Jake Kosak with us who is a very brave young man and he's a
2 constituent of Legislator Cilmi, so we arranged for him to be here.
3 And, Jake, we're going to -- you have the microphone. But what I'm
4 going to do is, we have a resolution that you're here to represent
5 and that is IR 1013. So, since you're our last speaker and I
6 planned to do the agenda, what I'm going to do, Jake, is I'm going
7 just make a motion to take **IR 1013** out of order **and that's**
8 **Designating March 25th as "Cerebral Palsy Awareness Day" in Suffolk**
9 **County. (Cilmi)**; second by Legislator Calarco. All those in favor?
10 Opposed? Abstention? We have this now before us. Legislator
11 Cilmi's going to make a motion to approve.

02:22PM

12
13 **LEG. CILMI:**

14 I'll be happy to do so on Tuesday if --

15
16 **CHAIRPERSON SPENCER:**

17 I'm honored on your behalf to make a motion to approve.

18
19 **LEG. CILMI:**

20 Thank you.

21
22 **CHAIRPERSON SPENCER:**

23 Seconded by my Co-Chairwoman Legislator Kennedy. So, on the
24 motion, we have Jake. Jake, the floor is yours. Welcome and
25 we're glad that you're here.

26
27 **MASTER KOZAK:**

28 Hi. My name is Jake. And I'm 14-years-old and I have CP. Last
29 April I wore blue to support my friends with autism. I asked my
30 mom, "why doesn't anyone wear green for me?" My mom posted it on
31 Facebook. Mr. Cilmi said he wanted to help. I love wearing blue
32 for my friends. I think they would like to wear green for me.
33 Thank you, Mr. Cilmi, for all that you do, thank you for listening
34 to me.

35
36 **CHAIRPERSON SPENCER:**

37 Wonderful, wonderful.

38
39 **(APPLAUSE)**

40
41 Thanks, Jake. I think that no one could have made the point better
42 of the importance of this resolution. Anyone on the motion?
43 Legislator Cilmi.

44
45 **LEG. CILMI:**

46 I just wanted to thank Jake and his mom, of course, for coming.
47 Jake, it's always good to see my friend. I'm so proud of you.
48 You're so courageous and you're an inspiration and you're just a
49 really good guy. You're an adult. You're a really good guy. And
50 I'm happy to sponsor this resolution in honor of you and for all of
51 Suffolk County to celebrate Cerebral Palsy Day forever. All thanks
52 to you. Thanks, Jake.

02:24PM

53
54 **(APPLAUSE)**

1 **MASTER KOZAK:**

2 Thank you.

3
4 **CHAIRPERSON SPENCER:**

5 We have a motion and a second. All those in favor? Any opposed?
6 Any abstentions? Jake, congratulations. It's approved. (VOTE:
7 **6-0-0-0. PO CALARCO INCLUDED IN VOTE**)

8
9 **(*APPLAUSE FOR JAKE KOZAK*)**

10
11 **APPOINTMENT RESOLUTIONS**

12
13 Okay, we are now onto our agenda. We have several appointments.
14 We do have a presentation and we're going to do our agenda as I
15 mentioned before appointments. First one is **IR 1011**, that's
16 **Reappointing member to the Suffolk County Board of Health Stephen**
17 **L. Dewey. (Spencer)**. There's still some things we're working out
18 with Dr. Dewey so I'm going to make a motion to table at this time;
19 second by Legislator Kennedy. All those in favor? Opposed?
02:25PM 20 Abstentions? It is tabled. (VOTE: **6-0-0-0/PO CALARCO INCLUDED IN**
21 **VOTE)**

22
23 **IR 1051, (Approving) appointing of Gregson Pigott as Commissioner**
24 **of Health (Services). (Co. Exec.)**. So, we have Dr. Pigott who is
25 with us today. And Dr. Pigott, I'm going to ask if you would come
26 forward and have a seat at the table, please.

27
28 Thank you, Dr. Pigott. Thanks for taking the time. Thanks for
29 your numerous years of service to our County, your fight and some
02:26PM 30 of the things that you have done in the community with our
31 emergency services, with the opioid epidemic. You wear so many
32 hats. You're so well respected. And we appreciate you accepting
33 this challenge.

34
35 So, at this time I'd like to give you the opportunity to introduce
36 yourself and tell us just kind of where you're from, a little bit
37 of background; take maybe two or three minutes because there's
38 going to be question from the Legislators. So, welcome.

39
40 **DR. PIGOTT:**

41 Thank you, Dr. Spencer. My name is Greg Pigott. I've been in
42 Suffolk County since 2009. I've been here since June of 2009;
43 originally from Brooklyn, New York; grew up in Nassau County; went
44 to Elmont High School. And then after education, went to Brown
45 University for undergraduate medical school. I did a Master's in
46 Public Health at Harvard School of Public Health and I stayed at
47 their medical practice in internal medicine up there for about ten
48 years. Came back down in 2008 and I did a short stint in
02:28PM 49 Brownsville, Brooklyn in a federally qualified health center over
50 there; then was hired to be the Director of the Office of Minority
51 Health in June 2009 for Suffolk County Department of Health. At
52 the time I was reporting to Dr. Hank Chaudhry. He was the
53 Commissioner at the time. And then Dr. Tomarken came in subsequent
54 to that. But my role initially was outreach and education and
55 advocacy for communities of color in Suffolk County. And I've done
56 several projects over the years.

1
2 The thing I like to really do is these large high profile events,
3 if you will. This one called the Gospel Healthfest. The idea is
4 instead of me trying to outreach these communities, you know,
5 individually or in small settings, how to try to create a place
6 where people gather together and using music actually as a draw to
7 get people to come together. And then while they're in the room,
8 shower them with health information of all sorts of types, of
9 diabetes -- I remember I had a Dr. Beckles of Good Samaritan
02:28PM 10 Hospital. He's a neurosurgeon promoting stroke awareness. So,
11 we've done all sorts of health education in that kind of a setting.
12 And that -- I really enjoyed those kind of collaborations.
13

14 Most recently I've been over the Emergency Medical Services
15 Division as Medical Director. I've been doing that now since July
16 of 2012. I've really gotten to know our EMS providers. They work
17 hard. Sometimes they feel that they're taken for granted. When
18 you call 911 with a chest pain call, you know, you really want that
02:29PM 19 EMS provider in the same -- to do that 12 lead electrocardiogram,
20 diagnose that heart attack and get you to the hospital quickly so
21 they can do that intervention, whether it's a stent or a balloon,
22 but it's very important that our first responders get to the scene
23 and that they really get into that -- get to know that patient and
24 work -- we actually created a good system for them in terms of
25 pre-notification to get our, what they call ST elevation MIs or
26 STEMI centers, good notification and get that artery open quickly.
27 So, I've been privileged to serve with our EMS community.
28

02:30PM 29 And the other thing is methadone, you know, it was my only clinical
30 option. I've been doing primary care for so many years. And, you
31 know, with our -- transitioning our health centers to Hudson River
32 Health Care, the only thing that was available to me was methadone.
33 We had a retirement there and it was like, *okay, why not,*
34 *methadone.* And I really got to know that population, people who
35 are using opiates and really want to get off, you know, it's not
36 like they're trying to use illicit opiates all the time. It's
37 really withdrawal where you have, you know, *I can't sleep at night,*
38 *I'm sweating, I'm really agitated, I gotta do something.* And
39 people were really trying to get help and trying to get off. And
40 they've tried everything else. They've tried Suboxone. They've
41 been to, you know, five different rehabs and, you know, ten
42 detoxes.
43

44 And methadone, I found, a very viable option. It's really saved a
45 lot of people, really gotten people into recovery; gotten them out
46 of this vicious cycle of having to use illicit opiates. And it's
47 something that we don't talk about enough; that we're a county that
48 actually believes in that particular form of medication as just a
49 treatment. And so it's something I like to promote.
50

51 You know, as we're going out with the EMS folks training people how
52 to reverse people with Narcan, I always like to promote the fact
53 that we have different forms of medication assisted treatment in
54 Suffolk County, and methadone, being the first. And it's not as
55 much talked about because it involves going to a clinic everyday,
56 but is a very vital service that we do.

1
2 And so I'm just pleased to be before you this afternoon. And I'm
3 looking forward to the challenge. I know we have a lot of issues
4 besides the spheres of influence that I'm currently involved with.
5 I know we have water quality that we're always going after, that we
6 have folks in the East End with private wells. And, you know, we
7 have to sample the water, make sure that it doesn't have things
8 like per fluoroalkyl substances and 1,4-Dioxane. They're different
9 contaminants that might be in people's water. And having to
10 address that going forward, or these areas where we've had
11 contamination from, you know, whether industrial sites or other --
12 places where we used to build stuff, like military bases. So,
13 these are things going forward. I know we have issues with deer
14 and ticks and tickborne diseases so that's something that I look
15 forward to -- the challenge of working how we can improve that
16 situation. So, thank you.

17
18 **CHAIRPERSON SPENCER:**

19 Thank you, Dr. Pigott. One thing that I think that's really
20 important in your position, being a Commissioner of Health, you're
21 in such a tough position because you're kind of a division of the
22 State Health Department, but you also are appointed by County
23 Executive and you work with the Legislative body for funding and
24 you run 11 divisions. And one of the things that I've learned, I'm
25 a surgeon, and they tell you, you spend the first 20 years of your
26 life learning how to operate; you spend the next 20 years of your
27 career learning when not to operate.

28
29 The only thing that I will pass onto you just as -- I'm definitely
30 fully supportive and I've had the chance to talk to you so I don't
31 need to ask you any questions, but the 11 divisions within the
32 County Department of Health are so disparate that there's just
33 going to be things that you don't know. And sometimes that's
34 actually the toughest thing to do is to realize that you, you know,
35 you know what you know but I just hope that you know what you don't
36 know (laughter) and that you're not afraid to take those things on.
37 Because you've got department heads and chiefs. And I would always
38 call Dr. Tomarken on whatever the issue was and he would just get
39 me to the right place. And each time he would educate himself and
40 he would always make sure. So, you've got deputies, you've got a
41 whole team.

42
43 And the reason I support you is not so much because of what you've
44 done; is because I do know that you have that humility to know what
45 you don't know. It's impossible. There's no way you could
46 understand everything you need to know about wastewater treatment
47 plants; about the permitting process; about the sanitary code;
48 about everything you have to do with public health nurses. It's
49 impossible. No one person can do that. But a Commissioner has to
50 kind of be the quarterback; has to be the conduit. You remember
51 you get six years and I know you respect the Administration and the
52 Administration is definitely part of your boss but your six years
53 are there because your term exceeds any politically elected
54 person's term. So, at the end of the day, you're the chief public
55 health officer. I hope you will maintain that humility, that
56 independence. And I'm confident that you will. And that's why I

1 will be fully supporting you.

2
3 I said I had no questions, but I lied. Coronavirus, it's out
4 there, it's coming. I'm a little nervous, you know, seeing a
5 change right in the middle of this. It's something that's really
6 going to take off. I know we had Ebola a few years ago. You have
7 a lot of power whether or not to quarantine, to declare states of
8 emergency, to work with the County Executive. Are you prepared for
9 the coronavirus? Have you gotten up to speed?

02:35PM 10

11 **DR. PIGOTT:**

12 The good thing is that we had the whole Ebola scare in 2014 and so
13 it forced us as a department to look at things like our isolation
14 and quarantine plan; what do we do if somebody comes with a -- what
15 we call a person under investigation, a PUI. And so we've kind of
16 had this routine already down. It's a matter of refreshing and
17 reviewing our notes. We're very well prepared for Corona. It's
18 not as deadly as Ebola was. I think Ebola had more than a 50
19 percent mortality rate. This Coronavirus, from what I understand,
20 is about 2 percent. And the common flu is about point one percent.
21 So it's not a real deadly virus. And it really is not widespread.
22 Outside of China it's really not the -- you know, there are
23 isolated cases here and there. But if you look globally, in terms
24 of the amount of people in this country, 325 million and we've had,
25 what, 11 cases of Coronavirus so far, so.

02:36PM 20

26
27 I think the fact that there's a lot of awareness already about it
28 and there are already isolation quarantine plans in place and
29 pretty much a algorithm that the CDC has given us to follow and the
30 state, New York Association of Health Commissioner, NYAHC, and
31 also the State Department of Health has given us guidance on how to
32 proceed. So, we're definitely -- we're right there.

02:36PM 30

33
34 **CHAIRPERSON SPENCER:**

35 Thank you, sir. Thank you. Any questions from my colleagues? No?
36 Legislator Hahn.

37
38 **D.P.O. HAHN:**

39 I, too, want to thank you. I don't know whether these are
40 questions or statements or just -- I'm new to the Committee, at
41 least recently. And I want to thank you for stepping up to what is
42 a very difficult task. I want to thank Dr. Tomarken. I know he's
43 going to be coming up to give a presentation, but for all the years
44 of leadership in this very large department, and unfortunately in
45 government we are -- many of our departments are siloed. And so,
46 you know, I think you certainly are someone who has worked across
47 jurisdictions in a really collaborative way.

02:37PM 40

48
49 **DR. PIGOTT:**

50 Only way to get stuff done.

02:37PM 50

51
52 **D.P.O. HAHN:**

53 Yeah. And, you know, I certainly -- I know it's something that we
54 have to continue to recognize is that just because a unit is put --
55 placed over here in this one of 11 divisions doesn't mean it
56 doesn't affect some of the others. And you mentioned quite a few

1 areas of, you know, intense interest to our communities. Obviously
2 the opioid epidemic being one and ticks being another one and water
3 quality, you know, and there are just so many things that we cover
4 that are day-to-day important to our residents, you know,
5 restaurant inspectors, you know, day in, day out, millions of
6 people, you know, crossing the borders some of them, I'm sure.
7 But eat-in restaurants that we have to make sure, you know, meet
8 the standards to keep people safe, what they bring home for food.
9 You know, beach closures and testing our beaches as part of water
10 quality, you know, there's just so many things that the Health
11 Department touches and it's so incredibly important to our
12 residents.

02:39PM

13
14 And I thank you for taking this on. I look forward to learning
15 more with you and from you, you know, as I take on this new role
16 and thank you.

17
18 **CHAIRPERSON SPENCER:**

19 Thank you, Deputy Presiding Officer. Legislator Sunderman.

20
21 **LEG. SUNDERMAN:**

22 Dr. Pigott, thank you. You know, for many years working with you
23 as a first responder, you know, you always been a gentleman and
24 truly worked well with us. So, I will be supporting you. But I do
25 happen to agree with both Legislator Spencer and Deputy Presiding
26 Officer Hahn here and Calarco there. I just would like to say,
27 though, I think with all of this stuff we face in our districts,
28 you know, whether it's vector control, whether it's, you know,
29 environmental, all of these things play a valuable part. You know,
30 I know -- believe me, I like to say it's always about EMS, but, you
31 know, all of these things, I think, are going to be valuable. And
32 if it's something that you need from us, you know, we're here, you
33 know, we're an open mind of communication that, you know, we would
34 always listen to your needs. You know, it's a six-year appointment
35 and I think we're here to help you and support you in your
36 endeavors.

02:40PM

37
38 **DR. PIGOTT:**

39 Appreciate that.

40
41 **LEG. SUNDERMAN:**

42 We wish you well.

43
44 **CHAIRPERSON SPENCER:**

45 Okay. So, did we get a motion and a second? I'll make a motion to
46 approve Dr. Pigott as Commissioner of Health and seconded by
47 Legislator Kennedy. Excellent. So, all those in favor? Any in
48 opposition? Any abstentions? **(VOTE: 5-0-0-1/PO CALARCO INCLUDED**
49 **IN VOTE: ABSENT: LEG. DONNELLY)** Congratulations, Dr. Pigott,
50 you've passed the Committee. Normally, you know, it's not for real
51 until it goes before the full legislative body. Most appointments
52 don't have to come, but you do. You're a commissioner; it's a
53 high level. So, I will see you Tuesday.

54
55 **DR. PIGOTT:**

56 Okay, very good.

1
2 **CHAIRPERSON SPENCER:**

3 All right, be prepared. (Laughter) Okay, thanks, Dr. Pigott.

4
5 So, moving onto **IR 1055**, that's **Reappointing member to the Suffolk**
6 **County Board of Health Dr. Christine M. Doucet (M.D.)**. (Spencer).
7 I'll make a motion for approve; seconded by Legislator Sunderman.
8 All those in favor? Opposed? Abstentions? Motion is approved.
9 (VOTE: 5-0-0-1. PO CALARCO INCLUDED IN VOTE. ABSENT: LEG.
10 DONNELLY)

11
12 We've already done 1013. Please make me cosponsor on 1013; and
13 also cosponsor for 1051 and 1055. Thank you. Actually, that's my
14 bill 1055. Forget that, sorry. Okay.

15
16 **INTRODUCTORY RESOLUTIONS**

17
18 **IR 1015, Adopting (Local Law No. -2020) A Local Law that would**
19 **prohibit smoking within multiple dwelling units. (Gonzalez)**. I
02:42PM 20 motion to table for public hearing seconded by Legislator Kennedy.
21 All those in favor? Opposed? Abstentions? Motion is tabled.
22 (VOTE: 5-0-0-1. PO CALARCO INCLUDED IN VOTE. ABSENT: LEG.
23 DONNELLY)

24
25 **IR 1057, Establishing a standing Youth Addiction Panel. (Spencer)**.
26 I'll make a motion to approve; seconded by Legislator Sunderman.
27 Just quickly on the motion, this will work with -- oh, thank you.

28
29 **D.P.O. HAHN:**
02:42PM 30 Cosponsor.

31
32 **CHAIRPERSON SPENCER:**

33 This will work with our standing opioid committee. And it will be
34 young people that will help to advise the committee on ways or
35 strategies to be able to reach out and connect to young people.
36 Oh, I'm sorry, I gotta take the vote. All those in favor?
37 Opposed? Abstentions? IR 1057 is passed unanimously. (VOTE:
38 5-0-0-1. PO CALARCO INCLUDED IN VOTE. ABSENT: LEG. DONNELLY)

39
02:42PM 40 **IR 1066, (Adopting Local Law No. -2020,) A Local Law to update the**
41 **County's smoking regulations in multiple dwelling units. (Cilmi)**.
42 I'll make motion to table for public hearing; seconded by
43 Legislator Kennedy. All those in favor? Opposed? Abstentions?
44 Motion is tabled. (VOTE: 5-0-0-1. PO CALARCO INCLUDED IN VOTE.
45 ABSENT: LEG. DONNELLY)

46
47 **IR 1076, Adopting Local Law No. -2020, A Charter Law to amend the**
48 **Suffolk County Charter to codify meeting stipends for Board of**
49 **Health members. (Pres. Off.)**. Motion to table by Legislator
02:43PM 50 Kennedy for public hearing; seconded by Legislator Hahn. All those
51 in favor? Opposed? Abstentions? Motion is tabled for public
52 hearing. (VOTE: 5-0-0-1. PO CALARCO INCLUDED IN VOTE. ABSENT:
53 LEG. DONNELLY)

SLIDE SHOW PRESENTATION

1
2
3 That's all on our agenda. We saved what I thought was a special
4 treat. We have with you us our Commissioner of Health, Dr. James
5 Tomarken. I called and asked if he would come before us today. He
6 served in this role for now -- how many years, Dr. Tomarken, have
7 you been Commissioner?
8

9 **COMMISSIONER TOMARKEN:**
10 Ten.
11

12 **CHAIRPERSON SPENCER:**

13 Ten years. So, I've been Chair of this Committee for the past
14 eight years. And as we mentioned with Dr. Pigott, the Department
15 of Health is vast and there's many different aspects within the
16 department. And Dr. Tomarken has -- over the years has become very
17 comfortable. He's with Christina Capobianco and Jen Culp. They
18 have done a fantastic job. And I call this presentation Dr.
19 Tomarken unplugged. As he departs his service with Suffolk County,
20 I've asked if he would come and give us sort of an update or an
21 overview of the department from his perspective. All of the
22 outstanding issues, everything from public health nurses to health
23 education to the permit process. And I'm asking him that he would
24 tell us kind of where he feels that we've come from; where we
25 stand; what his advice is. I'm hoping that it can also help us
26 transition to Dr. Pigott. And without further delay, Dr. Tomarken.
27 Thank you.
28

29 **LEG. CILMI:**

30 Mr. Chair, before Dr. Tomarken begins, if I may?
31

32 **CHAIRPERSON SPENCER:**

33 Yes, sir.
34

35 **LEG. CILMI:**

36 Unfortunately, I cannot stay for the presentation, but I just
37 wanted to publicly thank Dr. Tomarken for his service to the
38 County. We started at roughly the same time. I've been here ten
39 years; you've been here for ten year as Commissioner, at least.
40 And we've had a great working relationship in those ten years. I
41 think the department has come a long way; always been really
42 responsive to us in our office. And as Doc, I think, Legislator
43 Spencer pointed out, when you didn't have an answer at your finger
44 tips, you knew exactly who to point me to who would. You were
45 never apprehensive about pointing me to those folks. And I can't
46 tell you how much I appreciate that. I wish you well in your
47 retirement and God bless.
48

49 **COMMISSIONER TOMARKEN:**

50 Thank you very much. It was a pleasure.
51

52 **LEG. CILMI:**

53 Jen and Christina aren't going anywhere?
54

55 **COMMISSIONER TOMARKEN:**

56 Oh, no, they're shackled.

1
2 Good afternoon. And as Dr. Spencer said, he asked for basically a
3 highlight summary of the year 2019. So, I think we'll start with
4 the emerging issues and priorities. So, if you look at the
5 environment, we have our septic improvement program. The PFOS
6 issue, this is the contamination found throughout the County and
7 other counties. And public health, we've had our vector focus. We
8 also have our Lead Prevention Program, which has been expanded
9 recently to state legislation. Our communicable diseases, we have
10 the flu and now we have the 2019 nCoV illness. And that's the
11 technical term right now.

12
13 In terms of prevention and cessation, we're attacking the vaping
14 issue, which has continued to expand. In behavioral health we have
15 our 24/7 stabilization center, also known as DASH. And we now have
16 a grant with Columbia University and other counties and states on
17 the Healing Community Study to try to find evidence-based programs
18 for substance abuse.

19
20 Our EMS Service and Public Health Preparedness Program, we're
21 expanding and continuing to train in the Opioid Overdose Prevention
22 Program, otherwise known as our Narcan Program. We just completed
23 our AED rollout and we have a new mission from the state. It's
24 called the National Core Mission in which we're required to be able
25 to serve the entire county, if needed, within 48 hours, 1.5 million
26 people.

27
28 So, looking in detail at the environment, the Septic Improvement
29 Program otherwise known as SIP, the Administration in Suffolk
30 County SIP and New York State Septic Replacement Program provides
31 funds to residential property owners to assist with upgrading to a
32 nitrogen-reducing sanitary system. There's up to \$20,000 grants
33 available from SIP and ten thousand grants in state grants --
34 \$10,000 in state grants. We've had 1260 applicants; 790 grants
35 have been issued. And that's greater than 300 installations with
36 these grant funds.

37
38 In terms of PFOS, since 2016 over 1000 drinking water samples have
39 been collected for the analysis of PFOS from private water supply
40 wells in 28 survey areas and a select group of public water supply
41 wells. About 750 additional samples have been collected from
42 groundwater wells installed as part of ten groundwater
43 investigations.

44
45 These efforts have helped Suffolk County and state and federal
46 regulators assess potential impacts from PFOS to drinking water and
47 groundwater quality, which have facilitated remedial actions
48 including the extension of public water to impacted areas. Our
49 laboratory, the PEHL, PFAS analytic capability is currently
50 anticipated in 2021 provided availability of capital funding to
51 purchase additional equipment.

52
53 In the interim, the Health Department is pursuing several short
54 term options to enable testing of public/private groundwater and
55 surface water testing. These include state Wadsworth Laboratory,
56 the New York State DEC contract Laboratory, Suffolk County Water

1 Authority and private laboratories.

2
3 In terms of public health for arthropod borne disease lab
4 extension, our goal is to conduct on-site testing and increase tick
5 sampling sites from 10 to 20 sites over time. We have a new
6 full-time entomologist who was hired in the fall of 2019. Our
7 laboratory equipment has been ordered. Protocols are under
8 development. And the proposed opening of the lab will be the fall
9 of 2020. New York State will continue to test as we develop
02:50PM 10 programs and go live with this laboratory.

11
12 Public health: Lead Prevention Program. October 1st, 2019 the New
13 York State Legislature lowered the level at which we are required
14 to conduct an environmental lead assessment from 15 micrograms per
15 deciliter to five micrograms per deciliter. And you'll see in the
16 chart in white the increase workload where as in January and
17 February of 2019, we had eight and then five; and now looking at
18 October, November, December we're up to 29, 32 and 29. So,
19 anywhere six to eight times as many cases that we have to
02:51PM 20 investigate.

21
22 Increased staffing needs. In this process we are hiring one public
23 health nurse; one office assistant who is Spanish-speaking; one
24 public health sanitarian who is Spanish-speaking and one chemist.
25 This is all to meet the new requirements.

26
27 Communicable disease: The influenza. It is prevalent in New York
28 State since December 5th of 2019. Our response has been encourage
29 residents to get vaccinated through press releases and social
02:52PM 30 media. We held two clinics for uninsured and under-insured
31 residents to access flu shots. We partnered with DSS to offer
32 onsite flu shot clinics at several family shelters. And you can
33 see in the chart in the lower right-hand corner of the positive flu
34 lab reports and the different years. So, we're not at the worst
35 year, which was 2017 and '18 but we are having a significant
36 number. And this is the month generally February where the peak of
37 the season is. And we'll be watching that very carefully.

38
39 Now, to Coronavirus. A little background: The outbreak of this
02:52PM 40 respiratory illness was caused by a novel or new Coronavirus first
41 identified in Wuhan Hubei Province, China. The Chinese authorities
42 identified the new Coronavirus, which has resulted in thousands of
43 confirmed cases in China, including cases outside Wuhan City.
44 Additional cases have been identified in a growing number of other
45 international locations including the US.

46
47 This began in December of 2019. The WHO declared a worldwide
48 public health emergency of international concern, PHEIC, in January
49 of this year. As a result of this, the WHO launched a series of
02:53PM 50 steps including the release of temporary recommendations for the
51 affected country on health measures to implement and guidance to
52 other countries on preventing and reducing the international spread
53 of the disease.

54
55 United States declared a public health emergency on January 31st of
56 this year. This emergency declaration gives state, tribal and

1 local health departments more flexibility to request that HHS,
2 Health and Human Services, authorize them to temporarily reassign
3 state, local and tribal personnel to respond to the 2019 nCoV
4 illness. These salaries normally are funded in whole or in part by
5 public health service act programs. These personnel could assist
6 with public health information, campaigns and other response
7 activities. It is expected that additional funding for impacted
8 states will be made available as a result of this public health
9 emergency declaration.

02:54PM 10

11 Just as a bit of information, this is a map of China. On the right
12 hand-side in the eastern section, there is a province called Hubei,
13 H-u-b-e-i and you will see Wuhan is the city. Can't point to it.
14 Maybe I can. Oh, here. That's where it all began. And that's the
15 province. There's many millions of people living in that province.
16 And that's where it all began.

17
18 **CHAIRPERSON SPENCER:**

02:55PM 20

19 Dr. Tomarken, just because you're doing a bunch of different
20 topics, so I just had a question about this. My understanding
21 there is some controversy, but the actual investigator that
22 discovered the Coronavirus in China and tried to alert everyone
23 passed away today. And that would have -- he was -- I guess
24 initially the reports were kind of kept down which maybe allowed
25 this to sort of spread a little further than they had acknowledged
26 it.

27
28 **COMMISSIONER TOMARKEN:**

02:56PM 30

29 The first part is certainly accurate. He did pass away. There is
30 lots of comment about how fast or lack of speed with which the
31 Chinese government acted on is another information. And the World
32 Health Organization as well, so.

33
34 **CHAIRPERSON SPENCER:**

35 And the other question I had with regards to -- I know that, you
36 know, you look at different things as far as Ebola virus, which had
37 -- was it a 30, 40 percent mortality?

38
39 **DR. TOMARKEN:**

02:56PM 40

40 At least.

41
42 **CHAIRPERSON SPENCER:**

02:56PM 50

43 And then 2% with Coronavirus versus point 1 for the flu. But I
44 think one of the alarming or concerns is that it's not only the
45 mortality rate, it's also the infectivity or how quickly it spreads
46 where you literally have a lot of people that are infected with the
47 flu. But what's concerning about the Coronavirus is, I think, that
48 we're looking at within a one-week period to see the number of
49 cases go from one to ten thousand, which is like a tenfold increase
50 in seven days, which typically the flu is more insidious and
51 widespread, but the level of the -- how fast it went tenfold is
52 sort of -- exceeds the flu.

53
54 **COMMISSIONER TOMARKEN:**

55 The rate has probably exceeded --

1 **CHAIRPERSON SPENCER:**

2 The rate has probably -- so that would be maybe more of a concern
3 as far as just because it's so infectious and spreading so quickly.
4 Do we know characteristics of how long it can lie dormant and how
5 long people are contagious. I understand that people can also be
6 asymptomatic and still spread the Coronavirus.

7
8 **COMMISSIONER TOMARKEN:**

9 Couple points I'll make.

10
11 **CHAIRPERSON SPENCER:**

12 Okay.

13
14 **COMMISSIONER TOMARKEN:**

15 One of the dangers of an illness like this is that if people aren't
16 very ill, they can stay in their communities and spread it to those
17 people who are immunocompromised, have chronic diseases and may
18 become much more susceptible. So a young healthy person may be
19 able to tolerate this condition but could potentially spread it to
20 those who can't tolerate it.

02:58PM

21
22 In terms of asymptomatic patients spreading this virus, now they're
23 saying that the one case they used to make that claim is under
24 review. Because it appears that the clinicians made that
25 assumption. They didn't interview the patient to find out exactly
26 when his or hers -- I think it was a lady -- her symptoms began so
27 that's now in question. And Anthony Fauci, the NIH Director has
28 said, even if it is spread potentially in asymptomatic individuals,
29 that's not the main way it's spread. It's really spread from
30 people who are symptomatic who are ill spreading it to those they
31 come in contact with. Was there anything -- I can't remember
32 all --

02:58PM

33
34 **CHAIRPERSON SPENCER:**

35 I think that just how fast -- I know flu goes pretty fast. But the
36 fact that we were looking at a thousand cases and seven days
37 later --

38
39 **COMMISSIONER TOMARKEN:**

40 And, remember, this is -- there's a reporting issue; there's an
41 issue of people coming to the attention of some reporting facility.
42 So, there may be thousands more out there with this condition who
43 are not coming to anybody's attention. And we don't have the
44 ability to assess how well they're reporting these numbers.

02:59PM

45
46 **CHAIRPERSON SPENCER:**

47 One last question and I'll let you continue.

48
49 **COMMISSIONER TOMARKEN:**

50 Sure.

51
52 **CHAIRPERSON SPENCER:**

53 In our current training, like, you know, we used to advise patients
54 if you have the flu, stay home, don't go to the office. But now it
55 seems that more and more patients are kind of getting diagnosed as
56 flu A or flu B because there's a swab and then Tamiflu sometimes is

1 initiated. What are the recommendations -- and in our current
2 regular screening that we have in the United States, does it detect
3 Coronavirus right away or is there a special screening --

4
5 **COMMISSIONER TOMARKEN:**

6 I'll answer those as I go through my presentation. All that will
7 be --

8
9 **CHAIRPERSON SPENCER:**

10 Thank you. Oh, okay.

11
12 **COMMISSIONER TOMARKEN:**

13 So, in New York state, just to give you an example, last week we
14 had 17,200 cases of the flu and no cases of Coronavirus just to
15 give you a perspective of what else is out there. So, as point of
16 clarification, because this is a very -- it can be very confusing
17 to the public as well as even health care providers, New York State
18 and/or the CDC determine if a patient requires testing for the
19 Coronavirus. If they determine that they require testing, then
20 there are three categories of criteria, which I'll show you. Then
21 they become designated as a person under investigation or a PUI.

22
23 So, if somebody presenting to an emergency department, a doctor's
24 office, there's some symptoms, they then are assessed by that
25 clinician; they then call us, the Health Department. We relay that
26 information to State Health. State Health either makes a decision
27 or consults with CDC. If they say they don't meet the criteria,
28 they go home or they get whatever treatment they need and they're
29 not a PUI.

30
31 If it's designated that they need to be investigated, then, they
32 become a PUI and the appropriate samples are taken and sent at this
33 point to the state lab and they send some of those samples to the
34 CDC for testing. So, as of today we cannot test for samples for
35 the Coronavirus, but as I'll show in a minute, those testing kits
36 are actually being distributed as we speak.

37
38 So, just to give you a perspective of the Coronavirus itself as of
39 yesterday, in China there was -- and these numbers literally change
40 by the minute -- 28,060 cases with 563 deaths. Other deaths
41 worldwide in the Philippines, Hong Kong. In the US today there was
42 an additional case in Wisconsin. So we're now up to 12. You can
43 see the six states that are impacted. No deaths. In New York
44 State no cases, no deaths. Suffolk County, no cases and no deaths
45 to date. And obviously this can all change in literally minutes.

46
47 So, these are the three categories that people get assessed to see
48 if they fall into any one of these three. And the important thing,
49 obviously we don't need to remember all the details, but it's a
50 combination of the clinical assessment. So, fever, shortness of
51 breath, cough, things like that and where were they. Were they in
52 Wuhan, were they in China, were they in contact with somebody who's
53 been -- is a confirmed case? So, it's a combination of the
54 clinical features and their epidemiological factors that determine
55 whether or not they're considered somebody who needs to be tested;
56 therefore, designated as a PUI.

1
2 These are different risk categories that we use and the state uses
3 to determine how people are monitored. So, we have high, medium
4 and low and no known risk. So, this chart will tell you what the
5 restrictions would be and how they will be monitored and whether or
6 not they could travel. So, just to summarize, if somebody comes
7 into the country from China and they're not from the Hubei
8 Province, they're from other areas of China, and they have no
9 symptoms, they are allowed to continue to their point of
03:04PM 10 destination. So, they might be going to Connecticut,
11 Massachusetts, wherever.

12
13 So, if they need to stay and be observed, then, they are assessed
14 and put into one of the risk categories. And that determines what
15 kind of monitoring we provide if it's in Suffolk County. This is
16 just -- it's hard to read, but it's just a flow chart that the CDC
17 developed to how to assess people and how to come to the conclusion
18 of what the instructions to patients are and how we monitor.

19
03:04PM 20 So, here's the important slide. What are the responsibilities of
21 our Health Department? So, as I mentioned earlier, we collect
22 information on patients. We're the first stop for hospital, office
23 physician, clinic; they will call us and say *I have a patient with*
24 *the following symptoms, here's where they've traveled, history is,*
25 and advise me whether or not they should become a PUI. We relay
26 that information to the State Health Department. And this is 24/7.
27 And we've probably had about 50 inquiries to date. And at this
28 point we have no one who's qualified.

29
03:05PM 30 So, then the State Health and/or the CDC determine if the patient
31 requires testing. If they do require testing, they're then
32 designated as a PUI, person under investigation. And the number of
33 people that have been designated as PUIs in Suffolk County as of
34 yesterday is zero. If they are designated as a PUI, specimens are
35 taken and sent to the New York State Wadsworth Lab, will do
36 non-Coronavirus testing and send specimens -- same specimens to the
37 CDC for Coronavirus testing.

38
03:06PM 39 Currently the CDC is shipping testing kits currently. And our
40 state lab expects to be able to perform these tests in the next two
41 weeks after receiving the kits. So, in about two weeks, we should
42 be able to not have to rely on the CDC, have a faster turnaround
43 time and do the test within the state.

44
45 Currently it takes 24 to 48 hours to get results. That includes
46 travel time for the specimens; depends how busy the CDC lab is and
47 to get those results back to us. Somebody who is designated as a
48 PUI may be admitted to a hospital if clinically indicated; or they
49 may be sent home on a home isolation awaiting their results. And
03:07PM 50 we would monitor those people.

51
52 So, movement and monitoring. All travelers from China are to be
53 routed to one of the 11 airports listed there for screening. And
54 one of the concerns has been that people could take indirect
55 routes. So, many flights have been canceled. But people could go
56 to one city, get on another flight, come in on that airline. The

1 policy and strategy is anybody at any airport who has come from
2 China is to be rebooked on an airline that will take them to one of
3 these 11 airports. That's the plan and that's what they're trying
4 to implement. So, the groups coming out of China are divided into
5 two groups: The Hubei group and the non-Hubei group. And Hubei
6 is the province where this all began, where the city of Wuhan is.

7
8 **CHAIRPERSON SPENCER:**

9 Dr. Tomarken, Legislator Hahn has a quick question on this.

03:08PM

10
11 **COMMISSIONER TOMARKEN:**

12 Sure.

13
14 **D.P.O. HAHN:**

15 Maybe silly question, I hope it doesn't conflict with something you
16 already said. Is that the smartest thing is to put them on another
17 plane?

18
19 **COMMISSIONER TOMARKEN:**

20 Well, if they're asymptomatic --

03:08PM

21
22 **D.P.O. HAHN:**

23 If they're asymptomatic. But they'll make sure they're not
24 symptomatic before they put them on another plane to get them to
25 one of these?

26
27 **COMMISSIONER TOMARKEN:**

28 Right.

29
30 **D.P.O. HAHN:**

31 Is a plane close enough quarters. Like, I'm always afraid getting
32 on planes, like that the air circulates like so --

33
34 **COMMISSIONER TOMARKEN:**

35 There was an interesting article, and I can't -- I don't know how
36 accurate it is, but what they recommend is that people sit on
37 window seats, because if you sit on an aisle seat, people who might
38 be ill walk up and down the aisles. And if they cough or sneeze,
39 it could land on you. And our understanding is this virus can last
40 about 12 hours on a surface. So, basically the answer to your
41 question is they could; it could be transmitting it.

03:08PM

42
43 **D.P.O. HAHN:**

44 Yeah, I guess my point was I questioned that policy if they're
45 taking people and then putting them on another plane to go to one
46 of those cities, whatever. They know better than me.

47
48 **COMMISSIONER TOMARKEN:**

49 So, the two groups, the Hubei group, which is the province of
50 Hubei, all individuals entering the US from the Hubei Province,
51 which is where the city of Wuhan is, will be under mandatory
52 isolation and quarantine for a total of 14 days since leaving
53 China; and either at home or in an appropriate setting to be
54 determined by the Health Department, DSS and State Health for --
55 again, for a total of 14 days since they left China.

03:09PM

1 So, what this amounts to is, we will get be notified that a person
2 from Hubei is at JFK or possibly Newark. And the patient will be
3 assessed as to where their home residence is. And if they're for
4 instance a student and they were supposed to go a dormitory at
5 Stony Brook or any other school, we would accept that as an
6 appropriate residence. So, that's why DSS may have to provide
7 emergency housing for people like that who would be in a group
8 setting. To date we haven't had any.

03:10PM

10 The non-Hubei group are all those people entering from areas other
11 than the Hubei Province from China. And just let me back up a
12 second. This is a directive from the CDC. This is not -- this is
13 throughout the country, the grouping and policy. So, the non-Hubei
14 group will be requested to self-isolate at home or an appropriate
15 setting, again, to be determined by Health Department, DSS and the
16 State Health for a total of 14 days since leaving China. Both
17 groups will be allowed to travel to their final destination if they
18 have no symptoms. And then they will go -- undergo monitoring,
19 isolation and quarantine depending on which group they fall in.

21 People in either group may need housing and/or support such as
22 food, laundry, money, etcetera, to be provided by the County. The
23 federal government has made it clear everything from thermometers
24 to cell phones to food and laundry will be the responsibility of
25 the local Health Departments, local counties. Not dissimilar for
26 what we were faced with in Ebola.

03:12PM

28 The New York State hotline, which is for the public, that telephone
29 number there is 24/7. And people can call and have their questions
30 and issues addressed by the State Health Department. We also
31 answer questions. 311 has been notified to refer people to our
32 website, to our Health Department Office and the State, depending
33 on what their issue is and who can best address their concerns.

03:12PM

35 Prevention and cessation of vaping: We've rolled out a new
36 vape-out initiative, which is a comprehensive approach to vaping.
37 We're teaching -- sorry -- teens teaching teens, which is a
38 peer-education program. We've had 168 peer educators trained; 1780
39 students received peer presentations in ten school districts that
40 were trained and scheduled to be trained. Community and school
41 presentations, over 400 presentations and 372 students. I'm sorry.
42 22,372 students. I was getting ahead of myself.

44 Youth Vaping Cessation: The program started in November of 2019.
45 Currently six locations; three in the evening, three in the
46 afternoon. The school districts refer students and families.
47 Locations are Bay Shore, Farmingville, Lindenhurst, Huntington,
48 Riverhead, Connetquot. Behavioral health. Our data --

50 **CHAIRPERSON SPENCER:**

51 On vaping, I'm sorry, just we were seeing numbers that were, again,
52 just growing exponentially. With the awareness over the past year
53 on all levels of government and municipalities taking action, the
54 last numbers that you have within the Department of Health as far
55 as vaping statistics and with young people, have we seen any kind
56 of stabilization or they continue to rise?

1
2 **COMMISSIONER TOMARKEN:**

3 They continuing to rise. And we think one of the main reasons is
4 even with all the scare of the vaping illnesses and deaths, people
5 say, *oh, I don't vape with those products. I do, you know,*
6 *cherry-flavored*, whatever. And so they think that's safe. Whereas
7 they're not going to be doing the contaminated substances. And,
8 therefore, we are not seeing a huge drop. So, we really need to
9 attack the flavored vaping products in order, I think, to see a
10 significant drop.

03:14PM

11
12 **CHAIRPERSON SPENCER:**

13 And the EVALI crisis that we were seeing in deaths, I guess, that's
14 what they officially called the vape lungs death --

15
16 **COMMISSIONER TOMARKEN:**

17 Right.

18
19 **CHAIRPERSON SPENCER:**

20 How about that, have we seen the number of cases of pneumonia? I
21 know we were hearing the number in deaths. Have those seem to
22 stabilize?

03:14PM

23
24 **COMMISSIONER TOMARKEN:**

25 Yeah, they seem to have. Again, it's a difficult diagnosis to
26 make. But it does -- it's not increasing at a rapid rate. It's
27 pretty stable. Because it appears that the message for those
28 products has gotten out there. And people seem to be heeding that
29 message, but they're not heeding the general vaping message.

03:15PM

30
31 **CHAIRPERSON SPENCER:**

32 Okay. Thank you, sir.

33
34 **COMMISSIONER TOMARKEN:**

35 Sorry. Our DASH program, which is our premier product, so to
36 speak, Family Service League is providing a 24/7 crisis
37 stabilization center known as DASH, which opened its doors in March
38 of last year. We're available 24/7, year-round crisis care, the
39 community based site for Suffolk County children, teens, adults and
40 families. It's a supportive and comfortable environment designated
41 to help those in crisis. And if any of you have not been there,
42 it's worth a visit. I think you'd be very impressed with the
43 physical setting and the staff who are there.

03:15PM

44
45 We have our hotline calls. We've had over close to 13,000 calls in
46 2019. Seventy percent were self-callers; 29 percent for minor --
47 minors call; and 89 percent calls related to mental health issues;
48 11 percent for substance use disorder. And this sort of speaks to
49 -- although we're focussing on the opiate crisis, there's still a
50 general substance abuse crisis and issue ongoing, which there has
51 been for years. Referrals to the DASH services 50 percent
52 walk-ins, 30 percent related to substance abuse and 34 percent
53 minors referring.

03:16PM

54
55 The HEALing Community Study, and this is an NIH, National Institute
56 of Health and SAMHSA launched HEALing Community Study to

1 investigate which tools for preventing and treating opioid misuse
2 and opioid use disorder are most effective at the local level. And
3 there are research sites that are partnering with 67 communities in
4 four states to measure the impact of integrated set of evidence
5 based policies across different settings.

6
7 In Suffolk County we're focusing on the Town of Brookhaven because
8 that's where our highest numbers were. It's an evidence-based
9 practice. We're increasing the use of medication to treat opiate
03:17PM 10 use disorder, increase distribution of Naloxone and reduce high
11 risk opiate-prescribing. The goal of the study is to reduce opiate
12 related overdose deaths by 40 percent over three years. Our EMS
13 Opiate Overdose Prevention Program has been a New York State
14 designated program since August of 2013. In 2019 2485 people
15 received training. Total number to date is 16,252. In 2019 there
16 were 604 reverses reported. Total number of reverses reported to
17 date over 4700. There's a new initiative. We're enabling first
18 responders to conduct on-site training and leave a Naloxone kit
19 with family or friends when responding to a reversal. So, we're
03:18PM 20 practicing prevention as well.

21
22 AED distribution in county facilities, we replaced all Suffolk
23 County owned and maintained AEDs previously purchased by the Health
24 Department. We also co-located Naloxone kits and Stop-the-Bleeding
25 kits with every AED. We are providing AED coordinator trainings to
26 review AED use and maintenance; Naloxone training and all review of
27 Stop-the-Bleed supplies. We plan to place training for AED
28 maintenance and Naloxone administration onto the county intranet in
29 2020 to reach a wider audience.

30
31 Public Health Emergency Preparedness: This is what I referred to
32 earlier as the National Core Mission. This is planning by the
33 Centers of Disease Control and Prevention and the New York State
34 Public Health Emergency Preparedness grant that mandates us to meet
35 the National Core Mission of providing medication treatment to the
36 entire population of 1.5 million Suffolk County residents within 48
37 hours; preparing for the medical countermeasure points of
38 dispensing, or pods, sites associated with the federal Strategic
39 Stockpile, National Stockpile, SNS, as required by the CDC and the
40 State Public Health Emergency Preparedness grant. So, we're tasked
41 with setting up pods in preparation of some countywide emergency
42 potentially and being able to distribute medication to everyone in
43 the County needing it within 48 hours.

44
45 Questions.

46
47 **CHAIRPERSON SPENCER:**

48 Well, thank you. That's exactly what we wanted to see. And I'm
49 glad that Dr. Pigott stuck around for the presentation, too. It's
03:20PM 50 a nice handoff of the baton, so to speak. So, just a couple of
51 quick housekeeping measures of things that we specifically dealt
52 with in this Committee. One was the permit process. And I know
53 that that has changed, but I just wanted to get kind of the last
54 update. For commercial and residential, how long is the wait
55 time, the average processing time for a permit at this time?
56

1 **COMMISSIONER TOMARKEN:**

2 Excuse me. I'll let Christina and Jen.

3
4 **MS. CAPOBIANCO:**

5 Our current wait time for permits for commercial and residential
6 applications ranges right now from two to four weeks.

7
8 **CHAIRPERSON SPENCER:**

9 Okay. All right. And it was as high as three months, right, at
10 one point, right?

11
12 **MS. CAPOBIANCO:**

13 Yes, three months plus back in, I would say, probably two thousand
14 and -- prior to 2012.

15
16 **CHAIRPERSON SPENCER:**

17 My next question relates to inspection of our sewer treatment
18 facilities. I know that that was sort of on a rotating basis. In
19 places where there were deficiencies actually received more
20 inspections. So, right now we're on that particular cycle to try
21 to inspect each facility at least annually or every other year. Is
22 there any particular --

03:22PM

23
24 **MS. CAPOBIANCO:**

25 You know, Legislator Spencer, I'd have to get back to you on the
26 schedule.

27
28 **CHAIRPERSON SPENCER:**

29 That's fair enough.

30
31 **MS. CAPOBIANCO:**

32 We have 205 sewage treatment plants within Suffolk County.

33
34 **CHAIRPERSON SPENCER:**

35 Okay.

36
37 **MS. CAPOBIANCO:**

38 I'll have to get back to the inspection schedule.

39
40 **CHAIRPERSON SPENCER:**

41 You always do. I know there was a particular policy that we voted
42 on because of the number of people that were in a position to be
43 able to inspect these plants. And we had kind of a revolving plan
44 of being able to do it.

45
46 Clean water infrastructure, can you give us kind of an update on
47 that. I know 1,4 Dioxane -- I know the County Water Authority has
48 a very aggressive program for putting that infrastructure in place,
49 but we're -- that's one of the things that we are currently --
50 besides the PFOS, we're testing for 1,4 Dioxane fairly routinely
51 and we have --

03:23PM

52
53 **MS. CAPOBIANCO:**

54 Yes, Legislator Spencer. Our Public Environmental Health Plan does
55 test for 1,4-dioxane in both water and in soil.

1 **CHAIRPERSON SPENCER:**

2 Okay.

3

4 **MS. CAPOBIANCO:**

5 In house.

6

7 **CHAIRPERSON SPENCER:**

8 And that's become a routine part of our panel that we --

9

10 **MS. CAPOBIANCO:**

11 Correct.

12

13 **CHAIRPERSON SPENCER:**

14 The law. We're following the Kara Hahn law.

15

16 **MS. CAPOBIANCO:**

17 Correct, Legislator Hahn was one of the initiators of that test for
18 1,4 Dioxane in water and soil.

19

20 **CHAIRPERSON SPENCER:**

21 Excellent. Any questions from my colleagues? Legislator Hahn.

22

23 **D.P.O. HAHN:**

24 I unfortunately stepped out to handle something urgent at the time
25 where I think you might have spoken about public health nurses.
26 So, I just want to understand the situation where public health
27 nurses are available, if needed, to our Department of Social
28 Services. So, can you describe situations where we may send public
29 health nurses out into the field to check on if there's questions
30 about children's welfare, etcetera.

03:24PM

31

32 **COMMISSIONER TOMARKEN:**

33 Well, our public health nurses generally get referrals from
34 hospitals and occasionally individual practitioners to follow-up.
35 And we do mostly prenatal and postpartum but we're available to do
36 any individual who has a public health issue that we can address.
37 So, if somebody, whether it be a hospital or DSS asked us to do
38 something, it fell within our domain of public health nursing, we
39 would endeavor to do what we could.

40

41 **D.P.O. HAHN:**

42 So, my understanding is that in the past public health nurses, you
43 know, have gone out if CPS workers requested it, if there's some
44 kind of health question with regard to children that are in the
45 auspices of Child Protective Services, whether it's through foster
46 care or not. So, is that something that happens regularly that CPS
47 may ask for some sort of either physical or some sort of, you know,
48 check?

49

50 **COMMISSIONER TOMARKEN:**

51 There hasn't been to my knowledge on a routine basis or even
52 frequent basis.

53

54 **D.P.O. HAHN:**

55 But it is something that they could do if they thought it
56 necessary.

1
2 **COMMISSIONER TOMARKEN:**

3 To do some sort of public health assessment, yes, we could do.

4
5 **D.P.O. HAHN:**

6 How about specific health of a child, if there were questions about
7 neglect or abuse?

8
9 **COMMISSIONER TOMARKEN:**

03:26PM 10 Well, those are generally DSS issues, but we could certainly
11 document our assessment of the individual.

12
13 **D.P.O. HAHN:**

14 Thank you.

15
16 **CHAIRPERSON SPENCER:**

17 Dr. Tomarken, as you've heard already many times from a lot of
18 different sources, we thank you for your interaction with this
19 Committee in particular. You have always given us information in a
03:26PM 20 timely fashion. You've always been professional. And it's been
21 really a privilege of mine to serve with you. I consider you a
22 friend, someone that I respect. I consider you a role model. I
23 hope that in my career that I can carry the respect and the weight
24 that you do.

25
26 So, you've done a tremendous job. And I would like to give you the
27 last word as far as from your perspective as you leave the
28 Department of Health, are there any -- you've accomplished lower
29 wait times in our permit process; you've taken on challenges. I
03:27PM 30 think we're seeing a decrease in the opioid epidemic. I think you
31 leave the department in decent hands. If you're advising this
32 body, what do you think is the biggest challenge that we face and
33 the things that we need to put our resources as far as protecting
34 the environment or public health of Suffolk County?

35
36 **COMMISSIONER TOMARKEN:**

37 I think the biggest issue that would add to the efficiency of both
38 the Legislature and the Health Department and probably other
39 departments is collaboration; is if you have an idea and you want
03:28PM 40 to propose something, bring us in early so we can help you.
41 Because we don't want to turn around and say *oh, you can't do that*
42 or this law says *you can't do this*. And let's collaborate, or let
43 my successors collaborate so that we come up with a final product
44 in the quickest manner and it's the best product. And rather than
45 having to, you know, postpone things and delay things until we get
46 things ironed out, get us in early so that we can make some
47 comments.

48
49 And we do this with vendors who want to get a permit. We say
03:28PM 50 please come in prior to your submitting your permit so we can tell
51 you how to do it correctly and you don't waste your time.

52
53 So, I think if we -- if people viewed us in that light as
54 cooperative -- we're not here to give anybody a hard time. We got
55 enough work by itself. We don't need to cause anybody any grief.
56 But we probably could be a lot more efficient if we worked

1 proactively together.

2

3 **CHAIRPERSON SPENCER:**

4 That's very sage advice. Thank you, Dr. Tomarken, we appreciate
5 it. And I think that's appropriate that we give you the final
6 word.

7

8 And we're going to have our Vice Chairwoman adjourn the meeting.

9

10 **LEG. KENNEDY:**

11 We are adjourned.

12

(APPLAUSE)

13

14

15

**THE MEETING CONCLUDED AT 3:29 PM
{ } DENOTES SPELLED PHONETICALLY**

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