



# CATTARAUGUS COUNTY BOARD OF HEALTH

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**Public Health**  
Prevent. Promote. Protect.  
**Cattaraugus County**  
Health Department  
*Established 1923*

*Mayor David L. Smith, President*

*Legislator Kelly Andreano, Vice-President*

*Joseph Bohan, MD*

*Zahid Chohan, MD*

*Thomas Spigel, MD*

*Kathryn Cooney Thrush, NP, MSN*

*Shane Pancio*

*Theresa Raftis*

*Legislator Ginger D. Schroder, Esq.*

## MINUTES October 1, 2025

The 936<sup>th</sup> meeting of the Cattaraugus County Board of Health (BOH) was held at the Old Library Restaurant on October 1, 2025.

### *The following members were present:*

Kelly Andreano, Legislator

Joseph Bohan, MD

Zahid Chohan, MD

Shane Pancio

Theresa Raftis

Thomas Spigel, MD

Ginger Schroder, Legislator, Esq.

Mayor David Smith

Kathryn Cooney Thrush, NP, MSN

### *Also present were:*

Kevin D. Watkins, MD, MPH, Public Health Director

Ashley Smith, County Attorney

Jason Casper, West Valley Cleanup Alliance (WVCA) President and Program Manager

Bob Clarke, Olean Times Herald

Ray Jordan, Senior Public Health Sanitarian (Virtual)

Debra Lacher, Secretary to the Public Health Director

James Lawrence, Emergency Preparedness Director

Lynne Moore, Director of Nursing

Rick Miller, Catt Co. News Photos/Olean Star

Joseph Pillittere, WVCA oversees Communication and External Affairs

Dave Porter, Hearing Officer

Robert Ring, Environmental Health Director

Viola, Alicia, Guest Student

Winicki, Michelle, Contract Resource Specialist

Gilbert Witte, MD, Medical Director

Mayor Smith welcomed everyone to the Board of Health (BOH) meeting, and a roll call confirmed that a quorum was present. Mayor Smith also extended a warm welcome to the guests in attendance: Alicia Viola who is studying to become a Nurse Practitioner; Michelle Winicki, Lead Resource Specialist, who is working with the Lead Capacity Building Grant; Joe Pillittere, Director of Communications and External Affairs for the West Valley Cleanup Alliance (WVCA); and Jason Casper, President and Program Manager for WVCA, who is serving as the guest speaker for the meeting.



Mayor Smith called for a motion to approve the September 3, 2025, BOH meeting minutes. A motion was made by Mrs. Thrush, seconded by Dr. Spigel, and unanimously approved.

**GUEST SPEAKER:** Mr. Casper shared that the WVCA recently began a new contract for operations at the West Valley site. Mr. Casper noted that he also served as President and General Manager under the previous contractor, CH2M BWXT, which is no longer active. The new ten-year, \$3 billion contract began on February 24, 2025, with WVCA assuming operational control on June 24, 2025, following a transition phase. The agreement includes a five-year extension option for the next phase and additional remediation work thereafter. The previous contract spanned 15 years and totaled \$1 billion. Mr. Casper encouraged attendees to visit the WVCA website ([www.westvalleycleanup.com](http://www.westvalleycleanup.com)) for updates and new information. He highlighted WVCA's partnership with Geosyntec, a company specializing in below-grade soil excavation and waste management—key components of the next project phase.

The upcoming Phase 1B involves demolition of below-grade structures and removal of contaminated soil. Approximately 1 million cubic feet of concrete structure and 6 million cubic feet of soil will be removed, with an additional 6 million cubic feet associated with the "strontium-90" plume that originated with a spill during the plant's days as the nation's first commercial nuclear reprocessing plant. Some legacy waste remains without a defined disposal path. WVCA is developing strategies for waste disposition, including repackaging, combining materials, or seeking congressional approval for expanded disposal options. One remaining tank farm holds about 6,000 cubic feet of high-level contaminated sludge that must still be removed. Mr. Casper emphasized that WVCA conducts rigorous surveillance and monitoring through ongoing sampling of water, soil, and air, with results published annually. WVCA plans to subcontract approximately 35% of its work to local small businesses, reflecting its strong commitment to community engagement. This includes educational outreach, charitable giving, volunteerism, regional purchasing, and support for local economic development.

Some of the goals under the new contract include; completing task order submittals, fire water system design, the first phase of radiological soil sampling, demolition planning for the Fuel Receiving and Storage Facility, and designing an onsite rail reconfiguration. WVCA also plans to upgrade office spaces for its 300 employees, with staffing expected to grow to 600 as work progresses. Preparatory work will continue for several years before large-scale excavation begins, including utility removal and system setup for soil removal operations.

During the discussion, Dr. Bohan asked if any animals have died from radiation exposure near the site. Mr. Casper replied that no such incidents have been observed, as contamination is largely contained within the facility footprint. Dr. Spigel asked when cleanup efforts began and where waste is sent. Mr. Casper explained that cleanup started in 1983, and waste is packaged and shipped to Utah or Texas, where it is stored at licensed low-level waste disposal sites. Dr. Chohan inquired about the original purpose of the facility. Mr. Casper explained that it was designed to reprocess nuclear fuel by separating reusable materials from waste byproducts. The plant accepted spent nuclear rods from power plants and extracted plutonium during the process. However, in the 1970s, the private company operating the site deemed the project no longer viable and transferred responsibility to the State of New York. Mr. Pancio inquired about how much soil could be remediated in a single year. Mr. Casper responded that the timeline depends heavily on available funding and resources. With the current \$3 billion budget, he estimated that the major cleanup could be completed within six to seven years, though the planning and preparation phase remains extensive.

He added that waste disposition is extremely costly—often equaling or exceeding the cost of the removal work itself.

**DIRECTOR'S REPORT:** Dr. Watkins informed the Board that the Health Department has been reaccredited by the Public Health Accreditation Board (PHAB). He expressed his gratitude to the Board of Health for its continued support and to the Health Department staff for their hard work and dedication in achieving this significant milestone. The reaccreditation status has been granted for another five (5) years.

Dr. Watkins then reported there is one action item requiring the Board's approval. Under the Clean Indoor Air Act (CIAA), certain establishments may be granted a waiver if they have designated a separate room away from the general public equipped with special mechanical ventilation systems designed to control secondhand smoke exposure. Currently, two establishments hold such waivers: the Ischua Fire Department and the Little Valley VFW Post #8734. Health Department staff will inspect the ventilation systems at both locations to verify proper operation and determine eligibility for renewal of their one-year waivers, pending Board approval.

Mayor Smith thanked Mr. Casper for his excellent presentation and extended congratulations to the Health Department on receiving reaccreditation, with special appreciation to the staff who made it possible. He called for a motion to approve a CIAA waiver for the two facilities. He also noted, with some humor, that he was reminded of former Board Member Sondra Fox, who traditionally cast the lone "no" vote on this particular action item. A motion was made by Dr. Chohan to approve renewal of the waivers for the two establishments, seconded by Dr. Bohan. The motion carried with seven (7) in favor, one (1) abstention, Legislator Schroder, and one (1) opposed, Mrs. Thrush, who added, in memory of Sondra Fox.

Dr. Watkins further explained that, in addition to the CIAA waivers, certain membership associations operating under the CIAA are permitted to allow smoking within their facilities. These organizations certify that none of their members are paid or receive compensation. Two such facilities remain active: the Olean Veterans Club and the Olean American Legion Post. While no Board vote is required, the Health Department must inform the Board of their continued operation each year.

Dr. Watkins then presented the projected 2026 budget, which was submitted on September 30, 2025 to the County Administration Budget Office. The Department's projected expenses for 2026 totaled \$14,270,062, representing a 6.64% increase over the 2025 budgeted expense of \$13,761,667. The increase is attributed to several new grants and awards received, including: Community Development Block Grant (CDBG): \$250,000; JUUL Vaping Settlement Award: \$58,000; Lead Capacity Building Grant (LCBG): \$1,218,481. Despite the overall expense increase, the projected county cost for 2026 will decrease by 15%, from \$4,094,190 budgeted in 2025 to \$3,465,958 projected for 2026. Projected revenue for 2026 is \$11,209,864, an approximate 16% increase over 2025's budgeted revenue of \$9,667,477, driven by new grant funding and an additional \$100,000 in Early Intervention (EI) Medicaid reimbursement. Dr. Watkins noted that the County Budget Office will review and adjust figures before the final presentation to the County Legislature.

Mayor Smith commended the Department, stating that a 15% decrease in county cost is impressive, particularly given that the cost of doing business typically rises 3.3%–3.7% annually. Dr. Chohan asked for clarification regarding the Early Intervention (EI) Medicaid reimbursement.

Dr. Watkins explained that the EI program is state-mandated and that any Medicaid expenses incurred by this program are reimbursed by the Department of Social Services. As program costs continue to rise beyond projections, the Department has adjusted its budget accordingly to reflect both increased expenditures and corresponding reimbursements.

Dr. Watkins recognized October as Breast Cancer Awareness Month, noting that nearly everyone at the meeting knows someone who has been affected by the disease. The American Cancer Society estimates that in 2025, approximately 316,950 women in the U.S. will be diagnosed with invasive breast cancer, and 59,080 will be diagnosed with ductal carcinoma in situ (abnormal cells within a breast milk duct). Tragically, an estimated 42,170 women are expected to die from breast cancer this year.

Men can also develop breast cancer, with an estimated 2,800 men expected to be diagnosed and 510 projected to die from the disease in 2025.

Between 2017 and 2021, breast cancer incidence rates per 100,000 women in the U.S. were as follows:

- Latino: 101.2
- Asian: 110.3
- American Indian: 113.0
- Black: 129.3
- White: 139.0

While incidence rates are highest among White women, mortality rates (2018–2022) tell a different story, with Black women experiencing the highest mortality and Asian women the lowest:

- Latino: 13.7
- Asian: 11.9
- American Indian: 17.8
- Black: 26.8
- White: 19.4

Studies show that Black women have a higher mortality rate from breast cancer, in part due to an increased risk of developing triple-negative breast cancer (TNBC)—an aggressive form that does not express estrogen or progesterone receptors and lacks excess human epidermal growth factor receptor 2 (HER2) protein. Because of this, TNBC does not respond to hormonal therapy or HER2-targeted treatments, leaving chemotherapy and immunotherapy as the primary treatment options. Overexpression of HER2 proteins, by contrast, can cause cancer cells to grow and spread more rapidly. Across all age groups, Black women are more likely to die from breast cancer than women of any other race or ethnicity.

The American College of Radiology recommends that women begin annual mammography screenings at age 40. However, data now show that women are developing breast cancer at earlier ages than they did 15 years ago. Studies indicate that screening mammograms among women in their 40s and 50s reduce breast cancer mortality by 15% to 29%.

Risk factors for breast cancer include genetic mutations—particularly in the BRCA1 and BRCA2 genes—early onset of menstruation (before age 12) or late menopause (after age 55), dense breast tissue, personal or family history of breast cancer, previous chest or breast radiation therapy, exposure to the drug diethylstilbestrol (DES), elevated estrogen levels, smoking, and alcohol use.



Symptoms may include a breast lump or tissue thickening, skin changes, nipple inversion, or redness.

In Cattaraugus County, from (2018 to 2022), the average annual number of breast cancer cases was 62, with an incidence rate of 110 per 100,000 females. The average annual number of deaths was 10, corresponding to a mortality rate of approximately 18 per 100,000 females.

Breast cancer prevention strategies include limiting alcohol consumption, maintaining physical activity, breastfeeding, minimizing postmenopausal hormone therapy, and remaining vigilant with regular breast screenings. Treatment options continue to include surgery, radiation therapy, chemotherapy, and hormonal therapy, with targeted therapy and immunotherapy representing the newest advancements in care.

Dr. Watkins concluded his presentation with an update on a request from a Board member regarding an employer-sponsored healthcare center model presented at a previous New York State Association of Counties (NYSAC) conference. The model outlines a collaborative approach between government agencies, schools, and community-based organizations to bring healthcare professionals into rural communities at reduced cost. Under this framework, medical professionals provide care to organizational staff, resulting in improved access and reduced overall healthcare expenditures.

Dr. Watkins also reviewed recommendations previously discussed for strengthening the rural healthcare workforce, which include:

- Continuing loan repayment programs for healthcare professionals with student debt;
- Establishing satellite programs that allow four-year institutions with nurse practitioner programs to partner with community colleges for hybrid online and in-person instruction;
- Partnering with medical schools to create rural clinical training tracks;
- Offering spousal job placement assistance;
- Capping malpractice costs to reduce financial barriers for practitioners;
- Increasing Medicaid reimbursement rates; and
- Enhancing the quality of local education to better support families of healthcare providers.

At the NYSAC conference workshop, the presenters discussed an employer-sponsored healthcare center model that provides multiple access points to primary care providers through virtual visits and in-person appointments. This model maintains a dedicated care team for employees, eliminates the need for reimbursement to insurance carriers or hospitals, and emphasizes patient-centered care. The approach allows for exceptional patient experiences, shorter wait times, longer physician visits, 24/7 physician availability, and minimal or no out-of-pocket costs for patients.

The return on investment (ROI) for this model is noteworthy, with an estimated savings of \$2.75 for every \$1.00 spent.

Dr. Chohan noted that this concept is not entirely new, referencing that a similar system was once utilized by CUTCO and suggesting that such a model should be revisited locally. Dr. Spiegel inquired about the meaning of “advanced primary care.”

Dr. Watkins explained that advanced primary care emphasizes comprehensive, continuous engagement with the patient—ensuring that care extends beyond the clinic. For example, if a patient presents to the emergency department, the advanced primary care provider would communicate with the attending physician, provide relevant patient information, and follow up with the patient after discharge to ensure continuity of care.

**NURSING DIVISION REPORT:** Mrs. Moore reported that the current homecare census stands at (230). During September, the division recorded (91) admissions and (75) discharges.

**Lead Program Update:**

In September, a total of 94 lead tests were conducted. A child previously identified in August with an elevated blood lead level (BLL) of 44.7 µg/dL has showed improvement, with follow-up results of 40.2 µg/dL on September 4<sup>th</sup> and 34.3 µg/dL on September 17<sup>th</sup>. In addition, one child recorded a BLL of 12 µg/dL (normal < 5 µg/dL), down from a previous result of 36.8 µg/dL in July 2024. Five children had BLL's ranging between 5–8 µg/dL, and 86 children tested at or below 5 µg/dL.

Community vaccination clinics began on September 29<sup>th</sup>. In Limestone, 23 Fluzone (High-Dose influenza vaccine, contains four times the antigen) and 3 Fluarix (standard dose) influenza vaccines were administered. In Franklinville on September 30<sup>th</sup>, 20 Fluzone and 16 Fluarix vaccines were given. Standing orders for COVID-19 vaccines were signed early last week.

**Communicable Disease Testing:** In September, HIV testing was conducted for one individual in Olean; no tests were performed in Salamanca or Machias. The one result was negative.

**Rabies prophylaxis in September:**

- Pre-exposure: no one received the series.
- Post-exposure: Six (6) individuals received the vaccine series, prompted by exposures that included: (3) bat exposures in sleeping quarters, (1) dog bite, (1) cat bite and (1) groundhog bite/scratch.

**Reportable diseases (September):**

Chlamydia: (5) cases; Gonorrhea: (1) case; Hepatitis B: (1) case; Chronic Hepatitis C: (5) cases; Anaplasmosis: (3) cases; Ehrlichiosis: (6) cases; Strep Group B: (2) cases; Campylobacteriosis: (1) case; COVID-19: (18) cases; Lyme disease: (40) cases, all probable; Legionellosis: (2) cases; and Salmonellosis: (1) case.

**ENVIRONMENTAL HEALTH REPORT:** Mr. Ring reported that the free rabies vaccination clinics for domestic animals have concluded for the year. A total of 1,317 vaccines were administered in 2025, compared to 1,353 administered in 2024.

Mr. Ring explained that drinking water regulations originate at the federal level under the Environmental Protection Agency (EPA), with states responsible for administering and enforcing those regulations. The Environmental Health Division conducts inspections, provides technical support to water systems, and, when necessary, initiates enforcement actions. There are 45 regulated public water systems in Cattaraugus County.

Any community with a population of 1,000 or more is required to maintain a public water system. While each municipality is responsible for the operation and maintenance of its system, the Health Department oversees compliance and performance, supported through state grant funding. Mr. Ring noted that the Department recently lost its Water Treatment Specialist, but efforts are underway to fill this vacancy through the same state grant, which will allow the program to return to full operational capacity.

The Community Development Block Grant (CDBG) program, which provides assistance for well, septic, and sewer line replacements or repairs, is a two-year initiative designed to support low- and moderate-income households that may not have the financial means to replace failing systems. To date, there are (19) approved applicants and (24) approved projects under this program. The Department anticipates completing up to 30 projects, leaving only a few openings available.

Mr. Ring also shared that the Department has been awarded \$4.4 million in federal funding from the U.S. Department of Housing and Urban Development (HUD) for a Lead Hazard Reduction Grant. This funding will support remediation activities both inside and outside of homes. Nearly \$3 million of the grant will be dedicated to housing improvements, including structural repairs and abatement efforts. In addition, there is a \$400,000 "Healthy Homes" component that can be used for related environmental health improvements such as downspouts, roofing, and drainage. The grant will sustain two full-time positions currently within the Lead Program and help supplement other staff salaries throughout the four-year project period. Approximately 10% of the total funding will return to the Department as revenue.

Ms. Winicki announced that the third annual Lead Education Conference will be held next week, with Cattaraugus County serving as the lead organizing agency. Last year's conference drew more than 100 attendees, and participation continues to grow.

This year's conference will feature a keynote address by a policy scientist from the University of Rochester, along with presentations from:

- Dr. Miller, an expert on lead exposure in pregnant and lactating women;
- Dr. Hoffmann, Public Health Fellow, speaking on lead misinformation.
- Dr. Abkowitz from St. Bonaventure University will be presenting on the impact of lead exposure on student success in schools.

All Board members and meeting attendees were invited to attend the conference.

**Old/New Business:** No old or new business. The next meeting will be held on Wednesday, November 5, 2025.

A motion was made by Dr. Chohan to adjourn the meeting, the motion was seconded by Dr. Spiegel and unanimously approved.

Respectfully submitted,



Kevin D. Watkins, M.D., M.P.H.  
Secretary to the Board of Health