Long Island Regional Planning Council

LIRPC Meeting – December 18, 2025
Zoom Virtual Meeting Summary Minutes

LIPRC Members Present
John D. Cameron, Jr., Chair
Michael White, Vice Chair
Jeff Kraut, Treasurer
Theresa Sanders, Secretary
Elizabeth Custodio
Mayor Barbara Donno
Nancy Engelhardt
Jeff Guillot
Mayor Robert Kennedy
Supervisor Ed Wehrheim

Staff and Guests Present
Richard V. Guardino, Jr., Executive Director
Elizabeth Cole, Deputy Executive Director
Missy Leder, Executive Assistant
Rachel Titus, Program Coordinator

Alan Belniak
Christina Kastalek

Katherine Heaviside
Mark Smith

Meeting Commenced:
John D. Cameron, Jr., opened the meeting at approximately 10:00am.

At this time, we will start with the Pledge of Allegiance. Supervisor Wehrheim, since you have a flag, could you please lead us in the Pledge.

Supervisor Wehrheim:
Pledge of Allegiance

Rich Guardino:
Good morning and welcome to the meeting of the Long Island Regional Planning Council. My name is Rich Guardino, and I'm the Executive Director of the Council. We have a very exciting presentation this morning, and we thank you all for joining us. And with that, I'd like to do a roll call of the Council members.

Roll Call
John D. Cameron, Jr., Chair
Michael White, Vice Chair
Jeff Kraut, Treasurer

Theresa Sanders, Secretary
Elizabeth Custodio
Mayor Barbara Donno
Nancy Engelhardt
Jeff Guillot
Mayor Robert Kennedy
Supervisor Ed Wehrheim

Rich Guardino:
Next, I am going to turn it over to Alan to talk about procedure for the meeting.

Alan Belniak:
Thank you for joining us this morning. My name is Alan Belniak with VHB, and my colleague Christy is joining me today. We are here to help support this meeting. After some opening remarks and some orders of business, we'll have a presentation. After that, the comment and question opportunities are given to members of the LIRPC. After the members of the LIRPC, we will turn to the public to ask questions and share comments in one of two ways. You can use the Q&A function below. If you move your mouse to the lower section of zoom, the Q&A button will pop up and you can type in your comment, and I will read it aloud. Alternatively, you can use the raise hand feature, which is also below. That sends a signal to us that you'd like to speak or comment. I'll call out your name, send a command for you to unmute your microphone, and then you'll then have a couple of seconds to share your comment or question. Please note, this meeting is being recorded. With that, I'll turn it back over to John and Rich.

Adoption of the Minutes from the October 21, 2025 Meeting.
All in favor.

Rich Guardino:
Resolution 2025- 114 approves the Independent Auditor's Report performed by Anthony Basile CPA, P.C. for the year 2024. The key findings of the report were, "We did not identify any deficiencies in internal control that we consider material weaknesses." And, "The results of our test disclosed no instances of noncompliance or other matters that are required to be reported under Government Auditing Standards." The Officers of the Council have reviewed the audit with management and recommend approval.

John Cameron:
Jeff, if you wouldn't mind, as our treasurer, just share your comments and thoughts.

Jeff Kraut:
The audit committee looked at the document. We reviewed it. It was a fairly straightforward and a very, very clean audit, and we recommend it to be approved by the full Council.

Motion to Accept Resolution 2025-114: Jeff Kraut
Seconded: Barbara Donno
All in Favor: So moved.

Rich Guardino:

Resolution 2025-115 authorizes an agreement between the LIRPC and GEI Consultants, Inc. (GEI) for consulting on the Connetquot River Watershed Action Plan. In July 2025, the LIRPC released an RFP seeking proposals from qualified firms to conduct a comprehensive Watershed Action Plan for the Connetquot River Estuary. The Connetquot River, spanning over 18 square miles from central Long Island to the Great South Bay, is one of the region's most significant river ecosystems but suffers from environmental impairments. Developing a Watershed Action Plan will build on Suffolk County's clean water investments to take a comprehensive, sustainable approach to restoring water quality.

Three proposals were received in response to the RFP. A Selection Committee composed of representatives of the LIRPC and Suffolk County reviewed the proposals and found that GEI best met the requirements of the RFP.

The Selection Committee recommends GEI as the consultant for the Connetquot River Watershed Action Plan with costs not to exceed $133,988.

Motion to Accept Resolution 2025-115: Jeff Kraut
Seconded: Michael White
All in Favor: So moved.

John Cameron:
I would like to comment that Suffolk County is largely unsewered. But now the County is moving forward with some significant sewering, and we're anticipating that water quality should be improving by picking up and intercepting a lot of the nitrogen that's been discharged into the Connetquot and the neighboring Great South Bay. This is an important project, one where we'll be able to monitor what's going on in the river. Everybody's excited about the project.

Michael White:
Just to clarify, what's our timing on this in terms of the report?

Rich Guardino:
I think it'll take 18 months to be completed after we enter into a contract.

Michael White:
Is the funding for this coming from County funding through the Council or is this part of DEC funding?

Rich Guardino:
This is being funded through the Council and not DEC.

Rich Guardino:
We're privileged to have Michael Dowling with us. I see that he has been able to join on the video in the panel. John, would you like to introduce him?

John Cameron:
Yes, I would very much like to. Thank you.

Michael Dowling is going to present today on **"From Challenges to Opportunities: The Forces Remaking Health Care."** Everyone on this call knows Michael Dowling. Michael is presently the CEO Emeritus of Northwell Health. Michael is one of the health care industry's most highly respected voices, achieving the number one ranking in *Modern Healthcare* magazine's 2022 list of the 100 Most Influential People in

Healthcare and being featured on *TIME* magazine's 2025 list of the 100 Most Influential People in Global Health.

As a health care executive over the past three decades, he has been a "no-excuses" advocate for reforms that have helped the industry become more patient-focused and committed to quality and safety. As CEO Emeritus, Mr. Dowling serves as a national advocate for critical public health issues such as gun violence prevention, mental health awareness, and the impact of social media on mental health.

Prior to his appointment as CEO Emeritus in October 2025, Mr. Dowling served as Northwell Health's first President and Chief Executive Officer for 23 years. Throughout his tenure, he demonstrated invaluable leadership while overseeing a rapidly expanding clinical, research, and academic enterprise across a vast network of 28 hospitals and more than 1,000 outpatient facilities.

During his tenure as president and CEO, Mr. Dowling invested heavily in Northwell's research arm, including the Feinstein Institutes for Medical Research, home to 50 research labs, 3,000 clinical research trials, and 5,000 scientists and staff who are transforming the treatment of conditions such as lupus, arthritis, sepsis, cancer, psychiatric illness, and Alzheimer's disease.

Under Mr. Dowling's leadership, Northwell also pursued a visionary approach to medical education, developing innovative curricula at the Zucker School of Medicine and the Hofstra/Northwell School of Nursing and Physician Assistant Studies. Northwell's graduate medical education programs have become among the nation's largest, training more than 2,400 medical residents and fellows annually.

Prior to becoming CEO, Mr. Dowling was the health system's executive vice president and chief operating officer, playing a key role in initiating mergers and acquisitions that enabled Northwell to become New York State's largest integrated health system. Before joining Northwell in 1995, he was a senior vice president at Empire Blue Cross Blue Shield.

Mr. Dowling also served in New York State government for 12 years during the 1980s and early 1990s, including seven years as deputy secretary of Human Services to former New York Governor Mario Cuomo, as state director of Health, Education, and Human Services, and later as commissioner of the New York State Department of Social Services.

Before his public service career, Mr. Dowling was a professor of social policy and assistant dean at the Fordham University Graduate School of Social Services, as well as director of the Fordham campus in Westchester County. He was also a former instructor at the Harvard School of Public Health's Center for Continuing Professional Education.

In addition to his 2020 book on Northwell's response to the COVID-19 pandemic, Mr. Dowling co-authored *The Aging Revolution* in 2024 and the memoir *After the Roof Caved In*, which chronicles his journey from Ireland to America.

He has received numerous honors for his leadership and public service, including major national awards, and served as grand marshal of New York City's St. Patrick's Day Parade in 2017, when he was inducted into the Irish America Hall of Fame. This is an honor, I would say, is among those he is most proud of.

PRESENTATION
Michael Dowling:

Thank you, John. I'm delighted to spend a few moments with you. And let me begin by thanking all of you.

Let me start by sharing a positive perspective on health care. I strongly believe in being optimistic. We have to look at the good things and not focus only on what is not going well. I will come to those issues in a little bit, but if we step back, all of us involved in health care and who care about it can see there are several positives worth recognizing.

I remind people of this often when I speak publicly: the unbelievable, dramatic advances that have occurred in health care over the last 50 years. It's truly extraordinary. The United States has led the world in many of these advances, and many of us are beneficiaries. It's important to keep this in mind, especially when there's a tendency to focus only on the negative and forget the remarkable progress that has taken place.

It's hard to look at any area of health care today that hasn't been dramatically improved from where it was 50 years ago. Those of us who have been around long enough can recall the old days and recognize the advancements in cardiology, neurosurgery, pediatrics, radiology, and interventional radiology. These improvements are the result of major investments in research and discovery, where the United States has led the world. We have come a long way in a relatively short period of time. We are in much better shape today than ever before.

The second general point I'd like to mention is the dramatic change in overall care delivery over the last 25 to 30 years, especially in New York and on Long Island.

One major positive has been the growth of large, integrated health systems resulting from consolidation of major care delivery entities. At Northwell, as many of you know, we were the first to create such a system in this region, and one of the first in the Northeast part of the country. Similar systems existed in the western part of the country. We were forced to do it here, but those changes have had a dramatic positive impact.

Some people criticize the growth of large health systems. I think they're misinformed. Just thinking of Northwell Health alone, there are seven or eight hospitals now part of our system that likely would not exist today if we had not taken them over years ago. As a large entity, we're able to do things that individual hospitals could never have done on their own. To me, that is a positive.

Another extraordinary change has been the dramatic growth of outpatient care. Twenty-five years ago, the world revolved around hospitals. There were very few ambulatory outpatient facilities. Today, that has completely changed. In Northwell's case, and this is true for other systems as well, the bulk of care delivery is outpatient, ambulatory, and home care. Hospitals account for only 47 percent of our business. This dramatic shift has improved access and brought care closer to where people live. These are important positive trends. They don't solve everything, but we are far better off because of them.

We're also fortunate to be in New York. Despite our challenges, New York has a tradition of being more progressive and forward-thinking compared to many other states. This is seen consistently. Look at what we're doing today in areas like women's health, family planning, abortion services, and transgender services. While there are legislative efforts in Washington that could be extremely harmful on that front, in New York we are in a much better position and maintain a more progressive attitude than many other states. That is a real positive.

On Long Island, you have Northwell, the Catholic systems, NYU, and Stony Brook. We have strong health care infrastructure to build upon. Long Island has been fortunate, and we should be highlighting those benefits that exist in healthcare. That does not even include the phenomenal research and medical education innovations happening here, such as our medical school, which has gained a national reputation for changing how medical education is delivered. These are important accomplishments that we don't talk about enough right here on Long Island.

Those are just a few positives that form the foundation on which we can build.

We now face current realities. I will talk about these from a number of perspectives. Turning to the federal government, what's happening in Washington is unlike anything I've experienced before. Every administration brings budget cuts and reimbursement reductions. You get people questioning programs. That's not new. But what's happening today is far more dangerous. In my view, we're taking a giant step backward. Nostalgia has become a strategy. This isn't just about cutting programs. The whole philosophy in Washington is about questioning why these programs should exist at all. The dramatic undermining of public health infrastructure and research, along with the promotion of distrust in science and discovery, is deeply concerning. The implications are long term. This isn't a one- or two-year issue. It's a decade long issue. The advances I mentioned earlier were made possible by research and discovery that the United States led. When you undermine that foundation and question the rationale behind these programs, you unravel something far more dangerous than routine budget cuts. The long-term implications could be disastrous unless there's redirection in the next few years.

The major component of the administration's health care strategy, reflected in what they have called the big, beautiful bill, which they now seem eager to rename, dramatically reduces access and eligibility, particularly for immigrants. It represents billions of dollars in reimbursement reductions for providers in this region. In New York, we won't know the state's full response until next year's budget and the Governor's State of the State address. Meanwhile, the debate over continuing ACA subsidies continues in Washington. Fortunately, we have a few Republicans who have crossed the line to keep those subsidies going, but we will see what happens. In my view, what's occurring in Washington is more dangerous and potentially more damaging long term than anything I have seen in the past 40 years. It's both a challenge and an opportunity.

A couple of other things. Let me also touch on safety net hospitals. NUMC is one example, but there are others. Let me preface that at Northwell, we have taken over hospitals that otherwise would have failed. South Shore, formerly Southside, is a good example. When we took it over, it was declining rapidly. Today it is a thriving tertiary campus, made possible by being part of a large integrated system. The fundamental issue with safety net hospitals is not simply management. The basic business models in these hospitals just does not work. Medicaid reimbursement does not cover the cost of care, while expenses driven by unionization, labor contracts and supply costs where you have a complete imbalance.

Northwell is the second largest Medicaid provider in New York State, after New York City Health and Hospitals. Most people don't recognize this. We can maintain that balance because we continue to grow our commercial base to offset low reimbursement from the government payers, primarily Medicaid and Medicare, but Medicaid reimbursement remains the central problem.

This is an argument I have had with the state for years and years. It is very hard to get the state to understand when they tell us to take over these hospitals and fix these hospitals, but nothing is done

with the core reimbursement. The same thing is done in Albany. They talk about the conditions of the hospitals, but they support the higher expenses. This creates a huge imbalance. You can't fix the structure without fixing the foundation.

At Northwell, we have been under a lot of pressure to take over other hospitals like Maimonides. We explored taking over Maimonides for seven years but ultimately couldn't do so without severely diluting Northwell's financial position. The safety net issue will persist unless reimbursement is addressed.

Looking ahead, advocacy in Washington is critical. I have been doing a lot of public speaking across the country over the last few months. When you explain what is going on and talk about the undermining of the infrastructure and research and public health, you get a very positive response against the administration. There is an opportunity here. Even to very conservative audiences, and when you frame the issue around what's best for future generations and our children, people respond. This is not about being anti Trump or anti anyone. It's about being pro future generations. There is an opportunity here to articulate a message that resonates. Each of us can do more.

On AI and technology, there are enormous opportunities to improve efficiency and diagnose disease earlier. We're doing a great deal in this area at Northwell. But we must preserve the human element that is so essential in healthcare delivery. AI should complement, not replace, human connection. If we lose that balance, we will have serious problems. We cannot substitute human aspect of care delivery. This discussion will continue.

Other critical issues going forward that will require a lot of our attention. One includes finding ways to increase access. I don't think anybody disagrees that there is an access problem. This is going to be exacerbated by what Trump is doing. Another area is chronic illness driven by demographics. There is phenomenal growth in chronic illness. It is where the bulk of the care dollars is spent. This is going to continue. It will continue on Long Island and it's an area where we need to pay attention. Lastly, I will mention mental health, particularly among children. We have a horrible problem. The rise in anxiety, depression, and suicide among young people is unprecedented. We recently doubled the size of our suicide prevention program. We're caring for college students in crisis at alarming rates that want to commit suicide. This connects directly to what I believe is an area that needs more attention and that is health ill effects of social media. When misused, social media is toxic. It is a poison. There is a clear correlation between excessive social media use and rising anxiety and depression among children, even very young children. We at Northwell are caring for 7- and 8-year-old kids addicted to social media. We plan to host a major forum highlighting social media as a public health issue in Manhattan next fall. We must broaden our definition of health. Gun violence, nutrition, and social media are health issues. Health is influenced by everything. I would argue the negative values being promoted nationally - division, disunity, contempt, and misinformation and conspiracy theories - promote ill health. Conversely, decency, respect, honesty, and kindness promote positive health. Health isn't just what happens in hospitals. It's shaped by our broader society not just health care delivery. At Northwell, we are spending a lot of time on this.

I will close with this issue. A lot of people are thinking of this time as post-COVID. What's been happening in the US, we see trends like growing distrust, distrust of science and public health, increase in violence, disastrous policies around immigration. There is another time in history where this happened before. After the 1918 Spanish Flu pandemic, in the 20s, we saw massive distrust of science, rising violence, and restrictions on immigration. There was massive growth in disunity. The violence against blacks and immigrants at that time was extraordinary. It was a deeply troubling time. If you were

living at that time, you would have thought the world was going to hell and there was not much hope. Yet within a decade, the New Deal was passed. I remind people of this today because we are in a difficult circumstance. I watched the President's address last night, which in my opinion was an embarrassment. If you are living today, you are thinking we are having serious issues, but if you can go back to what happened in the 1920s, you will realize this will turn. It will change. There will be a moment of redirection. We need to promote this. We need politicians to get some courage. Congress is full of bobbleheads. They are afraid. I think when good people put their minds together, we will come out of this. Periods of turmoil can be followed by redirection. We are in a difficult moment. There will be setbacks. There was a measles outbreak in South Carolina recently. Vaccination rates are declining. These trends will have negative consequences. But as those negative consequences become clear, people will demand change. People will want to turn the page. But it is not a time for pessimism. It's a time for optimistic advocacy.

We must continue promoting what works, countering misinformation, and encouraging political courage. We do need to get our politicians and people more active with what is happening here. The United States is losing leadership in health research and discovery arena. We must reclaim it. We should lead in innovation and prevention, not in measles outbreaks or declining vaccination rates. It will take time, but I believe we will get there.

Let me stop here, John. I have probably taken enough time. A foundation of optimism in a time like this is necessary if you're going to make positive changes.

John Cameron:
Thank you. I have a few questions.

As you alluded to earlier, we're facing real difficulty in Washington right now. We know there is a philosophical difference between the parties. One of the dilemmas we have seen over the last number of years is that millions of undocumented individuals have entered the country.

Republicans have objected and are trying to move people out of the country, principally those who have committed crimes, but now potentially others as well. At the same time, you have millions of people who may show up at the doorstep of health care networks. My understanding is that if they show up in need of treatment, you cannot refuse them.

As a result, you have the burden of expending significant dollars. And what's now being advocated in Washington is that providers potentially may not be reimbursed for that care. So, you're essentially faced with a societal problem that you're required to deal with medically and financially, without being able to recover appropriate reimbursement.

Given these different philosophical perspectives, what do you see as a potential answer or solution? Or is there one?

Michael Dowling:
Well, first of all, let me tell you about our philosophy at Northwell. Whoever shows up to us, we take care of. You do what's right. And we do this all the time.

There is a flip side to this, though. An awful lot of people are afraid to show up these days. We're seeing that trend because they're afraid that if they show up and make themselves visible, not just in health care but in other institutions where ICE may be present, they could potentially get arrested. We have

seen situations where people go to court for final interviews about permanent residency and are detained before they even get to their hearings. That creates fear.

Will there be an impact on us? Yes. We're going to have to deal with it. But we have to take care of people the right way and not turn them away. I would hope every organization does the right thing and does not say, "We can't do this because we have a budget issue." You do the right thing for people. That has always been Northwell's philosophy.

Now, we will see what the state does in the next budget cycle. I would not expect the state to be able to fully make up any gap going forward. It may make up some of it and do its best. That's one reason we're fortunate to be in New York. But those of us on the provider side, whether in health systems, community-based organizations, or the not-for-profit sector, have to buckle down and do the best we can to take care of people.

At the same time, we must collect the data, articulate the message, and communicate with our elected officials. We need to tell them real-life stories about what's happening. These are not just statistics. There are human beings behind every statistic. You have to make it personal and say, "This is not hypothetical. This is real. Let me tell you exactly what is happening." And that requires continual lobbying efforts.

There's another negative here as well. If we significantly curtail undocumented immigrants working in this country, you're going to see labor shortages in many industries. Construction, hospitality, food service, landscaping, agriculture. Many of these sectors depend heavily on immigrant labor. In many communities, if you relied solely on native-born Americans to fill those jobs, you would quickly see serious workforce challenges.

I don't think many people would disagree that if someone is engaged in serious criminal activity, there should be consequences. But it should be done humanely. And as we all know, the proportion of crime committed by immigrants is relatively small. If you're concerned about crime, focusing exclusively on immigrants is not an accurate reflection of the data. That's another message that needs to be communicated clearly.

So, in response to your question, we have to do what's right. We take care of everyone who comes through the door. And at the same time, we advocate as strongly and as effectively as we can for policies that recognize both the human and financial realities of what providers are facing.

John Cameron:
Michael, you bring up New York. One problem is that if the burden falls back on the states, New York, as we all know, has its own challenges with affordability. Because of high taxes, we're losing a lot of business generators, high-net-worth individuals who contribute significant tax revenue to the state. So, you end up with a national problem landing in the laps of New Yorkers. The state is expected to address it, even though it really should be resolved at the national level. Some other states may not act, and New York ends up bearing the consequences of lost economic activity.

Michael Dowling:
You can't afford to lose the people who contribute the bulk of revenue to the state. For example, the top 1% contributes roughly 40 to 50% of the basic revenue. That is lost on a lot of people. That is a significant amount, and it will be very interesting to see how the new leadership in the mayor's office handles these changes.

It will also be interesting to watch how the White House and the new mayor interact going forward, and how the mayor and police commissioner work together. But losing high-net-worth individuals would be very dangerous for the state.

I remember dealing with this when I was in government. Everyone always complained about Wall Street bonuses during Christmas time. But when I was in Albany working on the state budget, the higher the bonuses, the better we liked it, because the higher the bonuses the more money that we had to fund welfare, Medicaid, and other programs. We have to make sure people understand this connection. There's a fallacy that getting rid of these high earners does not matter. It matters a great deal.

John Cameron:
One final question for you. You mentioned the challenges and consequences of social media, which we know has been especially devastating for young people. Some countries are looking at or enacting a minimum age for social media access. Is that something you believe we should be advocating for, and can we get support for such measures?

Michael Dowling:
Well, you know, I have been following what's going on in Australia.

Yes, I think the answer to your question is that we should be pushing strategies like that. The problem, of course, is that young people are so adept with technology, they find ways around restrictions. If I can't figure out my television or Netflix and I'm not very computer savvy, all I have to do is ask a four-year-old and they will figure it out in two seconds. John, you have been in that situation.

I think we need to educate the public about the negative impact of social media. Technology leaders have a responsibility to promote positive health. Right now, they're largely getting a pass. The algorithms they create often take users down a deep hole, reinforcing unhealthy behaviors. So, if you look at the culprits, the major tech companies are contributing to ill health through social media. We need to make that case more and more. There also needs to be more legislation at both the state and federal level. This is an area I hope to spend much more time on over the next 12 months.

A couple of months ago, I walked into one of our mental health offices in Westchester. We have recently opened a new mental health program. Northwell is the second-largest provider of mental health services in New York State. We lose a lot of money on these programs, but we do it because it's the right thing to do. I walked into the waiting area and saw six, seven, eight-year-old kids. My first reaction was that these kids must have been there with older siblings or their parents. I was wrong. I spoke with the psychiatrist and social workers to understand what was going on. Those were our patients. I asked, "What's the common denominator with these kids?" They said it was addiction to social media and the constant need for instant gratification.

Now, do parents have responsibility here? Yes. Some tech leaders in Silicon Valley even send their kids to schools that limit exposure to technology, while they continually promote it for everyone else. I'm not suggesting they're good or bad people, but we need to recognize that kids should not be parented by screens. Parents need to take responsibility.

I couldn't fathom the arguments against policies like banning iPhones in schools. If you're at school, you're there to learn, you don't need your phone in the classroom. There has always been a way to connect with a child when necessary, but the child doesn't need the phone in class. And yet, parents sometimes argued against these policies. We need to talk about this responsibility openly and not be

afraid of it. I know some people will push back on this, and that's okay. But I do believe that parents should parent. We shouldn't allow technology to be the parent.

John Cameron:
You're absolutely right. So, any comments, questions from the Council.

Rich Guardino:
Michael, you have been a great advocate in talking about gun control as a public health issue. Could you talk a little more about that? I have heard you speak on this several times, and I have always been really impressed with how clearly and effectively you articulate it.

Michael Dowling:
Thank you, Richard. I started working on this nine years ago. When I first went to the public as a healthcare leader, I got very few responses. In fact, most people thought it was nuts. They told me, "It's not your lane." My argument was, yes, it is my lane, because when I go to mental health or emergency facilities, I see kids being treated by our doctors after being shot. We have had a lot of these cases around here. I see the distress among the kids, the families, and the impact it has.

We're still very active on this. Over time, I was able to create a group of 70 CEOs from major health systems around the country, which now forms a CEO Council on Health, Prevention, and Safety. These are CEOs from Texas, from Utah. Robert Alan, the head of Intermountain in Utah, works closely with me and has become a strong advocate after a few years.

Utah is a red state. Everybody there owns a gun. Yet when he speaks about gun safety, especially the statistic that guns are the leading cause of death for kids, he gets standing ovations in Utah. We have had people from Texas present at our forums in New York City every year. If you articulate the message and focus on its impact on kids, you get unanimous support across the country.

We continue to advocate for this. In fact, we're holding a big forum on gun violence in the city on March 5. We will be bringing in organizations, including gun-owner advocates, to participate. We also work with the Ad Council. You may have seen some of the ads on TV about guns and kids. We have a relationship with the Ad Council. We have raised about $20 million, and they're running a multi-year campaign with the tagline "Agree to Agree." It means we can all agree that guns should not be the leading cause of death for kids in the United States. For context, cancer is number three; guns are number one.

Every healthcare organization is expanding cancer services, and that's important. But my argument is if you're a healthcare organization, you should also address the number one cause of death for kids, which is guns. In New York, we're a bit more fortunate. But I now have support from leading health organizations in every state, and we meet regularly to talk about this. We have seen some changes. We have also implemented practical interventions. In our emergency rooms, we ask patients about access to guns and the relationship between guns and gun violence. We hand out gun locks so families can safely secure firearms at home. This is critical. There have been cases where unlocked guns caused terrible harm.

This is a public health issue, and we must continue advocacy. Wherever I speak about this, I see support. For example, I recently spoke about gun violence in Galveston, Texas, and received a standing ovation.

Rich Guardino:

Thank you.

John Cameron:
On another issue, I'm aware that one of the major healthcare networks in the New York metro area, one of the top five or six, has sent out letters indicating that they will no longer accept insurance reimbursement from one of the largest insurance networks in the country. I'm curious whether you see this as a potential wave of the future given what's going on in Washington with reimbursement rate pressure and insurance cost dynamics. Is this something you are seeing at Northwell?

Michael Dowling:
I did not understand that, John. Can you clarify?

John Cameron:
I recently received notice that one of the major health care systems in the New York metropolitan area will no longer accept insurance from one of the largest insurance providers in the country. I'm curious whether you're seeing anything similar at Northwell with regard to reimbursement pressures or insurer negotiations. What could be causing that?

Michael Dowling:
We do argue and negotiate with insurance companies, and because of our scale, we are in a relatively strong position when we do so. The biggest issue with insurers right now is denial rates. In about 25 percent of cases, after we have already provided care, we have to fight to get paid. They deny care, deny coverage, or deny reimbursement, and we have to appeal. That's a huge inefficiency in the health system.

There is another health system in the area that has decided not to take care of certain types of patients because of what's happening in Washington. We have not made that decision.

On the transgender issue, the House recently passed legislation that would impose severe penalties on any providers who deliver certain services, including counseling or hormone therapy, to transgender minors. It talks about prison time. That legislation is unlikely to move forward, but it illustrates the climate. Many providers around the country are fearful they could lose their licenses or face lawsuits. Some already have. But, here in New York, we consider ourselves fortunate. We have a culture and a legal framework that will push back against those kinds of measures.

From Northwell's point of view, our philosophy is straightforward. We take care of everyone, irrespective of circumstance. And when insurance companies try to deny coverage for medically appropriate care, we fight them. Most of the time, we win.

John Cameron:
Any other questions from Council? Alan, questions from the audience.

Alan Belniak:
Just for those of you who may have been joining late, a reminder, you can ask a question or share a comment by pressing the raised hand button down below that sends a command to us that you'd like to speak, or you can use the Q&A module down below and type in your question or comment. At the moment, we have no raised hands.

We do have two comments and questions in the Q&A pod. I'll read the first one. The first one is from Bob. Bob comments that, "Michael has also been named as an honorary co-chair of the USS Patrick Gallagher, which is scheduled to be commissioned in New York City in March 27 and is named after the Irish citizen and USMC, Vietnam War hero Patrick Gallagher." So, Bob, thank you for that additional sort of accolade for Mr. Dowling. We certainly appreciate it.

The next item in the Q&A is from Tom. Tom asks, "What can be done at the personal and policy level to limit the negative impacts of social media that you mentioned?"

John Cameron:
I know you already covered it, but maybe there is something you would like to add.

Michael Dowling:
Personally, I have been fortunate. My kids were never overly addicted to social media, and I don't have young children anymore, as you can probably imagine. They're much older now.

But there is a lot of discussion about this. When I talk with parents, I'm always struck by how receptive they are to the idea that they have responsibility in this area. Many just don't know exactly what to do, because it's complicated.

That's why I think we need to do more to educate people. The book *The Anxious Generation* by Dr. Jonathan Haidt from NYU is an excellent resource. If you haven't read it, I would strongly recommend it. When you read that book, if you were not concerned beforehand about what technology is doing to kids, you will be afterward. It's very powerful and important work.

Alan Belniak:
Thank you. One more check. I don't see any more open questions in the Q&A module. I don't see any more hands raised. Just give another second or so to see if there's any late bloomers.

Back to you, John.

Michael White:
So, Michael, I know we have spoken a couple of times in the past, and I just want to take this opportunity to say thank you. I don't think you get enough appreciation for what you have done. Certainly, starting with this presentation, which has been extremely informative, but also for what you have done for Long Island and for the healthcare system, not only in the metropolitan area but across the country.

On a personal level, I have had incredible healthcare at Northwell facilities. I'm also extremely proud of my son, who started as a summer intern at Feinstein, went on to the Hofstra Northwell School of Medicine, completed many years of residency and fellowship, and is now an attending surgeon at North Shore.

You have provided him with an enormous friendly opportunity in an environment that is professional, supportive, and truly outstanding. He's proud to be part of it, and he's been able to build his career while staying on Long Island.

So sincerely, thank you.

Michael Dowling:
It's fine, Michael. You may find this interesting. I know your son. In fact, he performed surgery on my son yesterday morning.

My son had a very serious, life-threatening situation, and your son, along with his partner, saved his life. He is now in the ICU, but we're hopeful he will be coming home this weekend.

If it were not for your son's skill, and that of his partner, my son might not be here this morning. I know your son's history, starting at Feinstein as a volunteer, and he is now regarded as an outstanding interventional radiologist and vascular surgeon.

So truly, thank you.

Michael White:
I thank you, Michael. I wasn't aware of that, but that's amazing. Thank you.

John Cameron:
We'll remember your son, in our prayers.

Michael Dowling:
Let me just close on one thing. There was a former Irish politician from the 1820s and 1830s, in the context of everything going on today, who made a comment that has always stayed with me.
He supported Catholic emancipation in Ireland and was the first Catholic elected to serve in the British Parliament. He had a simple but powerful phrase:

"Nothing is politically correct that is morally wrong."

That sentiment applies to much of what we see happening today. It is important to remember that if something is morally wrong, it will never truly be politically right in the end.

John Cameron:
Great point. Well, Michael, on behalf of the Council, and as Michael White alluded to earlier, we want to salute you for a tremendous career and for what you have done not just for the healthcare network, but for Long Island, the region, and the nation.

We also ask that you continue. You carry enormous gravitas. People sincerely respect you, your position, your knowledge, and your passion for the human condition. We hope you will continue to lend your voice and leadership. And if there's anything we can do to support that work, please don't hesitate to ask.

Thank you.

CHAIRMAN'S REPORT
John Cameron:
Thank you again. I'd like to offer a sincere thank you to Michael for taking the time to share his perspective on healthcare issues locally, regionally, and nationally. As we all know, he is a true healthcare leader and a classic American immigrant success story. So again, thank you, Michael. We sincerely appreciate it.

As you know, I typically try to drill down where we are on Long Island. Globally, there are ongoing challenges. This past week, we witnessed the Islamic attack in Australia. We also continue to see the genocide of Christians in Africa. These are events we cannot erase from our minds, and we should continue to remain aware. The war in Ukraine also continues, even though President Trump has been attempting, through diplomatic efforts, to achieve a peaceful settlement, which has yet to occur. The administration's aggressive policies toward Venezuela, both regarding their boats and now initiating an embargo on their oil tankers, could increase the potential for greater conflict between nations.

Nationally, as Michael alluded to, major philosophical differences and political divides exist between the Democratic and Republican parties. Disagreements center around deportation of illegal immigrants, extension of Affordable Care Act benefits, Medicaid funding for undocumented individuals and those able to work, tax issues, the level of social program settlements, entitlements, education funding, and energy policy.

In New York State, government programs continue to make the state one of the highest-taxed in the nation. The state government, largely controlled by city Democrats, favors major social program spending, increased government regulation, and green energy policy, contributing to high taxes. Unfortunately, the distribution of government funding does not equitably follow the regions that generate the most revenue. Long Island, for example, has an almost $15 billion per year tax imbalance with the state, on top of a $25 billion imbalance with the federal government.

Politically, 2026 will be very interesting. Major elected officials, such as the governor, may face primary challenges from the left wing of their own party, while other officials, like Congresswoman Stefanik or Nassau County Executive Bruce Blakeman, may also face primaries. Locally, elections on the Island produced no major surprises, with incumbents winning most races. Public safety, taxes, and affordability were the primary concerns of voters. The election of Zohran Mamdani as the new mayor of New York City will create interesting dynamics, potentially affecting the exodus of businesses and residents to neighboring counties in New Jersey, Connecticut, and Long Island, as well as to other states such as Florida, the Carolinas, Tennessee, and Texas.

Suffolk County’s passage of a 1/8 percent sales tax increase should generate significant revenue for infrastructure programs, particularly wastewater systems, which will go into effect next month. We look forward to seeing the County address on-site systems and reduce pollution of groundwater and neighboring surface waters.

It should be an interesting year on many fronts. The Council will continue to advocate for what we believe is the right approach to issues and ensure that public discourse is informed and enlightened.

EXECUTIVE DIRECTOR’S REPORT

Rich Guardino:

Thank you, John. Let me start by thanking Jeff Kraut for arranging for Michael to be with us this morning. We really appreciate it. It was a great presentation. Thank you.

I've talked to Council Members and the public about the Long Island Water Quality Challenge in the past. We're now in our seventh year. It encourages middle and high school students to develop green infrastructure and innovations that can impact reducing nitrogen pollution on school grounds. This year, we've received 27 letters of interest, which is the largest number to date, and the final project proposals are due by February 8. Winning teams will be announced in March, and teams with the highest scoring

proposals will be awarded an optional grant up to $2,500 to actually implement their proposal on the school grounds.

With Nitrogen Smart Communities, we have this initiative, both in Nassau and Suffolk Counties, to take action to reduce, prevent, and eliminate nitrogen pollution in our waters. The Town of North Hempstead and the Town of Smithtown are the two pilot municipalities participating in the program. The municipalities follow a series of steps to earn tiered levels of Nitrogen Smart Community status certification. We're delighted that the Town of Smithtown has earned a bronze level certification by enlisting their community's long-term support. They are targeted to reach the silver level certification by the end of the year. And you may have seen the article in Newsday about their bronze certification published earlier last week. The Town of North Hempstead is also on their way to earning bronze level certification as well. We are going to expand a pilot program next year and bring it to other communities as well.

On the fertilizer poll, there's an online article today with a brief description explaining that a key contributor to nitrogen pollution on Long Island is the overuse of fertilizer on lawns. Many homeowners continue to heavily fertilize despite the environmental impacts. To better understand homeowner attitudes and behavior, the Council issued an RFP for public opinion poll on lawn and garden fertilization techniques and usage. The resulting Sienna Research Institute poll surveyed over 1000 homeowners across Nassau and Suffolk counties revealed a clear gap between awareness and action. Three out of four homeowners recognize that improper fertilizer can harm the environment. Nearly two thirds still fertilize their lawns, and more than 90% believe a green lawn boosts property value. These findings underscore the importance of a targeted public education and messaging to help homeowners adopt more sustainable practices and support Long Island's nitrogen reduction efforts. Again, that article is online, we're hoping that will show up in the regular edition of Newsday over the next couple of days.

Finally, with the aquaculture feasibility study, the Council partnered with the Town of Hempstead to prepare an aquaculture lease license feasibility study for Hempstead Bay. The study has been completed and provides essential information for the Town to consider and adopt the lease license program. A final feasibility study has been posted on the Town of Hempstead website and is available for public viewing.

That completes my report, John

John Cameron:
Thank you Rich. Is there any new business from the Council?

Alan, any public comment, any raised hands in the chat.

Alan Belniak:
One more call for raised hands. I don't see any. We do have one comment in the Q&A which came from Bob who was asking about the effects of social media on children. Bob was commenting that he missed the response due to a phone call, but he does thank Michael for answering. Give it maybe 10 more seconds to see if any more comments come in in the Q&A. I see none. Back to you, John.

John Cameron:
Great. Thank you, Alan.

Motion to adjourn. So moved. All in favor.

John Cameron:
On behalf of the Council, I would like to wish everybody happy holidays. Merry Christmas, Happy Hanukkah, Happy Kwanzaa, whatever you celebrate. Hopefully next year is going to be a happy and healthy New Year for you and all your loved ones. So, thanks so much, and thank you for joining our meeting today. We'll see you next year. Thank you.