

ULSTER COUNTY LEGISLATURE

TERRY L. BERNARDO, Chairman
JAMES F. MALONEY, Vice Chairman
KENNETH J. RONK, JR., Majority Leader
DAVID B. DONALDSON, Minority Leader
VICTORIA A. FABELLA, Clerk



P.O. Box 1800
KINGSTON, NEW YORK 12402
Telephone: 845 340-3900
FAX: 845 340-3651

MINUTES

MARCH 19, 2013

PUBLIC HEARING

REGULAR MEETING

7:00 PM

PUBLIC HEARING CALLED TO ORDER BY CHAIRMAN: 7:05 PM

PLEDGE OF ALLEGIANCE TO THE FLAG: Led by Chairman Bernardo

MOMENT OF SILENT MEDITATION:

ANNOUNCEMENTS

FIRE EVACUATION PLAN

PLEASE NOTE THAT IN THE EVENT OF AN EMERGENCY THE FIRE DEPARTMENT HAS REQUESTED THAT LEGISLATORS AND ALL OTHERS MOVE AT LEAST ONE BLOCK AWAY FROM THE COUNTY OFFICE BUILDING IN ORDER NOT TO IMPEDE THE FIREFIGHTERS IN THEIR DUTIES

CELL PHONES

Please silence cell phones and refrain from texting for the duration of Session.

MICROPHONES

MINUTES
PAGE 2
MARCH 19, 2013

Please be reminded to use your microphones when speaking so that you are recorded for the official record

ROLL CALL:

Present: 21 Absent: 2
(Legislators Briggs and Fabiano)
(Legislator Harris left at 9:25 PM/
returned at 9:28 PM)

CALL OF THE PUBLIC HEARING: The Eight-Year Review of Ulster County's Agricultural District No. 1

PUBLIC COMMENT: There were no public commentators.

PUBLIC HEARING ADJOURNED: 7:08 PM

BIRTHDAYS: TJ Briggs - March 7th; Deputy Clerk Krista Barringer - March 14; Deputy Clerk Fawn Tantillo - March 17th; Peter Loughran - March 26th

MOTION TO DISPENSE WITH THE READING OF THE MINUTES OF THE PREVIOUS MEETING

COMMUNICATIONS FROM:

Legislative Chairman Bernardo

Catskill Watershed Corp.

March 15, 2013 Letters to County Executive & County Comptroller re: Audit Committee
Letters to Legislator Gregorius, Rodriguez,
Maio, Gerentine & Maloney for Appointment to Audit Committee
Lake Placid Olympic Facilities Tour,
Thursday, March 14, 2013

MINUTES

PAGE 3

MARCH 19, 2013

COMMUNICATIONS (continued):

Ulster County Comptroller

NYSAC

Fulton County Clerk
James A. Dougherty, Inc.
Catskill Mountain Railroad

New York State Conservationist
Youth Board
LWV
Ulster County Tourism
American Cancer Society

Kingston Plaza
Center for Photography at Woodstock
Ulster County Area Transit

UCIDA

AARP

Ulster County Fire Advisory Board
SUNY Ulster

NYS Office of Children & Family Services
Ulster County Personnel

Ulster County Department of Public Works

Catskill Forest Association, Inc.

Notice of Preliminary Decisions
Resolution Nos. 2254-2261
Memorandum – Renewal of Contract
#C08-00120; Copier Contract
Renewal
February 15, 2013 Letter, 2013
Legislative Conference Resolutions
Resolution No. 42
Paperweight offer
February 2013 Review of MP 3 to MP
11-Relocation for Rail and Trail
February 2013, Volume 67, Number 4
January 17, 2013 Retreat Minutes
Commentator, March 2013
Trending, March 2013
April 19, 2013, 7:30 – 9:00 AM
Health Exchange
Kingston Plaza Events
Special Events, Spring 2013
Federal Drawdown – Grant #NY-90-
X654
UCIDA Proposed MHMG-KM
Kingston LLC Project PILOT
Agreement Deviation Letter Notice
Local Board AARP#2039 Letter
w/Signatures
February 27, 2013 Minutes
Tuesday April 23, 2013 Harold Holzer
Lecture
Re: Fatality Report #96-12-027
New Hires/Separations/Transfers
Report
Re: Hurley Bridge, Co Br #74 Truss
Repairs
Re: Mt. Marion Bridge, Co Br#30,
Bridge Deck Repairs
CFA News, Volume 30, Number 4
Fall 2012 & Volume 31, Number 1 –
Winter 2013

MINUTES

PAGE 4

MARCH 19, 2013

COMMUNICATIONS (continued):

Ulster County Board of Elections
Clerk of the Ulster County Legislature

New Horizons Resources, Inc.
UC Department of Finance
Cornell Cooperative Extension
Ulster County Board of Health

Ulster County Planning Board

Middletown Town Clerk

Dutchess County Arts Council
Ulster County Resource Recovery Agency

Thomas Whyte
Matt Gillis

New York Senator Bonacic

Federated Sportsmen's Clubs

Memorandum of Certification
AARP #2039 March 7, 2013 Letter in
Response
Winter/Spring 2013 Newsletter
2013 County of Ulster Public Auction
Spring 2013 Newsletter
December 10, 2012 Agenda/Minutes;
January 14, 2013 Agenda/Minutes
Agricultural District #1 – Eight-Year
Review Report to Legislature
T/O Plattekill Parcel Map – 101.2-2-
1.4 w/Aerial Photos, Timothy Poulin
Letters to John Valk, Jr., Letter from
Planning Board to Mr. Valk
December 13, 2013 Letter with copy
of Resolution Endorsing the
Construction of the Catskill
Interpretive Center
April 6, 2013 Indoor Golf Event
March 18, 2013 Agenda, February 20,
2013 Minutes
e-Mail to Legislature re: Rail w/Trail
e-Mail to Legislature re: Catskill
Mountain Rail Road & Rail Trail
Receipt of Adopted February
Resolutions
Request for Fish-Stocking
Permit/Onteora Lake

COUNTY EXECUTIVE COMMUNICATIONS:

Notice of Appointment to Youth
Board – Ethan Burwell, 82 Glenn
Street, Kingston, NY 12401 w/resume
Notice of Appointment to Human
Rights Commission – James Childs,
Sr., Senior Pastor, Pointe of Praise

COUNTY EXECUTIVE COMMUNICATIONS (CONT.):

Family Life Center, 243 Hurley
Avenue, Kingston, NY 12401
Budgetary Transfers for February,
20133
Memorandum re: Resolution No. 29
of February, 2013
Corporate Compliance Committee
December 19, 2012 Minutes
Notice of Appointment to
Environmental Management Council –
Kristen T. Schara
February 28, 2013 Statement of
Expenditures, Encumbrances &
Unencumbered Balance & Statement
of Revenues Earned & Unearned
Balance

COMMITTEE REPORTS:

Economic Development & Tourism
Law Enforcement & Public Safety
Laws & Rules, Governmental Services
Legislative Programs, Education and Community Service

Public Works & Capital Projects

Social Services
Ways and Means

DATE:

February 13, 2013
February 5, 2013
February 12, 2013
November 27, 2012
January 9, 2013
February 6, 2013
February 12, 2013
February 4, 2013
February 5, 2013
February 19, 2013

ANNUAL REPORTS:

Ulster County District Attorney
Ulster County Clerk
Ulster County Board of Election
Ulster County Sheriff
Ulster County Executive's Office; Executive Departments
Ulster County Department of Finance

DATE:

2012 Annual Report
2012 Annual Report
2012 Annual Report
2012 Annual Report
2012 Annual Reports
2012 Annual Report

MINUTES

PAGE 6

MARCH 19, 2013

Roll call of the Public Session held for Regular Session.

PRIVILEGE OF THE FLOOR:

Chairman Bernardo recognized Linda Marston-Reid, President of the Dutchess Arts Council to make a presentation. President Marston-Reid thanked the Legislature on behalf of the Board and staff in anticipation of receiving funding for the Ulster County Cultural Services and Promotion awards. She stated funding has provided great organizations, such as the Phoenicia Festival of the Voice , Shadowland Theatre, Upstate Films, Woman's Studio Workshop and Woodstock Film Festival and others, to receive funding. She noted the Dutchess County Arts Council will be renaming the Council to more accurately reflect their regional approach. She stated they were looking forward to another great year.

PRESENTATIONS:

Chairman Bernardo recognized Minority Leader and District 6 Legislator David Donaldson and District No. 8 Legislator Carl Belfiglio to present a Pride of Ulster County Award to Anna Sophia Gray and Anayathsyn "Ani" Castillo, winners of the Daughter's of the American Revolution's Essay Contest. Nancy Chando, Chairperson of the American History Committee for the Wiltwyck Chapter of the Daughter's of the American Revolution attended and provided a brief history of the contest, it's requirements. She noted recipient Anna Sophia Gray was not able to be present.

Legislator Donaldson called upon Ani Castillo and her family to receive the Pride. Legislator Donaldson gave a description of Ani's background and called upon Clerk Fabella to read Miss Castillo's essay. (Essay on file with the Clerk of the Legislature).

Legislator Belfiglio presented the Pride for Ana Sophia Gray to Chairperson Chando. Legislator Belfiglio read an excerpt from Ana's essay. (Essay on file with the Clerk of the Legislature).

Chairman Bernardo called upon Chairman of the Economic Development and Tourism Committee and Vice-Chairman James Maloney for the presentation of a Pride of Ulster County Award to Nina Smiley, Director of Marketing and Jackie Appeldorn, General Manager, in recognition of Mohonk Mountain House being named the #1 Resort Spa in the United States for the year 2013. Vice-Chairman Maloney noted various portions of the Resort were situated in more than one Legislative District and invited Legislators Bartels and Wishnick to join in the presentation. Ms. Smiley thanked the Legislature, on behalf of the Smiley family, for the award and their support in tourism. She stating that for 144 years, Ulster County has been truly one of the most amazing places. Legislator Wishnick recalled earlier years hiking at Mohonk and currently, the enjoyment of the spa.

* * * * *

SPEAKERS

Hon. David B. Donaldson – Minority Address
(On file with the Clerk of the Legislature)

Hon. Kenneth J. Ronk, Jr. – Majority Address
(On file with the Clerk of the Legislature)

* * * * *

PUBLIC COMMENT: There were 29 public commentators.

1. Paul Jankiewicz:

Written comment on file with the Clerk of the Legislature.

2. Tim Stokes:

Mr. Stokes expressed his displeasure at the increase with his waste disposal bill and the implementation of flow control. He asked the Legislature to revisit the law.

3. Sion Mitrany:

Mr. Mitrany addressed the property tax and the interest charged by the County on delinquent payments. He stated the interest payment makes it more difficult on taxpayers already in a bad position and noted an unfairness in rem foreclosure process.

4. James Bruck:

5. Mr. Bruck stated that the Catskill Mountain Railroad (CMRR) was a self-sufficient entity made up of 126 volunteers that received no funds from Ulster County. He stated the revenue for 2012 was approximately \$96,000.00 of which a portion was paid to Ulster County to satisfy the lease agreement with the remainder being reinvested back into the CMRR. He noted two sites operate with one in Phoenicia and the other in Kingston. He stated the purchase of a 82' passenger coach will hopefully double ridership when on line. He expressed support for rail with trail.

6. Randi Steele:

MARCH 19, 2013

Ms. Steele stated she was a legally blind resident who spoke in support of the CMRR which was accessible to all as opposed to trails. She asked that the County honor the contract with the CMRR until 2016.

7. Felicia Kacsik:

Ms. Kacsik encouraged the preservation of the CMRR right-of-way for railroad use. She stated she was disappointed with the actions of the County Executive. Ms. Kacsik believed trails could enhance the rails and felt there was no such thing as a “train trip that was too long.”

8. Thom Johnson:

Mr. Johnson stated he represented the Greenhart Rod and Gun Club and spoke in favor of the CMRR. He expressed his appreciation of the station and cautioned placing trails that could place people in harms way.

9. Joe Michaels:

Mr. Michaels stated he was a professional engineer with the CMRR and was concerned with the preservation of the railroad. He noted the 30 years of hard work that has been contributed by the volunteers. He remarked that the plan to add a trail along the rail wasn't a viable consideration and created a dangerous situation but supported a rail with trail concept.

10. John Patane:

Mr. Patane spoke in support of the CMRR and stated it was a privilege working with the CMRR. He stated the experience he gained enabled him to secure gainful employment with the Middletown-New Jersey Railroad. He stated the CMRR had complied with the request of the Executive to supply a recommendation for a rail with trail and the same day, the Executive met with Congressman Charles Schumer stating that the rail was abandoned. Mr. Patane indicated the railroad was in no way abandoned but simply out of service.

11. Harry Jameson:

Mr. Jameson stated he was the Chairman of the CMRR and noted the time and money had been invested over the past 6 years. He stated radical trail advocates had gone behind the backs of the CMRR to undermine the efforts of the CMRR and felt misinformation was adopted by Planning and the Executive. He asked for support of the original concept as well as rail with trail.

12. Dan Paashauss:

Mr. Paashauss stated he was a registered Democrat from the Town of Cottekill who enjoyed trails under the assumption that they were developed long after rails had been

MINUTES

PAGE 9

MARCH 19, 2013

removed. He spoke in support of the CMRR and was concerned with plans to develop a trail without taking into consideration the historic value of the railroad.

13. Neil Isabelle:

Mr. Isabelle stated he was concerned with loss of sales tax revenue to the County and recounted the variety of people he had encountered riding the train.

14. Dakin Morehouse:

Mr. Morehouse stated he was the current President of the Empire State Railway Museum. He stated he enjoyed hiking but at this point in life, he enjoyed the rails as an alternative. He indicated this was a fantastic opportunity for a composite rail with trail.

15. George Bain:

Mr. Bain stated he was involved with the railroad for a couple of years and had learned a new word "hoodwinked". He indicated the CMRR had been hoodwinked. He noted a report by the New York State Park and Trail Association and quoted from page 8 of the report.

16. John Grogan:

Written statement on file with the Clerk of the Legislature.

17. Arthur Vogel:

Mr. Vogel stated he supported the rail with trail concept as they would compliment each other.

18. Karen Vogel:

Ms. Vogel stated she has had a love of trains going back to her childhood and supported the rail with trail concept.

19. Tobe Carey:

Written statement on file with the Clerk of the Legislature.

20. Gladys Gilbert:

Ms. Gilbert spoke of former Legislator Marion Umhey's work in obtaining the right-of way and then the work of former Legislator Ernie Gardner, Senator Bonacic, the Bank of Boiceville, SHARP Committee and CMRR members' contributions.

21. Earl Pardini:

Mr. Pardini recounted the benefits and opportunities afforded as a result of involvement with the CMRR. He asked for the support of the Legislature.

22. Peter Fluchere:

Mr. Fluchere stated he was a ticket agent for the CMRR and shared information on the Kingston and Phoenicia trains' usage.

23. Ernie Hunt:

Mr. Hunt provided a personal prospective of involvement with the railroad and noted the goals of CMRR benefit the County. He supported a concerted effort to combine rail with trail.

24. Ray Pollard:

Mr. Pollard stated he attended in support of the railroad but also used the rail trail often. He concluded that the CCMR attracted people from around the world.

25. Robert Angyal:

Mr. Angyal stated he was a 28-year resident of Marbletown and a member of the Board of Directors of the Empire State Railway Museum. He recounted the loss of the Kingston Post office and the possible loss of similar treasures related to the railway.

26. Vincent McLaughlin:

Mr. McLaughlin spoke in support of Resolution 84.

27. Margaret Sellers:

Ms. Sellers stated she was a member of the Ulster County Mental Health Community Services Board and Chair of its' Committee for Persons with Developmental Disabilities. She stated what was being done in the Governor's proposed budget was outrageous and stressed the importance of conveying message to the Governor.

28. Kathy Nolan:

Ms. Nolan stated she was the past-chair of the Ulster County Trails Advisory Committee and stated that the Governor had put \$2 million into the trail budget for the trail in Ulster County. She stated the suggestion of running rail with trail parallel didn't fit with what ALTA said. Ms. Nolan stated that decision had to be made and suggested the Legislature investigate the economic benefits.

29. Ken Darmsdtadt:

Mr. Darmstadt indicated his family's investment would be torn up with the tearing up of the rails. A copy of the CMRR stock that he owned is on file with the Clerk of the Legislature.

30. Jaret May:

Mr. May stated he has spent the past three weekends in Kingston working on the new switch. He indicated he was a member of the CMRR and the Empire State Railway Museum.

Resolutions 58 - 85

Legislator Ronk motioned, seconded by Legislator Donaldson, to vote on Resolution Nos. 58-64 in a block.

Resolutions Nos. 58 – 64 were adopted unanimously by the following vote:

AYES: 21 NOES: 0
(Absent: Legislators Briggs and Fabiano)
(Approved by County Executive)

Resolution No. 65 – Resolution No. 65 - Setting A Public Hearing On Proposed Local Law No. 1 Of 2013 (A Local Law Of The County Of Ulster, New York, Known As The “The Ulster County School-Based Mental Health and Safety Act of 2013”), To Be Held On Tuesday, April 16, 2013 At 7:00 PM

Legislator Robert Parete motioned to refer Resolution No. 65 back to the Laws and Rules, Governmental Services Committee, seconded by Legislator Ronk.

MOTION ADOPTED BY THE FOLLOWING VOTE:

AYES: 21 NOES: 0
(Absent: Legislators Briggs and Fabiano)

Legislator Donaldson motioned, seconded by Legislator Ronk, to take Resolution Nos. 66 – 70 in a block. All in favor.

Resolution Nos. 66 – 70 were adopted unanimously by the following vote:

AYES: 20 NOES: 0
(Absent: Legislators Briggs and Fabiano)
(Legislator Harris left at 9:25PM/ returned at 9:28PM)

(Resolution Nos. 68 & 69 Approved by
County Executive)

Resolution No. 71 - Appointing Alternate Member To The Ulster County Planning Board – Town Of Shandaken

Legislator Ronk motion to strike January 1, 2010 as the start date of the term, and insert the word “Present” as indicated in bold font, seconded by Legislator David Donaldson.

MOTION ADOPTED BY THE FOLLOWING VOTE:

AYES: 20 NOES: 0
(Absent: Legislators Briggs and Fabiano)
(Legislator Harris left at 9:25PM/ returned at 9:28PM)

ADOPTED AS AMENDED BY THE FOLLOWING VOTE:

AYES: 20 NOES: 0
(Absent: Legislators Briggs and Fabiano)
(Legislator Harris left at 9:25PM/ returned at 9:28PM)

Legislator Ronk motioned, seconded by Legislator Donaldson, to vote on Resolution Nos. 72-75 in a block.

Resolutions Nos. 72 – 75 were adopted unanimously by the following vote:

AYES: 20 NOES: 0
(Absent: Legislators Briggs and Fabiano)
(Legislator Harris left at 9:25PM/ returned at 9:28PM)
(Approved by County Executive)

Resolution No. 76 - Authorizing The Reconstruction And Rehabilitation Of The Sauer Bridge In The Town Of Saugerties, In And For The County Of Ulster, New York, At A Maximum Estimated Cost Of \$2,000,000, And Authorizing The Issuance Of \$2,000,000 Bonds Of Said County To Pay The Cost Thereof

ADOPTED BY THE FOLLOWING ROLL CALL VOTE:

AYES: 21 NOES: 0
(Absent: Legislators Briggs and Fabiano)
(Approved by County Executive)

Legislator Ronk motioned, seconded by Legislator Donaldson, to vote on Resolution Nos. 77 – 81 in a block.

Resolutions Nos. 77 – 81 were adopted unanimously by the following vote:

ADOPTED BY THE FOLLOWING VOTE:

AYES: 21 NOES: 0
(Absent: Legislators Briggs and Fabiano)
(Approved by County Executive)

Resolution No. 82 - In Opposition to the Proposed Merger of Central Hudson and Fortis Inc.

DISCUSSION:

Legislators Aiello, Gerentine, Maloney and Maio presented explanation for their abstentions.

ADOPTED BY THE FOLLOWING VOTE:

AYES: 17 NOES: 0
(4 Abstentions: Legislators Aiello, Gerentine,
Maio and Maloney)
(Absent: Legislators Briggs and Fabiano)

Resolution No. 83 - Accepting An Offer To Purchase The Ulster County Community College President's Residence Located At 3312 Route 209, Stone Ridge, NY 12484, And Authorizing The Chairman Of The Ulster County Legislature To Execute A Contract Of Sale, Deed And Any Other Documents Necessary To Effectuate The Transfer Of The Real Property– Ulster County Community College

ADOPTED BY THE FOLLOWING VOTE:

AYES: 19 NOES: 2
(NOES: Legislators Bernardo and John Parete)
(Absent: Legislators Briggs and Fabiano)
(Approved by County Executive)

Resolution No. 84 - Opposing Governor Cuomo's Proposed 2014 Budget Cuts to the NYS Office of People with Developmental Disabilities' Budget

ADOPTED BY THE FOLLOWING VOTE:

AYES: 21 NOES: 0
(Absent: Legislators Briggs and Fabiano)

Resolution No. 85 - Rescinding The Rules Of Order Of The Ulster County Legislature Adopted On January 3, 2012 And Establishing New Rules Of Order Of The Ulster County Legislature

FIRST READING: March 19, 2013

MEETING ADJOURNED IN MEMORY OF: Read by Legislators Mary Wawro and Carl Belfiglio

Hon. Thomas Roach, New Paltz
David Wannamaker, Saugerties
Darryl Thayer, Port Ewen
Hilda M. Rivera, Woodstock
Lillian Solcberg, Accord
Patricia Fleming, Rosendale
Audrey E. Kiernan, Connelly
Anita Yuran, Woodstock
Edith Sanchez, Shandaken
Richard Benjamin, Saugerties
Philip Roy Conklin, Kerhonkson
John Hoy, Connelly
Douglas Wayne Fraser, New Paltz

Former Woodstock Councilman, Steve Knight
Marie Majestic Dewyea, Gardiner
Marvin W. Hoffman, Ulster
Alfred E. "Boomer" Lawless, Saugerties
William Paul Maggiore, Palenville
Regina Buley, Saugerties
Joan E. Knudsen, Alligerville
Brian Bloodgood, Shandaken
Harold Marks, Gardiner
Ralph T. Sisco, Hurley
Thomas Dozier, Saugerties
Irena Lesiw, Kerhonkson
Betty Cummings, Accord

MINUTES

PAGE 15

MARCH 19, 2013

IN MEMORY OF (CONTINUED):

Peter DeWitt, Stone Ridge

Helen Freer, Ulster Park

Clark M. Mains, Port Ewen

MEETING ADJOURNED: 9:38 PM

NEXT MEETING:

The next Regular Meeting of the Ulster County Legislature will be held on **Tuesday, April 16, 2013 at 7:00 PM** in the Legislative Chambers, Sixth Floor, Ulster County Office Building, 244 Fair Street, Kingston, New York.

Resolution deadline is **Wednesday, March 27, 2013 at 12 Noon.**

"Forgotten Patriots Who Supported The American Struggle For Independence"

How would you feel if you lived 1770's? Would you feel happy, scared, sad or would you even care if were there or not? Well, I know that I would be scared because near those days the British were planning something that inspired me to write about. However, this is not a free for all writing place, I have to write and I want to write about a particular person that supported the cause of the American Independence. The person I picked is "Lydia Darragh". There are many reasons I picked her, one reason is because she is a women and that's good because there's not that many women written about in history. Another reason I picked Lydia Darragh was because she is a spy, and I never heard of a women being a spy! Lydia Darragh was born in 1729 in Dublin. She married William Darragh, he was a son of the Irish clergyman and tutor to Lydia's family. A few years later after their marriage, the Darragh family immigrated to America, and lived in Philadelphia. Lydia Darragh became a midwife, she helped other women give birth. Lydia herself gave birth to nine of her own [and four whom died infancy]. William Darragh worked as a tutor. Then the General William Howe's British army appeared in Philadelphia in late September 1777. Even though Lydia and her family were Quakers [who do not believe in war] their eldest son served with the 2nd Pennsylvania Regiment. On December 2, 1777, the British officers arrived on the Darragh's doorstep, demanding use of their home for meetings. One evening, the British ordered for all the Darragh family to stay in their bedrooms all evening [this was possible because at the time the British had a law called "Quarterly Act"] while they held a secret meeting in the other part of the house. Lydia pretended to go to sleep, but instead she listened to the soldiers though the door, learning that the British were planning a surprise attack on the Continental Army, and his man at a nearby camp on December Fourth. Lydia knew the surprise attack would kill many of Washington's soldiers. As the meeting was ending, Lydia returned to her bedroom. A British officer named Major John Andre, knocked on her bedroom door three times. On the third knock, she answered the door pretending as she was sleeping and just woke up. Can you imagine how scared she would be? However, the reason that Major John Andre knocked on her door was because he wanted to let her know that the meeting was over and that they were leaving her home. The next morning, Darragh asked permission to leave the city because she needed to get flour. Her real plan was to give the message to an American officer. She knew how dangerous this would be but she still did it. Guess what, her plan worked, she gave the message to one of the officers and Washington's troop was prepared for the British Army. So she turned the British victory into disappointment. Lydia Darragh was and well always be an important women to the Revolutionary War. Lydia Darragh's bravery helped save the life of Washington's troop, and she also helped with our freedom today. As a young girl, Lydia Darragh's story inspired me. While I was writing this story I felt like Lydia was right there next to me. I hope that everybody who reads this story can feel the same as I did!

Forgotten Patriots Who Supported the American Struggle for Independence

Anna Sophia Gray

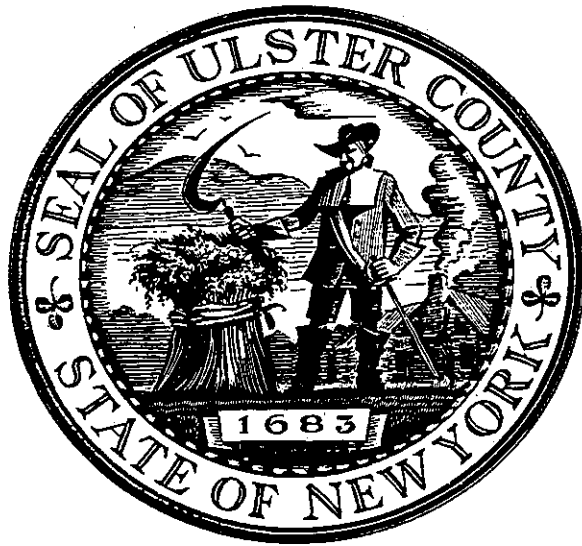
1270 Route 213 Kingston , NY 12401

845 849 5466

Kingston Catholic School: Grade 7

James Armistead was born in Virginia as a slave in 1760. He volunteered to join the army in 1781. With the permission of his owner, he was stationed under Marquis de Lafayette. Armistead began to work as a spy and then pretended to be a spy for the British. As a British spy, he was so trusted that he was used to lead troops along local roads. He would send written reports of British strategies to Lafayette. Lafayette, meanwhile, had many spies but none were as successful as Armistead. His reports helped Lafayette trap the British in Hampton and then helped Americans win the battle of Yorktown. After the war, Armistead went back to his owner and continued his life as a slave. Armistead did not qualify for being emancipated by the Act of 1783 because he was a spy not a soldier. Lafayette hearing this news in 1784, wrote a testimonial for Armistead. In gratitude Armistead gave himself the last name Lafayette once he became free. He then married and had many children. James Armistead Lafayette died in Virginia in 1832 at age 72.

The men and women who fought the battles, pens and muskets alike, were fighting because they believed in equality. They believed that all men and women were created equal, as the Declaration of Independence says. The colonists got their freedom from the British but African Americans did not get their freedom and women did not get their freedom from the "superior" gender. They had to keep fighting that battle and although advancements were made, the war is still not won for them.



David B. Donaldson
Minority Leader

Hector S. Rodriguez, Minority Whip

Ulster County Legislature

Minority Address

March 19, 2013

Tracey Bartels
Thomas J. Briggs
Donald J. Gregorius
Peter M. Loughran
John Parete

Richard Parete
Robert Parete
Jeanette Provenzano
Kenneth Wishnick

Ladies and Gentlemen of the Legislature, the Press and the Public, thank you for being here, listening and/or otherwise observing.

It was just over three years ago we ended as the majority party of the Ulster County Legislature and four years before that when we began as the first Democratic Majority in almost three decades.

After years of extremely high property tax increases, huge budget shortfalls, and seeing building projects spiral out of control, we were handed the reigns of government. We understood that massive reforms were needed.

Better Government at a Better Price

We began a course of “better government at a better price”, to move the County toward sustainability, while protecting our most vulnerable. Creating the charter was one of the reforms. We chose to give up power to create a better government. That is a rare thing in politics and I have never regretted that sacrifice.

While we may not always agree on how we travel down that path, I am sure our County Executive shares our vision. That shared vision was one of the reasons we hired him as our County Administrator in January 2006. Regardless of where each of the responsibilities and powers are today we will face new challenges and we must continuously rework, reevaluate and reform to assure a better government for the people of this County.

Good Government

Good government doesn't just happen. It isn't pushing memorializing resolutions that over excite some in the public but achieve nothing. It isn't constant press releases that promote one's self or certain members of the Legislature. It isn't making public platitudes and shallow policy recommendations. It isn't creating new committees and sub committees. It is hard and often unseen work and sacrifice. It sometimes requires taking risks and standing up to the status quo for the betterment of the greater good. It is rolling up our sleeves and working with all shareholders regardless of their partisan stands or opinions.

A Better Tomorrow

This past year the Democratic Caucus continued to push forward policies that will help us achieve “better government at a better price”. We worked closely with the County Executive and our Republican Friends, to bring about many long overdue changes.

Although the Legislative Leader either opposed or voted against the funding, we were still able to continue our record to create a more sustainable County government by supporting a budget that reduced property tax rates, while beginning to take over Safety Net and bring about a better funding stream for the RRA.

Despite the opposition by the majority leadership, we partnered with the County Executive to bring about a first time home buyers property tax break. We know that first time home buyers help fuel our economy and sustainability. We also know the commitment and costs of buying that first home are hurdles that are often hard to overcome.

We also partnered with the County Executive to begin the process of creating a Veterans Homeless Shelter. A piece of that puzzle is before us tonight and the closing on the building may be completed before months end.

We continued our long record of protecting the environment when Legislator Ken Wishnick brought forth the "Hydraulic Fracturing Brine Prohibition Act." I am proud to say the Legislature as whole embraced it, and it became the first law of its kind in New York State. In a further example of cooperation, our County Executive issued an Executive Order to assure our county would be protected until the Legislature could complete its due diligence creating Local Law # 6 of 2012.

Thanks to Legislator Bartels, we brought forth a resolution that is an example of our continuing pursuit of full transparency, by having audio recordings of all committee meetings readily available to the public on our website.

Economic Development and Accountability

When we were in the majority, we created the first real accountability in our efforts of economic development. Over the years, the Legislature continued to qualify and quantify those checks to assure that economic development wasn't just a form of welfare to the wealthy.

Through the efforts of Legislator Loughran, our Caucus brought forth a policy that required the UCIDA to hold more accountable those that are awarded significant tax breaks. I commend the UCIDA for embracing that policy as they attempt to clean up old projects that were out of compliance. While a very few applicants feel they should not be held accountable, the UCIDA has come to realize that only through accountability will they diminish the myth that these tax breaks are just hand outs and not job creators, only through accountability will the UCIDA regain the trust of the taxing agencies, and only through accountability will they be able to continue their success in attracting quality projects.

Shared Services

In a drive toward creating new shared services, we were instrumental in creating consolidated County Tourism services with the City of Kingston as well as assuring the County funding to begin the County Executive's STRIVE program. The program has brought in funding from the Dyson Foundation as well as the State of New York, and as a result will create a significant and welcomed presence of UCCC in the City of Kingston, which in turn will benefit both the City and our College.

THE NYC DEP

The Legislature as a whole joined with the County Executive to accomplish some significant gains in our never ending battles with the NYC DEP. We secured more funding for the homes in the Town of Wawarsing that were damaged and in some cases destroyed because of the NYC DEP lack of diligence in repairing water leaks. We also were able to hold the NYC DEP more accountable for their flooding of the Esopus Creek.

Just as we expect a criminal to be held accountable for their crimes, we need to continue to be diligent and be ready to act swiftly with the County Executive to assure the NYC DEP is held accountable for theirs.

Public Safety

Providing for and ensuring public safety is a paramount responsibility of government. We have an excellent accredited County Police Force that takes that responsibility to heart. We also have a number of other excellent police agencies, (State, City, Town and even Village), that operate within and throughout Ulster County. Some neighborhoods rely exclusively upon the County Sheriff; some rely upon their local police force, while others tend to rely on the State police.

Recent events have caused us all to pause and to question. Are we doing enough to protect our neighborhoods? Can we make our communities safer? Can we better coordinate the agencies to ensure better coverage?

With little or no relief from State mandates as well as the enactment of a property tax cap, we as a County, must plan strategically to ensure the sustainability of police resources. I propose that we establish a Law Enforcement Sustainability Commission to thoroughly examine ~~the current state of public safety in the County~~ present policing policies and what may be considered as best practices in the coordination of services.

I am assured that both Dr. Gerald Benjamin and Jonathan Drapkin, each with significant backgrounds in such studies, are willing to serve. I am also confident, that we, working in conjunction with the County Executive will be able to secure grants from

the State to fund such a study. Legislator Bartels and I will be presenting a resolution calling for the creation of the Law Enforcement Sustainability Commission this evening to the clerk.

Mental Health

Over the past 5 years our reimbursement for mental health programs from the State and Federal Governments has been reduced by approximately fifty percent. Although our programs look different, the County has had pains adapting to continue to deliver the needed mental health services. As a result the County has floundered in efforts toward prevention.

The Democratic Caucus has strongly advocated for an increased focus on the availability of mental health services in our schools. We all have no doubt that our schools are truly on the front lines of today's most pressing health and mental health challenges.

The County Executive has responded to our advocacy with a recently formed Child Mental Health Work Group to explore utilizing public/private partnerships and innovative solutions. Should the data demonstrate a need for mental health clinics to be housed within school districts, which I believe it will, UCDMH and BOCES will identify appropriate treatment providers who can provide such. Using the proper billing procedures, the new services may be possible at little or no cost to the County taxpayers. The UCDMH/BOCES assessment should be completed in the coming months to possibly enable an implementation of programs by the coming school year.

I call on the Legislature to assist the Executive in these efforts with funding where needed, quickly acting on resolutions as needed, as well as seeking State funding where possible. Let Ulster County be a model in violence prevention and mental health delivery.

Public Comment

To quote Voltaire, "*I [may] not agree with what you say but I will defend to the death your right to say it*". I have no desire to silence any member of the public, however, I do ask that the leadership assure that all members of this Legislature are protected and respected during public comment.

These last two months, I have seen something I have never seen during my 25 years of service in public office. I know of no legislative body that allows attacks on members of its body while in session. In January, the Leadership said nothing as a member of the public verbally attacked a member of the Legislature. I had to stand to call the speaker out of order, thankfully, he accepted his wrong and apologized.

During the February meeting, members of the public that disagreed with what I was saying prevented me from fully participating in the very body I am a member of, while the leadership again did nothing.

The Legislature must never allow a bully mentality to run our Democracy. It is the duty of our leadership to run meetings in a manner that protects the ability of all members to represent their constituents, regardless of how heated an issue may be.

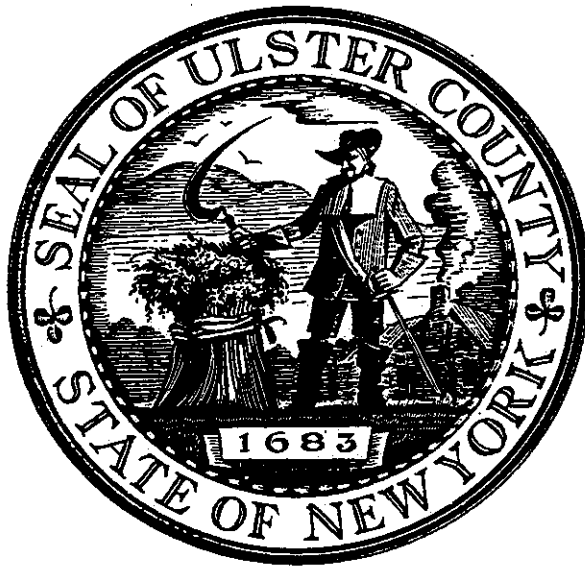
Tonight we have before us a first reading of a rule change that is contrary to good government. There is a new provision that would require 10 votes to get a resolution released from a committee. It is a clearly an attempt to control what can be voted as well as creating an ability for some to hide from taking a stand. Let us not try to emulate the dysfunctional New York Senate.

I am willing to work very closely with the Chairman of the L&R Committee, Kevin Roberts, just as I did with the Charter Revision. We worked through trust, respect and compromise. We held off moves to increase the Executives powers while creating the most democratic method of re-districting in the State of New York.

Closing

In closing, I am proud of our initiatives, as well as our ability to form Legislative coalitions and partnering with the County Executive to move our County in the right direction.

I know I am speaking for all of the Democratic Caucus when I say we will continue to work diligently with our Republican friends and the County Executive in our pursuit of creating a better Ulster County.



Kenneth J. Ronk, Jr.
Majority Leader

Mary Beth Maio, Majority Whip

Ulster County Legislature

Majority Address

March 19, 2013

Terry Bernardo, Chairman
Robert Aiello
Carl Belfiglio
Dean Fabiano
Richard Gerentine

Wayne Harris
Craig Lopez
James Maloney
Kevin Roberts
Mary Wawro

Majority Platform

Chair Bernardo, Vice Chair Maloney, Minority Leader Donaldson, Majority Whip Maio, Minority Whip Rodriguez fellow Members of the Ulster County Legislature, I am humbled to be able to stand here this evening for my second year to deliver the Majority Platform. I thank my colleagues in the Majority Caucus for their confidence and support. To my colleagues across the aisle, I have thoroughly enjoyed working with you last year, and am excited about the things that we can accomplish in the year ahead.

A good friend of mine, Ed Gaddy, said to me when I ran for my first term "Before you get where you are going, we want to know where you come from." To that end, I want to begin tonight with a reflection on some of the things that we have accomplished, together, over the past year.

1. RRA - As a Legislative body we have taken a first step in addressing the long standing issues of the Ulster County Resource Recovery Agency. This was a polarizing issue which crossed ideological and geographical boundaries. It is important for all of us to stay vigilant in making sure we retain, and strengthen, our oversight of this troubled agency.

I believe that the Legislature and Executive can share credit on this momentous occasion, and all taxpayers benefit from it.

Now that we have taken a look at where we have been, lets take a look at where the Majority will be going:

The single largest issue that we face as a County is the rising cost of state mandates coupled with drastic cuts in state funding. These major issues cause us to continually cut or realign non-mandated services such as Golden Hill and Mental Health. We will be vigilant in expressing our needs to our State Representatives through letters, calls, visits, and yes, through Memorializing Resolutions. Without taking this fight to Albany, we will be forced to continue to cut the important things we believe County government should be doing, to pay for what State government passes the buck on. Shifting expenses from government to government is not a recipe for success. No matter what pocket it is coming out of, our taxpayers still foot the bill.

As a member of the Ulster County Fire advisory board for the entire duration of my time as a Legislator, I have become keenly aware of the needs of the fire and rescue services in Ulster County. I also have gained a better understanding of the importance of advisory boards in general. I encourage everyone to stay up do

Secondly, Ulster County is desperately in need of a County Fire Training Center. Currently there are 4 training centers in Ulster County, conveniently two in the North and two in the South. The problem is that only one of the four training centers can simulate a live burn due to structural deficiencies in the three other facilities.

In order to have a pool of volunteers who can safely fight fire, we need to be able to train them in more than where to point the hose. We must be able to simulate the heat of an actual fire which requires an operation burn room.

Past attempts to locate one fire training center for all of Ulster County were not successful due to the distance that departments would need to move apparatus. I am not proposing a move back to Vly Atwood (the geographic center of the county), but I am proposing a system of competitive county grants to the existing training centers to make necessary upgrades to enable them to simulate a fire, ushering into Ulster County a new crop of volunteers ready to defend life and property against one of nature's strongest forces. Our volunteers deserve no less than our full support!

Almost two years ago, a special committee was created to update the Administrative Code. The group made up of Democrats and Republicans met for

soon as they are received by the Executive's office. I believe we have a responsibility to review similar reports for other revenue cost centers. We are a co-equal branch of government and will be treated as such.

I'm not sure that this legislative chamber fits our needs currently and into the future. The time has come to have an honest dialogue on the future of the legislative chambers. Recently when we moved our legislative meeting to the Ulster Performing Arts center, most of my esteemed colleagues were respectful of the process, and for that I deeply thank you. It wasn't an easy decision to make, just as most decisions are regarding the use of public funds. However, when a venomous letter to the editor is penned disparaging the Majority for opening our meeting to the largest number of people possible as is our responsibility and a requirement under open meetings law, there is an inherent problem.

The fact remains that when Legislators and staff are in the Chamber there is only room left for 97 people. If we violate the fire code and pack the 6th floor as we have done many times in the past, public safety becomes a real concern as the only ways out in an emergency are 2 staircases 6 stories high. The safety and openness of a meeting place should never be able to be perverted into a dirty political issue, and so I implore you to begin discussions amongst yourselves, so

My friends, great things can be accomplished when altruistic people get together to work for the public good. We must endeavor to disagree without being disagreeable to the best of our ability. We must strive to treat each other with the respect we wish to receive. We owe that to ourselves, to our colleagues, and to our county.

Respectfully Submitted,

Kenneth J Ronk Jr.

Majority Leader

HUMAN DISCOVERY ASSOCIATES

DR. PAUL JANKIEWICZ, POETS PEACE 93 ULSTER AVE. ULSTER PARK, NY 12487-5018 (845) 388-3115

You, the Legislators, have been called to, selected and elected to honor your sacred oath of office: to protect the safety, health, and welfare of the citizens of Ulster County, with special attention to the needs of the poor, disabled and elderly.

Since Health Alliance was appointed as a business alternative to a healing enterprise the results have been a disaster. Their cavalier approach to cater to the Board Members rather than the community has resulted in the accumulation of unnecessary expenses, a demoralization of hospital staffs, and the real potential of the loss of hospital care in our community. The ideological based demands of Board members has resulted in "the sacrifice of human life on the altar of abortion," serious budget problems, and an increasing health care threat to the poor, disabled and elderly. It is time for a full investigation of the origin and implementation of Health Alliance programs and their financial relationship to Board Members.

The Ulster County Legislature needs to inform the public regarding the following issues:

- What contingency plans has the Ulster County Legislature developed *if and when* both Kingston Hospitals are closed?
- What plans for clinics has the Ulster County Legislature developed *if and when* both Kingston Hospitals are closed?
- What transportation plans for the inner city poor and elderly has the Ulster County Legislature developed *if and when* both Kingston Hospitals are closed?
- How will the Ulster County Legislature address the divisive and fiscally disastrous issue of abortion services planned for the H. A. Hospital?
- Since the Chairperson of the Ulster County Legislative Health Committee says that his Committee has nothing to do with the Health Alliance, who is monitoring the public funds given to the Health Alliance and the fiscal responsibility for their bonds, if the Health Alliance leaves?

Thank you for your attention.

Sincerely,



Chairman Bernardo and Members of the Legislature:

We are requesting that Ulster County Health Officials take a leading role in identifying health priority needs in the Mary's Avenue Hospital - and also request that DOH come to Kingston and meet with public health and patient stakeholders before final decisions are made.

1. The initial response to two DOH FOIL requests were an 11 page power point outline (without text). It shows that **4 of the 5 HAHV agencies listed in the July 2012 proposal** to DOH were corporate members of the Kingston Hospital Regional complex. **The proposal requests 46.5 million dollars to set up the single Mary's Avenue hospital.** The only priority mentioned in the proposal was **"mandated reproductive services"**. **HAHV requests a million dollars to transition the abortion program.**

A report on the Foxhall Abortion program showed substantial Kingston Hospital Foundation loans to the Abortion service which served only 22 clients in 2011. Not one of four hospitals in Dutchess and Putnam County provide surgical abortions. The proposal appears to be a bailout for losses in a failed program. Why burden the new hospital with a loser?

2. Planned Parenthood has indicated that 80% of abortions are now administered with chemical pills. Attached research-based pamphlets from the Breast Cancer Prevention Institute, formerly of Poughkeepsie, indicate that combined steroid estrogen/progestin pills are also dangerous to women's health. **I urge County Legislature members to support a health needs priorities study by County Health agencies and resolve to the state DOH to open the information gates to avoid another 47 million dollar blunder.**

John Grogan BCD/Retired
Kingston Resident
Tel: 845 338-1766
E-mail: jjnick7@aol.com

P.S. I plan to address a similar request to
County Executive, Michael Hein

What about the new patch and vaginal ring?

They contain the same drugs found in birth control pills and increase breast cancer risk. The patch is especially dangerous as it raises estrogen blood levels 60% higher than the "the pill" and has resulted in strokes, venous clots and deaths.⁴

What about injectable birth control like Depo-provera and progestin-only pills?

The progestin only injection, Depo-provera, also increases breast cancer risk like the pill. There are no long-term safety studies available for the progestin-only "mini-pills" which have recently become available.

Does the morning after pill (emergency contraception) pose any breast cancer risk?

The morning after pill (MAP) contains a high dose of progestin. Some websites recommend taking multiple doses of birth control pills at once as a substitute for the MAP where it is not available. These medications may increase breast cancer risk if used regularly instead of infrequently for emergency use as intended.

Are there safe, effective alternative treatments for teenagers on birth control pills for different medical problems?

Yes, there are, as below:

Acne: Use safe topicals and antibiotics

Menstrual cramps: Use safe effective pain relieving drugs (e.g., Non-Steroidal Anti-Inflammatory Drugs)

Irregular periods: After a girl's first menstrual period, irregular periods are not abnormal for a time and reduce breast cancer risk later in life.⁵

Are there safe, effective alternatives to oral contraceptives for family planning?

Yes, there are several natural family planning (NFP) methods. NFP methods teach women to reliably recognize their few fertile days a month. Studies all over the world have shown these methods to be at least as reliable as the pill even when a woman has irregular cycles and low education levels. It is cost free after initial instruction of the method chosen. The ovulation methods include the Ovulation Method of Natural Family Planning, the Creighton Model FertilityCare System⁶ and the Billings Ovulation Method. There is also the symptothermal method of the Couple to Couple League. (NFP is not the rhythm method.)

Why hasn't the National Cancer Institute (NCI) warned the public of these documented cancer risks?

There may be multiple ethical, socioeconomic, political and cultural reasons why this information has not been made readily available to the general public.

In February of 2005, Dr. Elias A. Zerhouni, the director of the National Institutes of Health (NIH), which encompasses the NCI, banned all staff scientists from taking drug-company fees because he wanted "the NIH to be a source of health information that could be trusted."⁷ Government scientists had moonlighting jobs and were receiving large fees and stock options from pharmaceutical companies, which is clearly an unethical conflict of interest.

More alarmingly, in 2005 the prestigious British journal Nature published a study which showed 15.5% of scientists with NIH grants anonymously admitted to "changing the design, methodology, or results of a study in response to pressure from a funding source," which is a form of scientific misconduct.⁸

Former FDA director, David Kessler, wrote the book, "A Question of Intent: A Great American Battle with a Deadly Industry." In it he describes how the tobacco industry, through its economic and political clout, successfully suppressed for decades the link between cigarettes and lung cancer using the NCI and medical groups such as the American Medical Association.

Like tobacco, contraceptive steroids (birth control pills) are very widely used, having been taken at some time by at least 75% of American women, often for many years. The belief in the use and the safety of "the pill" is deeply engrained in American culture and the culture of American health scientists, in both the government and the pharmaceutical industry.

Despite decades of studies demonstrating the health risks of birth control pills, the NCI has only very recently revised an oral contraceptive fact sheet on its website to reflect these studies.⁹

Why haven't cancer and medical organizations publicized the link between breast cancer and the pill?

These organizations take their lead from the NCI and other governmental agencies which at present have not widely publicized this information.

Resources for effective hormone-free family planning

Ovulation Method of Natural Family Planning
www.familyplanning.net
Creighton Model FertilityCare™ System (CMFS)
www.creightonmodel.com
Billings Ovulation Method www.woomb.org
Couple to Couple League www.ccl.org

References

- ¹Cogliandro V et al. Carcinogenicity of combined oestrogen progestagen contraceptives and menopausal treatment. *Lancet Onc.* 2005; 6:552-3.
- ²Agar JD et al. Estrogen Carcinogenesis in Breast Cancer. *N Engl J Med.* 2006;354: 270-82.
- ³Bland KI, Copeland EM. *The Breast: Comprehensive management of benign and malignant diseases*, 3rd ed. Saunders 2004.v1:499-535.
- ⁴Thacker, HL, et al. How should we advise patients about the contraceptive patch, given the FDA warning? *Clev Clin J Med.* 2006;73:145-47.
- ⁵Henderson BE, et al. Breast cancer and the estrogen window hypothesis. *Lancet*, 1981;2:363-4.
- ⁶Hilgers TW, Stanford JB. Creighton Model NaProEducation Technology for avoiding pregnancy. Use effectiveness. *J Reprod Med* 1998;43:495-502.
- ⁷William D. NIH Seeks 'Higher Standard'. *LA Times* 2/2/05.
- ⁸Martinson BC, et al. Scientists behaving badly. *Nature*; 2005;435:9737-8.
- ⁹NCI. Fact Sheet 3.13. *Oral contraceptives and cancer risk: questions and answers*. Reviewed 5/4/06. www.cancer.gov.

©2006 Breast Cancer Prevention Institute. All rights reserved.

This brochure is also available online and may be purchased in bulk from the Breast Cancer Prevention Institute website:

www.bcpinstitute.org

BREAST CANCER
Prevention
INSTITUTE

The Breast Cancer Prevention Institute
is a research and educational 501(c)(3) public charity
Phone: 1-866 NO CANCER (1-866-622-6237)
www.bcpinstitute.org

If it's not OK for him
to take steroids...

why is it OK for her?

BREAST CANCER
Prevention
INSTITUTE

The dangerous performance enhancing steroids taken by athletes are male steroid hormonal drugs that build muscle.

One of their risks is liver cancer.

Similarly, female steroid hormonal drugs build breast tissue.

They not only increase the risk of liver cancer but breast and cervical cancers as well.

These powerful steroid drugs are taken by millions of teenage girls as BIRTH CONTROL PILLS.

Why are teenage girls vulnerable to the cancer-causing effects of birth control pills?

Teenagers are especially vulnerable to breast cancer risk because their breasts are growing and most have not yet developed cancer-resistant Type 3 lobules through a full-term pregnancy. Therefore, the cancer-causing combination contraceptive steroids (birth control pills) are especially dangerous for them.

How do steroid hormones affect breast development?

Breast tissue is made of lobules. A lobule is a unit of breast tissue that contains a milk duct and some milk producing glands.

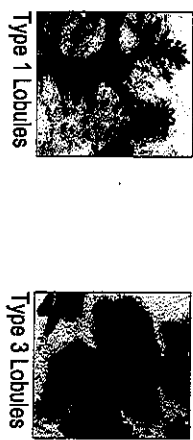
There are four types of lobules:

- Type 1** Develop during puberty when estrogen levels rise and breasts develop
- Type 2** Some form during puberty
- Type 3** Form during pregnancy after 32 weeks
- Type 4** Actively produce milk

Before a full-term pregnancy, most of the breast is composed of Type 1 & 2 lobules, with Type 1 comprising 70% of the breast tissue. Together Type 1 & 2 lobules are where 95% of all breast cancers start.

Therefore, steroid hormones are most damaging to the breast if taken before a full-term pregnancy.

Photomicrographs of Lobules



After a full-term pregnancy, most of the breast is composed of Type 3 lobules which are fully mature and resistant to cancer. This is why a full-term pregnancy lowers breast cancer risk and why women who remain childless have a higher risk of breast cancer.

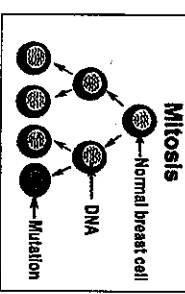
How do steroid hormones and hormonal drugs increase breast cancer risk?

Both alone and in combination, the powerful steroids estrogen and progesterone and their synthetic equivalents (estrogen derivatives and progestins) can cause breast cancer through these two mechanisms:

1. They cause the breast tissue to grow which can result in mutations and ultimately cancers.
2. Estrogens can act as direct carcinogens causing cancer cells to form.

1. Breast tissue growth resulting in mutations and cancers

Every cell contains a complete set of genes composed of DNA in its nucleus. The combination of estrogen and progesterone steroids cause breast cells to multiply by first copying their DNA followed by cell division—this is called mitosis. While copying DNA during mitosis, mistakes can occur which are called mutations. Mitosis of mutated cells multiplies these mutations. Cancer results from accumulated mutations in a cell causing uncontrolled growth.



2. Direct carcinogenic effect of estrogen steroids

There are breakdown products of estrogen (metabolites) which can directly damage DNA, causing mutations and cancers to form. One such metabolite is 4OH catechol estrogen quinone, which is found in higher levels in women with breast cancer than those without cancer.

To be effective, high doses of contraceptive drugs must be given to suppress ovulation (the release of an egg) by mimicking pregnancy. They must also resist biodegradation so that one pill a day is effective. In a normal non-pregnant state, the levels of natural steroids are lower and present for shorter durations than experienced while using synthetic steroidal oral contraceptives. These are potent medications which should be used carefully and judiciously; for example, short-term needs or serious medical illnesses caused by hormonal imbalances.

What is the medical evidence for the link between birth control pills and breast cancer?

In June of 2005, 21 scientists of the World Health Organization's International Agency for Research on Cancer met in France. This group thoroughly reviewed the entire world medical literature concerning estrogen-progestagen containing drugs which are found in contraceptive steroids and hormone replacement therapy (HRT). They concluded that these drugs caused breast, cervical and liver cancer.¹

On January 19, 2006, the New England Journal of Medicine reported on the findings of two scientists from Johns Hopkins University which concluded that oral contraceptives increase breast cancer risk.²

In medical texts, birth control pills are acknowledged to increase a woman's risk of breast cancer while in use and for ten years after they are stopped.³ There is an approximate 2-30% increase in the risk of breast cancer in women who use these drugs.

Through public media coverage in 2002, women of this country were made aware of breast cancer risk from using HRT. As result, millions of women stopped taking these drug. Although the same type of drugs found in HRT are also found in birth control pills in even higher doses, their breast cancer risk remains widely unknown by the public.

Through their widespread use over the last 30 years, birth control pills and HRT are undoubtedly a significant reason breast cancer rates have increased 40% over that same period, especially in our young women.

But don't birth control pills lower the risk of ovarian and endometrial cancer?

Yes, they do decrease risk by suppressing ovulation and diffusing the uterine lining. However, according to the American Cancer Society, out of 100 women with cancer, 31 have breast cancer, 6 have endometrial cancer and only 3 have ovarian cancer, so it is not a good "trade-off" in risk.

What are some names of these synthetic steroids?

Some are ethinyl estradiol, conjugated estrogens, norgestrel, medroxyprogesterone, levonorgestrel, norethindrone, norethisterone, desogestrel, norgestimate, mestranol, drospirenone, drospirenone, and ethynodiol.

Many thousands of cases of breast cancer a year are attributable to these powerful steroid drugs. This is because millions of women take these drugs each year.

HOW THE PILL KILLS

The 4th Way The Pill Kills

Women on the Pill are more likely to die a violent death

In 1980, a prospective study of the side effects of the Pill entitled, "The Walnut Creek Contraceptive Study," reported that after cancer, the most common cause of death for women on the pill was accidents or violence.

In 2010 the British Medical Journal published a large study of nearly 2,000 women who had taken the Pill and died entitled, "Mortality among contraceptive pill users: cohort evidence from Royal College of General Practitioners' Oral Contraception Study." (1) The study found that women who had taken the pill had higher rates of violent death and that the rate of violent death increased with the duration of pill use.

Although this was not explained in the study, a letter to the editor, published March 13, 2010, by S. Craig Roberts at the University of Liverpool gave an explanation for those results based upon research done years earlier. (12) He stated, "I suggest that recent evolutionary insights into human partner choice provide a clue." He stated that there is evidence that use of oral contraception alters women's baseline preferences for men such that pill users prefer men who are relatively similar to themselves at the DNA loci of the major histocompatibility complex (MHC) genes. (13) In other words, they prefer men who are genetically very similar to themselves.

One consequence of being partnered with relatively MHC-similar men is that such women express lower sexual responsivity toward their long-term partner compared with women in relatively MHC-dissimilar relationships; they reject sexual advances from their partner more frequently and report having more "extra-pair partners." In other words, in their relationship, they had fewer sexual relations and more infidelity or adultery. No doubt, these relationships could understandably lead to violence.

Another stress on these MHC-similar relationships is that they have fertility problems and any children they do have are less healthy due to lower MHC heterozygosity (genetic dissimilarity). Unions that are

very homozygous (similar genetically), such as those that result from close relatives intermarrying, are known to result in children that are less healthy.

Cumulatively, these effects could have real impact on the quality of spousal relationships.

It is not unreasonable to suspect that such effects could also influence rates of intimate partner violence. This is the most common cause of nonfatal injury among women and accounts for more than a third of women murdered in the United States. (14)

These effects impact the quality of spousal relationships and no doubt are a reason for the fact the greatest cause of death of pregnant women is homicide. Conversely, studies have shown that women off the Pill are rated more attractive by men. (15)

THE PROBLEM IS HUGE

Over 61 million women are on the Pill.

- There are approximately 75 million women of reproductive age (15-45 years old) in the US.
- 82% of these women take the Pill
- Women on the PILL are more likely to have an MI, a CVA, a PE, get breast, cervical or liver cancers, get HIV and HPV infections; or die a violent death.

Is this what we want for young women?

THE PILL KILLS

The Pill also causes miscarriages (spontaneous abortions) by acting as an abortifacient

- As is well observed by those on the pill, menstrual periods are light because the pill reduces the thickness of the endometrial lining, resulting in difficulty of implantation of the embryo after conception has occurred.
- The pill also results in biochemical changes, such as in the levels of interlukins, which are molecules necessary for implantation. (16)

References:

- (1) Tanis BC, et al. Oral contraceptives and the risk of myocardial infarction. *NEJM* 2001;345:1787-93.
- (2) Gillum, LA. Ischemic stroke risk with oral contraceptives. *JAMA* July 5 2000;284:72-78.
- (3) van Hylckama Vlieg A, et al. Venous thrombotic risk of oral contraceptives, effects of oestrogen doses and progestogen type: results of the MEGA case-control study. *BMJ* 2009;339 doi: 10.1136/bmj.b2921.
- (4) Lindegaard O, et al. Risk of venous thromboembolism from use of oral contraceptives containing different progestogens and oestrogens. Danish cohort study 2001-9. *BMJ* 2011;343:d6423.
- (5) Wang CC, et al. Risk of HIV infection in oral contraceptive pill users: a meta-analysis. *J AIDS* 1999;May 12(11):51-58.
- (6) Franceschi S, et al. Genital warts and cervical neoplasia: an epidemiological study. *Br J Cancer* 1983;48:621-28.
- (7) Kahlenborn C, et al. Oral contraceptive use as a risk factor for premenopausal breast cancer: A meta-analysis. *2006 Mayo Clinic Proc* 2006;81(10):1290-1302.
- (8) IARC 2007 Monograph 91. Combined estrogen-progestogen contraceptives and combined estrogen-progestogen menopause therapy. Available at: <http://monographs.iarc.fr/ENG/Monographs/vol91/mono91.pdf>.
- (9) Dole J, et al. Risk factors for triple negative breast cancer in women under the age of 45. *Cancer Epidemiol Biomarkers Prev* 2009;18(4):1157-65.
- (10) Moreno V, et al. Effect of oral contraceptives on risk of cervical cancer in women with HPV infection. The IARC multicentric case control study. *Lancet* 2002;Mar 30;359(9312):1085-92.
- (11) Hanneford PC, et al. Mortality among contraceptive pill users: cohort evidence from Royal College of General Practitioners' Oral Contraception Study. *BMJ* 2010;340:c927.
- (12) Roberts SC. 2010 March 13, letter to editor *BMJ* Rapid Responses re Hanneford study. available at: www.bmj.com/content/340/bmj.c927.page=1&tab=responses.
- (13) Roberts SC, Gosling LM, Carter V, Petrie M (2009) MHC-correlated odour preferences in humans and the use of oral contraceptives. *Proceedings of the Royal Society B* 276:2715-2722.
- (14) Kellermann AL, et al. Men, women and murder: gender-specific differences in rates of fatal violence and victimization. *J Trauma* 1992;33:1-5.
- (15) Kuukasja S. Attractiveness of women's body odors over the menstrual cycle: the role of oral contraceptives and receiver sex. *Behavioral Ecology* 2004;Vol. 15 No. 4:579-584.
- (16) Wilks J. The impact of the pill. *Ethics and Medicine* 2000;16(1):5-22.

BREAST CANCER PREVENTION INSTITUTE

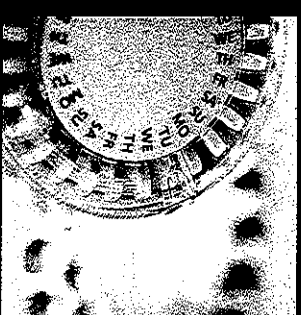
©2012 Breast Cancer Prevention Institute
All rights reserved.
This brochure is available online at the
Breast Cancer Prevention Institute website
and may be purchased in bulk.
www.bcpinstitute.org

The Breast Cancer Prevention Institute
is a research and educational
501(c)(3) public charity.
Phone: 1-866-622-6237
www.bcpinstitute.org

The Pill Kills

The Life Threatening Medical Consequences of Oral Contraceptives

OR estrogen-progestin combination drugs



BREAST CANCER PREVENTION INSTITUTE

References

1. Harris JR. Diseases of the breast, 2nd ed. Lippincott Williams & Wilkins 2000. (Ch.1. Breast anatomy and development; Ch.2. Biochemical control of breast development).
2. Bland IE, Copeland, EM. The Breast: Comprehensive management of benign and malignant diseases, 3rd ed. Saunders 2004. (Ch.3. Breast physiology: normal and abnormal development and function).
3. Blackwell RE, Grotting JC. Diagnosis and management of breast disease. Blackwell Science 1996. (Ch.2. Breast dysfunction: galactorrhea and mastalgia).
4. Russo J, et al. Development of the Human Mammary Gland. in The Mammary Gland, ed. M Neville, et al. Plenum Publishing Corp 1987:67-93.
5. Daling JR, et al. Risk of breast cancer among young women: relationship to induced abortion. *J Natl Cancer Institute* 1994;86:1584-1592.
6. Melbye M, et al. Preterm delivery and risk of breast cancer. *Br J Cancer* 1999;80:609-13.
7. Russo J, et al. Developmental, cellular, and molecular basis of human breast cancer. *J Natl Cancer Institute Monographs*. No. 27, 2000:17-37.
8. Russo J, et al. Mammary gland architecture as a determining factor in the susceptibility of the human breast to cancer. *The Breast* 2001;7:278-291.
9. Russo J, et al. Cancer risk related to mammary gland structure and development. *Microscopy Research and Technique* 2001;52:204-233.
10. Vatten LJ, et al. Pregnancy related protection against breast cancer depends on length of gestation. *Br J Cancer* 2002;87:289-90.
11. Hsieh C, et al. Delivery of premature newborns and maternal breast cancer risk. *Lancet* 1999;353:1239.
12. Rooney B, et al. Induced abortion and risk of later premature births. *J Am Phys Surgs* 2003;8:46-49
13. Beltrman R, et al. Preterm birth: Causes, Consequences and Prevention. Institute of Medicine 2006 page 519 Appendix B, Table 5

**BREAST CANCER
Prevention
Institute**

©2007 Breast Cancer Prevention Institute. All rights reserved.
This brochure is available online at the Breast Cancer Prevention Institute website and may be purchased in bulk.

The Breast Cancer Prevention Institute is a research and educational 501(c)(3) public charity with headquarters at
9 Vassar Street, Poughkeepsie, NY 12601 USA
Phone: 1-86 NO CANCER (1-866-622-6237)
www.bcpinstitute.org

Reproductive Breast Cancer Risks and

Breast Lobule Maturation



**Who is the single
most important person
protecting
this woman from
breast cancer?**

**BREAST CANCER
Prevention
Institute**



Her baby!

Breast maturity is closely correlated with known reproductive risk factors for breast cancer. The breast is not fully developed at birth. At full development, the breast is comprised of 15-25 lobes or segments which are in turn comprised of lobules. Lobules in turn are composed of breast cells. There are 4 types of lobules whose structural differences appear under the microscope.

These lobules represent different stages of development and maturity of breast tissue.

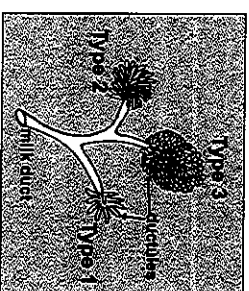
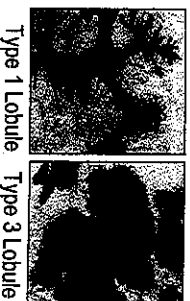
Type 1, 2 & 3 lobules are differentiated by the average number of ductules per lobular unit:

Type 1 has 1; Type 2 has 47; Type 3 has 80.

Type 4 lobules are fully matured and contain colostrum or milk.

Type 1 lobules mature into Type 2 lobules under the cyclic influence of the female hormones, estrogen and progesterone, during menstrual cycles. Type 2 lobules only become fully mature into Type 3 then Type 4 lobules under the influence of the hormonal changes of a full-term pregnancy. A major influence in this final stage of maturation into Type 4 lobules is human placental lactogen (hPL) which sharply rises during the last few months of pregnancy. Human chorionic gonadotropin (hCG, which stimulates the ovaries to produce estrogen and progesterone within a few days after conception) and prolactin also play a major role in maturation. HCG and hPL are made in the mother's womb during pregnancy. HCG also stimulates the ovary to produce inhibin, a cancer suppressing hormone, increasing protection of the mother even more.

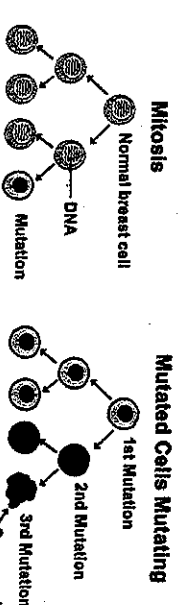
Actual photomicrographs
of human breast lobules



Long before birth, her baby's chemical signals began the process of breast growth and maturation that make breastfeeding possible. And it is only through a full-term pregnancy and lactation that a woman acquires her greatest protection against breast cancer.

These 4 types of lobules are also metabolically different and have different breast cancer potential.

Type 1 & 2 lobules have more estrogen and progesterone receptors than Type 3 which cause them to grow through mitosis (cell division) when estrogen and progesterone levels are elevated. Mitosis requires replication of DNA (genes) and therefore can result in mutations.



Mutated cells also undergo mitosis. Multiple mutations can cause cancer cells to form. Cells of Type 1 & 2 lobules also multiply faster than Type 3 resulting in more chances for mutations to occur. This growth (proliferation) under estrogen and progesterone stimulation explains the cancer causing properties of estrogen/progestin combination drugs.

Type 1 lobules are where ductal cancers start. These account for at least 85% of all breast cancers.

Type 2 lobules are where lobular cancers start. These account for about 12% of all breast cancers.

Type 3 lobules are cancer resistant when they are the result of the regression of Type 4 lobules after birth and weaning.

Type 4 lobules are cancer resistant.

What is "the Pill"?

When women refer to "The Pill," they usually are referring to estrogen-progestin combination birth control pills (oral contraceptives) that are taken daily from a monthly packet.

This brochure concerns estrogen-progestin combination drugs and their adverse effects on women's health. These drugs can also be given using vaginal rings or skin patches which contain the same hormones as the Pill.

There are also progestin-only contraceptives that are linked to breast cancer; for instance, the "mini-pill" and the Depo-Provera injection. There is a progestin-only IUD called the Mirena.

HOW THE PILL KILLS

The 4 Ways the Pill Kills

1. **They cause your blood to clot**
These clots can form in your heart, brain, and travel to your lungs from the legs.
2. **They make it easier to get potentially lethal infections**
The Pill increases your risk of human papilloma virus (HPV) and human immunodeficiency virus (HIV)
3. **They cause cancer**
The Pill is a known group 1 carcinogen for breast, cervical and liver cancers according to the UN's International Agency on Research of Cancer (IARC).
4. **They make it more likely you will die a violent death**

A large 2010 medical study showed that women were more likely to die a violent death if they took The Pill. Medical studies from as early as the late 1980s documented the biological reasons for this.

The 1st Way The Pill Kills

The Pill makes your blood clot

- Blood clots can form in the heart, the brain, or travel to the lungs from the legs.
 - Blood clots in a heart artery cause a heart attack (MI).
 - Blood clots in a brain artery cause a stroke (CVA).
 - Blood clots in your leg veins cause a deep venous thrombosis (DVT).
- These blood clots can break off from the legs and go to the lungs causing a fatal pulmonary embolism (PE) and are known as venous thromboembolisms (VTE).
- Women with hereditary conditions that cause clotting (example: deficiencies in protein C & S, antithrombin III, or Factor V Leiden) cause even higher rates of clotting.



MI: There is twice the risk of heart attack

Risks are even higher if women have other risk factors for myocardial infarction (MI).

- Women with no conventional risk factors (hypertension, hypercholesterolemia, diabetes, or smoking) who used the Pill had twice the risk of heart attack. The duration of the Pill use did not matter.⁽¹⁾

Among women who had used the Pill, the risk of MI was highest among:

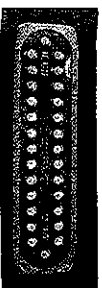
- Those with hypertension had 5 times the risk.
- Those who smoked had over 12 times the risk.
- Those who had diabetes had 16 times the risk.
- Those who had high cholesterol had 23 times the risk.



CVA: There is over twice the risk of stroke in women on the Pill

By a meta-analysis which combined the results of 16 studies, there is near 3 times the risk of ischemic stroke in women who used the Pill.

The risk is even higher with other risk factors. But for women who take birth control pills and



smoke, have high blood pressure or have a history of migraine headaches, the stroke risk is significantly higher.⁽²⁾

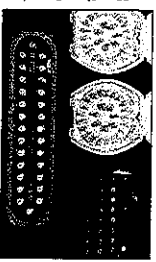
VTE: There is two to three times the risk of lung blood clots in women on the Pill

- The Pill increases the risk of blood clots in the deep veins of women's legs (DVT). If the blood clots in the legs break off (VTE) and lodge in the lungs, a pulmonary embolism (PE), can lead to death if the PE is large.

- By study, oral contraceptives increase the risk of deep venous thrombosis 5 times.⁽³⁾
- Pulmonary embolism in women who use the Pill for less than a year was tripled compared to women who did not use the Pill.
- The risk of pulmonary embolism decreased with decreasing doses of estrogen in the Pill.



- Pulmonary embolism increased dramatically by 60-80% if the Pill had androgenic progestins, as found in Yaz and Yasmin; such as desogestrel, gestodene, drospirenone, and cyproterone.⁽⁴⁾
- The Ortho-Evra patch used for contraception causes clots higher than the rates with the Pill as the patch causes 60% higher estrogen levels than in the Pill users.



The 2nd Way The Pill Kills

Women on the Pill are more likely to develop lethal infections

- Women on the pill increased their risk of getting HIV infection by 60% when compared to women not taking the pill.⁽⁵⁾
- Women on the pill were twice as likely to transmit HIV to their partner.
- Women on the pill were twice as likely to get infected with HPV (human papilloma virus) which causes cervical cancer.⁽⁶⁾



The 3rd Way The Pill Kills

The Pill can cause breast cancer

- Since 1975, the risk of in-situ breast cancer has increased 400% in premenopausal women. Invasive cancers have increased 40% overall in the U.S.
- In 2000, the National Toxicology Advisory Panel put estrogen on its list of carcinogens. There are metabolites of estrogen which directly damage DNA causing mutations and cancer.
- In 2006, a meta-analysis in the Mayo Clinic Proceedings showed a 44% increase risk of breast cancer in women who took the Pill before having a child.⁽⁷⁾

- In 2007, the UN's International Agency on Research of Cancer (IARC) reported in their Monograph 91 that estrogen-progestin combination drugs (the Pill) were a group 1 carcinogen for breast, cervical and liver cancers. Although the risk of uterine and ovarian cancers were lower on the pill, there is 4 times more breast cancer in women than uterine and ovarian cancers combined.⁽⁸⁾



- In 2009, Dolle showed a 320% increase risk of triple negative breast cancer in women on the Pill, which is the most difficult and deadly form of breast cancer to treat.⁽⁹⁾

The Pill can cause cervical cancer

- The risk of cervical cancer increases after more than five years on the Pill
- Women who use the Pill for five to nine years have twice the risk of cervical cancer.
- Women who use the Pill for 10 years or more have more than a three times risk of cervical cancer.⁽¹⁰⁾

The Pill can cause liver cancer

- Primary liver cancer (hepatocellular carcinoma) is rare in developed countries and the pill increases its risk over 50% in women.⁽⁸⁾
- A meta-analysis of 12 studies showed the Pill increased liver cancer 50%. Six studies showed the longer the Pill is used, the higher the risk.
- The pill also increases the risk of benign tumors, hepatic adenomas and focal nodular hyperplasia (FNH) of the liver.

The breast maturation process through a normal full-term pregnancy

At birth, after the mother's hormones dissipate, a small amount of breast tissue lies dormant under the infant's nipple & areola.

At puberty, when the ovaries produce cyclic elevations of the female sex steroid hormones, estrogen and progesterone, the breast enlarges. However, only Type 1 and 2 lobules are formed, which are where ductal and lobular cancers start respectively. Most of the breast tissue is stroma (tissue surrounding the lobules). The lobules account for about 10% of the breast tissue.

After puberty, there is a reduction in stroma and lobules account for 30% of the breast tissue: 75% are Type 1 and 25% are Type 2 lobules with a few Type 3.

The "susceptibility window," the period between puberty and a full-term pregnancy, is the time the breast is most susceptible to forming cancer; i.e., when the woman's breast is composed primarily of Type 1 and 2 lobules.

After conception, the baby secretes hCG, stimulating the ovaries to produce the pregnancy hormones estrogen and progesterone, which cause the breast to start to enlarge by making greater numbers of lobules. This causes the mother's breast to feel sore and tender.

By the end of the 1st trimester, during the maturation of Type 1 lobules into Type 2, the actual numbers of these lobules will increase while the surrounding tissue (stroma) decreases. The breast now has more places for cancers to start.

By mid 2nd trimester, the breast has doubled in volume and has continued to mature rapidly under the influence of placental lactogen. The breast is now 70% Type 4 cancer resistant lobules and 30% immature cancer susceptible lobules.

By the end of the 3rd trimester, 85% of the breast is fully matured to Type 4 lobules and only 15% remain immature cancer susceptible lobules, leaving fewer places for cancer to start.

Type 1 Lobule	Type 2 Lobule
Type 3 Lobule	Type 4 Lobule

At delivery, the mother's breasts are now predominantly Type 4 lobules. They are fully mature and resistant to carcinogens, resulting in lower long-term risk of breast cancer for the mother.

While breastfeeding, the mother's menstrual cycles may stop or become anovulatory, further reducing her risk.

After weaning, Type 4 lobules regress to Type 3 and the breasts get smaller again. However, there is evidence of permanent changes in the genes of these Type 3 lobules which confer life-long cancer resistance even after menopause when they further regress to Type 1.

These facts of the breast maturation process account for the following known facts about breast cancer risk:

A woman who has a full-term pregnancy decreases her breast cancer risk. A woman who is childless has increased breast cancer risk.

The timing of pregnancy in the course of a woman's reproductive life is crucial to breast cancer risk.

The longer a woman waits before having her first child, the higher her risk because she has a longer "susceptibility window."

For example, a woman who gives birth at 18 has a 50-75% lower risk of breast cancer than a woman who waits until she is 30.

Each additional birth results in a further 10% risk reduction. Breast feeding reduces risk in proportion to the cumulative length of lactation.

Women who have breast cancer despite prior full-term childbirth, have a higher percentage of Type 1 lobules than women who give birth and do not develop cancer. This is possibly due to a defect in maturation.

Scientists have been unsuccessful to date in their attempt to create an hormonal "cocktail" to protect childless women from breast cancer.

Breast lobe maturation during first pregnancy



Illustrations of pregnancy outcomes and their effect on breast cancer

Before and After...First full-term pregnancy (FTTP):



Full-term births cause near complete maturation of the breast to Type 4 lobules therefore lowering breast cancer risk. A pregnancy ending between 32 and 36 weeks has about 90% of the protective effect of a full-term pregnancy of 40 weeks. If the first full-term pregnancy occurs late in the woman's reproductive life, her risk is transiently elevated in the first few years post partum. This is due to mutated cells that may have formed during a long "susceptibility window," which then may become cancerous. Cancer cells already present at conception may grow faster under the stimulation of the elevated pregnancy hormones estrogen and progesterone.

Before and After...Spontaneous abortion (miscarriage) in the 1st Trimester:



Approximately 23% of all conceptions end in a spontaneous abortion by 11 weeks in the 1st trimester. This is when the fetus and placenta must make enough hormones to sustain the pregnancy. In most pregnancies which miscarried during the 1st trimester, pregnancy hormones are lower than in a normal pregnancy, due to either a fetal or ovarian abnormality. Therefore, the breasts may have never grown more Type 1 & 2 lobules (places where cancers start) in response to the pregnancy or at least very few. This is why women who miscarry will often remark they never "felt" pregnant before the miscarriage. Their breasts were never sore from growing and they were never nauseous from higher than normal hormone levels. Thus the vast majority of spontaneous abortions (miscarriages) in the 1st trimester do not increase breast cancer risk.

Before and After...Induced abortion in the 1st Trimester:



Induced abortion of a normal pregnancy during which there has been breast growth results in increased risk of breast cancer in the mother. The later in pregnancy an abortion is done, the higher the risk of breast cancer as the more Type 1 and 2 lobules will have formed. Induced abortion leaves a woman with more places for breast cancer to start. If an induced abortion is done on a pregnancy which would have spontaneously aborted by 11 weeks, there would be no increase in risk. There is some data to suggest that the sooner a woman delivers and nurses a child after having had a prior induced abortion, the smaller the risk increase from the abortion.

Other pregnancy outcomes and breast cancer risk

Premature delivery before 32 weeks:

Premature delivery before 32 weeks is known to more than double breast cancer risk because it leaves the breast with more places for cancers to start. The risk is proportional to gestational length. The pregnancy hormone levels are usually normal so the breast changes are those of a normal pregnancy. The effect of premature delivery is the same as in an induced abortion as they differ only in whether the fetus is delivered alive or not. The premature delivery may be caused by multiple gestations (twins, triplets or more with assisted reproduction pregnancies), an incompetent cervix, an induced abortion, or physician-induced labor for fetal abnormalities such as anencephaly.

Spontaneous abortion (miscarriage) in the 2nd Trimester:

The effect would probably be the same as a premature delivery in the second trimester and increase risk. Most 2nd trimester spontaneous abortions occur because of a physical and not hormonal abnormality. For example, there is fetal demise or the mother sustained an injury.

Induced abortion in the 2nd Trimester:

The effect would be the same as a premature delivery before 32 weeks and a spontaneous abortion in the 2nd Trimester. There would be increased risk because there are more places for cancers to start. There are data to show there is a 3% increase in breast cancer risk for each week of gestation before the abortion.

Stillbirth:

The death of an infant near or at delivery would not change that full-term pregnancy's protective effect on the breast. There would have been normal maturation of the breast to Type 4 cancer resistant lobules.

Ectopic Pregnancy:

This is the result of an embryo which grows outside of the womb (uterus); e.g. in the mother's Fallopian tube. Its effect on breast cancer risk would most likely be small or minimal as the pregnancy usually ruptures or causes a medical emergency very early on in the pregnancy. There is too little data to be certain of any small risk elevation.

October 16, 2012

John Grogan
138 Harding Avenue
Kingston, NY 12401

Re: FOIL #: 12-07-212

Dear Mr. Grogan:

In response to your Freedom of Information Law request of 7/18/2012, I enclose records that are responsive to your request. Some have been redacted pursuant to New York Public Officers Law, Section 87(2)(g).

Should you feel that you have been unlawfully denied access to records, you may appeal such denial in writing within 30 days to the Records Access Appeals Officer, Division of Legal Affairs, Empire State Plaza, 2438 Corning Tower, Albany, New York, 12237-0026.

If I can be of further assistance to you please do not hesitate to contact me at (518) 474-8734.

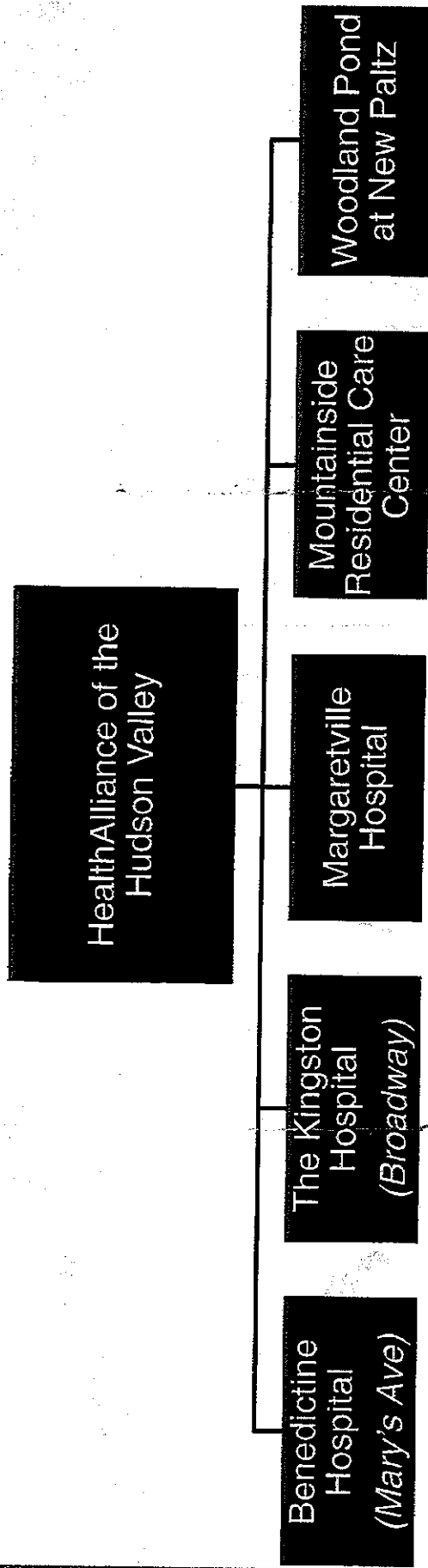
Sincerely,


James P. O'Hare
Records Access Office

JPO/scej

HEALTH.NY.GOV
facebook.com/NYSDOH
twitter.com/HealthNYGov

ORGANIZATION STRUCTURE



BACKGROUND

HAHV
Became
"Active
Parent"

\$(2.7M)
Operating
Loss

- Auditors report for 2011:
actual loss of \$(7.7M)
- Board starts 90-day
review

Community
Forums

Mar
2009

Dec
2009

Dec
2010

Nov
2011

Apr
2012

May
2012

Jun
2012

\$4.7M

Operating
Profit

11/4/11:

- HealthAlliance
Board Retreat
Projected \$(5.0M)
Loss

Staff and/MID
Meetings

- Discussions with
Sisters

Highlights as a result of Board Retreat

- Reduced FTE's by 95 since Dec 2011
- Initiated Clinical Integration by developing a plan and meeting with our physicians
- Limits to incremental changes on overall financial improvement

RECOMMENDATION



Located at the Mary's Avenue campus

(Currently the Benedictine Hospital campus)

Pending alienation & elimination of all restrictions on Mary's Avenue property

- *Community Preference*
- *Physician Preference*
- *Operational Efficiencies*
- *Equal Capital Cost*
- *Site Flexibility Allowing for Future Service Changes*
- *Improved Access and Parking*
- *Broadway Campus More Suitable for Repurposing*

FINANCIAL PROFORMA

	Actual 2011	Budget 2012	Mary's Ave Option	Broadway Option
Revenue				
Inpatient	\$115.0M	\$117.3M	\$93.1M	\$96.0M
Outpatient	\$54.9M	\$56.2M	\$55.4M	\$55.4M
Non-Patient	\$8.4M	\$7.9M	\$7.7M	\$7.7M
Total Revenue	\$178.3M	\$181.4M	\$156.2M	\$159.1M
Expenses				
Salaries & Benefits	\$89.1M	\$90.4M	\$72.2M	\$74.6M
Supplies & Contracts	\$77.0M	\$77.0M	\$66.6M	\$67.1M
Bad Debts	\$7.9M	\$7.5M	\$6.4M	\$6.5M
Total Operating Expenses	\$174.0M	\$174.9M	\$145.2M	\$148.2M
EBIDA	\$4.3M	\$6.5M	\$11.0M	\$10.9M
Interest/Depreciation	\$12.0M	\$11.8M	\$8.8M	\$9.7M
Gain/(Loss) from Ops	\$(7.7)M	\$(5.3)M	\$2.2M	\$1.2M
Changes in Unrestricted Net Assets	\$0M	\$2.6M	\$2.5M	\$2.5M
Increase/(Decrease) in Unrestricted Net Assets	\$(7.8)M	\$(2.9)M	\$4.7M	\$3.7M

ISSUES TO BE RESOLVED

POL § 87(2)(b)

➤ Foxhall Ambulatory Surgery Center

➤ Alienation & elimination of all restrictions on Mary's Avenue property

POL § 87(2)(b)

➤ Capital to achieve facility options

➤ Facilitate repurposing of Kingston Hospital- we are working with potential developers in evaluating the community need for these services

POL § 87(2)(b)

- Collaborative planning with The Institute for Family Health, Ulster County and others to redesign the delivery of outpatient behavioral health services.
- Senior Housing
- Skilled Nursing Facility

AVAILABLE SUPPORT

- Limited funding
 - Community fundraising via foundations
 - Access to capital markets
- Cash reserves
 - 31 days cash
- Federal support
 - Center for Medicare and Medicaid Innovation Grant
 - 90/10 Medicaid Waiver
 - State Medicaid Mega Waiver

PROJ. 8/9/2016

11

#18 Tobe Carey

Thank you.

Where's the Ulster County roadmap for Rails + Trails? In 2006 the county published this report: entitled Rails + Trails. In the Ulster County/ALTA final report it states ... quote:

The future vision of the Ulster & Delaware Rail + Trail is a significant opportunity for local communities, Ulster County, and the region. The combination of two historic tourist railroads, the trolley and railroad museums, restored historic sites, and a trail for multiple uses will complement the tourism and recreation economy of the Catskill Mountain Region. The project can become a model of sustainable transportation and cooperation between a wide range of public, private, and non-profit partners." Unquote

The ALTA report is full of pictures and text praising the virtues of establishing a hybrid Rails + Trails program for the county. As its very last paragraph, just before the appendix, the ALTA/Ulster County reports again strikes this note and says, QUOTE: "The Ulster and Delaware (U&D) Railroad corridor has the potential to become a unique "Rail + Trail" system providing transportation, economic development, tourism, and recreation for Ulster County and the communities along the route. With leadership, creativity, and a commitment to a common vision, this project will become a unique world-class, multi-modal rail trail system for future generations to enjoy." Unquote.

So, why hasn't the county provided the leadership and supported the conclusions of its own report with an effort to establish a vibrant Rails + Trails program? Why instead is it planning to remove historic rail sections of the Ulster + Delaware Corridor without (as the budget director told this body) even talking to the current lease holders and before a comprehensive Rails + Trails plan is in place?

Here's another quote from a more recent county document. This is from legislative Resolution No. 194 dated August 14, 2012 and is the very first paragraph of the opening clauses where the County Legislature re-establishes the Trails Advisory Committee.

Quote: "WHEREAS, the final report of the Ulster & Delaware Railroad Corridor "U & D Rail + Trail" Trail Feasibility Study" issued in July 2006 concludes that the Corridor "has the potential to become a unique "Rail + Trail" system providing transportation, economic development, tourism, and recreation benefits for Ulster County and communities along the route" unquote...and it continues with additional WHEREAS establishing clauses.

Based on these reports, I urge this legislature to use its leadership to bring all the interested parties together, find common ground, fulfill the vision set forth in its own planning documents, and help Ulster County establish a world class Rails + Trails operation that will benefit all the county's residents.

INDEPENDENT PUBLIC TRAVEL

THE STATE OF NEW YORK

U.S. Citizenship

CATSKILL MOUNTAIN RAILROAD

John Williams, President