



# CATTARAUGUS COUNTY BOARD OF HEALTH

1 Leo Moss Drive, Olean, NY 14760, Tel. (716)373-8050, Fax (716) 701-3737



**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

November 5, 2025

The 937<sup>th</sup> meeting of the Cattaraugus County Board of Health (BOH) was held at the Old Library Restaurant on November 5, 2025.

*The following members were present:*

Joseph Bohan, MD

Shane Pancio

Theresa Raftis

Thomas Spigel, MD

Ginger Schroder, Legislator, Esq,

Mayor David Smith

*Also present were:*

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

Michael Brisky, Deputy County Administrator (Virtual)

Richard Helmich, Legislator (Virtual)

Kelly Reed, County Administrator (Virtual)

Brendon Riley, Assistant County Attorney

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 (Virtual)

Dave Porter, Hearing Officer

Kellen Quigley, Olean Times Herald

Robert Ring, Environmental Health Director

Gilbert Witte, MD, Medical Director

In her absence, Mayor Smith congratulated Ashley Smith on her election as the new District Attorney for Cattaraugus County and welcomed Assistant County Attorney Brenden Riley to the board meeting. Congratulations were also extended to Judge Porter on his recent election as Town Justice for the Town of Allegany.

Mayor Smith acknowledged the upcoming Veterans Day holiday and asked for a moment of silence to honor those who have served, those who continue to serve, and the families of all veterans. He offered a special thanks to Mr. Pancio for his service.



Mayor Smith then welcomed everyone to the Board of Health (BOH) meeting, and a roll call confirmed that a quorum was present. He called for a motion to approve the October 1, 2025 BOH meeting minutes. A motion was made by Dr. Spigel, seconded by Ms. Raftis, and unanimously approved.

**ENFORCEMENT REPORT:** Mr. Porter presented two enforcement actions from the October 14, 2025 administrative hearings.

First hearing: Held at 9:00 AM, **Docket #25-016:**

**Respondent:** Kyle Perkins Administrative Assistant for Perkins, LLC, 148 Washington St., Salamanca, NY, 14779. Location of property: 4343 Whalen Rd., Great Valley, NY 14741.

**Violations:** *Sanitary Code of 10NYCRR Part 5-1.72(a)* Failure of the operator to take appropriate action in response to deteriorating drinking water quality, directly resulting in a Public Health Hazard and issuance of a Boil Water Notice on August 20, 2025.

*Sanitary Code 10NYCRR Part 5-1.7(b)* Failure to exercise due care and diligence in the operation of the water supply. Inadequate supervision led to unclear responsibilities and ultimately preventable equipment failure on August 20, 2025.

*Sanitary Code 10NYCRR Part 5-1.12(c)* Daily operation reports for the disinfection system serving Rock City Fitness were not available at the time of inspection. No responsible party appeared to be assigned to complete them. Previous reports had been completed by Mr. Fred Perkins, who later acknowledged he was not personally checking the unit despite certifying that he had done so.

**Recommendation:** #1 Convert the \$225.00 civil compromise (three violations at \$75.00 each) to a \$225.00 fine, payable on or before November 28, 2025. A per diem of \$10.00 per day will be assessed thereafter.

#2 The interim operating guidelines for the two disinfection systems, as provided by CCHD, must be followed to ensure safe drinking water for both businesses during the design and implementation of engineering and equipment changes.

Legislator Schroder inquired about the difference between a civil compromise (stipulation) and a fine. Mr. Porter explained that a civil compromise is offered prior to the administrative hearing to allow the respondent to accept responsibility and correct the issue. A fine, by contrast, is imposed after the hearing if the respondent fails to appear, declines the stipulation, does not present an acceptable corrective plan, or does not remedy the violation.

A motion to accept Mr. Porter's recommendations was made by Dr. Bohan, seconded by Ms. Raftis, and unanimously approved.

Second hearing: Held at 9:45 AM, **Docket #25-017:**

**Respondent:** John Hoffman, 10604 Cagwin Road, Delevan, NY 14042.

**Violation:** CCHD Sanitary Code §16.5.2: Operation of an Onsite Wastewater Treatment System (OWTS) without a valid permit issued by the CCHD from May 9, 2024 to the present.

**Docket #25-017 (continued):**

Recommendation: 1. Convert the \$75.00 civil compromise to a \$75.00 fine, payable to CCHD on or before December 15, 2025.

2. The respondent must obtain a Professional Engineer (PE) analysis and submit an approved plan by December 15, 2025. Upon approval, CCHD will establish a compliance deadline. A per diem fine of \$10.00 per day will be imposed for each day the respondent remains out of compliance.

Legislator Schroder asked whether the property was a business or an individual residence, expressing concern that a \$75.00 fine may not serve as an adequate deterrent. Mr. Porter stated that the same concern had been discussed at the enforcement meeting prior to the BOH session. It was noted that this is the respondent's second administrative hearing for failing to obtain an approved system and that he was previously fined \$420.00.

Dr. Bohan asked whether CCHD must approve the engineering firm conducting the analysis. Mr. Ring responded that the expectation is that the system will be replaced; the respondent may either use the CCHD design or hire his own engineer.

A motion to accept the recommendations was made by Mr. Pancio, seconded by Ms. Raftis, and unanimously approved.

**DIRECTOR'S REPORT:** Dr. Watkins provided an update to the Board on opioid-related mortality trends and emphasized the importance of quarterly reviews as the County continues to receive opioid settlement funds. He reported that fentanyl and other synthetic opioids remain the primary substances involved in overdose fatalities. Opioid-related deaths peaked in Cattaraugus County in 2022 with (27) deaths and in 2023 with (28) deaths. These numbers have declined significantly, with (9) deaths reported in 2024 and (6) deaths to date in 2025.

The 2025 opioid mortalities occurred as follows: March (1), April (1), July (1), September (2), and October (1). All six opioid deaths were related to fentanyl. Five of the six deaths occurred in the City of Olean and one in the City of Salamanca. Five decedents were male. Four deaths occurred in private residences and two in the emergency department.

Dr. Watkins noted that the distribution of harm-reduction resources has contributed to the decrease in mortality. These resources include Narcan, fentanyl test strips, xylazine test strips, and medication-assisted treatment (MAT). MAT options include: Buprenorphine: an opioid that triggers opioid receptors, and reduces withdrawal symptoms without producing euphoria or sedation; Suboxone: a buprenorphine combined with narcan to limit abuse; Methadone: a long-acting opioid agonist that reduces symptoms and cravings; Naltrexone: an opioid antagonist that induces illness if opioids are used, discouraging continued misuse.

Cattaraugus County EMS Response Data: Between January 1 and October 19, 2025, there were (51) EMS callouts for suspected overdoses. Narcan administration resulted in (48) confirmed lives saved. Three calls were for repeat overdoses, one of which resulted in a fatality.

Dr. Watkins noted that Narcan is available free of charge to County residents; however, State requirements mandating training prior to dispensing nasal spray kits may serve as a barrier and contribute to reduced distribution.

Dr. Watkins also reported on the annual epidemiological review conducted by the department, which evaluates increases in communicable diseases and preventable deaths. He discussed a recent unusual death involving a 22-year-old male who was found unresponsive in his bedroom surrounded by multiple cans of compressed air duster spray. Toxicology confirmed that the cause of death was acute difluoroethane (DFE) intoxication.

DFE is a colorless gas found in household products such as compressed air dusters, refrigerants, and propellants. Inhalant abuse deaths have increased significantly in urban areas, prompting a class-action lawsuit against manufacturers. Although manufacturers have been advised to implement safety measures, responses have been limited. While some products now contain bitterants, these additives have not effectively deterred intentional misuse.

DFE is non-flammable but displaces oxygen, causing rapid central nervous system depression. Inhalant abuse can result in euphoria, dizziness, disorientation, loss of coordination, nausea, vomiting, and chemical burns to the mouth and nose. It can also trigger sudden sniffing death syndrome, a cardiac arrest caused by catecholamine sensitization. Chronic effects include brain atrophy, cognitive impairment, liver and kidney toxicity, peripheral neuropathy, muscle weakness, behavioral changes, and depression.

Interventions for inhalant abuse mirror those used for other substance-use disorders and should address emotional, social, academic, cultural, and demographic factors. Treatment options include cognitive-behavioral therapy; individual, group, or family counseling; and neuropsychological assessment to evaluate neurological impairment. Pharmacologic options may include benzodiazepines for craving reduction; baclofen for withdrawal and cravings; and medications such as lamotrigine, buspirone, and risperidone.

Prevention strategies include educating children, parents, and educators; placing inhalant products behind counters or in locked cases; restricting sales to individuals age 18 or older; enacting local legislation to regulate sales; or participating in class-action efforts to seek reform.

Dr. Watkins presented the proposed 2026 Board of Health meeting schedule. He noted that there will be no meetings held in January or July. Meetings will take place on the first Wednesday of each month, with the exception of May, when the meeting will be held on the first Tuesday.

Mayor Smith reported a significant increase in tick activity this year, noting that a school service dog had more than (300) ticks removed over a two-week period. He asked whether others were seeing similar increases and inquired about possible remediation measures. Legislator Schroder shared that she has free-range guinea fowl on her property and has experienced no tick issues among her animals or on her land.

Mr. Ring confirmed that tick populations are increasing and stated that the rise is strongly influenced by weather patterns. He agreed to further investigate the issue and provide additional information at the next meeting. Mayor Smith asked whether any treatments or sprays were available to reduce tick activity. Dr. Watkins replied that no such measures are currently recommended but noted that the New York State Department of Health has initiated tick surveillance efforts in each county.

Dr. Spigel asked about the effectiveness of flea and tick collars for dogs. Mr. Pancio responded that all ticks he has removed from his dog were dead, indicating that these collars have been effective.

**NURSING DIVISION REPORT:** Mrs. Moore reported that the current homecare census stands at (225). During October, the division recorded (85) admissions, (42) of these were readmissions of current patients and (90) discharges.

**Lead Program Update:** In October, (86) lead tests were conducted. One child previously identified in September with a blood lead level (BLL) of 34.3 µg/dL (normal < 5 µg/dL) showed improvement, with a follow-up BLL of 28.5 µg/dL in October. Two new elevated blood lead levels (EBLLs) were identified on initial venous draws: one child with a level of 19 µg/dL, and another with a level of 11 µg/dL. Six additional children tested between 5–8 µg/dL, and (77) children tested at or below 5 µg/dL. The total active lead caseload is (56) children.

Mrs. Moore reported that the annual lead conference was held on October 8th at the Seneca Allegany Casino. Several contractors participated, many expressing interest in supporting remediation efforts for homes of children with elevated lead levels. The event was well attended by agencies across Western New York as well.

**Community Vaccination Clinics:** Vaccination clinics ran from September 29th through October 29th. Across 18 clinics, the following vaccines were administered: (349) Fluzone [High-Dose influenza vaccines]; (246) Fluarix [standard-dose influenza vaccines]; (117) Afluria [standard-dose influenza vaccines] (4) Flulaval [pediatric influenza vaccines]. In addition, (433) COVID-19 vaccines were administered. RSV vaccine is available; however, demand has been low.

**Communicable Disease Testing:** HIV testing was not conducted in October due to the absence of a Nurse Practitioner (NP). Testing will resume once an NP is hired. Evergreen Health, the County's contracted HIV provider, continues to offer services on-site on the first Thursday of each month.

**Rabies prophylaxis in October:**

- Pre-exposure: (1) received the series.
- Post-exposure: Two (2) individuals received the vaccine series, prompted by exposures that included: (1) bat exposure in sleeping quarters, and (1) raccoon bite.

**Reportable Diseases (October):**

Chlamydia: (6) cases; Syphilis: (1) case; Hepatitis B: (3) cases; Chronic Hepatitis C: (3) cases; Ehrlichiosis: (1) suspected case; Group B Streptococcus: (1) case; Influenza: (10) cases; COVID-19: (44) cases; Campylobacteriosis: (1) case; Lyme disease: (30) probable cases; Giardiasis: (1) case; Babesiosis: (1) case.

**ENVIRONMENTAL HEALTH REPORT:** Mr. Ring reported that he did not have any significant new updates but wished to elaborate on the definition of “low and moderate income” as it relates to the Community Development Block Grant (CDBG) program. This program provides financial assistance for well, septic, and sewer line replacements, as well as for lead hazard remediation. Individuals who fall within the low- to moderate-income category are eligible for these programs, which are funded primarily through the U.S. Department of Housing and Urban Development (HUD) and sometimes administered through the State. Other related assistance programs include weatherization and mobile home replacement initiatives.

Each funding cycle covers a two-year period during which approximately (25–30) well and septic systems are replaced. Of the County’s approximately (46,662) residential homes, an estimated (30–40%) rely on private wells and septic systems. There are roughly (14,000) septic systems countywide. Inspections generally occur during property transfers unless a property owner contacts the department. Six to seven percent of inspected systems are found to be failing, equating to nearly (1,000) failing septic systems at any given time, with approximately (400) potentially qualifying for grant-funded replacement. Mr. Ring emphasized that the program prioritizes residents facing financial hardship.

Wells tend to present more issues than septic systems; approximately (30%) of inspected wells have deficiencies. The county currently has an estimated (4,000) failing wells.

Mr. Ring also reviewed additional responsibilities of the division. Hotel and motel inspections, conducted under the State Sanitary Code, include evaluation of fire safety, housing maintenance, and refuse disposal. The County has (30) permitted hotels and motels, each of which receives an annual inspection.

The department also permits and inspects (19) campgrounds, most of which operate seasonally, though several maintain limited year-round accommodations for RVs. All but one campground operates its own water system, which must be properly maintained. Inspections include assessment of water systems, electrical safety, and other potential hazards.

**Old/New Business:** Mayor Smith noted that Dr. Spigel was recently appointed to the Board of Health to complete the term of Dr. Hamlin, which expires at the end of December. He stated that the Board appears supportive of Dr. Spigel continuing as a Board member. Legislator Schroder asked whether this appointment is made by the Legislature. Mayor Smith confirmed that it is.

Dr. Watkins explained that the Board typically issues a recommendation to the Chairman of the Legislature requesting reappointment, after which the final decision rests with the Legislature.

The Board extended congratulations to the Health Department staff on achieving reaccreditation. A commemorative plaque that was presented to the department by the Public Health Accreditation Board, was shared with the Board, marking this accomplishment, which remains in effect for the next five years. Dr. Watkins noted that the staff performed exceptionally well in maintaining this national accreditation, which is recognized by the Centers for Disease Control and Prevention.

The next meeting will be held on Wednesday, December 17, 2025.

A motion was made by Dr. Spigel to adjourn the meeting, the motion was seconded by Ms. Raftis and unanimously approved.

Respectfully submitted,



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