

CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON RECOVERY AND RESILIENCY  
JOINTLY WITH COMMITTEE ON HEALTH

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B E F O R E: COREY D. JOHNSON  
Chairperson

MARK TREYGER  
Chairperson

COUNCIL MEMBERS: Rosie Mendez  
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## A P P E A R A N C E S (CONTINUED)

Daniel Zarrilli, Senior Director  
Climate Policy and Programs.  
Mayor's Office of Recovery and Resiliency  
Mayor's Office of Sustainability

Roslyn Weinstein  
Senior Assistant to Vice Presidents  
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Bishop Lawrence C. Provenzano  
Episcopal Health Services

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[sound check, pause]

[gavel]

CHAIRPERSON TREYGER: Good morning, and welcome to this joint oversight hearing on the recovery of the city's hospitals from Super Storm Sandy. I am Council Member Mark Treyger Chair of the Committee on Recovery and Resiliency, and my Co-Chair and colleague, Council Member Corey Johnson is--is home battling a serve cold and we wish Corey a speedy, a speedy recovery.

In 2012, three hospitals closed as precautions before Sandy struck, but three NYU Langone, Bellevue and Coney Island Hospital were evacuated during the storm due to the failure of multiple electrical and mechanical systems. An addition ten hospitals remained open despite battling power outages and amid the flooding. The closure of even a single hospital for any length of time has a significant impact on our city, but the closure of six and the reduced capacity of ten more in addition to the many smaller healthcare facilities they were damaged or destroyed was a staggering reduction in our city's capacity. And it is one that we must prevent from reoccurring before the next storm.

The City Council has passed several local laws amending the Building Code to better protect the critical infrastructure of our hospitals. But much actual work remains undone. I was particularly concerned to see NYU Langone receive over \$1 billion in aid from FEMA in mid-2014, while our announcements of FEMA aid for our public hospitals did not occur until four months after much prodding of my--of my office and of this committee. Even worse, there were some news reports that revealed through federal records requests that internal discussions in which it was proposed by an employee from HHC that a mock letter of understanding be signed by city officials on FEMA letterhead to seemingly mislead the press into thinking there was an agreement in place. In fact, there was no agreement in place, and there was no agreement in place when the city announced there was one. In fact, an agreement would not be signed for a further six months. I find that display of priorities deeply troubling. When the worst storm to hit the city in our lifetime does not have the same sense of urgency as a simple press inquiry I find that troubling, and I acknowledge that the--that the storm hit during the last Administration. But we

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1 have an obligation, those of us in power now to act  
2 now. And when announcements are made for funding  
3 that has not actually been obtained yet, I find that  
4 troubling as well. So I am sure that today we will  
5 hear many positive things about the funding that has  
6 been obligated or obtained and the good work that  
7 will be done with it. And I will be glad to hear it,  
8 because there have been successes, and I do want to  
9 acknowledge them such as the reopening of the Ida G.  
10 Community Health Center in Coney Island particularly  
11 in the western portion of Coney Island. But I hope  
12 we could also have an honest discussion of what  
13 delayed that funding, and how we could prevent it  
14 from occurring again in the future especially when it  
15 comes to the State and financial health of our public  
16 hospital system. The resilience of our hospitals is  
17 too important to the city for us to do any less. I  
18 want to thank everyone who has joined us today  
19 including my colleagues. I want to thank both the  
20 Office of Recovery and Resiliency, Dan Zarrilli,  
21 who's been very responsive to my office as well as  
22 New York City Health and Hospitals Corporation for  
23 being here today. I look forward to both of your  
24 testimony and our discussions. And I believe we have  
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been joined by Daniel Zarrilli, the Director of the Office--The Mayor's Office of Recovery and Resiliency and as well Roslyn Wein--Weinstein, Senior Assistant to the Vice Presidents of New York City Health and Hospitals, and I'd like to just to--to swear you both in. Do you affirm to tell the truth, the whole truth and nothing but the truth in your testimony before these committees and to respond honestly to Council Member questions.

DAN ZARRILLI: Yes.

CHAIRPERSON JOHNSON: Absolutely.

CHAIRPERSON TREYGER: Thank you so much.

You--you may begin.

DAN ZARRILLI: [coughs] Good morning.

Thank you, Councilman Treyger--Treyger. My name is Dan Zarrilli. I'm the Senior Director for Climate Policy and Programs. In this role, I oversee the Mayor's Office of Recovery and Resiliency and Mayor's Office of Sustainability. I want to thank Chairpersons Treyger and Johnson, and hopefully he feels better, being sick today, as well as the members of the Recovery and Resiliency Committee and Health Committee for this opportunity to speak about the recovery of the city's hospitals after Hurricane

Sandy. I'm joined here today by Roslyn Weinstein from NYC Health and Hospitals. Before talking about the city's hospitals, however, it's helpful to start briefly with the overall healthcare system. On any given day, over a million New Yorkers depend on regular ongoing medical care, or requiring intermittent care. Over the years a vast complex healthcare system has evolved to meet these needs, and on a normal day the system functions well. However, in 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 city's 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, doctor's offices, pharmacies and 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 is 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 that their equipment was located in parts of buildings that flooded or providers had failed to order fuel in advance. And 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 destination, they face other 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. Since Sandy struck, the city has been working tirelessly mostly in One NYC program to



make the city and its healthcare system more resilient through its multi-layered resiliency programs, improving neighborhoods, upgrading buildings, adapting our infrastructure including our healthcare system, and strengthening our coastline against flood risk.

Specifically, to address the 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're on track to complete them on time and on budget with no interruption to patient care. Furthermore, we're pleased with the re-opening of Ida G Israel Community Health Center last year. That facility is not only back on line, but stronger than it was before Sandy. It's opening is a major step toward improving healthcare access in Coney Island and it's surrounding neighborhoods. We're also investing in the resiliency of critical healthcare facilities beyond our HHC portfolio. In 2014, the city awarded \$28 million of the CDBG, Community Development Block Grant allocation to Staten Island University Hospital to ensure that the hospital's comprehensive

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resiliency program could move forward. SIUH is home to the largest emergency room on Staten Island and its campuses both north and south are located in areas vulnerable to flooding. The city has been working closely with SIUH to help the hospital advance those resiliency improvements. We also learned a lot from Sandy and particularly-- In particular across many types of buildings we saw first hand that building code worked 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 system. Thanks to the work of the City Council to help enact local--new local laws. For example, according to new code requirements, all patient care areas must now be located above design flood elevation. Nursing homes, group homes adult care facilities must now have within their buildings an accessible source of drinking water for residents in an emergency without the need for pumps. Healthcare facilities must have permanent emergency and standby power systems, and

certain hospitals, nursing homes, group homes and adult care facilities located in flood hazard areas must have connections for temporary generators, boilers of chillers. It's also become clear after Sandy that climate change will amplify some of these existing health threats that New York faces. Climate change related health threats such as sea level rise, health waves, droughts and worsened air pollution are anticipated to put additional strain on healthcare system through associated illnesses and exacerbating chronic conditions. That's why our health related resiliency investments extend beyond preparing just for the next hurricane. In partnership with the Nature Conservancy and local academics, the City has 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 introduce heat-related illnesses and deaths, decrease energy related greenhouse emissions and reduce disparities and vulnerabilities such as climate change. 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 No. 6 heating oil, the dirtiest heating oil in 2011 have converted now to a cleaner fuel as of December 31st, 2015.

In conclusion, I'd like to thank the-- both committees for this opportunity to outline the city's efforts at making our healthcare systems more resilient to withstand the challenges of the changing climate. And I'd like to now turn it over to Roz Weinstein from NYC Health and Hospitals who will describe the specific efforts being undertaken at the city-owned hospital portfolio. Thank you very much.

ROSLYN WEINSTEIN: Thank you. Can I begin.

CHAIRPERSON TREYGER: [off mic] Yes.

ROSLYN WEINSTEIN: Okay. Good morning Chairpersons Johnson. I feel for your cold. Councilman Treyger and members of the Committee on Health and the Committee on Recovery and Resiliency. I am Roslyn Weinstein. I'm the Senior Assistance

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Vice President for Facilities, Capital and Operations  
at New York City Health and Hospitals, and I 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 we'll review several slides to  
highlight the 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, otherwise known as FEMA.  
This CATCH Grant will cover projects designed to  
protect our facilities from damage in the event of  
future storms, and to cover the cost of repairs that  
have been. We are engaged in a collaborative effort  
to ensure that these projects succeed and come in on  
time and on budget. We've been working closely with  
our partners in the Mayor's Office of Recovery and  
Resiliency, and the New York City Economic  
Development Corporation will join here this morning.  
As you know, our system suffered serious losses as a  
result of Hurricane Sandy. Nearly every large New  
York City Health and 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 that of 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-- irreparably damaged. Additionally, Neponsit Adult Day Care Center a program for medically fragile elderly residents of the Rockaways was flooded and required significant repairs before reopening.

The FEMA grant we negotiated covers funding that will enable Coney Island to build a freestanding 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 Suite. This project would also include funding for the hospital's power plant. The grant also covers repairs that were made to the hospital's basement, first floor and electrical systems. Funding for Bellevue Hospital 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

1 plain. And new flood proof elevators and to raise  
2 vital infrastructure out of the basement. [coughs]  
3 Funding for the Coler Specialty Hospital and Nursing  
4 Facility to build a food wall; pay to replace the  
5 generator that was destroyed and create additional  
6 protection to this critical facility's electrical  
7 system--[coughs] excuse me--and funding for the  
8 Metropolitan Hospital to build a flood wall and pay  
9 for electrical repairs. As you know, the services  
10 that we provide during and after the emergency such  
11 as Hurricane Sandy are critical to New York City. As  
12 such, we work with colleagues in the healthcare  
13 community, the New York State Department of Health,  
14 the New York City Department of Health and Mental  
15 Hygiene, New York City Emergency Management and the  
16 Greater New York Hospital Association to prepare for  
17 future events. New York City Health and Hospitals  
18 invests a considerable amount of time and resources  
19 into emergency preparedness planning. This planning  
20 occurs at a facility level as well as on a system  
21 wide basis. We have emergency management teams that  
22 plan for a drill, and refine our responses to  
23 different disaster scenarios including hurricanes.  
24 Because of the planning that goes on into preparing  
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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 in-patient services, and the 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 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 campuses. The widespread loss of power required seven Health and Hospitals facilities in three boroughs to switch to emergency generator power after the storm. Several other Health and Hospitals facilities including Harlem Hospital, Queens Hospital, and Jacobi Medical Center experienced storm related



1 damage. Over the past three years we have undertaken  
2 a number of projects to make our facilities more  
3 resilient. These include structural restorations,  
4 installations of new boilers, new mechanical and  
5 electrical systems, roof repairs, medical gas  
6 systems, flood remediation, exterior protection from  
7 severe wind events and events and heating,  
8 ventilation and air conditioning systems. Where  
9 possible, we are relocating these systems from the  
10 basements to the first floors and higher levels in  
11 vulnerable facilities. Pumps and motors, which must  
12 remain in basements will require upgrading to  
13 submarine type and submersible equipment. Before I  
14 turn to the slides, I want to emphasize that we fully  
15 intend to complete these projects on time and on  
16 budget. We have a fixed amount of funding FEMA to  
17 complete these projects, and we cannot exceed those  
18 caps. I am confident in our ability to rebuild  
19 stronger than before, and this is primarily because  
20 of our dedicated staff who work tirelessly on these  
21 important projects because they know how important  
22 our services are to New Yorkers. And this is also  
23 because of the immense support we've received from  
24 our agency partners, our community partners and, of  
25

1 course, our elected officials. I thank you for the  
2 opportunity to testify. I will now turn to the  
3 slides, and then can ask--answer questions that you  
4 many have.  
5

6 Okay. So first, here is a list of the  
7 major projects that are going on at the various  
8 institutions. Coney Island, as you know, I just  
9 talked about a new Clinical Services building,  
10 mitigation for flood walls and pumps, critical  
11 systems with pre-connects as was discussed before,  
12 and right now the design is on the way. We have  
13 finished an RFP and procured an architect. User  
14 groups are talking to staff and providers so that we  
15 may design the best possible critical services  
16 building that meets our needs.

17 The Ida G. Israel Community Health Center  
18 has opened as of September 15th, and it's halfway to  
19 the original rate of visits.

20 Coler. We're in the process of talking  
21 of the flood wall mitigation plans, and those  
22 discussions are with the Roosevelt Island operating  
23 Corporation for other mitigation projects.

24 Metropolitan. The flood wall mitigation  
25 project we've had already a public hearing on it,

discussed it, critical systems, pre-connect are in discussion as well and design, and we're finalizing our RFP.

The Bellevue. Again, flood wall is a mitigation project. New elevators, raising the infrastructure from the basement. We're on Phase 2 of the Hazard Mitigation Study and are still reviewing the flood wall alignment and options and designs for RFPs.

What have we completed? In Bellevue we've moved the switch gear from the basements of the first floor above the base floor of elevation. Emergency flood barriers for the two delivery ramps, ventilation and mechanical equipment elevation. On a side note, we were able to test it out of the latest snow storm, and it all worked perfectly.

Coler Hospital. Moving of the main switch gear from the basement to the first floor above the base floor of elevation.

Coney Island. Temporarily raising electrical switch gear and distribution systems.

Metropolitan Hospital. Upgraded electrical feeders from Con Ed vault to the hospital switch gear to ensure uninterrupted service.

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Here is our overall timeline that we've worked with EDC to promote in terms of design and construction. And here is our procurement timeline as well. You may be able to see it better in the packs in front of you. Here's a list of our current RFP processes. In terms of the CIH RFP, it was issued and awarded to MBBJ and we are in the process of--as I said, our user groups so that we can continue with that design and do that as fast as possible. Priority mitigation projects we have a CMR RFP that was issued on 6/25/15. The contract was executed 11/24/15. We hope to have it registered by 2/8 with a CM kickoff coming up. The Program Manager RFP was issued in September 2015, and we hope to register it in March 2016. Coler issued September 2015 and again a registration by March 2016. The Contract Manager RFP we just received the submissions by its due date, and we hope for work to start by May 2016. Metropolitan Design RFP issued by March 2016, and hopefully the work will start by August 2016. The PMP Special Inspections RFP issued February 2016. Work to start April or May 2016, and we have EDC here who can answer any questions about this timeline.

I'd like to show you pictures before and after. Just for those you who haven't been able to visit Bellevue, you can see what happened during the storm to our electrical switch gear, and this is what we've been able to put in within months of the original hurricane. And this is what we hope the new Coney Island Critical Service building to look like. As you can see, there is a raised part for the emergency room, and with that, I end my testimony, and all ready to answer any questions you may have.

CHAIRPERSON TREYGER: Thank you, Ms. Weinstein. That was really--I know we've been joined by Minority Leader Matteo, Council Member Richards, Council Member Barron. I saw before Council Member Cornegy and Chaim Deutsch as well. So, I saw, you know, on the slides, and I--in the testimony that--that you've submitted that we keep hearing the phrase "on time." During my opening statement, I--I mentioned that NYU Langone was able to secure a commitment from FEMA before HHC in the amount of over \$1 billion. Can you explain to me how--and--and I am not questioning the damage sustained to NYU Langone. They did , but can you explain to me why was NYU Langone the private hospital able to secure a

1 commitment sooner than HHC. Because I'm sure you  
2 would agree with me that time is of the essence when  
3 it comes to the populations that our hospital systems  
4 are serving particularly HHC hospitals, which serve  
5 really all people regardless of their economic status  
6 and docu--document status and insurance status. So I  
7 would really like to get an answer directly to--to  
8 that question.  
9

10 DAN ZARRILLI: The only thing and I can  
11 start. Maybe Roslyn will jump in and add a few more  
12 details, but there's no disagreement on the urgency  
13 of what we're trying to accomplish here. These  
14 hospitals are critically important for the city's  
15 healthcare system, and serve, as you mentioned, some  
16 of the most vulnerable population we have here in New  
17 York City. But what I think, you know, the--the--the  
18 point that's being made here is a--is a bit in the--  
19 in the past in terms of yes, NYU Langone, the well  
20 resources one hospital was able to secure their FEMA  
21 grant a little sooner than we did for four hospitals  
22 in an incredibly complex environment. What's I think  
23 more important is that at the end of the day we  
24 secured over \$1.7 billion for the city's public  
25 hospital system, which is more than we even

1 anticipated. It was higher event than the numbers  
2 that we have been thinking that we were going to be  
3 able to get to just months before that we did final--  
4 finalize those agreements. And even more  
5 importantly, the process did not stop. So, HHC was  
6 acting aggressively to be able to move forward with  
7 design ideas, had been thinking through and  
8 ultimately had not lost a beat in terms of when that  
9 document was signed we were able to move into the  
10 next phase of developing those projects and  
11 implementation. Which is what is remaining on  
12 schedule and on--and on time, on budget. Do you want  
13 to add any more to that list?

14  
15 ROSLYN WEINSTEIN: What I'd like to add  
16 is that if you take a look at what we did do in terms  
17 of making sure that our services reopen, we were able  
18 to reopen our emergency services within months to  
19 make sure that patients were seen. Regardless of  
20 what we did in terms of organization all the facts  
21 and moving toward the FEMA regs so that we could get  
22 that \$1.72 billion.

23 CHAIRPERSON TREYGER: I--I just want to  
24 say as part of the record that as someone who chairs  
25 a committee that has really explored every--almost--

almost every agency's response to--to Sandy that there are some parallels I see here with--with NYCHA, too. Because the city I know is--is--is boasting about, you know, and rightfully so, that it--the largest grants submitted to NYCHA over \$3 billion, but context is important. That amount happened after this City Council, and our committees exposed the plight that the residents who are still living with temporary boroughs were going through in the winter. And it wasn't until we had a public hearing where we exposed the fact that NYCHA had received peanuts from FEMA when they're spending millions of dollars renting temporary boilers. And until there was that public pressure and public mobilizing from communities from Coney Island to the Rockaways to Red Hook and Manhattan and beyond, then FEMA, then people found the money. So I think context is important because we--this committee working with my colleague Corey Johnson we had actually sent a letter to HHC to FEMA questioning how was it that NYU Langone was moving faster? And I'll tell you why that matters. Because it's time. Time is precious and right now we're--we're over three years--over three years since--since the storm. And how do we explain to



1 people that we're still just in the design phase?  
2 NYCHA, for example, prior to receiving any signed  
3 project worksheet agreements with FEMA, they worked  
4 on the design anticipating that the money would come.  
5 And I at least give them credit on that, but why  
6 wasn't the design prepared way in advance so we--  
7 when--when you have--by the way, how much money do we  
8 have in hand right now today from FEMA? I know that  
9 they made a commitment, but how much do we have  
10 actually in hand right now for our hospitals?

12 DAN ZARRILLI: And that I think we've--  
13 we've talked about this a few different times. The--  
14 the way FEMA works is not on--they don't advance the  
15 funds in--in quite same way. They work on a  
16 reimbursement basis typically, and so as we're  
17 spending we will be drawing down funds that we need  
18 in order to make sure that we are moving the projects  
19 forward. The commitment is there, and I don't think  
20 that we should worry about being able to tap into the  
21 money. As fast as we move, we will have the money  
22 that we need, and that is--that's typically how FEMA  
23 works across the entire portfolio. I just want to  
24 make the point that HHC did move aggressively, and  
25 was advancing much of the design work, and

1 preliminary design and--and thinking about how they  
2 wanted to build a new-- You know, in the case of  
3 Coney Island Hospital, a brand new facility. That is  
4 not a design that turns on in two months. It takes  
5 time to actually get into the design process, which  
6 is what's happening now and that design is on board  
7 and working. This is nearly a billion dollar program  
8 that's happening, and it's moving incredibly  
9 aggressively compared to any other types of projects  
10 that we see out there.

12 CHAIRPERSON TREYGER: The issue, though,  
13 Director, is really with all due respect is that if--  
14 if we are asked by the public, particularly those  
15 residents who live in vulnerable communities to  
16 effect--the impacts of climate change and Sandy--and  
17 so another--another type of Sandy storm, what can you  
18 say that is different today than was different the  
19 day of Sandy with regards to protecting the emergency  
20 room, or protecting critical equipment? It's still  
21 vulnerable today. Coney Island Hospital quite  
22 frankly if--if you go by there today it is still  
23 vulnerable to another storm, and so, I heard-- You  
24 know, these are very nice ren--I've seen these  
25 renderings now for quite some time, but why aren't

1 there shovels in the ground today? Why isn't the  
2 work starting now? This is, you know, I understand  
3 that this is technical work. I--believe me, I--I get  
4 it. But, NYCHA claims, by the way, just to counter  
5 one of your points, NYCHA claims that it has just  
6 received a significant bulk of the FEMA money for the  
7 first time now. So NYCHA claims that they have  
8 received significant money from FEMA now, and they  
9 plan to break ground in many of our communities this  
10 year. But, how much do we have if--how much do we  
11 have from FEMA right now? I know what they're  
12 committing. How much do we actually have in hand  
13 right now from FEMA?

14 [background comments, pause]

15 DAN ZARRILLI: Well, that's a---what I'm  
16 hearing I think is consistent with what I'm saying in  
17 terms of the commitment is there with the PW signed.  
18 As we spend, the money gets drawn down. There is  
19 lack of availability of funds. And--and I think what  
20 you're--you're pointing in the--the NYCHA program  
21 moving very aggressively they started design. They  
22 were able to use certain insurance funds. You see a  
23 lot of this in work that happened here in the way  
24 that we look at Bellevue or other facilities. We are  
25

in--in better shape now. There is more to come, and I think we're working as aggressively as we can to make sure that we are as prepared as we can be for those next events.

CHAIRPERSON TREYGER: So you can't answer how much we have in hand right now?

DAN ZARRILLI: No, I don't--we do not have a dollar amount, and we could follow up with a--with a very to the penny dollar amount of what we've been able to draw down to date. What's important is the commitment and the process that has been set up through the agreements that the money is there when we need it.

CHAIRPERSON TREYGER: There was a story about--I think this was through NBC and WNYC--about an HHC employee asking Dr. Raju to sign a MOC agreement with FEMA. Just for the record and to be clear, there were no MOC agreements signed between FEMA and HHC? Is--is that--

ROSLYN WEINSTEIN: [interposing] That is correct.

CHAIRPERSON TREYGER: --correct?

ROSLYN WEINSTEIN: That is correct.

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CHAIRPERSON TREYGER: Where do we stand with regards to the agreements? Is there an actual LOU signed between HHC and FEMA?

ROSLYN WEINSTEIN: My understanding is we have a lender--a letter of undertaking, and we've discussed that at our steering committee meetings.

CHAIRPERSON TREYGER: And can that be shared with this committee?

ROSLYN WEINSTEIN: I'll have to ask. I don't--I don't have a copy. I'd have to find out.

CHAIRPERSON TREYGER: It should be a matter of public record. I don't see why--why it's a problem. Is there a project worksheet agreement that has been signed?

ROSLYN WEINSTEIN: Yes, there's several project worksheets that are--that are signed, one for each hospital and our original PW-50.

CHAIRPERSON TREYGER: And could that be shared as well with the committee?

ROSLYN WEINSTEIN: Certainly.

CHAIRPERSON TREYGER: So, I'm--I'm just--the way it works is that you have an LOU. Then you have a project worksheet, and you--then you should in theory begin work.

ROSLYN WEINSTEIN: And that's what we have.

DAN ZARRILLI: Which is what's happening. That's right.

CHAIRPERSON TREYGER: So when can you say there'll be a start date when people could see work in--in our hospitals?

ROSLYN WEINSTEIN: Well, I think you can see work in our hospitals now that we are in much better shape that when Sandy occurred in terms of all our electrical equipment being raised. Having pre-connects so when the electrical generator that needed to be there for an emergency could be quickly connected. All those things that need to be hardened to make sure that the heat, the electrical systems, the communications are done. That in terms of what we're talking about into design is the critical services building. What I need to also emphasize is that the original PW did not have a critical services building in it. What the PW had was all the damage that Coney Island sustained, and after we got that PW, we said in order to make this better and right and facilitate, we recommend building a critical services building. So that took another 30 days, and

1  
2 for FEMA to agree to that, and that was--that's part  
3 of public record, and that's part of what we opened  
4 up with. So, the critical services building wasn't  
5 there at the beginning. The listing on the PW talked  
6 about all the things that we needed to repair in  
7 Coney Island itself.

8 DAN ZARRILLI: And--and what I--maybe  
9 just to add the--the final point on that, it--it just  
10 highlights the aggressiveness in making sure that we  
11 get to the right outcome, and there is a federal  
12 process to work through this. It's not always the  
13 process that we would like it to be or that we think  
14 is the most expeditious necessarily, but it's the  
15 process we went through. And we are trying to find  
16 every single way that we can in order to make sure  
17 that not only we get the agreement signed, we get the  
18 designs done, we get the work finished. And, I think  
19 that's the aggressiveness that when you get people  
20 into the program that's what you see HHC doing.

21 CHAIRPERSON TREYGER: I--I just think  
22 that we need to be crystal clear with the public. I  
23 understand that there's--there's a whole system you  
24 have to navigate here. But, to the average resident  
25 who lives by--lives by these hospitals who--and--and-

1 -and by the way, I do want to credit the staff of  
2 Coney Island Hospital all the hospital that really  
3 did an incredible job making sure that no one  
4 actually died during the evacuation and during--I  
5 give enormous credit to that staff. But to the  
6 average resident, to the average resident they want  
7 to know when work begins. They want to know. They  
8 want to see work starting. I disagree that they are  
9 much better prepared than they were before Sandy. I--  
10 -I--I respect that they might have, you know, fixed  
11 some of the wires, but is--if there was another storm  
12 of--of that--of that magnitude right now or even  
13 smaller, I would--I would argue they would still  
14 probably have to evacuate the first floor today  
15 because there are no flood walls. There are no  
16 barriers up right now. There are no protective  
17 measures around the hospital system, and we do see  
18 that happening in some private hospital, but we don't  
19 see it happening in our public hospital system. So,  
20 I am a fierce defender of our public hospital system.  
21 I want us to get every penny owed to us by the  
22 federal government, but we also have to be very  
23 crystal clear and honest with the public about this.  
24 If FEMA has to be called out, let's call them out,



1 but if someone from HHC or from the City  
2 Administration has to do more and step up, then we  
3 have to call them out, too. But to explain to the  
4 public that we're now over three years, and we're  
5 just still in design phase, and you can't tell us how  
6 much we've received from FEMA right, which I'm pretty  
7 sure it's--it's probably not much. There's--there's  
8 a promise of \$1.7 billion, but I--I don't think we've  
9 received much of that money because there's still  
10 bureaucracy at play. The public wants to see action  
11 now, and they deserve action now. Now, I--I believe  
12 that during Sandy, did any of our public hospitals  
13 receive an influx of persons from evacuated--  
14 evacuated nursing homes or adult care facilities? I  
15 have a follow-up question for this, but I'd like you  
16 to answer that question first.

18 ROSLYN WEINSTEIN: Okay, the nursing  
19 homes went to the Special Needs Shelters that are set  
20 up that that we work OEM on. So several. I know the  
21 ones in Park Slope that were associated with Kings  
22 County had many of the nursing home, um, patients  
23 there, and we had several of our providers there  
24 helping them 24/7 for then number of days that they  
25 were located. So the nursing home patients were--that

had to be evacuated, immediately went to the Special Needs Shelter as set up by OEM.

CHAIRPERSON TREYGER: I want to just tell you that during the storm and after the storm I heard directly from hospital officials and not just from HHC hospitals, but other hospitals as well, that many of our nursing homes and adult home facilities literally dropped off hundreds of seniors at their doors without any name tags, without any information about what medication they need. That was just--that was their evacuation plan. Now, what changes, if any, have been made since then to prevent this from ever happening again because they actually had to go through the whole process of figuring out who these people were, and figuring out what medication these seniors need. That is not a plan. That's--that's called scrambling and panicking. That is not a plan, and we're fortunate that in--in the case of Coney Island Hospital at least thank goodness no one lost their life, but people could have died. So what changes, if any, have been made to make sure that there is coordination and cooperation between our nursing homes, and adult care facilities so there is --there is a--a responsible evacuation plan?

ROSALYN WEINSTEIN: So we are part of the Greater New York Hospital Association when it comes to also discussing management and collaboration, and a lot has been done in terms of working with the state so that--and the nursing homes are at the table there. So that there is a technology, a methodology by which we have information not only from the nursing homes, but on the now distant chance that if there is a hospital evacuation a way of naming, giving information about the immediate medical need to the place where they are going and being received. So, to get more details I would suggest we bring Greater New York because they're the ones at the table and organizing that collaboration. But there is a way for us, and a technology in terms of working with the State that we can get names of patients, and what their immediate medical needs are, and to the place that they're going. And more importantly that there's a way of tracing where everyone is. So at the end of the day, we have that type of communication.

CHAIRPERSON TREYGER: I would go a step further and say some of these facilities really should be held accountable for just dropping people

1 off, you know, as if they're just some random  
2 product. They're--they're human beings, and that is--  
3 -that was just not a plan, and I--I believe that  
4 there should be accountability. I have a question  
5 here, and then I will turn to some of my colleagues  
6 for their--for their questions. After the Ida G.  
7 Israel Community Health Center was destroyed by the  
8 storm, the landlord--the landlord of the facility  
9 removed computers that contained patient information,  
10 and if those computers still worked, exposed those  
11 patients to a possible data breach. How are you  
12 protecting patients from a similar post-disaster data  
13 breach in the future?

14  
15 ROSLYN WEINSTEIN: I'll answer that. So,  
16 when we found out about that, we immediately took  
17 action in terms of making people aware who possibly  
18 could have been on those computers. In our own  
19 facilities, we have upgraded our technology so in  
20 terms of HIPAA compliance, and in terms of what's  
21 going on recently in terms of security needed for  
22 patient information. And I can get you details  
23 through that through our Sal Guido (sp?) who is Our  
24 Information Officer. In terms of our being in leased  
25 spaces, we certainly now know how to shut down and

1 protect that type of information and files that it  
2 would never happen again.

3  
4 CHAIRPERSON TREYGER: So, just be clear,  
5 what have we done now? Are there--are there--are  
6 there backup systems somewhere that this information  
7 is stored in the event that there's an evacuation in  
8 these hospitals? What have we done concretely to  
9 make sure that patient information is not breached  
10 during--during an evacuation?

11 ROSLYN WEINSTEIN: Yeah, so there's  
12 absolutely backup. We have backup at--at Sun Guard  
13 and we have a new data center and an upgraded data  
14 center at Jacobi Hospital for all our patient  
15 information. In terms of the technology, there are  
16 special programs that prevent people from getting  
17 into that patient information. But also it's--it's  
18 important that in terms of leased spaces, we make  
19 sure that all our property stays with us as opposed  
20 to anyone else taking it out.

21 CHAIRPERSON TREYGER: So I'm going to--  
22 I'm going to turn to my colleagues for some of their  
23 questions. But I just--I just want to actually  
24 first, you know, thank my colleagues who represent  
25 maybe more of the central Brooklyn side and--and the

1 inner parts away from the coast, so to speak, because  
2 during the evacuation of our hospitals during Sandy,  
3 many of the hospitals in the inner part of the  
4 borough took in many of the patients. And, I--I want  
5 to say that when we're talking about resiliency, we  
6 have to talk about making sure that the health of all  
7 of our hospitals are--are strong. Because quite  
8 frankly, where do patients go if they get evacuated?  
9 Where do patients go if you have to move them away  
10 from a coastal storm. So there are hospitals in  
11 Central Brooklyn that in my--in my opinion save lives  
12 because we're able to move--move patients around.  
13 And--and when we hear about the potential closures of  
14 hospitals, that is, of course, detrimental to the  
15 communities that they directly serve in their--around  
16 them. But, it actually I think has an impact on the  
17 resiliency of our city hospital system as well. So  
18 we have to look even beyond the hospitals in the  
19 coastal zones. We have to look at the health of the  
20 hospitals that are more in the inner parts of our  
21 boroughs because they do play a role in my opinion in  
22 the resiliency planning for--for--for healthcare  
23 access. And with that, I know my colleagues have  
24 some questions. Which? Council Member Barron.

COUNCIL MEMBER BARRON: Thank you to the chairs for having this important hearing, and thank you to the panel for coming to present your testimony. I want to add my voice to--to the chair who commends the personnel who worked in the hospitals and sacrificed their and their own families went without their presence and protection because they were working for those who were hospitalized. I do want to acknowledge the great work and sacrifice that they did. As you talk about coordination and working with the Greater New York Hospital Association, have you spoke specifically about what their plans are? Have you garnered from them what are some of the practices and plans that they have in place? Have you found some ability to benefit from what they've done? Do you have regular meetings in regards to that? And what is the level of the personnel participating in these meetings to make sure that whatever is garnered from those meetings works its way back to the person who makes the decisions about what will happen?

ROSLYN WEINSTEIN: Yes, actually they are quarterly meetings, and more when necessary, and those committee schedules are--I believe are online.

1 The people who are attending are the lead  
2 administrators and the facilitators for emerge--  
3 emergency management for all the facilities. And I'm  
4 very proud to say that we at Health and Hospitals  
5 actually were a pilot site for that communication  
6 program that I had just discussed before. In terms  
7 of can we quickly scan and get information about a  
8 patient, their medical records and send it forward  
9 to, and dispatch to a receiving hospital and it  
10 worked very well. So I believe that it in terms of  
11 the meetings and what Greater New York is able to  
12 accomplish in terms of ensuring all our collaboration  
13 and the latest in the terms of information is very  
14 important. And, during emergencies, Greater New York  
15 sponsors a website so we can get clear information of  
16 what's going on not only with the disaster, but also  
17 at our sister facilities. So that coupled with  
18 what's going on in OEM and Greater New York is at the  
19 table with OEM. We can get the latest information  
20 and also communicate any needs that we may have.

22 COUNCIL MEMBER BARRON: And in terms of  
23 the mitigation that's going to be complete that's  
24 going to be done, you have a chart here, which talks  
25 about the projects and the status. Have all of the



necessary projects been awarded, or are there still  
some that are waiting?

ROSLYN WEINSTEIN: Well, we know what  
projects we need to do, and so then on some of them  
we still need some RFPs to make sure that we can get--  
the vendors are in the procurement process that we  
need to have so that we can FEMA reimbursement. But  
perhaps I can look at my friends at EDC to talk more  
specifically about the projects and design because  
EDC is our agency that is helping us make sure that  
we're--that we're being on time in our budget.

COUNCIL MEMBER BARRON: Okay, on time and  
on budget.

DAN ZARRILLI: Well, I'm going to clarify  
that. I think what your question was is do we have  
all the FEMA approvals on the four primary hospitals  
through the grant, and I think the answer to that is  
yes.

COUNCIL MEMBER BARRON: So all the, all--  
well that seems to be different from what you were  
saying.

ROSLYN WEINSTEIN: No, no, I might--then  
I might have misinterpreted what you were saying.  
Everything that we needed to have done in terms of a

list of repairs and things that we need were put in  
the PW.

COUNCIL MEMBER BARRON: Uh-huh.

ROSLYN WEINSTEIN: Every PW that was  
submitted to FEMA has been obligated and approved.

COUNCIL MEMBER BARRON: Okay, they have  
it.

ROSLYN WEINSTEIN: Thank you.

COUNCIL MEMBER BARRON: Okay, and then as  
you talk about on budget and on time, once the  
shovels are in the ground, when can we expect that  
the projects will be completed? How long will each  
of these projects take? When will we know that God  
forbid another super storm come, we are prepared? We  
will have done everything that needed to have been  
done, and does that include the flood walls that  
they're talking about?

ROSLYN WEINSTEIN: Yes, the flood walls  
are included in the timeline that we've projected,  
and as EDC maybe able to touch a little bit more  
detail in terms of that timeline of construction and  
design.

COUNCIL MEMBER BARRON: But you're the  
ones who are saying--

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ROSLYN WEINSTEIN: [interposing] Yes.

3

4

COUNCIL MEMBER BARRON: --it's going to  
be on budget and on time.

5

6

ROSLYN WEINSTEIN: [interposing] Yes,  
sir.

7

8

COUNCIL MEMBER BARRON: So you're making  
that assertion.

9

ROSLYN WEINSTEIN: Yes, I am.

10

11

COUNCIL MEMBER BARRON: So, when will  
everything be done and completed and ended.

12

DAN ZARRILLI: It's simply--

13

14

ROSLYN WEINSTEIN: [interposing] Let me  
take a look at the--

15

16

DAN ZARRILLI: --it's this chart, the  
end--end dates of construction.

17

ROSLYN WEINSTEIN: Thank you.

18

DAN ZARRILLI: Right?

19

20

ROSLYN WEINSTEIN: Yes. So for each  
separate project in terms of Coney Island okay, the  
construction will be completed at the end of 2019.

22

23

COUNCIL MEMBER BARRON: So by this time  
next year, everything will be done?

24

25

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ROSLYN WEINSTEIN: This time next year  
would be 2017, you'll see construction started.  
Okay.

COUNCIL MEMBER BARRON: Okay, but then  
that all keeps going. So is it done or is it not  
done? The last date--

ROSLYN WEINSTEIN: [interposing] It's  
done--

COUNCIL MEMBER BARRON: --that I see here  
is January through March. Okay.

ROSLYN WEINSTEIN: Which one are you  
looking at?

COUNCIL MEMBER BARRON: Okay, are we  
looking at this time table?

ROSLYN WEINSTEIN: This one.

COUNCIL MEMBER BARRON: Okay.

ROSLYN WEINSTEIN: No, this is the  
procurement time table.

COUNCIL MEMBER BARRON: Procurement. So  
this one won't be--these projects won't be finished  
until 2021?

ROSLYN WEINSTEIN: And COLA construction  
is out to the beginning of 2022. Yes, 2021.

COUNCIL MEMBER BARRON: Is there anything that can be done to speed up that timeline? That's a long time, you know, that we're hoping that we don't have another storm that would bring similar consequences.

ROSLYN WEINSTEIN: Well, let me reiterate we have done a lot now in terms of hardening the facilities so that we can deal with similar storms that we had since Sandy. So it's not as if we haven't done anything. In terms of the timeline, as we start construction, we'll certainly try and do it as fast as possible. I can't guarantee what's going to happen. When start construction there's always field conditions. So I don't want to say that it's going to be any shorter than we've planned for now in terms of what we know we need to construct.

COUNCIL MEMBER BARRON: Thank you. Thank you, Mr. Chair.

CHAIRPERSON TREYGER: Just to--thank you, Council Member. Just to build on that, do you--are you aware that there are some private hospitals that have begun work on flood walls and protections using federal--using some of the federal resources. Are you--are you aware of any projects?

1  
2           ROSALYN WEINSTEIN: I believe you're  
3 talking about the VA, and what has already been done  
4 at NYU.

5           CHAIRPERSON TREYGER: And so how--can you  
6 explain how were they able to begin work now, and  
7 we're still waiting on design?

8           DAN ZARRILLI: We don't really--I don't  
9 know that we can speak for other hospitals and their  
10 processes and, you know, this FEMA 428 Program was a  
11 novel program. NYU went through it. The VA did not  
12 so they had a different funding stream that had  
13 different requirements. This is for very complex  
14 projects. \$1.7 billion doesn't get spent overnight  
15 unfortunately, and the--the work that we've done in  
16 advance of securing the funds allowed us to be moving  
17 as quickly as we are. And this is the schedule that  
18 we're now projecting out, and we've asked ourselves  
19 all those same questions: Can we move quick--more  
20 quickly? Can we be more aggressive? Given what we  
21 know and the--and the projections for how we need to  
22 actually move forward with this design to make sure  
23 the end product is something we're all going to be  
24 proud of, and is built as quickly as possible. These  
25 are the schedules, and--and I think we're moving

everything that we can as aggressively as possible.

But others can--can't--were not--were--were able to do or were not able to do I think it's best addressed to them.

CHAIRPERSON TREYGER: Directors, really the point I'm trying to make is that these project facilities face the same complex rules as we do, and--and we in theory we're--we're--we're the government, and we have in New City and \$80 billion budget. We have a lot of people that work here who we assume know what they're doing. How is it that these people were able to move faster, get resources, get shovels in the ground, have walls in place and our public facilities are still left vulnerable to this day?

DAN ZARRILLI: I would--I think you want to look at their progress as well. So whether they're a little bit ahead of us or a little bit behind us--

CHAIRPERSON TREYGER: [interposing] Have we talked to them about what have they done that we haven't?

DAN ZARRILLI: Well, I mean we've been in dialogue any number the helps (sic) process particularly when we look at the VA or NYU. There

1 are--there are things where we can--where we--I'm  
2 sure we can learn from, and we have learned from what  
3 we're doing.

4  
5 CHAIRPERSON TREYGER: Council Member  
6 Barron, you and I know an education term called  
7 sharing best practices. It would apply--I think it  
8 applies here, too. If--if these people are moving  
9 faster and more aggressive, I think that we need to  
10 learn and--and maybe see who they're dealing with  
11 from FEMA and working with them. Look, I understand  
12 FEMA is a massive bureaucracy. As someone who deals  
13 with them probably more than--I deal with FEMA more  
14 than the average council member, I--I could say.  
15 But, we--we have to--we have to make people see  
16 progress happening on the ground. I cannot stress  
17 that enough, and it's frustrating that we have these  
18 charts of estimates of when things start and get  
19 done, but we don't even--we can't say how much money  
20 we've received so we could start getting these things  
21 started. I find that really troubling. I have a  
22 question here about the telecommunications systems of  
23 our hospitals. The server port, which Director  
24 Zilli--Zarrilli, you're already familiar with,  
25 identified telecommunications resiliency as one of



the focus areas for healthcare facility resiliency.

How has this been implemented in our--in our hospitals today? Do our hospitals have multiple telecommunications providers supporting each building's non-essential needs? Do any of our hospitals rely on copper wiring for telecommunications connections to the outside network? And do our hospitals have access to satellite phones for use if both with both wired and wireless communications were disrupted by an event?

DAN ZARRILLI: Maybe I'll start with the specifics. Yes, certainly the--the work we've done, and we've had hearings on this as well in front of this committee on the work that we're doing on telecommunication resiliency. We've continued to work with the providers, the different private providers Horizon and others that provide these services. There have been a lot of upgrades made. We're continuing to work with them through our Climate Change Adaptation Taskforce on other vulnerabilities and other needs. That's across the entire sector. How that applies to the hospitals, I'll let Roz talk specifically.

ROSLYN WEINSTEIN: Okay. So absolutely redundancy in communication is absolutely needed. That was one of the vulnerable parts that saw in Sandy, and there is a move, and we have almost completed the changeover from PBX boxes, which is the old way in terms of telephony to Voiceover IP, which goes through our data centers. So if something goes down we can immediately redirect to other places. An example of how that works is actually what happened in our recent snow storm where telephones went down in Woodhull and we were able to redirect them all through Cumberland and through Jacobi. So all our facilities are going through Voiceover IP. Your mention of satellite phones, we all have satellite phones in terms of the executives. I have one at my home and, in fact, during Super Storm Sandy, although I should say, Hurricane Sandy because the winds really didn't go above 75 miles per hour. I was in constant contact with people on the phones by Coney Island to ensure transfer information was then given to several hospitals so that they knew patients were coming. So we all have satellite phones. We have wireless phones. We have Voiceover IP as we are

moving to change the PBX boxes. So that's the  
redundancy that we've put together.

CHAIRPERSON TREYGER: Okay, and I--I  
appreciate that answer, and just a--just a quick note  
on the process for the funds to be drawn down. Are  
we going to have to rely on Albany for the release of  
these funds, or are these funds going directly to New  
York City? How does--explain to me how this process  
works.

DAN ZARRILLI: It maybe the high level.  
Yes, so the FEMA grants are done in partnership with  
Albany. So the Department of State Homeland  
Emergency Services. No, I'm getting that acronym  
wrong. This is--is in the chain of funds, and they  
are part of the agreements, and so it's been good  
cooperation to get those agreements signed, and the  
money flows through DHS (sic) and I'm not sure  
there's anything necessarily to report there. It's  
been going well.

CHAIRPERSON TREYGER: So cooperation with  
the State has been satisfactory?

ROSLYN WEINSTEIN: Yes.

ROSLYN WEINSTEIN: I'd say yes.

CHAIRPERSON TREYGER: And has the State indicated to you what dollar amounts that they have seen so far with regards to these FEMA commitments?

ROSLYN WEINSTEIN: I can only repeat what--what we said before. In terms of from our standpoint, we have an obligated \$1.72 billion that we can spend, and the methodology to get those actual cash dollars is what we've said. There is nothing stopping us from using those dollars. So, we have \$1.72 billion to spend. We have those dollars. Is it in my bank account? NO, but I have the spending the authority to use them, and the method by which we can draw down.

CHAIRPERSON TREYGER: Oh, I say this respectfully, NYCHA could not really do some of their big work until FEMA finally released some of this money. So, HHC came to this--came to--to the Mayor and said we needed \$337 million in operating money in the budget. So I don't think HHC just has \$1.7 billion lying around somewhere to start--start doing work. Let's just--let's just make that clear. One thing that I think that you could answer that you should have information on is how much flood insurance coverage is carried by our public hospitals

and other facilities, and how much money have you received from these flood insurance companies?

ROSLYN WEINSTEIN: I know that for FEMA dollars we had to make program for flood insurance. I can't say that we had actual flood insurance because we're indemnified by the city in terms of being a city agency. But I'd have to get back to you on those actual dollars.

CHAIRPERSON TREYGER: Because the City Housing Authority actually has over 20 insurance companies, and they were in dispute about how much money they're owed. They were actually owed hundreds of millions of dollars by their--by their insurance companies. So, can you get back to us about what--

ROSLYN WEINSTEIN: [interposing] Yeah, sure.

CHAIRPERSON TREYGER: --what if any insurance--

ROSLYN WEINSTEIN: [interposing] Yes.

CHAIRPERSON TREYGER: --money you have received, or--or if you still, you know-- Also, the SUR (sic) Report called for the retrofitting of nursing homes and adult care facilities in the 100

1  
2 year flood plain. Do you know if this has occurred,  
3 and where do we stand on that, Director Zarrilli?

4 DAN ZARRILLI: [coughs] This has been a  
5 program that we were advocating strongly to secure  
6 funds. It's taken a while to do so, but we have been  
7 able to secure some funds through the Hazard  
8 Mitigation Grant Program in order to make some of  
9 those investments. Now, these are private, typically  
10 privately owned organizations that run these nursing  
11 and adult care facilities so we've been talking with  
12 them and working through a process for best  
13 allocating those dollars. There's been some  
14 cooperation with the state on doing that as well. So  
15 it's something we're--we've been moving as quickly as  
16 we can to secure funds. It took a little while to  
17 secure those funds from FEMA through the  
18 Discretionary Hazard Mitigation Grant Program, but  
19 that is moving forward.

20 CHAIRPERSON TREYGER: Okay. I just--I  
21 just want to emphasize that we need to, Director  
22 Zarrilli, I think it's critical especially in the--in  
23 the reorganization of the --of the Mayor's resiliency  
24 team with and--and I do want to say that you've been  
25 very responsive to our office. When we--when we

1  
2 reach out you do get back to us. It's very  
3 frustrating, as you're well aware, but we ultimately  
4 have an obligation to the public to get things done.  
5 I--I do want to just make sure we follow up on the  
6 insurance questions because is there--what strings  
7 are attached to the FEMA funding with regards to--?  
8 Are they saying that in order for you to get this  
9 money you have to get new insurance or a new type of  
10 insurance? What types of strings are attached to  
11 these FEMA dollars?

12 ROSLYN WEINSTEIN: I don't think there  
13 are any particular strings attached. I'm going to  
14 get back to you about the flood insurance.

15 CHAIRPERSON TREYGER: I think there--  
16 there might be. If--if you want to tell us your name  
17 and--

18 FRED COVINO: Fred Covino, HHC Finance.

19 CHAIRPERSON TREYGER: Okay, and Fred, we'd  
20 like to swear you in. Just give me one second.  
21 Okay. Do you affirm to tell the truth, the whole  
22 truth and nothing but the truth in your testimony  
23 before these committees and to respond honestly to  
24 Council Member questions?

25 FRED COVINO: I do.

1  
2 CHAIRPERSON TREYGER: Thank you.

3 FRED COVINO: We did not have insurance  
4 prior to Sandy. However, as a requirement to receive  
5 funding going forward, we did have to purchase  
6 insurance. We worked with Cool Insurance, and now  
7 have insurance on all the buildings that are subject  
8 to--based on the awards we were given from FEMA.

9 CHAIRPERSON TREYGER: So prior to the  
10 storm, you were--you were not--

11 FRED COVINO: [interposing] We were  
12 self-insured.

13 CHAIRPERSON TREYGER: You were self-  
14 insured, and now you're required--so what is the name  
15 of the company that you've--?

16 FRED COVINO: We went through a broker  
17 name Cool Insurance.

18 CHAIRPERSON TREYGER: It's called Cool  
19 Insurance?

20 FRED COVINO: Cool. We did bid it out in  
21 accordance with all FEMA regulations.

22 CHAIRPERSON TREYGER: And what--what  
23 cost--what cost has this imposed on--on HHC?

24 FRED COVINO: I do not recall. It's  
25 something that we can get back to you with the costs?



CHAIRPERSON TREYGER: And what is coverage for?

FRED COVINO: It--it provides a preliminary level of flood coverage in the future event that we have another storm that provides damage to those facilities that are covered. Now, on behalf of probably thousands of--of property owners does it cover you from wind damage, too? Because insurance companies get very clever if it's a wind event or--or--or a rain event--

FRED COVINO: [interposing] No, it's just flood.

CHAIRPERSON TREYGER: Just flood. So if a--if--okay, so if a tornado hits, that doesn't--it doesn't cover you?

FRED COVINO: Correct, and this a condition as part of the FEMA award.

CHAIRPERSON TREYGER: Uh-huh.

FRED COVINO: So that if, you know, it's damaged again, the first tranche is--is covered by the insurance, and then after that you can go to FEMA for the--

CHAIRPERSON TREYGER: [interposing] So are there any other strings that we should be aware

of with regards to these FEMA dollars? I--I--I'm  
sure that there are requirements in place that are--

FRED COVINO: There's--there's a million  
little, you know, strings and other requirements in  
the--in the documents, right. These are--these are  
big complicated documents for FEMA. They have all  
the federal regulations that come with it. The  
requirement to purchase flood insurance and to have  
adequate coverage for the federal investment is well  
known. And then there are just--there's all the  
process that comes with it. So I don't know if that  
counts as strings attached or just--

CHAIRPERSON TREYGER: [interposing] Well--

-

FRED COVINO: That's the federal process  
required.

CHAIRPERSON TREYGER: --let me be more  
specific. Are there maintenance agreements attached  
to the FEMA dollars? We're building new facilities.  
How are we maintaining new facilities if we're having  
trouble maintaining current facilities?

ROSLYN WEINSTEIN: The maintenance of--  
the ongoing maintenance of the facility wouldn't be  
covered in terms of operational dollars from FEMA.

1 So that's within our budget and our operating  
2 facilities in terms of what we need to do.

3 CHAIRPERSON TREYGER: So, what--what new  
4 costs are added to the city budget to maintain these  
5 new facilities?  
6

7 ROSLYN WEINSTEIN: That in terms of--it  
8 depends on the design, and some of it may be even  
9 decreased costs because these are new assets, and  
10 would need less maintenance as they are new assets,  
11 but I could--

12 CHAIRPERSON TREYGER: [interposing] Oh,  
13 we're speaking to people in the City Council who hear  
14 about maintenance issues every single day. And even  
15 new--even new buildings need maintenance. Certainly--  
16 -

17 ROSLYN WEINSTEIN: I'm not saying it  
18 doesn't.

19 CHAIRPERSON TREYGER: Right.

20 ROSLYN WEINSTEIN: I certainly understand  
21 maintenance and service agreements that we need.

22 CHAIRPERSON TREYGER: Right.

23 ROSLYN WEINSTEIN: But it also depends on  
24 what we put in there, and how well we do it. And  
25 certainly a lot of our NYFA projects show that there

1  
2 is better energy requirements that we have, and are  
3 doing in terms of our design. But, in terms of FEMA  
4 reimburse--reimbursement for maintenance operations,  
5 that wouldn't be in there. That would be in our--in  
6 our regular budget, and I'll gladly share that with  
7 you.

8 CHAIRPERSON TREYGER: Now, have these  
9 contractors been selected to do--to do this work  
10 already? For example with Coney Island Hospital?

11 ROSLYN WEINSTEIN: No. As you can see  
12 from the RFP, the RFPs for the contract--for the  
13 construction management has just gone out, and we'll  
14 be deciding on that shortly. We do have the  
15 architect on the board.

16 CHAIRPERSON TREYGER: Is there an  
17 estimate of how many jobs will be created through  
18 this type of work?

19 ROSLYN WEINSTEIN: I don't have an  
20 estimate off the top of my head, no.

21 CHAIRPERSON TREYGER: Does NYCHA have an  
22 outreach plan to work with these local communities  
23 about hiring people who are--who have the skills and  
24 qualifications or the interest being a part of--of  
25 work? And also making sure that we're--we're working

1 contractors that have historically been left to of  
2 many city--city processes? I'm not saying by the  
3 current administration, but historically we know that  
4 the system has not always been very fair. It's been  
5 very rigged, but what plan is in place, if any, and  
6 there should be to work with local communities on  
7 jobs so they're not simply bystanders to recovery,  
8 but active participants in it?

10 DAN ZARRILLI: And Mark, as you well  
11 know, this has been something we've been all very  
12 keen on making happen. We've seen the progress with  
13 the Housing Recovery Office. We've--there's been  
14 jobs created across the entire Resiliency Program.  
15 This is no exception, and the--the work we're doing  
16 whether it's Section 3 compliance for the HUD dollars  
17 that are a part of this--part of this program or  
18 within FEMA we're doing everything we can to make  
19 sure we're promoting local job creation through all  
20 of our investments.

21 CHAIRPERSON TREYGER: But specifically I--  
22 -I would like to just get and--and I hear you on  
23 Build It Back. They've done some good work with  
24 outreach. There's no question, but HHC, does HHC  
25 have a plan in place to do outreach in the local

communities to hire people onto these job sites that have the interest and skills and qualifications to do this type of work and to work. I'm sure that built into these FEMA dollars there are I think PLA agreements, is that correct?

ROSLYN WEINSTEIN: [off mic] It is.

CHAIRPERSON TREYGER: And--and--which is--which insures labor, right? But labor and we've had conversations with them is that we need to make sure that local residents have access to these job sites as well. That labor must open their doors as well to those with the skills, interest and qualifications in local communities. You know, a Coney Island resident should not just witness the recovery. If they have the skills and interest and qualifications they should be on that job site as well. And the Mayor said it himself that this--this can be a transformative period for our city to really deal with not just physical resiliency but human and economic resiliency. I'm using his own words. So I would appreciate that HHC develop a job outreach plan to work with local communities to get residents who are interested and with the skills onto these job

1 sites. Do I have a commitment from HHC to develop a  
2 plan?  
3

4 ROSLYN WEINSTEIN: Yes.

5 CHAIRPERSON TREYGER: And I'd like to  
6 follow up with Dr. Raju on that plan. Do any--Council  
7 Member Mathieu Eugene.

8 COUNCIL MEMBER EUGENE: Thank you very  
9 much, Mr. Chair, and also to the members of the  
10 panels, and thank you for coming, and to Ms.  
11 Weinstein, it's a pleasure seeing you again. You  
12 know, and I had the pleasure to work together with  
13 you when we were at Kings Council. One that they're  
14 sitting in my district. We always have to take the  
15 opportunity to thank the medical profession and  
16 doctors and nurses who are working every single day  
17 for long hours to take care of the people of New York  
18 City, and to try to provide the best medical care  
19 possible. We all know the--the damage created by  
20 Sandy, and--and I came late. I didn't, you know,  
21 hear, you know, your testimony, but I think that many  
22 effort has been made. But my concern is because I  
23 went--after Sandy I went to visit I think it was the  
24 hospital Bellevue (sic) Hospital Kings Highway, and  
25 now it is Mount Sinai I believe. Because the--the

1 patient was transferred from Coney Island Hospital to  
2 Bellevue Hospital. What I saw I was shocked. It was  
3 overcrowded. When I see that way in New York City I  
4 say oh, my God, and it was very difficult even for  
5 the doctors and the nurses to walk through. There's  
6 too many patients, and some of them they were  
7 coughing, scratching. This is a medical issue. My  
8 question is that did you--did--did we do enough in  
9 terms of being ready for emergency or catastrophe  
10 that we may face in New York City? And what has been  
11 done exactly, and can we say that we are ready? Are  
12 we ready if tomorrow or today there's a natural  
13 disaster, are we ready to handle that right now?

14  
15 ROSLYN WEINSTEIN: Well, I can answer for  
16 New York City H&H. I think we've hardened our  
17 facilities. We've also created a disaster, a team at  
18 central office, and better communications with all  
19 our facilities so that the needs of each facility can  
20 be communicated readily on time at the time they need  
21 it. So that we can within ourselves as well as with  
22 the use of OEM answer their needs. So in terms of  
23 communication and what we're able to do in terms of  
24 pre-connects, in terms of the--the mobile generators  
25 that we can move at a--at a moment's notice that



1 we've seen in--in disasters that have happened after  
2 Sandy, I think we're in much better shape. Are we in  
3 perfect shape? I can't--I can't tell you that we are  
4 in perfect shape. I think we have taken the steps  
5 that we need to take to make sure that our patients  
6 and our staff are as safe as possible at this point  
7 in time. Will we be safe to--safer after all this  
8 construction is done? Absolutely, and that's what I  
9 look forward to.

11 COUNCIL MEMBER EUGENE: When--when I look  
12 at the timeline of the construction, and I see that  
13 we are still far from the goal and very far, I mean  
14 what make it take so long? You know, in the source  
15 pace of--pace of the--the construction, and why we  
16 take--take so long, and why it go so slow? What is  
17 missing? What is needed? Because--

18 ROSLYN WEINSTEIN: [interposing] Let me--

19 -

20 COUNCIL MEMBER EUGENE: --if you  
21 reconsider Coney Island we got, Bellevue we got, are  
22 they in full capacity to function fully right now in  
23 case of emergency.

24 ROSLYN WEINSTEIN: Well, I think--

COUNCIL MEMBER EUGENE: [interposing] Or are they at the point they were before Sandy or are they in a better position right now?

ROSLYN WEINSTEIN: They're in a much better position now in terms of certainly Bellevue and--and Coney Island as well. Would Coney Island be more perfect if we have already built a wall? Yes, but building a wall around Coney Island is--is a more difficult wall actually to design than that which is of Bellevue and what's going on--what will be going on for the Upper East Side, and we do have Berms (sic) involved and in design and available for Coney Island as well as we speak. The perfect methodology is to have everything raised about the 500 year flood plain. I don't have that now, but what I do have is the electric hardened, communications hardened, steam hardened so that stuff that happens during Sandy and failed will not happen now because that's what we have prepared for. And we're glad that we're able to now design a critical structure that is going to be a 18 feet above what we need based on the 500 year flood plain.

COUNCIL MEMBER EUGENE: And thank you very much. It seems that, you know, a lot of effort

1 has been made in term of this structure, in  
2 construction and preparedness, but what about in term  
3 of providing medical care to the patient. Because in  
4 time of emergency or natural disaster, you never know  
5 what you're going to face. We're talking about--  
6 about trauma, epidemic and sexual disease. Anything  
7 that can occur, you know, that can come with  
8 emergency natural disaster, are we ready to provide  
9 the medical care in case there is something tougher,  
10 worse than Sandy? And I'm talking about it because  
11 in New York City now we have more people in New York  
12 City right now. There are a lot of--you know the  
13 population of New York City increased. So, my  
14 concern is and my question is are we ready to provide  
15 the medical care to the people who are even in New  
16 York City right now through the structure of the  
17 hospital? I'm talking about trauma, epitome,  
18 whatever we may have to face in term of disaster,  
19 natural disaster or manmade because you still know  
20 the New York City climate? Are we read for that?

22 DAN ZARRILLI: I--I really think the--the  
23 answer to that I mean we could go on for a little  
24 while. But in answer to that the things that we're  
25 doing on improving our emergency management, the

1 things we're doing to invest in our physical  
2 infrastructure, our hospitals, our other  
3 infrastructure, telecommunications, transportation,  
4 the work we're doing to mitigate heat effects. We  
5 could--we could--there's--there's--there's I think a  
6 laundry list of things that we are doing, we have  
7 done, and we have more to do before we'll be  
8 satisfied. But we are certainly in better shape than  
9 we were before Sandy, but we know that we have more  
10 to do. And so, we face a lot of threats as a city,  
11 and whether you could look at what happened with the  
12 Ebola threat from maybe a year and a half ago. You  
13 could look at what happens in a hurricane. We face  
14 any number of threats, and I think what we've done is  
15 responded in a way to Hurricane Sandy that didn't  
16 just look at the risks from Hurricane Sandy. So that  
17 we're assessing all--a wide variety of threats,  
18 climate threats and other. That could impact us.  
19 And that's really been baked into a lot of our effort  
20 at a--at Health and Hospitals, at other agencies to  
21 make sure that we're better prepared for those  
22 things. No one can say that you're 100% protected,  
23 but we know that we are in better shape, and that  
24 we're--every day we are getting safer from the  
25

1 impacts from those types of things that you're  
2 talking about.

3  
4 COUNCIL MEMBER EUGENE: I think--I may be  
5 wrong, but I--I think that, you know, more energy has  
6 been focused on the construction of this structure of  
7 this hospital, but I think we have to focus also on  
8 the service delivery, the medical service delivery  
9 also because there's infrastructures in the hospital,  
10 a good hospital or whatever, but they are designed  
11 and the goal is to give the proper medical treatment  
12 to the patient. You may have a beautiful hospital,  
13 good infrastructure, but if you don't have what it  
14 needs to provide the best medical care to the people  
15 when they need it, I don't think that we do--you  
16 know, this is what we have to do. So my question is  
17 that how much you have been doing to ensure that the  
18 hospital-- You know, of course, it's a HHC hospital,  
19 of course, are ready to provide the medical care to  
20 the people in case of a very devastating emergency in  
21 New York City?

22 ROSLYN WEINSTEIN: So--

23 COUNCIL MEMBER EUGENE: [interposing] And  
24 if not, I would advise that when you get back to--to  
25 speak with the--the--the people who take that

1 industry does that's creating the certain taskforce  
2 for medical services. Because I'm telling you  
3 prevention is the best. Preventative medicine is the  
4 best medicine, as you know, because I don't think  
5 that if we--we--we both--God forbid, we--there is  
6 some type of emergency in New York City now, and we  
7 have to try to figure out how we're going to endure  
8 it. So I think this is very, very important we--we  
9 get ready to--and--and those certain type of medical  
10 conditions in case New Yorkers would have to face in  
11 those emergency situations.  
12

13 ROSLYN WEINSTEIN: So let me must speak  
14 about a couple of things that we've done just in  
15 terms of medical care. So, many of our dialysis  
16 places have been upgraded. In fact, I'm buying new  
17 machines as we speak. So the dialysis patient, who's  
18 one of the most vulnerable patients in terms of this,  
19 has a place to go. Because we found during Sandy a  
20 number of the private dialysis places were closed,  
21 and couldn't open. So these are patients who need  
22 immediate care, and need to get into a facility, and  
23 that's what we have done from then until now. We  
24 are upgrading all of our dialysis sites. Two,  
25 Telehealth, okay. So our ability to talk to people

1 at home, and more importantly people in their home  
2 being able to talk to us has also been upgraded. In  
3 fact, in Brooklyn, we're creating a contact center.  
4 So that anyone can call in, and we get them to either  
5 a hospital or a PCP, and we have nurse triage there  
6 also. So, they can talk to someone clinical and ask  
7 those questions, and we hope to have that actually  
8 enterprise wide. So that's another thing. In terms  
9 of home health, visiting nurse service, we have our  
10 own contract. We've expanded to Staten Island. Our  
11 healthcare nurses have a means during disasters,  
12 after disasters to get to the home of our most  
13 fragile and vulnerable patients, and that's something  
14 else we're expanding. So the expansions also of  
15 primary care sites so you don't have to go to the  
16 hospital. That is something else we're also doing.  
17 And so that there's a better collaboration and  
18 communication between community physicians, our  
19 physicians, our primary care sites, a contact center  
20 or emergency rooms. Knowing that that's the real  
21 population health, that's what we're trying to do.  
22 Not included are--are the Methadone clinics that also  
23 need to be open for patients, which is something that  
24 we have to be concerned about. So all those things  
25

1  
2 in terms of making sure our population has the  
3 provider of need at the time they need it are things  
4 that we are doing now.

5 COUNCIL MEMBER EUGENE: Thank you very  
6 much, and thank you again to the members of the  
7 panel. Mr. Chair, thank you, and I applaud your  
8 diligence also. This is such a very important issue,  
9 a very important issue for all us in New York City.  
10 Thank you very much. Thank you.

11 CHAIRPERSON TREYGER: I--I thank my  
12 colleagues who makes a very--Councilman Eugene makes  
13 a very good point that making sure that as we build  
14 more resilient--resilient structures, we need to make  
15 sure that the--the care is strong inside them. So  
16 that's a very, very strong point. Just to circle  
17 back a bit with regards to--just to be clear. The  
18 buildings that were damaged by--by the storm, are the  
19 ones and the ones that you're getting FEMA dollars  
20 for, they are the ones only that FEMA is requiring  
21 you to get insurance for? Is that correct?

22 FRED COVINO: [off mic]

23 CHAIRPERSON TREYGER: Okay, so does that  
24 mean that for example another storm hits--another,  
25 you know, a diff--you know a different at the city,



and other hospitals get--get damaged those hospitals remain uninsured?

FRED COVINO: But they would be covered by FEMA.

CHAIRPERSON TREYGER: If you could just speak into the mic, please. Thank you.

FRED COVINO: That's correct, but the would be covered by FEMA. So--so the--the--the reason for the insurance is to, as I--as I said before--

CHAIRPERSON TREYGER: [interposing]  
Right.

FRED COVINO: --that there would be a base level of insurance provide, and any extraordinary damage above that would be covered by FEMA. In the case that the building hasn't been damaged, FEMA doesn't require that for first--I shouldn't say first dollar coverage, but I--whatever the threshold is--\$500,000 and above coverage.

CHAIRPERSON TREYGER: Has anyone advised you that you should get insurance for these buildings right now?

FRED COVINO: But we have researched that with the city, and considered it. Yes.

CHAIRPERSON TREYGER: And I--I would appreciate if once we get clarity about the costs involved what--what that will mean as far as costs to HHC. Look, we--we--we are on the same side to protect-- Well, New York Health and Hospitals. I'm still getting used to--to--to the acronym. We're on the same side looking to--to defend the public hospital system. I want to make sure that we get every penny that we're--that we're owed into our hands. I think that that's--but we also--we have to call out things if we see a state of inertia or if we see things that are just--something stuck in the pipeline we have to call them out. I had a hearing with Ritchie Torres with regards to NYCHA, and we had to break that log jamb. And I--whatever we can do break log jams and to see money flow, and to see shovels in the ground and to protect our hospitals, and to strengthen them, I--I'm all about that.

The last point I'll make and I think we'll--we are concluding with this panel is that I do think it's important that from both a resiliency standpoint and from a healthcare access standpoint that we do take stock of all of the health facilities in our community--in our vulnerable communities.

1 The--the I noticed a lot of focus today is really on  
2 the state of recovery for the buildings that have  
3 been damaged from Sandy. But I'll say it again,  
4 there were many of the facilities that were not as  
5 impacted that seemed so critical to--to take the  
6 transfer patients and to provide care and help.  
7 Directors really and EDC were very helpful to work  
8 with me with regards to the non-profit house of  
9 worship task force to take stock of our non-profit  
10 house of worship infrastructure in the city who are  
11 the best respond to emergencies. But I think it's  
12 also worthwhile to really develop a network with all  
13 these facilities to say what do you need in the event  
14 of an emergency as well. But if we have to evacuate  
15 sometimes it could be a major storm or even a 10 foot  
16 wall might not protect the hospital. What do they  
17 need? What do we have to set up there now in the  
18 event of another major emergency? And so, I think  
19 that that's important that HHC develops these types  
20 of networks and bonds with all these healthcare  
21 facilities, public/private. Share best practices,  
22 have conversations. What do you need in case  
23 something happens. I think those are very worthwhile  
24 and meaningful conversations. Okay, and I--and I

1  
2 thank the panel for their--for their time, and your--  
3 your efforts. Thank.

4 FRED COVINO: Thank you, sir.

5 CHAIRPERSON TREYGER: I see there's a  
6 number of people in the audience, but only one person  
7 here has filled out a slip. If you'd like to testify  
8 or ask questions, please feel free to--to fill out a  
9 slip with the sergeant-at-arms. I'd like to call up  
10 Bishop Provenzano from Episcopal Health Services, and  
11 also we were joined by Council Member Espinal and  
12 Council Member Vacca. [pause] Bishop, whenever  
13 you're ready, you may begin.

14 BISHOP PROVENZANO: Thank you. Good  
15 morning, Mr. Chairman and members of the panel.  
16 Thank you for this opportunity to address the issue  
17 of resiliency in our hospitals. I hope to make this  
18 as brief as possible. Episcopal Health Services is  
19 the healthcare ministry of the Episcopal Diocese of  
20 Long Island, which consists of Brooklyn, Queens,  
21 Nassau, and Suffolk Counties. At the time of Super  
22 Storm Sandy in the weeks and months following we  
23 owned and operated St. John's Hospital a 23--213-bed  
24 acute care safety net facility in Far Rockaway. I  
25 have attached a simple finance report indicating

expenses and reimbursements during that period of time from October 29, 2012 through December 31, 2012. A quick study of this document tells the story of the extraordinary unrecovered costs to the hospital during that same period. With 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 the people in need. We housed, fed and transported our employees who had personally sustained tremendous loss of property in the neighborhood surrounding St. John's Hospital. We paid staff to continue work in all the 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 the same period of time absorbing the loss of inpatient and outpatient volume in excess of \$2.5 million. That to date has gone unrecovered. The hospital has enormous fixed expenses, which do not decline when patient volumes drop due to--due to a storm. There is no category in the FEMA or state accounting

1 systems for the loss of volume directly attributed to  
2 the storm. A safety net hospital cannot continue to  
3 operate a staff and house and feed people if the loss  
4 and volume is not addressed. But to do anything less  
5 than to fully provide care would violate everything  
6 we stand for and believe. There was no flooding in  
7 the hospital. The damage suffered by the hospital  
8 care as a result of the depletion of resources, the  
9 loss of available days of cash and capital necessary  
10 to support the long range operation of the hospital.  
11 In short, the people of Far Rockaway, the quality of  
12 their healthcare and their very lives are threatened  
13 by what can only have been described as the short-  
14 sighted uninformed set of criteria for the recovery  
15 of hospitals whose real damage as a result of Sandy  
16 cannot be measured in sheetrock, brick and mortar  
17 alone. We need the help of the city, the state the  
18 federal government to be made whole with respect to  
19 lost patient volume, the expenditure of available  
20 cash and lack of income. We keep the--we kept the  
21 hospital open and running notwithstanding such loss  
22 during the storm and its aftermath. Therefore,  
23 anything the City of New York can do to help us  
24 recoup the losses we sustained during this very  
25

difficult will be greatly appreciated. Thank you for providing this opportunity to share this information, and I look forward to the positive results of the work you are engaging here today. Thank you and God bless you for your time.

CHAIRPERSON TREYGER: Thank you, Bishop, for your very powerful and very informative testimony, and I think as you--as you heard during this hearing, the City of New York is also waiting on dollars that has--that have been promised for--for quite some--quite some time So, just--just for clarity this health clinic that served the residents in Far Rockaway and Queens, that's--that's correct.

BISHOP PROVENZANO: Uh-huh.

CHAIRPERSON TREYGER: And that the clinic itself did not sustain flooding, but there were the tangible. There were the--the--can you just explain or clarify all of the impacts that--that the clinic sustained because of the storm?

BISHOP PROVENZANO: St. John's Hospital is an acute care facility. It sits on the highest piece of--of real estate in Far Rockaway. There was no flood damage, but all around us there was flood damage, wind damage, houses lost. Eighty-three of

1 our employees lost their homes. We housed and fed  
2 they and their families in our facility during that  
3 time, and continue to care for the people in Far  
4 Rockaway. So really, what's happening here is in  
5 terms of my--my--my testimony that--that the--that  
6 it's short-sighted is that, in fact, it there's going  
7 to be a sense of our being able to recover and  
8 resiliency, there has to be part of the plan that  
9 money is going to continue to flow to provide acute  
10 care for--for patient--for patients in--in--in--in  
11 the local population. Rough numbers, we are single  
12 standalone safety net hospital serving some 270,000,  
13 and we were losing about half a million a day while  
14 we provided care over a period of about five weeks.

16 CHAIRPERSON TREYGER: And so your  
17 hospital was not reimbursed a dime for all of the  
18 care, shelter and everything that you--you did for  
19 people after the storm?

20 BISHOP PROVENZANO: None of--exactly,  
21 none of that was attributable. There's not a  
22 category for that kind of reimbursement in FEMA or  
23 from the State.

24 CHAIRPERSON TREYGER: So this is another  
25 case where--and I'm not sure, bishop if you've heard



1 this before I mentioned that we--I introduced a bill  
2 that passed the Council signed by the Mayor that  
3 would created a house of worship non-profit task for  
4 to really take stock of all of the types of work our  
5 non-profits and--and--and houses of worship did  
6 during and after the storm just like what you just  
7 shared about your--your clinic. Because if--if it  
8 were not for the faith-based community in Coney  
9 Island, for example, who I represent, many people  
10 would have died on top of the lives that we lost.  
11 They--they turned their houses of worship and their  
12 spaces into makeshift shelter and fed people and gave  
13 out. So this story just builds on the stories that  
14 we've heard all across the city of New York, and I  
15 think that you're--you would be a great addition in  
16 my opinion to the conversation at the task force. The  
17 task force currently right now is collecting  
18 information on all of the houses of worship and non-  
19 profits that sustained damage. That there was no--  
20 you mentioned that FEMA has no category. The City of  
21 New York does not even have a database or some sort  
22 of a--a sense of all the damage that our faith-based  
23 communities sustained and--and/or at minimum. For  
24 example, I respect the First Amendment, but I have to  
25

say this: The government has an obligation to reimburse the faith-based community for all of the services they rendered during and after the storm. My goodness, they contract with many people, millions and millions of dollars to provide, and they have agencies that are supposed to do this work, and quite frankly, not all of them did the work, which they're supposed to do. So, at minimum, they should reimburse the faith-based communities that did extraordinary, in my opinion God's work. So, I think we'd like to get your information and connect you to a member of the task force. One member who I know is very, very interested in collecting all these--all these types of pieces of data. Peter Gudaitis from the New York Disaster Interfaith Services. He's been great on this, and he would actually I think appreciate getting this information to the task force. So I truly appreciate you being here today, and sharing your story.

BISHOP PROVENZANO: Thank you, Mr. Chairman. Actually, Peter has--has garnered this information from us.

CHAIRPERSON TREYGER: [interposing]  
Great.

BISHOP PROVENZANO: He has become part of the--the narrative, but I would be happy to help in anyway possible. If I can take just one moment, one more moment of your time, which I think is an interesting and important fact. You might, if you know the geography of Far Rockaway there are a lot of high-rise buildings. When there's no power, the poor and elderly and those who are in any kind of danger can't go up and down the stairs. So, while the city was providing shelter and food services to people who could go to shelters, they had no system for caring for people who were in--in vert--in--in a sense vertical prison. Our hospital staff for weeks went up and down those stairs doing that work, feeding people, bringing people medication, particularly those who needed insulin and--and--and blood pressure medications, those who couldn't get to pharmacies. The tangent to that was that we are so locked into systems in which there are numbers attached, the volunteerism that emerged out of that, if I may say, and I know it's very unpopular particularly amongst City Administration, we turned Occupy Sand--Occupy Wall Street into Occupy Sandy as you may well know. Many of the systems by which delivered that care came

1 from that group of people. We're not looking for  
2 them to be reimbursed, but I think there is also an  
3 acknowledgement of the goodwill of the people in the  
4 city of New York that really we--we--I think at time  
5 we just take for granted.  
6

7 CHAIRPERSON TREYGER: I agree and your  
8 story about the high-rises hits home for me. In my  
9 district we have also a number of high-rise  
10 buildings, Warbasse that--and FEMA an other groups  
11 set a tent in the parking lot of MCU where this--  
12 where the Brooklyn Cyclones play. And that did not  
13 do much for people stranded on the 20th floor in  
14 Warbasse with no elevators, no light and no power.  
15 And so many volunteers had to go up and down 20  
16 flights of stairs with flashlights, with water and  
17 medication. So you are--this--this further validates  
18 the work of this committee, and--and the--and the,  
19 you know, individuals who serve on this committee  
20 that we've been very passionate about getting these  
21 stories out there. And I have--I for the record  
22 absolutely agree and support that the government has  
23 an obligation in moral and I would argue legal  
24 obligation to reimburse every group that did amazing  
25 work to save lives. And that includes our faith-

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based communities and our non-profit groups as well,  
and I thank you for being here today.

BISHOP PROVENZANO: Thank you very much.  
Thank you.

CHAIRPERSON TREYGER: And with that, I  
believe we will adjourn this hearing. [gavel]

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date February 28, 2016