

UNWIND

Tennessee Williams on ice? INSIDE



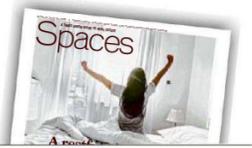
REGION

State issues measles alert for Albany Med and Saratoga Hospital. C1



SPACES

Redesign your bedroom to wake up happier. INSIDE



BUSINESS

Capital Region craft beverage makers cope with tariff impacts. E1

TIMES UNION

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New York looks to nuclear for its future power needs

By Ezra Bitterman

ALBANY — Gov. Kathy Hochul lurched her administration into uncomfortable territory last month when she announced that she had directed the New York Power Authority to build a new nuclear power plant upstate.

Nuclear has always been an item of high intrigue as a technology with the potential to deliver on demand clean energy.

At least that's the way it's been sold time and again throughout history.

There's been successes but there's also been failures. New York gets about 20% of its electricity supply from nuclear power, with almost half of the state's clean energy coming from three nuclear plants.

Technological advancements have made plants safer over the years despite a few notable examples, including the accident

at Three Mile Island in Pennsylvania. But cost overruns in construction have at times left ratepayers paying for energy they never receive.

Hochul's foray into the nuclear option isn't suprising, as the state is managing a potpourri of energy challenges.

Projections show a rapid increase in electricity demand over the next 20 years as the state adds more domestic manufacturing, electric vehicles



Courtesy of Darren McGee / Office of Gov. Kathy Hochul

Gov. Kathy Hochul tours the New York Power Authority's Robert Moses Niagara Hydroelectric Power Station with NYPA President and CEO Justin E. Driscoll on June 23.

and modern heating systems. By 2045 the state is expected to need 42,840 MW on a peak day. Forecasts in 2020 — before the proliferation of artificial intelligence

and its massive power requirements — had anticipated that 37,292 MW would be sufficient to meet peak demand in 2045.

See NUCLEAR, A4

Opioid overdoses drop, but not for all

Death rates for Black men stall amid overall decline in state

By Raga Justin

ALBANY — In the early 1980s, George Jones was a youthful New York City native in his 20s looking for a good time. When his friends introduced him to heroin, the narcotic sparked a nearly three-decade struggle with addiction.

Jones, 65, finally began his recovery in 2010, just as the deadly synthetic opioid known as fentanyl was beginning to permeate the drug supply across the country, especially in New York. It was a "long and arduous journey," he said, noting there was days he would look in the mirror "and not recognize myself anymore."

Now an employee of the New York City-based organization StartCare, which serves some of the neighborhoods hit hardest by the opioid crisis, Jones will often visit people in the throes of their own addiction as part of an outreach team. And that work has a visible impact on highly vulnerable residents who are the most at risk of dying from a fatal overdose, Jones said.

"As you begin to engage with these people, you're building a relationship and they come to you," Jones said. "They see the concern and the love and the compassion and the empathy that you have for them where they're not used to having it."

The work people like Jones do is frequently touted by state health officials, who this year are cautiously celebrating sharp decreases in opioid overdose death rates, a welcome sign of relief after decades of a steadily worsening addiction crisis.

But many of those celebratory statements don't fully capture an unsettling truth: older Black, indigenous and Hispanic men are dying at rates faster than the state's average. For them, advocates say, the accolades for any progress can ring hollow.

"If you look around, you know, it's us" See OPIOIDS, A7



Just being kids

Children of migrant farmworkers find a haven at summer camp



Photos by Allyse Pulliam/For the Times Union

At top, Emily and Geraldine hide out in the playground at Dulce Esperanza, a summer camp for the children of migrant farmworkers in Warwick. Above left, Melissa and Lizeth share secrets.

By Maria M. Silva

WARWICK — On a recent afternoon, three girls scampered down the hall at Dulce Esperanza, a summer camp in Orange County. Grinning ear to ear, they carried stuffed animals, fabric scraps and a stapler to a spot by a window, where they made outfits and a cardboard house for their furry friends.

Down the hall, Yarezi and Emely were making friendship bracelets. They're best friends — after all, they share a birthday.

Elsewhere, there was volleyball, yoga, art,

See DULCE, A14

Business/Jobs.....E Classified.....D5 Comics.....Inside

Crossword.....Unwind Obituaries.....C4 Perspective.....D

Real Estate.....Spaces Sports.....B Television.....D4



WEATHER: Gusty thunderstorm in the afternoon. High: 86° / Low: 64° / Details, A2



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OPIOIDS

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that's suffering the most, and it's us that's dying the most," Jones said.

The disparity, state officials have acknowledged, underscores how complex it is to treat and prevent substance use disorders, even as New York has started to see some success; Gov. Kathy Hochul has touted an over 30 percent drop in overall opioid deaths in 2024 compared to 2023. And while the drop is significant, more New Yorkers have died in recent years than at the start of the epidemic, which has raged for decades but which started rapidly increasing through the early 2000s. New York deaths reached a peak in 2017 and spiked substantially higher in 2020 and 2021.

"We can't say overdoses are down and not mention that they're not down everywhere," said Jonnel Doris, who leads StartCare, a New York City-based organization that serves primarily some of the neighborhoods hit hardest by addiction.

Advocates say the disparity also highlights the ongoing struggle around disbursement of hundreds of millions of dollars in opioid funding through legal settlements. The distribution of those funds has appeared to overwhelm

the state, which relies on an advisory board to offer suggestions on where money should go.

Although nearly \$400 million is available, members of that advisory board have heavily criticized the slow distribution of funds to community organizations that often serve on the front lines for people with substance use disorders.

They say New York agencies, including the state Department of Health and the Office of Addiction Services and Supports, have been slow to deliver available funds to health care providers, even as the epidemic still rages across New York.

OASAS Commissioner Chinazo Cunningham cautioned that specific racial data from the decline has not yet been released, and disputes claims that the settlement dollars have not been distributed quickly enough. She also said the agency maintains a strict emphasis on the principles of health inequity and noted that she has made that a focus of her tenure.

"We know that a lot of the drug policies in this country have been racist. We know that, and we have to work against that," Cunningham said. "I take this very seriously."

The question of why certain demographic groups experience overdoses at higher rates than others is "a million dollar question,"

Cunningham said, pointing to an overrepresentation of Black and Hispanic individuals in treatment programs.

"It's not simply just saying more treatment in these communities or more treatment to these populations. It's not that simple," Cunningham said. "If it were that simple, we would have solved these problems."

'You've got a problem'

For decades, increasing pollution of the drug supply — especially with synthetic opioids like fentanyl — has led to adverse consequences among all demographic groups and regions in the state.

But the problem has nearly always been exacerbated among Black and brown communities, leaders of which say older Black and brown men are still dying at rates much higher than other racial and age groups in New York. Many have questioned why officials have not dedicated a proportionate share of the billions of settlement dollars to the needs of the state's most vulnerable.

According to 2023 demographic data from the Centers for Disease Control and Prevention — the latest data that includes a racial breakdown — overdose deaths are unevenly distributed across New York, with Black New Yorkers having the highest



Will Waldron/Times Union

Gov. Kathy Hochul has touted an over 30 percent drop in 2024 compared to 2023. But the state has an ongoing struggle around disbursement of hundreds of millions of dollars in opioid funding through legal settlements.

rate of overdose deaths. "Align the deck," said Tracie Gardner, a member of the Opioid Settlement Fund Advisory Board who

now heads the National Black Harm Reduction Network. "If your overdose mortality is still happening among your Black commu-

nity, and your Black community is like 3 percent of your population, you've got a problem that you're

SEE OPIOIDS, A8



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OPIOIDS

From page A7

not addressing correctly.” Settlement dollars are collected by the state attorney general’s office through legal agreements with the opioid manufacturers, distributors and marketers that drove the opioid addiction and overdose crisis.

The racial disparities are frequently invoked at meetings of the Opioid Settlement Fund Advisory Board, where members have often internally fought over how, exactly, they should advise the state to spend its settlement dollars. Recommendations, proffered to Hochul annually, are not binding.

The board has identified “priority populations” including members of the LGBTQ community, those involved in the criminal justice system, and communities of color. But Gardner said that has not yet translated to specific, concentrated action yet.

“We cannot just pat ourselves on the back about what we’ve done,” Gardner said. “That’s not our job to be satisfied, right? It’s to keep you doing what you need to do to reduce the suffering.”

New York’s uneven drop among overdose deaths is not uncommon — it’s a phenomenon across the country.

But Gardner pointed to other states that may have successfully been more limber in directing funds instead of the Byzantine rollout that she said has characterized New York’s approach to its own settlement cash.

Virginia, for example, has a designated “Opioid Abatement Authority,” a body created by the state’s legislature in 2021 that distributes funding across the state and operates separate



Will Waldron/Times Union archive

Pharmaceutical companies, distributors and marketers accused of fueling the opioid crisis have been required to shell out hundreds of millions of dollars through legal agreements with all 50 state attorneys general. New York is set to receive billions through those settlements.

from a state agency. In June, that authority announced it had moved to release funds specifically to seven communities where death rates among Black residents had increased over 100 percent between 2019 and 2023.

Evan Frost, a spokesman for the Office of Addiction Services and Supports, said the agency has implemented several initiatives to address that high rate, including establishing new treatment facilities in underserved areas and investing in street outreach services that try to connect people to treatment.

“While OASAS develops the specific initiatives funded by this money, we have been supportive of expanding and enhancing services to meet the needs of underserved New Yorkers, with a focus on communities of color,” Frost said. “All procurements issued by OASAS include a requirement that an applicant show a commitment to ensuring diversity, equity, and inclusion.”

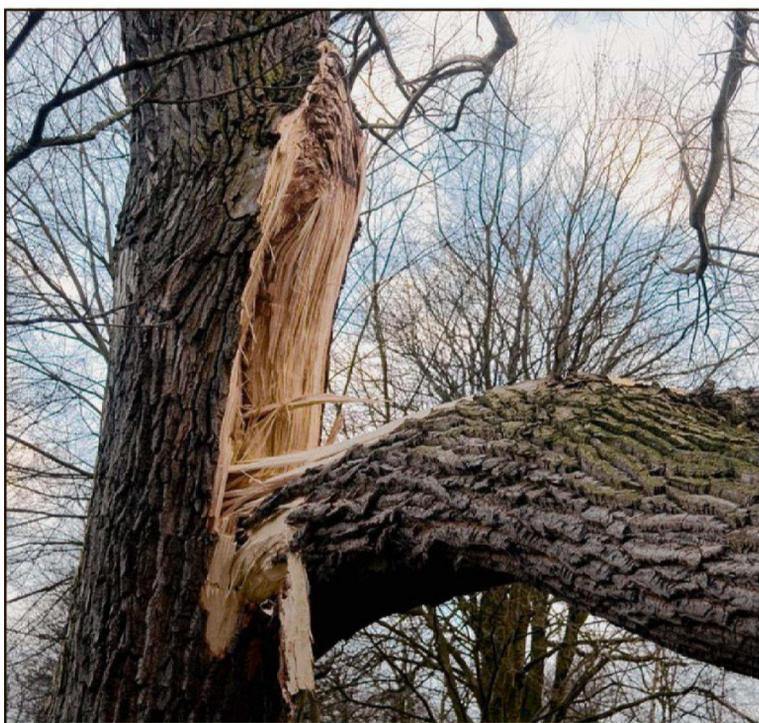
Doris, who formerly worked in New York City’s Minority and Woman-owned Business Office, suggested an approach similar to that program,

which sets aside a portion of publicly-funded projects for business owners who identify within certain demographic categories.

He referenced his own struggle competing for settlement dollars through grant proposals and said a priority designation could help steer money towards organizations that are exclusively focused on the New Yorkers most vulnerable to drug overdoses — older, Black men who often are experiencing housing and economic instability or mental health conditions concurrently.

“The policy should be based on need. That’s where the resources go,” Doris said. “I don’t know the formula that’s being used....Follow the data and then allocate it to those communities and individuals that way, not broadly. (The funding) needs very specific and intentional application.”

Beyond racial disparities, there are also some concerns with geographic distribution of opioid deaths: while New York City has the highest number of overdose deaths, health officials pointed to a higher rate of deaths occurring in western New York.



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