

Chautauqua County Board of Health
MINUTES

Meeting Date/Time: Thursday, March 20, 2025 6:00 p.m.
Location: HRC 4th Floor Conference Room, 7 North Erie Street, Mayville, NY 14757
Scribe: Hannah Abram
YouTube Live Link: https://www.youtube.com/watch?v=F3v-YO_2Xus

ATTENDANCE:

| BOH Members | P/A | BOH Members | P/A | Others Present | Title |
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| Dr. Faulk* | P | Dawn Columbare | P | Jessica Wuerstle | Director of Environmental Health |
| Matt Hanley | E | Kenneth Dahlgren | P | Dr. Berke | County Physician |
| Rick Ketcham | E | Dr. Kidder | P | Hannah Abram | Administrative Aide, Board of Health Scribe |
| Dr. Khan | P | Dr. Krahn | P | Natalie Whiteman | Senior Water Resource Specialist |
| Lacey Wilson* | P | Dr. Pender | P | Ronald Wasik | Assistant Public Health Engineer |
| <i>*non-voting member</i> | | Legislature Proctor | P | Greg Bacon | |
| | | Mark Tarbrake | P | Jene Palmer | |
| | | | | Marcia Clark | |

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| Call to Order | The meeting was called to order at 6:00 p.m. by Kidder. |
| Privilege of the Floor | <p>Marcia Clark: My name is Marcia Clark and I had prepared the document I think each of you have in your packet, so that's what I will be addressing--but I don't know the time keep you I okay let me know when I'm up. My topic tonight is the vaccine/preventable/disease measles and there's a cover letter I won't bother to go through that because it takes up too much time, but basically, I've been following the measles outbreak in Texas that is growing. It has gone to three states. It began with an under immunized rural population and has now had two deaths. An unvaccinated child and unvaccinated adult. Over 29 hospitalizations and recently a lady delivered in one of the hospitals in that area did not know she had measles and it was detected afterwards—which is a nightmare for the maternity and labor and babies that are only a day or two--old so I thought I better look to see what our risk assessment is and I looked at the Community Health Assessment Plan and Improvement Plan of 192 pages to look for how much do you have is there for Chautauqua County on vaccine preventable diseases and there was only 6 pages. And of that 5, understandably, was related to Covid since that is what everybody's been going through for the last five years--so I thought we better take a deeper dive into what is our risk and basically that's this sheet for you. All it describes our Nic system which all our providers in the county and in New York state and as of January 1st, 2025 the MMR--the children who received</p> |

one dose of MMR--ages 24 to 35 months of age--before their second birthday--their level was 83.7 and this is of children whose parents want to have their kids vaccinated and that's 83.7. I talked a little bit about the NC system--it's a system that all users use--it's a way for them to determine what vaccinations are needed for children--what their coverage is within their practices--but also that the nicest user man has a lot of tools that providers can use to really assess what the coverage is within their practice and that those tools can be used and is available to them in PDF data. So I'm encouraging our Health Department to contact the providers that provide organizations and if they need some help in how to use these tools, let's give them that information because that can raise that from 83.7 even higher, however, to rely on only on the NCIS system to determine what the immunization rates is with leading children who are in New York state who have never received a vaccination aren't in the NIS system--so yes so right there you've got some problems--so I thought I'd better look at the New York State new school immunization survey so what I did was copy that out from the New York State Health Department. It only included the private schools for you--there's 25 private schools 4 of those great immunizations, 95% just like our Public Schools that's not why they're included in your packet, but the remaining 21 schools are Amish schools and they have measles vaccine percentages raising--ranging--excuse me--from 0 to 76 and those levels are levels that can really fuel an outbreak. Also, another factor is homeschooling, there is an increased trend for homeschooling in our county and in the nation--reasons are varied--and there's lots of reasons--but one of them--I know private practices are aware of who provide immunizations to children--is that parents are refusing to get their children vaccinated against the vaccine--preventable diseases--so they homeschool so we have no way to determine how many of those homeschooled kids are vaccinated or not. But we do know that all our 18 school districts have children homeschooled in them and as they have 22 to 23 in this--based on the New York State Department of Education--BEDS report there are uh 651 students being homeschooled so I just want to stress that these under vaccinated groups within our county are not insular--they're very mobile and they could easily support a widespread measles outbreak. In the past the Chautauqua County Health Department did offer Immunization Clinics to areas in which there were under immunized children in Clymer and Sherman. Both those clinics were attended by families whose children were under vaccinated because it was accessible to them and they could get there with a bunch of kids. those have been ended and I think it's a good time to look at resumption of those clinics. And in conclusion, experts worry that when immunization rates fall and an outbreak occurs within a disease that is vaccine preventable--other vaccine preventable disease outbreaks will follow and, in your packet, I have mentioned that in Stow County had an outbreak of measles that had 99 confirmed cases. The year that followed 1992 we had an outbreak of rubella and rubella is a fairly mild illness but however before the rubella vaccine was available it was the leading cause of health defects in babes in the nation so this news is very sobering-- it's since that time--since 1991 the number of our unimmunized population in our county has increased dramatically and I do really think we are right for an outbreak and it's the Board of Health's responsibility to provide directives to the Health Department to try to figure out some ways that we can look for multi comprehensive plans to address this and that's it. How did I do?

Abram: Not too bad, not too bad--you're good--yeah, you're close--we let you finish up because you're--you're wrapping it up--so thank you.

Marcia Clark: Thank you for the privilege of the floor. I appreciate it. Thank you very much.

Wilson: Thank you.

Jene Palmer: I'd like to apologize that I'm not here on a positive note but you all need to hear--hear this--what I've experienced over the last several years and when I called about coming to the meeting, they asked a reason, I told them because I cannot receive help here anymore--there's a difference between can't and not wanting to. Okay? It started like six years ago, my provider--I went to my provider, sent me to Westfield Hospital, my leg was swelled up so much I couldn't put pants on. I had, I had to wear shorts—I wear a shoe or sock—though maybe—might—probably got a blood clot--so they call Westfield Hospital, tell me to go right down--go down there, tell the lady at to admission's desk that my doctor just called down here—to expect me—they want me to have a Doppler. 'I'm sorry we only do Dopplers by appointment.' I'm like that's—I thought I explained that pretty well—I repeat myself—I said they're expecting me, my doctor just called down there. The wheels churn around—talks to somebody else—went back around and said 'I'm sorry sir you're going to have to come back.' I'm not even wearing a shoe or a sock. I start recording the woman. I hobble my way out to my vehicle. I told my provider's office, Family Health Medical Services, and made—they were on lunch with no option of leaving a message. As I'm pulling into my driveway coming back and being turned away at the hospital. Katherine (*inaudible*) calls—I'm in my vehicle which has a dash cam with audio and video-- that was really handy—she called to demand why I didn't go to the hospital. I could—what--I said I went to the hospital. I said they turned me away and refused to see me. 'I just got off the phone with them, they said you were never there.' like they're lying and I used an expletive after that—I said they're lying—I said they refused to see me and turned me away. Why would I not go to the hospital? I was in so much pain. I can't even put regular clothes on. 'I'm sorry, but we have to go by what they say unless I have to go on your record.' I'm like, I said 'I can go somewhere else right?' She's like: 'Well...'. Yeah, I said: 'Good! I'm going somewhere else.' I hang up on her. I call up Excelsior Orthopedics, they get me in the next day. File a complaint with the hospital—now this takes (*inaudible*)—they write me back—at the time it was Edward Brooks—the Director of Operations—he's just writing what people tell him—he has no clue of anything—I was taken back to an exam room that day. They were having an equipment problem—the tech explained to me that they were having equipment problems and that's why they couldn't do the test. Like, I got video of me being turned away and also my dash cam in my vehicle. I mean, it shut off in the time I got there. I turned it back on at the time when I turned my vehicle on to leave the hospital. They're telling me I was taking back to an exam. Falsified everything that happened. Everything. Start to finish. Okay? I'm like, how that work? How good can I play this game? New York State Hospital Patient Bill of Rights, you have the right to know the names of the people involved in your care, right? I put in a written request for the names of the tech that took me back to the exam room, the name of the admissions lady that turn me away. Want to know what their response was? '*(inaudible)* off, we ain't giving you any names.' A month later I make an appointment back at Family Health Medical Service. Katherine (*inaudible*). I got the letter from the hospital stating I went there that day. I play the recording of me for her, telling her I went to the hospital, demanding to know why she would put that in there—she puts in my non-compliant letter. 'When I spoke to you on the phone, you acknowledged to me you didn't go to the hospital.' Straight up lied and falsified everything I said. And the non-compliant letter I got was from Dr Berke. I tell her, I said: 'Well here, you tell Dr. Berke you take that non-compliant letter and shove it.' I-I-I wrote on there everything that had transpired, told her to give that to Dr Berke. Month goes by like—and I really think I would have heard

something. Discharge. Something. It's been about a month; I make another appointment. Dr. Reed's Office. Same thing, I give him the same papers, tell him what happened, everything. 'Give this to Dr. Berke.' Month goes by, I'm like—that's (*inaudible*)—I made the third appointment I asked to speak to the office manager before I see Katherine (*inaudible*), she comes out—I'm telling her everything just transpired—I said: 'I gave all kinds of letters to Katherine (*inaudible*) and Dr. Reese delivered to Dr. Berke. I can't believe I haven't heard anything—discharged—because I used some pretty strong language. If you're falsifying my records, I guess you can throw a couple—profanity—nothing.' She like: 'Oh I'm sure they gave them to Dr Berke.' Dr Berke's response to me, when she, the manager, finally gives them to him: 'I read the letters you left in my office on such and such a date and we can't—that's—violating doctor/patient relationship.' You violated the doctor/patient relationship who falsified my records.

Wilson: Jene, we are well over three minutes, so we're going to give you a minute to wrap up.

Jene Palmer: Yeah, I think I just go on at two other practices—I have them on tape—falsifying my records. A cardiologist. They send me out a halter monitor to wear. Weeks go by, they call me up, they want to know if I'm wearing it. Like no, I said, I never received it. They put in my record I refused to wear it, mailed it back—they order—this is a cardiologist. I've had open heart surgery. They order a CTA scan for me. Multiple calls to their office to get blood work done. Can't. Can't. Can't. Not happening. They won't do the CTA scan unless you have blood work done. Listen this is just word of mouth, put in there, asked them, they said 'Oh no, you were no call.' They put in my record I was a no-call, no-show for the CTA--so so—now I'm non-compliant with the halter monitor, non-compliant with that, go to one of their offices—have them listen to the tapes of me telling them, calling for blood work and everything, calling Brooks Hospital—they're like: 'No we won't do it without blood work.' And one of their managers—listening to it—they're like 'Okay we'll forward this to the Property Department.' It had been 6 months, I gave up on the order for blood work, within 48 hours I get a non-compliant letter in the—a letter in the mail, being discharged for being non-compliant to treatment recommendations. Last doctor I went to, if I may just finish this last little story. I mean this is horrific, okay? In Gowanda, uh whatever their practice is called, my initial appointment I tell the nurse, I said: 'I have been traumatized.' Because there's been other things, I wrote dozens of letters to Westfield, Alleghany Health, telling them that 'you falsified everything'. I was never—no exam. I was booted out the front door. They refused to change anything. I—telling her this—I have her listen to some of the conversations, telling Katherine (*inaudible*) I went to the hospital and they turned me away and I told her I says: 'I have been traumatized.' I mean if you go—nobody knows what PTSD is until you had it. Trust me, been there done that. I've never understood—don't understand the depth of it. I'm in there talking to Laura Lee telling her on my initial appointment. And all a sudden she's listening to me, I'm telling her some horrific things, these are documented, these are not "he said, she said".

Wilson: Jene, Jene, thank you so much for your time. We're-we're at seven minutes now, so we do need to move on with the rest of the agenda. The notes will be recorded and you will get a formal response, okay? Any way that we can help refer and provide information.

Jene Palmer: Well, I was just going to say that I was on the exam table, something catches Laura Lee's eye, she looks down. Water dripping off the exam table. I'm on an exam table in just a gown in a cool room. Water

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| | <p>completely saturated the paper I'm sitting on—was now dripping on the floor. Want to know what my blood pressure was? If you need copies of any of the claims and stuff that I made—</p> <p>Wilson: We will certainly reach out. Thank you, Jene, for coming.</p> |
| Approval of 1/16/24 Minutes | Krahn made a motion to approve the minutes from the January 2025 Board of Health Meeting. 2 nd by Columbare; all in favor; motion carried. |
| New Business: Agreements to Settle | <p>Agreements to settle were reviewed. As usual, there were several public water supply violations. These are facilities failing to submit their monthly water report.</p> <p>There were also a few Tobacco Enforcement cases discussed. Every facility that is a registered tobacco retailer must be inspected, and random checks with people under the legal age to purchase (21 years) occur. NYS first offense fee is a \$300 fine with a \$250 surcharge and points against the business license.</p> <p>It was discussed that there will no longer be any signing of Agreements to Settle the day of Board of Health Hearings.</p> |
| Hearing Officer Recommendations: | <p><u>Hearing Summary:</u></p> <p>1. In the matter of FREDONIA CONVIENCE, LLC, the Hearing Officer, having determined that Respondent was properly served notice to appear, and upon Respondent's failure to appear or request an adjournment, found Respondent in default and proceeded with the hearing <i>in absentia</i>. After due consideration and deliberation, and upon the findings and determinations of fact, the Hearing Officer found credible evidence that the Respondent failed to comply with Article 13-F Section 1399-mm-1(2) of the New York State Public Health Law in that they offered for sale, at retail, ten flavored vapor products intended or reasonably expected to be used for the consumption of nicotine. It was recommended by the Hearing Officer that the Respondent be fined a total of \$2,500.00, plus the required surcharge of \$250.00, to be paid within 30 days of the Order of the Board of Health.</p> <p>Discussion Summary: After a brief review and discussion, the Board of Health agreed to the Hearing Officer's recommendation.</p> <p>Motion: Khan moved to accept the recommendation of a total fine of \$2,750 to be paid within 90 days. 2nd by Pender; all in favor, motion carried.</p> <p>2. In the matter of OLDE CHAUTAUQUA VINEYARDS, the Hearing Officer, having determined that Respondent was properly served notice to appear, and upon owner's failure to appear or request an adjournment, found owner in default and proceeded with the hearing <i>in absentia</i>. As a result, the Hearing Officer found the owner has violated New York State Sanitary Code Part 5, Subpart 5-1.52 (Table 8C), Section 5-1.5 I (Table 11), and Section 5-1.72(c)(I) on two (2) occasions in that the Respondent has failed</p> |

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| | <p>to timely submit the Monitoring reports required by these provisioner for the public water supply operated by Respondent during 2024.</p> <p>Discussion Summary: It was noted that the fines implemented in the recommendation for this matter were based off of 2024 fees, prior to the new fee schedule that was voted on at the January 2025 meeting. There was also review and acknowledgement of a letter sent by email from one of the facilities' operators that was received the afternoon before the Board of Health Meeting. After a brief discussion, the Board of Health agreed to the Hearing Officer's recommendation based off the 2024 fee schedule.</p> <p>Motion: Proctor made a motion to adopt the Hearing Officer's recommendation of a total fine of \$400. 2nd by Columbare; all in favor; motion carried.</p> |
| <p>Director's Report:</p> | <ul style="list-style-type: none"> <p>• <u>Purpose of the Board of Health</u></p> <p>The report opened with a reiteration of the purpose of the Board of Health: "The purpose of the Board of the Health is empowered by the New York State Public Health Law to formulate, promulgate, and adopt public rules, regulations, orders, and directions for the security of life and health in the county."</p> <p>• <u>60th Anniversary of the Health Department</u></p> <p>The Health Department celebrates a milestone this year with its 60th Anniversary. Sherri Rater will be sharing a series of press releases highlighting history and facts about the Health Department, as well as the 100th anniversary of the first public health professional hired at the county.</p> <p>• <u>Ethics Training & Financial Disclosures</u></p> <p>A reminder that the deadline for the Board of Health to fill out their Ethics Trainings and Ethics Disclosures are due April 30th, 2025 and to contact Hannah Abram if there is any need for assistance.</p> <p>• <u>Lead Rental Registry</u></p> <p>The Jamestown City Hall space for the Lead Rental Registry program has been procured and staff have been moved in. All budgeted staff have been hired or in the process of. Everything is presently going very well. NYSDOH is aiming for a November 2025 launch of the actual Registry platform. Jessica Wuerstle and Anna Powell will be presenting a PowerPoint presentation on the program at the next meeting in May.</p> <p>• <u>Federal Funding</u></p> <p>There are currently, no funding holds or interruption of services affecting the Health Department.</p> <p>• <u>2024 State Aide Reimbursement Annual Submission</u></p> <p>The 2024 State Aide Reimbursement annual submission was made. Every kind of Human Services agency with a preemptive authority is required to provide these submissions. The auditor noted a marked improvement in the Health Department's grant acquisition.</p> |

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| Director's Report (con't) | <p><u>Updates</u></p> <p>• <u>Pediatric Dental Services Update and Next Steps</u> There was a meeting with WNYPHA leadership. They agreed and were in favor of pursuing regional/multi-county support model for dental services. They felt strongly that there was potential for collaborations with Federally Qualified Health Clinics (FQHCs). There was also a follow-up call with Dr. Araujo, Dean of the University of Buffalo School of Dental Medicine. Still no formal notification of the end of funding from the University of Buffalo, but it is becoming clearer through correspondence that the funding will no longer be available to Chautauqua County.</p> <p>Khan notified the Board of Health that Fidelis Care will be taking over the funding needed for the UB Dental Van to continue its service in Chautauqua County.</p> <p>• <u>Strategic Planning & 2026 Budget Preparations</u></p> <p><u>Staffing-</u></p> <p>2 retirements & a 3rd retirement in April 2025.</p> <p>10 current vacancies - down from 17 in January 2025.</p> <p><u>Programming-</u></p> <p>Sanitary Code – Planning updates have begun for the rest of 2025 and 2026. Focusing especially on Substance Use Prevention, one thing that could potentially mitigate the issue is a form of regulation around the overall licensing process for business and facilities, such as setting a cap on a licensing amount in the County. The potential of a future committee formed by members of the Board of Health to update the Sanitary Code was reinstated.</p> <p>Substance Use Prevention (opioids, cannabis, tobacco, nicotine, alcohol - vaping, smoking) – Partnership and collaboration with the District Attorney's Office has been made concerning Substance Use Prevention in expanding programming via Opioid Settlement Funds (OSF). Plans of having staff from the DA's Office attend a future meeting to present more on this collaboration was mentioned. Steve Kilburn, Substance Abuse Coordinator for the Health Department, has been coordinating this expansion.</p> <p>Hepatitis C screening and treatment improvements – Excellent work has transpired within the County Jail in regards to screenings and the efficiency of treatment. Chautauqua County has historically been a county with high rates of Hepatitis C, but with updated technology and the involvement of the Correctional Health Team there is a great opportunity for improvements to be made in our area.</p> |
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| Director's Report (con't) | <p>Maternal, infant and child health – One of the priorities of 2026 will be maternal, infant and child health not just in the landscape of promotion of immunizations and controlling infectious diseases, but also particularly around labor, delivery and early newborn development. Some of these programs and initiatives will be tied to specially to substance use prevention. Others will focus more on the systems and institutional levels, such as working with now what is our only labor and delivery hospital in the county, UPMC, to ensure that they are equipped and have the technical assistance they need to promote healthy deliveries um in our County</p> <p><u>• Funding Updates</u></p> <p>Infrastructure Grant - Year 3 has been submitted - proposal includes funding 2 staff who were included in the 2025 budget. Waiting to hear back from New York State.</p> <p><u>• Infectious Disease Control</u></p> <p>The Health Department is funded to provide immunizations and has been providing immunizations and preventing diseases since the hiring of the first public health nurse in Chautauqua County 100 years ago.</p> <p>Community Health Nurse, Teresa Miller oversees immunizations and provides technical assistance and outreach to the community. She and a number of nurses in the Health Department are trained in the protocol of immunization. Teresa works with the school nurses of the county to make sure students are immunized based on the mandated schedules.</p> <p>Not only on the Infectious Disease Control side of things, there is also through the Environmental Health side of things, a Public Health Emergency Preparedness Division and they are responsible for the systematic approach to how to provide access and emergency service during outbreaks and emergencies.</p> <p><u>Measles-</u></p> <p>There are currently 3 confirmed cases in NYS – downstate.</p> <p>County vaccination rate (initial dose by 2yoa) = 83 .7% (higher than the 8 1.2% State Average.</p> <p>Outreach and technical assistance information has been distributed to schools, local providers and through the Chautauqua Health Network (CHN)</p> <p>50% of our Immunization Action Plan (IAP) funding are federal dollars. Vaccines for Children (VFC) program also originates at the federal level.</p> <p>NYSDOH launched a Web Portal for Measles diagnoses or confirmations that is updated on a weekly basis.</p> |
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| Director's Report (con't) | <p><u>Tuberculosis-</u></p> <p>NYSDOH facilitates epidemiological surveillance and is a part of the Health Department's Infectious Disease Control Program. The Health Department has nurses on staff that are dedicated to the local provision of services in response to tuberculosis. The Health Department is required to move forward with treatment and follow-up surveillance once a positive case is identified.</p> <p>Active v. latent – The difference between active and latent has been coming up in a lot of dialog and discussions. Treatment approaches typically change based on Public Health status. In an active outbreak the epidemiological oversight may recommend that even latent cases be provided treatment, but that is not typical. At this time, the Health Department is not required to provide treatment to latent cases.</p> |
| Other | <p>Wilson and Wuerstle introduced Ronald Wasik to the Board and shared how wonderful of an addition he is to the Environmental Division of the Health Department as their new Assistant Public Health Engineer.</p> <p>It was also noted that Paul Snyder had passed away.</p> |
| Adjournment | Columbare made a motion to adjourn at 8:02pm. |
| Future Meeting Dates | May 15, 2025; July 17, 2025; September 18, 2025; November 20, 2025 |