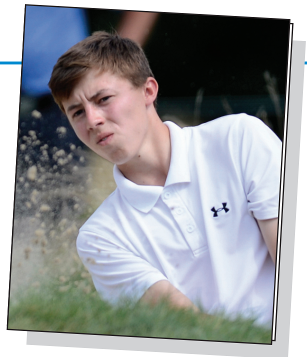
AN AP NEWSPAPER OF DISTINCTION

A-ROD BEANED, THEN GETS REVENGE AT FENWAY — Sports, Page 1B



BRIT PREVAILS — Sports, Page 1B

FINGER LAKES TIMES

MONDAY, AUG. 19, 2013

118th Year | Geneva, N.Y. – Serving Ontario, Seneca, Wayne and Yates Counties www.fltimes.com | 75 Cents

Reaching Over 28,872 Daily Readers!

Win a TV!
(Details page 9A)

TIMES POLL

It's August in the Finger Lakes and ...

Response	Percent
I can't believe summer is almost over	47%
I still haven't taken any vacation	14%
I still haven't done all my yard work	2%
My garden is growing like crazy	7%
Christmas will be here before you know it	16%
I can't wait for the fall foliage	14%

Total Votes: 87

Go to www.fltimes.com and scroll down to answer. A new poll runs each week with the answers the following Monday.

One tire at a time

Sodus inventor sees big things for his small-scale resource recovery equipment

By JULIE ANDERSON
janderson@fltimes.com

SODUS — *Think small.*

Tom Parker, a Sodus resident who has a mind for invention and innovation, says that's the only way to start transforming the process of resource recovery.

Parker, 61, has taken his decades of ingenuity, education and experience and created a piece of equipment that he says could change the face of landfills all over the world — while simultaneously producing a usable energy source.

Turning tires into fuel is not a new idea, but the approach that Parker has taken is decidedly different.

Think small.

"The problem with big industry is that they want to pyrolize hundreds or thousands of tires at a time," Parker said. "If you look at why most of the inventions in this industry fail, that is why."

Out of his own curiosity and love for technology and invention, Parker has created a small portable reactor that turns used tires into fuel while putting three-quarters of the energy back into the grid and creating a potential source of carbon black — a material that is mainly used as a reinforcing filler in tires and other rubber products, as well as a color pigment in plastics, paints and inks.

Invention is not a new field for Parker, who has worked in a number of big-name facilities promoting cutting-edge technology.

After serving six years in the Army during the Vietnam era, Parker knew that his passion for tinkering would resurface. He entered optics as a technician at Kodak in 1977, contributing to a

■ See TIRE on Page 4A

Spencer Tulis / *Finger Lakes Times*

Thomas Parker, 61, of Sodus, has taken his decades of ingenuity, education and experience and created a piece of equipment that turns tires into fuel. Above, Parker works on his invention inside the pole barn on his property in Sodus.

At left, Parker filled a ladle with his fuel and demonstrated how long it will burn.

Brewery plans to bring taste of Ireland to Route 14

By JIM MILLER
jmiller@fltimes.com

GENEVA — A beer boom is brewing along Route 14.

George Adams plans to open GAEL Brewing Co., an Irish-American-style microbrewery, at 4180 Route 14. That would put it between the newly opened Seneca Brew and Smokehouse and White Springs Winery's Glass Factory Brew House.

Adams, a Canandaigua resident, has operated a home brewery for eight or 10 years, and won awards for his beers. He said some cajoling from his wife helped convince him to plan something bigger.

"Also, [I was] looking for something new in my life," Adams said. "Actually, I've been looking for a site for almost two years. I've been bouncing around.

"First, I looked at Seneca Falls, [and] then I looked at the Cornell Food and Ag Park. ... I was talking to Bill McAdoo around the turn of the year, and he pointed me toward Route 14 South."

McAdoo, the town's code enforcement officer, said Adams will need approval from the town Planning and Zoning boards to proceed with his project.

"As part of this project, there will be a subdivision," McAdoo said. "Then, there will be a site-plan review and a special-use permit."

Adams plans to buy two vacant parcels totaling 2.4 acres and build a 2,500-square-foot building, McAdoo said. It would house a tasting room and a brew house, along with

■ See BREWERY on Page 4A

A CONVERSATION WITH : Elizabeth Swain

"A Conversation ..." is a regular *Times* feature, designed to give our readers a glimpse of various individuals who stop in and share an hour or so of their time, talking with us about today's issues.

Spencer Tulis photos / *Finger Lakes Times*

FLT: How did you get into this field?

SWAIN: In the Pacific Northwest I started as a young woman in the community health center movement which was in the late 1970s. Really, it was a community-based, community-organized scenario. Health centers were started in the 1960s with federal dollars, but they also emerged out of these community free clinics, open clinics, women's clinics, you name it, church basement clinics.

FLT: Do you have a nursing degree?

SWAIN: I have a master's degree in political economics ... I was really trained to be an academic but when I went out into the real world I said 'I don't want to be an academic, this is fun.' I [realized] I would rather work in a community health center because I was also a community activist and I wanted to see if there was a way to take the ideas of our generation and make them happen in the community.

FLT: What was the focus of your activism? Was it health care?

SWAIN: I started in journalism in underground newspapers in Seattle ... just writing the real story of the community. But I quickly got involved in the community health centers because we did a couple of stories on access to health care. This was before the AIDS epidemic. This was at the height of the feminist movement in the '70s, which was identifying health care gaps for women and kids. And it was at the same time that the Medicaid program was starting to establish a foothold in low-income communities.

There was a health care center in downtown Seattle, they had a larger homeless program and they served older folks ... it was not a women's and children's program. I thought

■ See SWAIN on Page 5A

CEO, COMMUNITY HEALTHCARE ASSOCIATION OF NEW YORK STATE

Background: Born in Boston; raised in southern New Hampshire and Vermont
Education: Bachelor's degree in sociology and master's degree in political economics from Boston University
Lives in: New York City (after 30 years in Seattle)
Hobbies: Walking, bike riding, music, "major dog lover"
Why she's in the Finger Lakes: To raise awareness about health centers as part of National Health Center Week 2013

INDEX

Classifieds 7-10B
Comics/Crossword . 5-6B
Dear Abby 5B
Farming 7A
Obituaries 2A
Opinion.............. 8A
Police Beat 3A, 5A
Sports 1-2B, 4B
Sudoku.............. 7B
Television........... 6A
Weather 9A

© 2013 Finger Lakes Publishing Inc.

WORD OF MOUTH:
"... wouldn't it be better to just trust 'We the People' with the truth?"
— Pete Mitchell, Page 8A

TOMORROW
High: 83
Low: 58

SWAIN

■ Continued from Page 1A

'this is an interesting model.' Obviously these folks needed subsidized care. I worked the front desk for a couple of years, then I went off and learned how to do the grant writing and operations management ... Then I became a community health center executive director and ran a health center in Seattle.

FLT: What brought you back East?

SWAIN: This job here brought me back. ... All of the years spent in community organizing and health center movement development in Seattle was part of a national movement to build the health center program across the country. In the 1990s the health center program emerged out of a murky time. In the 1980s public health and primary care for low-income people lost a lot of funding and lots of public health programs were completely eliminated. In the 1990s in the Clinton administration's second term they said 'Let's get these health centers funded,' so what had been a fairly small program started getting fairly large increases. We were very excited about that.

FLT: You came back to New York state in 2005 so you've been here almost 10 years.

SWAIN: Yes, and it happened at the same time that primary care was becoming more interesting to the general population. Primary care, really the old fashioned family doctor, was the model that was fairly common in the 1970s. Then the health industry took over and components of the health system that could generate revenues for various parts of the system really became the focal point. That's when the big pharmaceutical spending started driving where industry was taking the health system ... After about 25 years we had a health system that was completely fragmented, most expensive in the world, New York most expensive in the country and providing really poor quality services.

FLT: What's your assessment of what's happening now?

SWAIN: Enter Gov. Andrew Cuomo who created the Medicaid redesign team to reform the Medicaid system in the state ... to spend Medicaid dollars on Medicaid patients and move from a volume service to one that generates value.

FLT: So you're in support of that reform?

SWAIN: We're supportive of moving Medicaid and other health system dollars out of places where there is no value and moving them into the front end of the system where they can actually prevent people from getting sick before they get sick, keeping people out of hospital settings, out of expensive settings through care management, case management, nutrition. So the comprehensive model that we've had for 40 years is now really the popular model. We don't need new money in the health system.

FLT: Tell me about your comprehensive model.

SWAIN: It's important to understand. What we use our Medicaid dollars to support is the community health worker, the case manager, the health educator, the outreach worker, the person who drives patients to their appointments — those are the people who make health status happen, so it's not just about the primary care provider. Obviously that person is important, but historically in traditional health settings the doctor is the middle of the team. In our approach it's a patient-centered approach ... has been for 30 or 40 years.

Often because the patient is uninsured or underinsured you can't decide what's going to happen to a patient based on what its insurance is going to pay for. When the patient walks into the health center you talk to them about what kind of insurance they have because you're going to bill their insurance company or make sure they have the insurance they are eligible for but ... you're not allowed to deny care to anybody. Over the last several decades this model has produced incredibly strong quality results because you're blind to the patient's economic circumstances in a good way.

You also are careful about how you spend the health center's money. As a provider you are not going to order unnecessary specialty referrals or testing that does not have a specific reason. You're not going to just do that to pump revenues into some business you may or may not have an interest in. Because that patient's insurance status may not bring that business anything but some bad debt.

It's a great model because it produces good quality, but it also just happens to be the model everyone in the U.S. is moving towards. This is about saving money. The over-testing and bad health status results of people in the United States ... is now on the front pages.

FLT: Your organization, is it more of an advocacy group?

SWAIN: We're the voice of the health centers at the state and national levels. We're also trainers and technical assistants in technology and quality system development. We have a statewide center for primary care informatics, which is a data warehouse and analytics too. It's designed to collect data and then benchmark program by program within our system and improve quality against outside programs.

... If you look at where we spend our money in our budget, less than 15 percent goes into our advocacy programs. Our job is really to support health centers' ability to implement the 19 program expectations that the Health Resources and Services Administration has of the federally qualified health centers system.

FLT: What do you see as the positives and negatives of the Affordable Health Care Act as it relates to community health care centers?

Spencer Tulis / *Finger Lakes Times*

SWAIN: In some situations there are doubled-edged components.

The Affordable Care Act is transforming the way the insurance industry handles their insurance programs and requiring them to spend much more of the premium dollars they bring in on claims. They're being regulated in a way they never have been before — required to see people with pre-existing conditions, to eliminate any lifetime caps on coverage and to make it illegal for them to kick people off of insurance if they are getting sick ... Those are all really fantastic benefits for the people in this country.

They're also going to expand by 35 million the number of people who have insurance in this country; we have anywhere from 45 to 60 million people who are completely uninsured or underinsured.

... Everybody knows that the Supreme Court ruled in favor of the Affordable Health Care Act, but they also eliminated the mandatory requirement that states expand their Medicaid program, so a lot of the newly insured 35 million are really tied to that Medicaid expansion. Every state is going to decide how they are going to handle that expansion. They have up to three years of free federal money with no state match requirement before they have to start kicking in. In New York state we've had a Medicaid expansion in place for years. The state of New York is an expanded state; it has always been. ... We're going to see about 90,000 new Medicaid patients in New York state. That's not a lot because we've covered almost all the folks through our expansion programs.

... There are a lot of negatives. What you'll hear from me as an expert in the field is that the biggest problems we are going to have is the fact we don't have a Medicaid expansion program that's mandatory, which means the states that are the poorest and have historically underinsured their population are still going to have the option to do that. Who suffers? The people who are most vulnerable. The program is not universal; it only covers people in the insurable groups. It will be hard to administer because each state will administer its own.

Many of us were supporting what came to be called the public option A single-payer approach like the one we have with Medicare works really well .. but it was politically not viable. The Medicare program is a great example of a single payer. Of course the payer then works with the individual private commercial insurance industry to implement the program. I think that was one of the misunderstandings about what it meant to have a single payer or public option.

With each of the states having the option to run their own ACA-related expansion through the health insurance exchange that we're launching right now and also the corollary implementation of the private business insurance mandate, which has been delayed by a year — those two things are really key to getting this program launched. ... It's just that they're hard to implement because of the regulatory environment and the lack of funding.

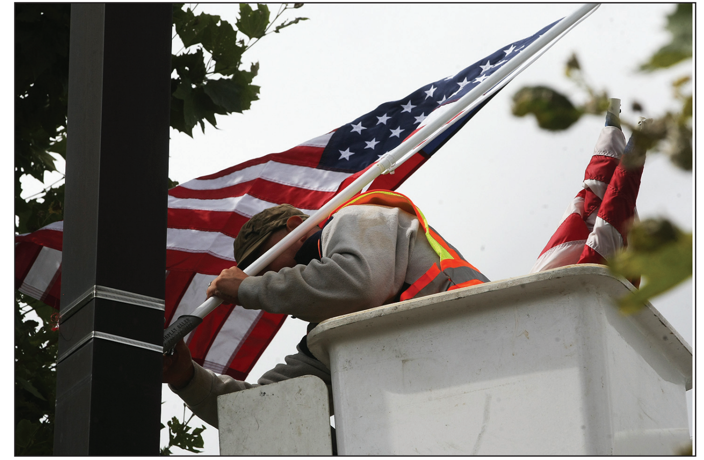
FLT: In terms of growth, Finger Lakes Community Health is opening two more centers (Ovid and Newark) this fall in the Finger Lakes. What's your impression of the Finger Lakes health care climate?

SWAIN: I have visited some of these sites and Mary Zelazny, CEO of Finger Lakes Community Health, sits on our board of directors and brings the Finger Lakes region to the state level. ... One of our biggest pushes has been to get upstate and not allow the health system in New York City to define the health system for the rest of the state, which has really happened the last 25 years.

... We have initiated and hosted with grant dollars upstate-focused initiatives that have brought new federal grant dollars to this region. We serve 1.6 million people in this state out of a low-income population of 5 million and a statewide population of 19 million. We have a lot of opportunity here. I was very happy to hear today that Finger Lakes Community Health has grown from a $400,000 operation in 2003 to a $10 million operation today. The patient growth has gone from 1,200 in 2003 and now we anticipate by the end of this year we'll have 22,000 patients [at eight service locations].

— *Transcribed by Susan Clark Porter*

Show of colors



Spencer Tulis / *Finger Lakes Times*

Village of Newark DPW employee Chet Wells hangs one of many American flags downtown last week.

POLICE

■ Continued from Page 3A

The arrest stems from a domestic incident. Ingandello was arraigned in court and taken to the county jail on $3,000 bail or $6,000 bond.

DWI Arrests

The following were charged with driving while intoxicated:

• Jason G. Batcheller, 22, of Phelps, by Seneca Falls police about 12:15 a.m. Thursday following a two-car crash in a business parking lot on Cayuga Street. Witnesses told police Batcheller backed his vehicle into a parked vehicle, causing major damage and then left the scene.

Batcheller also was charged with refusal to submit to a breath test and leaving the scene of an accident. He was arraigned in court and released on his own recognizance.

• David J. Blount, 35, of Choctaw, Okla., by Seneca Falls police about 11:45 p.m. Saturday following a traffic stop in the town.

Blount, who was ticketed with failure to keep right and speed not reasonable and prudent, was arraigned in court and taken to the county jail on $3,000 bail or $6,000 bond.

AUO Arrests

The following person was charged with aggravated unlicensed operation:

• Thomas Findley, 32, of Waterloo, by Seneca Falls police Saturday after a traffic stop in the town; Findley was ticketed with not wearing a seat belt.

He was released with an appearance ticket to town court.

Ventosa VINEYARDS
3440 Rt. 96A • Geneva • 315-719-0000 • www.VentosaVineyards.com
HAPPY HOUR
Every Wednesday 5-6PM
ALL DRINKS BUY 1 GET 1 FREE
EXCLUDES BOTTLES OF WINE
Live Music Series
Every Wednesday 6-9pm
No Cover
Aug. 21st LONESOME TRAIN
Aug. 28th LOOSE CHANGE

Sending a kid off to college?
Help them stay in touch with what's happening at home.
Get them an **e-subscription** to the
Finger Lakes Times
It's convenient, affordable and smartphone and tablet friendly.
Order online at
fltimes.com
or call
315.789.3351

Seneca Street
SIDEWALK SALE
Continues till Sat., Aug. 23RD
Don's Own
FLOWER SHOP, INC.
40 Seneca St., Downtown Geneva, NY
(315) 789-2554

50th Anniversary
TAKING CARE OF YOU IS WHAT WE DO!
EVENTS EVERY SATURDAY THRU AUGUST
2013 RAM 1500 Express Quad Cab 4x4
Stk# D13364 • MSRP $35,430
5.7L, V8 HEMI, MDS VVT Engine, 20"x9" Aluminum Chrome Clad Wheels, Popular Equipment Group.
Best Selection of RAM 1500's in the Finger Lakes!!
31 IN STOCK!!
Lease for $179 /24 Mos.
Pete D'Amico, Sr. Chairman & Founder
Pete's "Golden" Pre-Owned Picks
'11 FORD Mustang GT Premium Candy Apple Red, Auto., Leather, Chrome Wheels, 302 Pony V8, 2,682 mi. WOOHOO!!! $28,250
'10 CHEVY Equinox 2LT AWD, V6, 58k!!! $17,750
'12 DODGE Avenger SXT Plus Black V6 22k!!! $15,950
'12 HONDA Civic Coupe Only 9,268 certified miles. LIKE NEW!!! $16,250
'09 NISSAN Versa S 4 Door Sedan, 74k mi. JUST TRADED!!! $8,950
'10 HONDA Accord LX 4 Door Sedan, Automatic, 38k!!! $14,450
'08 DODGE Avenger R/T AWD Black Beauty, Leather, Sunroof, 62k!!! $13,750
'11 HONDA Civic LX 4 Door Sedan, Auto., only 6,108 miles $15,850
'10 HONDA Civic LX 4 Dr., Auto., 36k. $13,350
'11 JEEP Compass 4x4 Sport Auto., Bright Silver, 16,462 miles $15,950
'08 CHEVY Silverado LT 4x4 120k, Regular Cab. EXCELLENT CONDITION!!! $13,350
'10 JEEP Gr. Cherokee Laredo 4x4 6 Cylinder, One Owner, 66k!! $16,250
'08 CHEVY Uplander LS Only 78k $9,450
'08 CHEVY Impala LT 4 Dr., Loaded, 88k $9,550
'09 JEEP Patriot Sport 4x4 4 Wheel Drive with 4 Cylinder Economy, 110k!!! $9,250
50 Years
D'Amico CHRYSLER RAM DODGE Jeep
TAKING CARE OF YOU IS WHAT WE DO! 1051 RTS 5 & 20 GENEVA, NY 14456 | 315.789.7676 | DAMICOJEEP.COM
All buy and lease prices include rebates available to all consumers; Ram includes trade-assist bonus cash; All leases require $3500 cash or trade equity plus NYS sales tax, DOC fees and DMV fees; 10,000 miles allowed annually. 25¢ a mile overage; customer responsible for excess wear and tear; security deposit not required; subject to approval by primary lender; must take delivery by 8.31.2013.