

**TESTIMONY OF THE MAYOR'S OFFICE OF RECOVERY AND RESILIENCY  
BEFORE THE NEW YORK CITY COUNCIL  
COMMITTEES ON RECOVERY AND RESILIENCY AND HEALTH**

*February 23, 2016*

**INTRODUCTION**

Good morning. My name is Daniel Zarrilli and I am the Senior Director for Climate Policy and Programs. In this role, I oversee the work of the Mayor's Office of Recovery and Resiliency and the Mayor's Office of Sustainability. I want to thank Chairpersons Treyger and Johnson, as well as the members of the Recovery and Resiliency Committee and the Health Committee, for this opportunity to speak about the recovery of the City's hospitals after the Hurricane Sandy. I'm joined here today by Roslyn Weinstein from NYC Health and Hospitals. Before talking about the City's hospitals, it's helpful to start briefly with our healthcare system.

**HURRICANE SANDY AND THE HEALTHCARE SYSTEM**

On any given day, over 1 million New Yorkers depend on regular, ongoing medical care. More require intermittent care. Over the years, a vast, complex healthcare system has evolved to meet these needs. And on a normal day, this system functions well. However, an extreme shock can put that system to the test.

In late October 2012, Hurricane Sandy roared into New York Harbor, killing 44 New Yorkers and causing \$19 billion in damages and lost economic activity. It was the worst natural disaster in our history and our city's healthcare system was not spared. The storm completely shut down six hospitals and 26 residential-care facilities. More than 6,400 patients were evacuated. Flooding and power outages forced community clinics, doctors' offices, pharmacies, and other outpatient facilities to close or reduce services in the areas most impacted by the storm. Providers who remained open strained to fill the healthcare void, and did so only because of the heroic efforts of staff.

Power loss was the primary cause of evacuations from nursing homes and adult care facilities, and many providers experienced both utility outages and damage to their electrical equipment. Even providers with generators had problems if their equipment was located in parts of buildings that flooded or if providers had failed to secure fuel in advance. Without power, other critical systems – lights, heating, elevators, kitchens, and medical equipment – could not function.

Home-based care was also impacted, but primarily by disruptions in the transportation system. After subways and buses shut down, travel restrictions and gasoline shortages made it difficult for nurses to reach their patients scattered across the five boroughs. If and when they finally did reach their destinations, they faced others challenges, like reaching patients on upper floors in high-rise buildings without working elevators. Prolonged power outages also posed a risk to New Yorkers who rely on electronic medical equipment and devices. Looking back, the unpredictable storm conditions increased the risk of average New Yorkers to require life-saving treatment.

## **BUILDING A MORE RESILIENT HEALTH CARE SYSTEM**

Since Sandy struck, the City has been working tirelessly, most recently through its OneNYC program, to make the city and its healthcare system more resilient.

To address risks in our public hospitals, the City and HHC secured over \$1.7 billion from FEMA for resiliency investments at Bellevue, Coney Island, Coler, and Metropolitan Hospital. These projects have launched and we are on track to complete them on time and on budget – and with no interruption to patient care. Furthermore, we're pleased with the reopening of Ida G. Israel Community Health Center last year. That facility is not only back online, but stronger than it was before Sandy; its reopening is a major step toward improving healthcare access in Coney Island and its surrounding neighborhoods.

We're also investing in the resiliency of critical health care facilities beyond our HHC portfolio. In 2014, the City awarded \$28 million to Staten Island University Hospital (SIUH) to ensure that the hospital's comprehensive resiliency program could move forward. SIUH is home to the largest emergency room on Staten Island and its campuses (North and South) are located in areas vulnerable to flooding. The City has been working closely with SIUH to help the hospital advance their resiliency improvements.

### **Building Codes**

We also learned a lot from Sandy. In particular, across many types of buildings, we saw firsthand that building codes work to ensure occupancy safety and avoid excess damages. To ensure that our hospitals, nursing homes, and adult care facilities can operate continuously during extreme weather, the City now requires that new facilities be built to higher resiliency standards and existing facilities are hardened to protect critical systems. For example, according to new code requirements:

- All patient care areas must now be located above design flood elevation.
- Nursing homes, group homes and adult care facilities must now have within their buildings an accessible source of drinkable water for residents in an emergency without the need for pumps.
- Healthcare facilities must have permanent emergency and stand by power systems.
- Certain hospitals, nursing homes, group homes and adult care facilities located in flood hazard areas must have connections for temporary generators, boilers or chillers.

## **REDUCING CLIMATE RISKS**

It has also become clear after Sandy that climate change will amplify some of the existing health threats that New York faces. Climate change related health threats such as sea level rise, heat waves, droughts, and worsened air pollution are anticipated to put additional strain on our health care system through associated illnesses and exacerbating chronic conditions. That's why our health-related resiliency investments extend beyond preparing for the next hurricane.

### **Understanding Heat Islands**

In partnership with The Nature Conservancy and local academics, the City formed a new urban heat island working group to generate new research and identify needed policies and investments to

mitigate the risks of heat, which have a profound impact on vulnerable populations. By greening and cooling neighborhoods and increasing access to air conditioning, we aim to reduce heat-related illnesses and deaths, decrease energy-related greenhouse gas emissions, and reduce disparities in vulnerability to climate change.

### **Improving Air Quality**

Levels of air pollution in the city continue to cause serious health problems but we are making strides through our OneNYC program toward having the cleanest air quality of any big city in the United States. We're rigorously enforcing the updated DEP Air Pollution Control Code, and all 5,300 buildings that were registered as burning Number 6 heating oil in 2011 have converted to a cleaner fuel as of December 31, 2015.

### **CONCLUSION**

In conclusion, I would like to thank both committees for this opportunity to outline the City's efforts at making our healthcare systems more resilient to withstand the challenges of a changing climate.

Now, I'd like to turn it over to Roslyn Weinstein from NYC Health and Hospitals who will describe the specific efforts being undertaken at the city-owned hospital portfolio.

Thank you.



**NEW YORK CITY COUNCIL  
COMMITTEE ON HEALTH &  
COMMITTEE ON RECOVERY AND RESILIENCY**

**OVERSIGHT HEARING: THE RECOVERY OF THE  
CITY'S HOSPITALS AFTER HURRICANE SANDY**

**ROSLYN WEINSTEIN,  
SENIOR ASSISTANT VICE PRESIDENT  
OPERATIONS & FACILITIES DEVELOPMENT  
NYC HEALTH + HOSPITALS**

**FEBRUARY 23, 2016**

Good morning Chairpersons Johnson, Treyger and members of the Committee on Health and the Committee on Recovery and Resiliency. I am Roslyn Weinstein, Senior Assistant Vice President for Facilities, Capital and Operations at NYC Health + Hospitals. Thank you for the opportunity to testify this morning on recovery and resiliency initiatives in the wake of Hurricane Sandy. I will begin by giving brief testimony and then will review several slides to highlight work that is now underway.

First, let me thank the members of the City Council and the Administration for their efforts in 2014 to help secure a \$1.72 billion grant from the Federal Emergency Management Agency (FEMA). This capped grant will cover projects designed to protect our facilities from damage in the event of future storms and to cover the costs of repairs that have been made. We are engaged in collaborative efforts to ensure that these projects succeed and come in on-time and on-budget. We have been working closely with our partners in the Mayor's Office of Recovery and Resiliency and the New York City Economic Development Corporation who join me here this morning.

As you know, our system suffered serious losses as a result of Hurricane Sandy. Nearly every large NYC Health + Hospitals facility had some form of damage from rain, wind and flooding. The most significant physical damage and serious flooding happened at three of our acute care hospitals - Bellevue, Coney Island and Metropolitan, one long term care facility and specialty hospital - Coler and one large community health center in Coney Island - the Ida G. Israel center, which was irreparably damaged. Additionally, our Neponsit Adult Medical Day Care Center, a program for medically fragile elderly residents of the Rockaways, was flooded and required significant repairs before reopening.

The FEMA grant that we negotiated covers:

- Funding that will enable Coney Island Hospital to build a free-standing building on the hospital's campus that will be raised above the 500 year flood level to house critical infrastructure, including the Emergency Department, imaging services and surgical suites. This project would also include funding for the hospital's power plant. The grant

also covered repairs that were made to the hospital's basement, first floor and electrical systems.

- Funding for Bellevue Hospital to pay for restoration work on electrical systems and equipment already completed. This will also pay for the installation of flood walls and gates to protect the hospital to the 500 year flood level, new flood proof elevators and to raise vital infrastructure out of the basement.
- Funding for the Coler Specialty Hospital and Nursing Facility to build a flood wall, pay to replace the generator that was destroyed and create additional protection to this critical facility's electrical systems. And,
- Funding for Metropolitan Hospital to build a flood wall and pay for electrical repairs.

As you know, the services that we provide during and after an emergency such as Hurricane Sandy are critical to New York City. As such, we work with colleagues in the health care community, the New York State Department of Health, the New York City Department of Health and Mental Hygiene, New York City Emergency Management and the Greater New York Hospital Association to prepare for future events. NYC Health + Hospitals invests a considerable amount of time and resources into emergency preparedness planning. This planning occurs at a facility level, as well as on a system-wide basis. We have emergency management teams that plan for, drill for and refine our responses to different disaster scenarios, including hurricanes.

Because of the planning that goes into preparing for storms and the dedication and hard work of our staff, we were able to reopen some primary care and specialty care services days after the storm. Later after extensive repairs were made, we were able to expand outpatient services, restore inpatient services and emergency department services at Bellevue and Coney Island hospitals.

The Coler Specialty Hospital and Nursing Facility on Roosevelt Island, lost power and heat after the storm. These services were restored to Coler in the days after the storm after we installed temporary generators before transitioning back to Con Ed power. We also installed boilers to provide heat and steam. We are currently in discussions with the Roosevelt Island Operating Corporation on options to mitigate the effects of future storms.

The damage from the storm was not limited to Bellevue Hospital, Coney Island Hospital, Coler and Metropolitan Hospital campus. The widespread loss of power required seven HHC facilities in three boroughs to switch to emergency generator power after the storm. Several other HHC facilities including: Harlem Hospital, Queens Hospital and Jacobi Medical Center and experienced storm-related damage.

Over the past 3 years, we have undertaken a number of projects to make our facilities more resilient. These include structural restorations, installation of new boilers, new mechanical and electrical systems, roof repairs, medical gas systems, flood remediation, exterior protection from severe wind events and heating, ventilation and air conditioning systems. Where possible, we are relocating these systems from basements to 1<sup>st</sup> floors and higher levels in vulnerable facilities. Pumps and motors which must remain in basements will require upgrading to submarine type/submersible equipment.

Before I turn to the slides, I want to emphasize that we fully intend to complete these projects on-time and on-budget. We have a fixed amount of funding from FEMA to complete these projects and we must not exceed this cap. I am confident in our ability to rebuild stronger than before. This is primarily because of our dedicated staff who work tirelessly on these important projects because they know how important our services are to New Yorkers. And this is also because of the immense support we've received from our agency partners, our community partners and our elected officials.

Thank you for the opportunity to testify. I will now turn to the slides and then can answer any questions that you have.

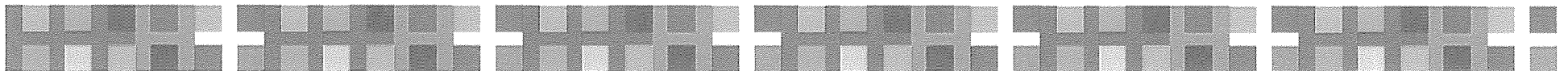


**New York City Council  
Committee on Health  
Committee on Recovery and Resiliency**

**Oversight Hearing: The Recovery of the City's Hospitals  
from Superstorm Sandy**

**Roslyn Weinstein  
Senior Assistant Vice President  
Operations & Facilities Development**

**February 23, 2016**





## Major Projects

- Coney Island

- New Clinical Services Building
- Mitigation (i.e. flood wall, pumps, etc.)
- CIH Critical Systems Pre-Connections

**Status:** Design Process Underway

- Ida G Israel Community Health Center

- Center opened at new location on September 15, 2015

- Coler

- Flood Wall / Mitigation

**Status:** Discussions Underway with Roosevelt Island Operating Corporation on Mitigation Projects

- Metropolitan

- Flood Wall / Mitigation
- Critical Systems Pre-connections (construction)

**Status:** Finalization of design RFP

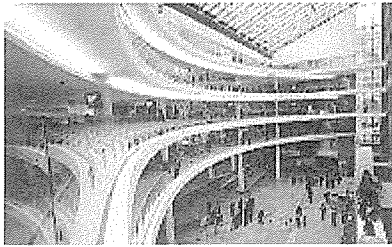
- Bellevue

- Flood Wall / Mitigation
- New Elevators
- Raising Infrastructure from Basement

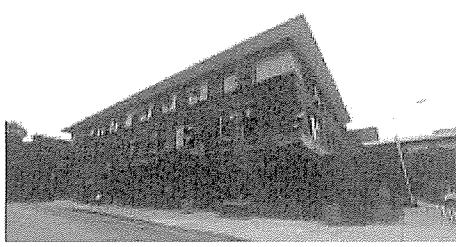
**Status:** Phase 2 Hazard Mitigation Study. Reviewing flood wall alignment options and design RFP's



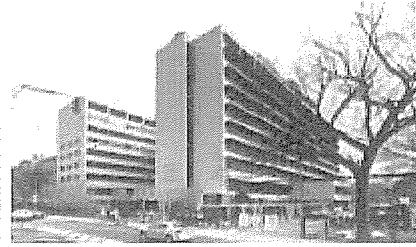
## Mitigation Projects Completed



Bellevue Hospital



Coler Hospital



Coney Island Hospital

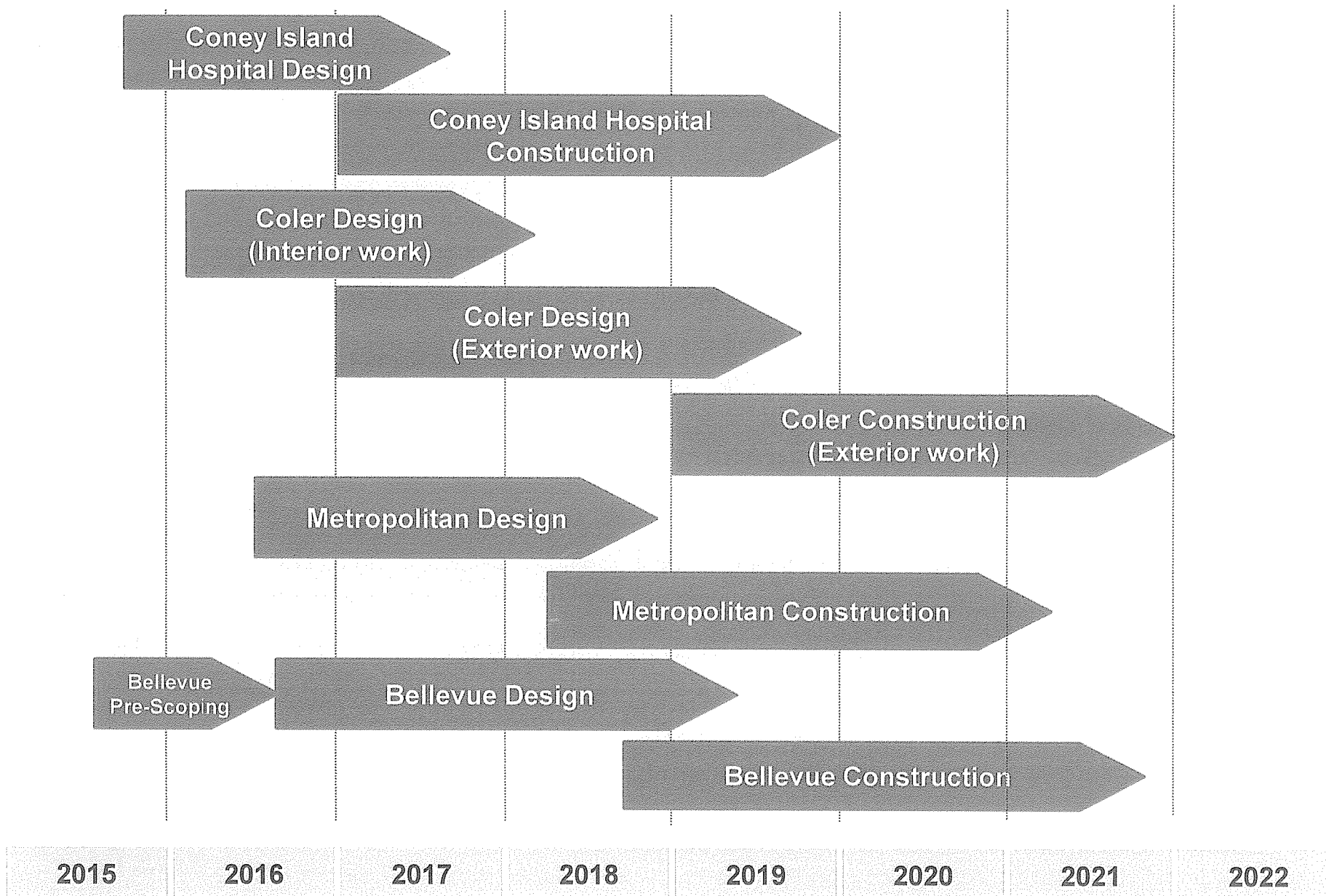


Metropolitan Hospital

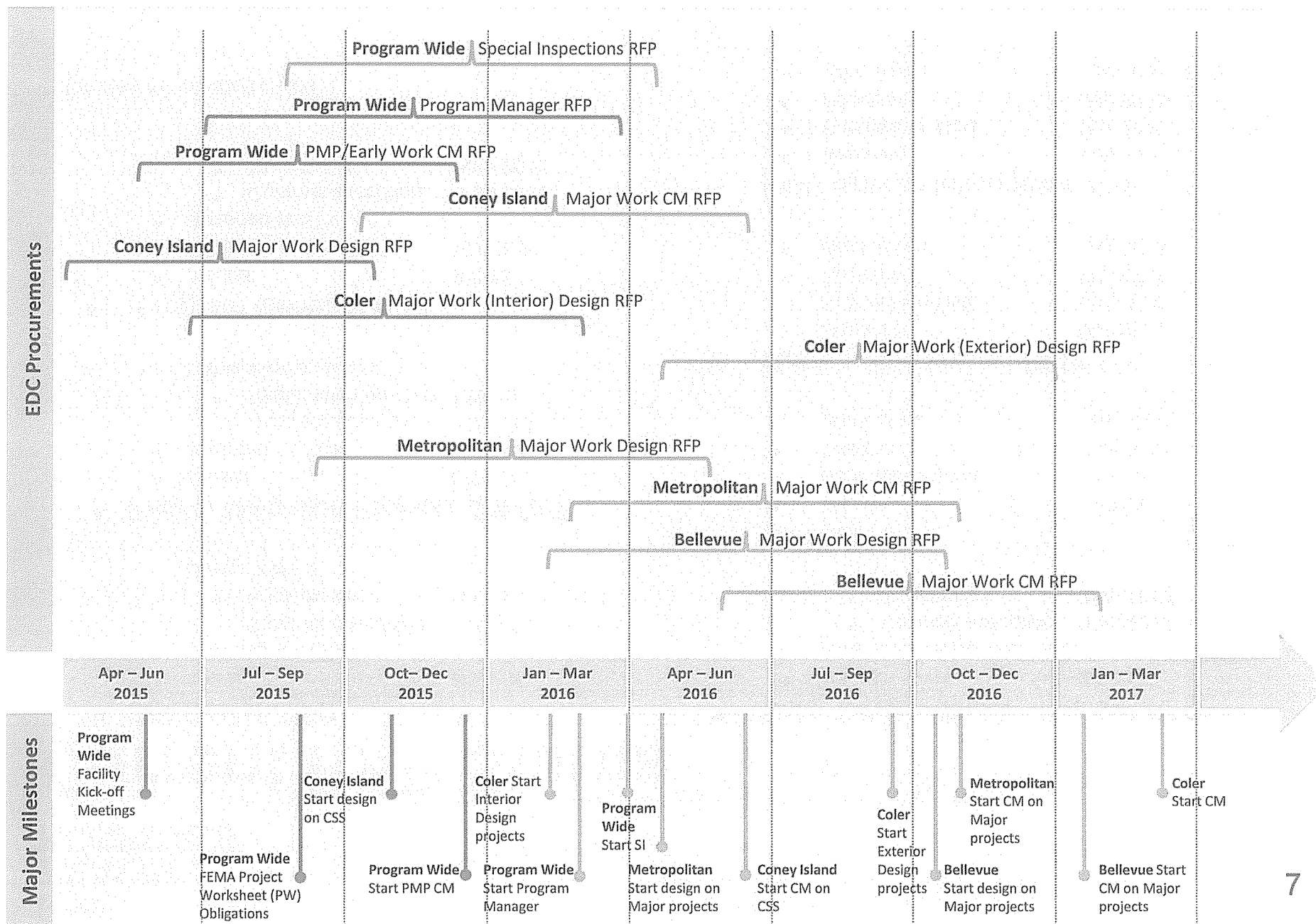
- Bellevue
  - Moving of switch gear from basement to first floor above base flood elevation
  - Emergency flood barriers for the two delivery ramps
  - Ventilation and mechanical equipment elevation
- Coler Hospital
  - Moving of main switchgear from basement to first floor above base flood elevation
- Coney Island Hospital
  - Temporary raising of electrical switchgear and distribution systems
- Metropolitan Hospital
  - Upgraded electrical feeders from Con Ed vault to hospital switchgear to ensure uninterrupted service



# FEMA 428 Program- Overall Timeline



# FEMA 428 Program- Procurement Timeline



# Current RFP Status

## ■ CIH Design RFP

- *Issued:* 5/22/15
- Awarded to NBBJ
  - Contract execution: 11/24/15
  - Registration: 1/4/16
- Design kick-off

## ■ Priority Mitigation Projects CM RFP

- *Issued:* 6/25/15
- Awarded to TDX
  - Contract execution: 11/24/15
  - Registration (partial): \*2/8/16
- CM kick-off (pre-con)

## ■ Program Manager RFP

- *Issued:* 9/8/15
- CP submitted to OMB: 12/15/15
- Awarded to STV
  - Contract execution: \*Feb 2016
  - Registration: \*Mar 2016

\* denotes anticipated dates

## ■ Coler Design (Major - Interior) RFP

- *Issued:* 9/18/15
- Awarded to Array Architects
  - Contract execution: \*Feb 2016
  - Registration: \*Mar 2016

## ■ CIH CM RFP

- *Issued:* 1/13/16
- *Submission Date:* 2/17/16
- *Selection:* \*Mar 2016
- *Work Start:* \*May 2016

## ■ Metropolitan Design RFP\*

- *Issuance:* Mar 2016
- *Submission Date:* Apr 2016
- *Selection:* May 2016
- *Work Start:* Aug 2016

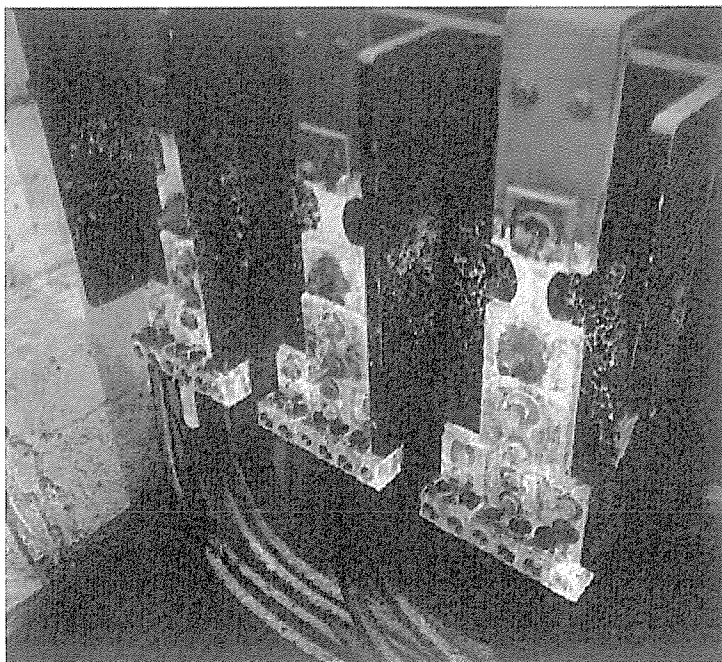
## ■ PMP Special Inspections RFP\*

- *Issuance:* Feb 2016
- *Submission Date:* Mar 2016
- *Selection:* Mar 2016
- *Work Start:* Apr / May 2016

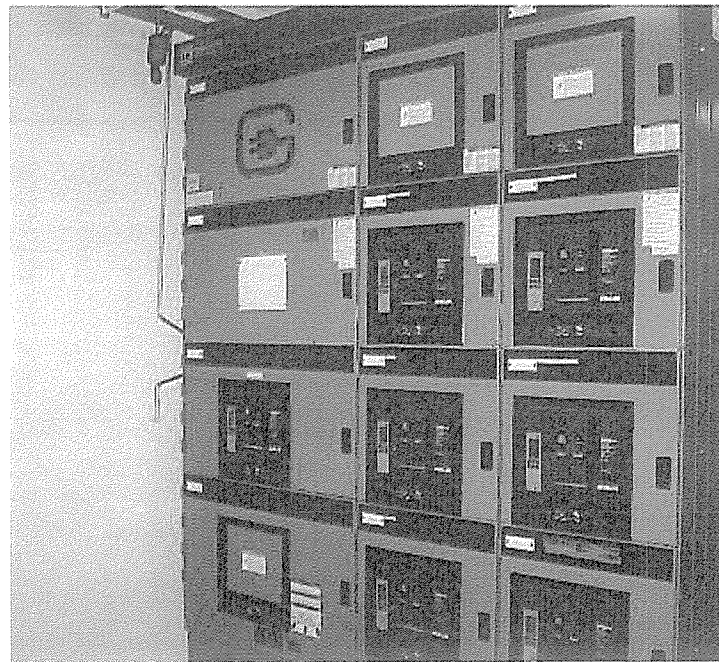


# Bellevue Electrical Switch Gear

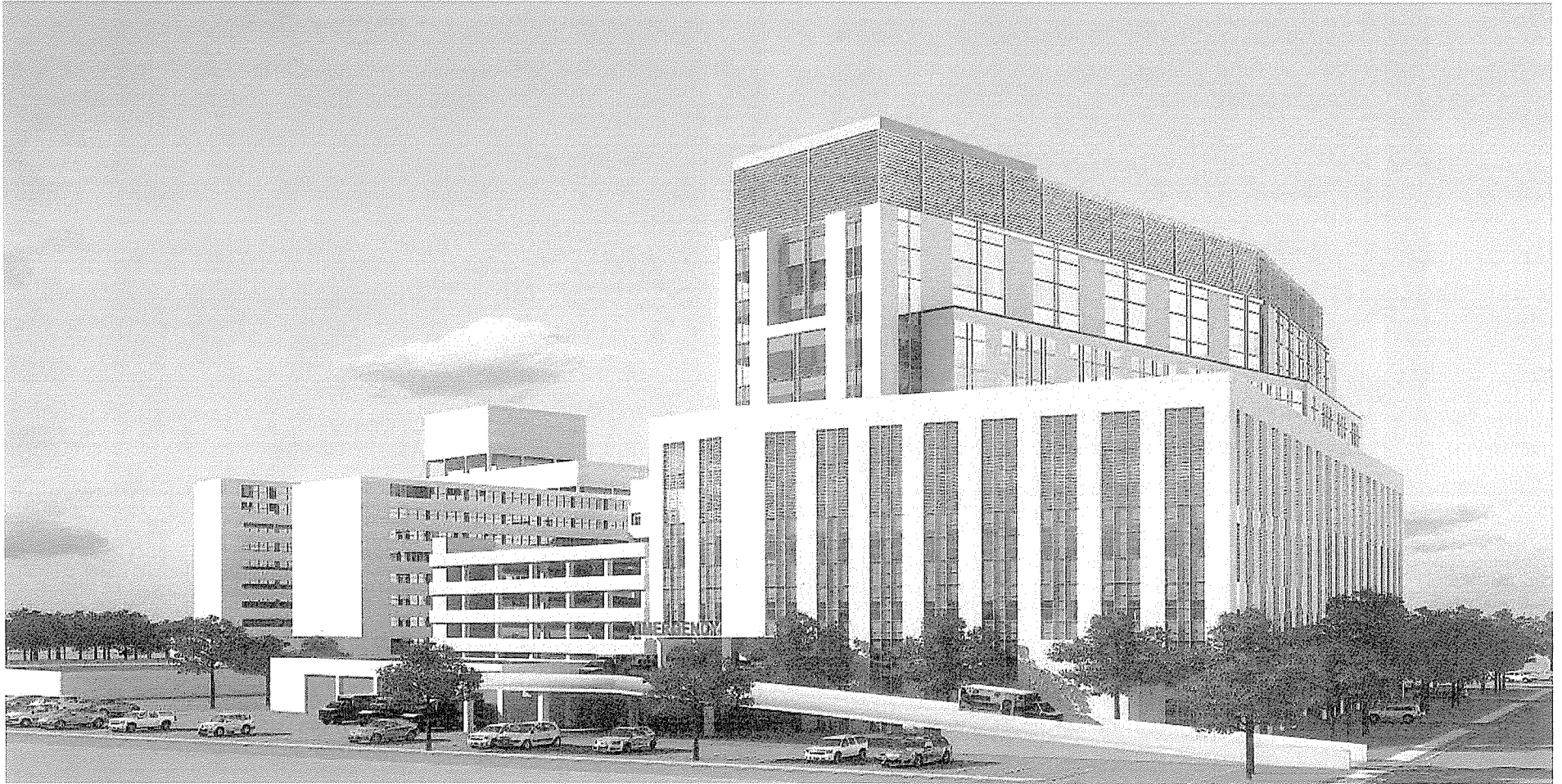
Before



After







Rendering of Coney Island Hospital Clinical Services Building



Testimony: The Recovery of City's Hospitals from Superstorm Sandy.

The Right Reverend Lawrence C. Provenzano  
Bishop of the Episcopal Diocese of Long Island and President of Episcopal Health Services.

Good Morning:

Episcopal Health Services is the Health Care Ministry of the Episcopal Diocese of Long Island, which consists of Brooklyn, Queens, Nassau and Suffolk Counties. At the time of Superstorm Sandy and the weeks and months following, we owned and operated St. John's Hospital, a 213-bed, acute care, safety net facility in Far Rockaway.

I have attached a simple finance report indicating expense and reimbursement during the period of time from October 29, 2012 through December 31, 2012. A quick study of this document tells the story of the extraordinary unrecovered cost to the hospital during the same period.

But the story of St. John's Hospital and our care for the neighborhood is not only told in the numbers. For days, we housed, fed and sheltered people in the lobby and hallways of the hospital, being the only place in the area with generated power and professionals willing to give comfort and care to people in need. We housed, fed and transported our employees who had personally sustained tremendous loss of property in the neighborhoods surrounding St. John's Hospital.

We payed staff to continue working in all areas of our safety-net system and allowed their families to join them at our facilities in order to help ease the burden of their loss. All of this while, during that same period of time, absorbing the loss of inpatient and outpatient volume in excess of 2.5 million dollars that has to date gone unrecovered. The hospital has enormous fixed expenses which do not decline when patient volumes drop due to a storm.

There is no category in the FEMA or State accounting system for the loss of volume directly attributable to the storm. A safety net hospital cannot continue to operate, pay staff, and house and feed people if the loss in volume is not addressed. But to do anything less than to fully provide care would violate everything we stand for and believe.

There was no flooding in the hospital. The damage suffered by the hospital came as a result of the depletion of resources, the loss of available days of cash and capital necessary to support the long range operation of the hospital. In short, the people of Far Rockaway, the quality of their health care, and their very lives are threatened by what can only be described as a short sighted, uninformed set of criteria for the recovery of hospitals, whose real damage as a result of Sandy cannot be measured in sheet rock, brick and mortar alone.

We need help from the City, State and Federal governments to be made whole with respect to lost patient volume, the expenditure of available cash and the lack of income. We kept the hospital open and running, notwithstanding such losses during the storm and its aftermath. Anything the City of New York can do to help us to recoup the losses we sustained during this very difficult time will be greatly appreciated.

I thank you for providing the opportunity to share this information, and I look forward to the positive result of the work you are beginning here today. Thank you, and God Bless you all.



## Hurricane Sandy Expenses, Lost Revenue and Reimbursements To Date

St. John's also incurred expenses in Category E, characterized as Permanent Work. \$178,933 was approved by NYS as Hurricane Sandy related expenditures in this defined category as depicted in the chart below. To date \$69,527 of those approved expenses have not been reimbursed.

<p>The average daily patient volume at the hospital declined substantially immediately following the hurricane as a direct result of the impact the storm had on the community. Patient volume began to recover in early 2013 but the downturn in November and December resulted in lost revenue totaling \$2,821,304. Lost revenue was calculated by comparing the average daily inpatient and outpatient volume in the previous months throughout 2012, with the suppressed daily volumes in November and December, multiplied by the average rates by individual service. The hospital has not received any funding toward the lost revenue to date.</p>	
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	Category A	Category B	Category A&B		Category E		Total
Expenses	\$ (52,000)	\$ (1,165,477)	\$ (1,217,477)		\$ (178,933)		\$ (1,396,410)
FEMA Funding			711,019		-		711,019
NYS Funding			-		109,406		109,406
Total Funding			\$ 711,019		\$ 109,406		\$ 820,425
Unrecovered Expenses			\$ (506,458)		\$ (69,527)		\$ (575,985)
Lost Revenue							
Inpatient (131 discharges x \$13,592 average rate)							\$ (1,778,209)
Outpatient (5,933 encounters x \$175.81 average rate)							(1,043,094)
Total							\$ (2,821,304)
Total Unrecovered Cost and Lost Revenue							\$ (3,397,288)

# 1199SEIU

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Michael Cooperman

\* Acting

## TESTIMONY OF

1199SEIU UNITED HEALTHCARE WORKERS EAST

BEFORE THE

NEW YORK CITY COUNCIL

RECOVERY AND RESILIENCY COMMITTEE

JOINTLY WITH THE HEALTH COMMITTEE

THE RECOVERY OF THE CITY'S HOSPITALS FROM

SUPERSTORM SANDY

FEBRUARY 23, 2016

Good morning. Thank you Speaker Melissa Mark-Viverito, Chairpersons Mark Treyger and Corey Johnson, and members of the New York City Council Recovery and Resiliency and the Health Committees for this opportunity to address this joint committee hearing. I am George Gresham, President of 1199SEIU United Healthcare Workers East. We are a national union of over 400,000 health care workers, 200,000 of whom reside here in New York City. Our members work throughout New York, New Jersey, Massachusetts, Maryland, Washington, D.C. and Florida.

Many of our members' lives were adversely impacted by Superstorm Sandy: at home, at work, and in the communities where they reside. Quite appropriately, a great deal of attention has been dedicated to the medical institutions damaged during the storm, and the investments that became necessary to repair their infrastructure to ensure that they are better prepared during future storms and emergencies. Hospitals, nursing homes, and other health care institutions often face tight constraints on resources available to them to cope with unanticipated expenses associated with extreme events. We look forward to working with you to find ways to mitigate negative impacts. We encourage the Council to continue working with all stakeholders to ensure that our partners at the city, state, and federal level fulfill their commitments to strengthening these vital institutions. Thank you for your leadership in these matters.

I wish to emphasize that the ability of our health care system to respond to unexpected events can be affected by extenuating factors that at first glance may not appear to be directly relevant to disaster preparedness – but nevertheless become critical in the event of an emergency. It is well known that many hospitals have closed in recent years due to financial difficulties, and future closures remain a perpetual concern. As the state moves toward community-based and non-institutional care, it is important that policymakers not lose sight of the need to ensure adequate inpatient capacity both in instances that may result in multitudes of injuries and casualties, as well as scenarios where several institutions may simultaneously suspend or reduce the scale of their operations.

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During Superstorm Sandy, for example, three major institutions serving lower Manhattan were forced to close: Bellevue Hospital Center, NYU Langone Medical Center, and New York Downtown Hospital. The VA Hospital also located in lower Manhattan evacuated their patients to their Bronx and Brooklyn campuses. In Brooklyn, Coney Island Hospital closed. Several nursing homes in flood zones were evacuated. In Staten Island, residents were left in the lurch when Staten Island University Hospital's two campuses closed their emergency rooms and evacuated in anticipation of flooding which left Richmond University Medical Center to serve the entire borough. A reported 20 patients per hour were treated at RUMC until they too lost power for several days due to high winds and unexpected flooding. It left the borough with insufficient emergency medical care. These closures placed a significant burden on other hospitals.

A well-trained, professional workforce is vital to our health care system. In times of crisis, it becomes especially critical. We heard and read about workers employed at evacuated institutions, among them 1199 members, who demonstrated exceptional courage by going above and beyond to ensure that the most at-risk patients were transferred safely, and courageously carried newborns from the neonatal unit down unlit flights of stairs. In anticipation of shortages, Bellevue Hospital brought in extra staff, food and supplies, but lost power due to flooding that destroyed critical and essential equipment, like oxygen and computers, HVAC, and water pumps. With all 32 elevators knocked out of service the staff spent hours carrying containers of fuel up 13 flights of stairs in order to keep the generators working until they too were finally forced to evacuate. These workers heroically gave it their all and saved many lives in the process.

But there are also challenges that are not necessarily workplace related. In weather emergencies like Superstorm Sandy and during the recent blizzard that dumped 2-3 feet of snow around New York, the City was forced to shut down mass transit and ban travel for safety reasons. These workers must still report to work, as do uniformed and other emergency response workers. Imagine how home care workers manage throughout these ordeals, most of whom utilize public transportation to reach their homebound clients, and who work in locations that may also be vulnerable to storm-related damage and power outages.

For a large portion of the health care industry workforce, shifts that are supposed to only last a few hours turned into several days during travel bans. One such example, Chantelle Diabate, a nurse, walked a mile from her home in Washington Heights to the Hebrew Home at Riverdale during the recent blizzard. Her utmost concern was not letting down her patients. The Daily News called her a "snow angel" and to her patients who would likely face staffing shortages due to the travel ban, she is a real live angel. We at 1199 proudly represent tens of thousands of members just like Chantelle. Systems must be put in place to ensure that health care and emergency response workers can get to work and perform their jobs without being placed in danger or risk their own health in unsafe environments -- whether in transit or at work.

Lastly, although the physical plants of some institutions were not affected by the recent storms, we know that they too suffer financial losses. Inclement weather and travel bans result in surgical and other procedures being cancelled resulting in loss of revenues. Services such as physical therapy, dialysis, clinics, and diagnostics are suspended. Overtime costs skyrocket, particularly when they receive patients from evacuated institutions causing overcrowding. The list goes on.

We look forward to working with you to find solutions to ensure public safety during emergencies and disasters. On behalf of our members, thank you for the opportunity to appear before you today.

**THE COUNCIL  
THE CITY OF NEW YORK**

**Appearance Card**

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 2/23/16

(PLEASE PRINT)

Name: Roslyn Weinstein, Senior Assistant Vice President

Address: \_\_\_\_\_

I represent: NYC Health + Hospitals

Address: \_\_\_\_\_

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**THE COUNCIL  
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☐ in favor ☐ in opposition

Date: Feb 23, 2016

(PLEASE PRINT)

Name: Daniel Zarrilli

Address: 253 Broadway

I represent: The office of the Mayor

Address: City Hall

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☐ in favor ☐ in opposition

Date: 2/23/16

(PLEASE PRINT)

Name: Fred Courno

Address: \_\_\_\_\_

I represent: NYC Health + Hospitals

Address: \_\_\_\_\_

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☒ in favor ☐ in opposition

Date: 2/23/2016

(PLEASE PRINT)

Name: Bush  
Laurie PROVENZANO

Address: \_\_\_\_\_

I represent: EPISCOPAL HEALTH SERVICES

Address: FAR ROCKAWAY - NY

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