

COMMITTEE ON FIRE AND EMERGENCY MANAGEMENT  
CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON FIRE AND EMERGENCY  
MANAGEMENT

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November 17, 2025  
Start: 1:04 p.m.  
Recess: 2:24 p.m.

HELD AT: 250 BROADWAY - 8TH FLOOR - HEARING  
ROOM 2

B E F O R E: Joann Ariola, Chairperson

COUNCIL MEMBERS:

Simcha Felder  
Oswald Feliz  
Lynn C. Schulman

A P P E A R A N C E S

Kevin Woods, Chief of Fire Operations at Fire Department of New York

Paul Miano, Chief of EMS at Fire Department of New York

James Canty, Chief of Safety at Fire Department of New York

Dr. David Prezant, Chief Medical Officer at Fire Department of New York, Special Advisor to the Commissioner on Health Policy, and Director of the World Trade Center Health Program

Jeremy Brooks, Deputy Commissioner for Support Services at Fire Department of New York

Carleen McLaughlin, Director of Legislative Affairs at New York City Department of Environmental Protection

Christina Farrell, First Deputy Commissioner at New York City Emergency Management

Tyler Weaver, self

James Brosi, President of the Uniformed Fire Officers Association

Bobby Eustace, Vice President, Uniformed Firefighters Association

Michael Rodgers, Chief Executive Officer of Critical Response Group

A P P E A R A N C E S (CONTINUED)

Furhan Ahmed, Fire Department of New York  
Firefighter

SERGEANT-AT-ARMS: This is a microphone check for the Committee on Fire and Emergency Management recorded on November 17, 2025, located in Hearing Room 2 by Nazly Paytuvi.

SERGEANT-AT-ARMS: Good afternoon, and welcome to today's New York City Council hearing for the Committee on Fire and Emergency Management.

At this time, please silence all electronic devices.

If you would like to testify, you must fill out a witness slip with one of the Sergeant-at-Arms.

Chair, we are ready to begin.

CHAIRPERSON ARIOLA: [GAVEL] Good afternoon. I'm Joann Ariola, and I am Chair to the Committee on Fire and Emergency Management.

Today's hearing will be an opportunity for the Committee to consider legislation that covers several different topics and relates to several different agencies who we thank for joining us today. First, the Committee will hear legislation that seeks to protect the health and safety of our first responders, tasking the City with proactively monitoring and minimizing the potential harm to

firefighters caused by exposure to toxic chemicals found in bunker gear and other protective equipment. Per- and polyfluoroalkyl substances, known as PFAS, are a group of chemicals that have been used in industry and consumer products, including firefighting protective equipment, such as bunker gear. Current research suggests that exposure to PFAS may be harmful to human health, including by increasing the risk of developing certain forms of cancer. To minimize the harm caused to FDNY employees caused by potential exposure to PFAS, Introduction Number 1452 would require the FDNY to provide written notice to employees when providing any firefighting personal protective equipment that contains PFAS and work to ensure future equipment procured by the Department does not contain harmful levels of PFAS; Introduction 1453 relates to a collection, exchange, and disposal program for firefighting personal protective equipment containing PFAS; Introduction 1454 relates to testing and remediating PFAS chemicals in firehouse drinking water; and Introduction 1455 creates a voluntary PFAS screening program for firefighters. I believe these commonsense measures are the least the City can do to protect the

well-being of firefighters exposed to the dangerous substances in the course of their work.

At the last hearing, FDNY testified that approximately 670 ambulances in its fleet, more than 20 percent, are out of service at any given time. Ambulances can be out of service for many reasons, including undergoing routine maintenance or repair of mechanical issues, but also insufficient staffing of EMS personnel. To improve transparency regarding FDNY's ambulance fleet and the extent to which ambulances are unable to respond to emergencies due to being out of service, Introduction 1229 would require the FDNY to report on the daily availability of EMS units and the reasons why the units are out of service at any given time. Introduction 1243 would require the creation of emergency response maps for all City properties, maps that are meant to assist first responders access critical information regarding building layout and details when at the location of an emergency incident. Following emergency responses coordinated by the New York City Emergency Management, the agency undertakes review and evaluation of the City's response, including assessing effectiveness of existing emergency

planning and evaluating city implementation of such. Intro. Number 1300 would require New York City Emergency Management team to publish after action reports following every emergency declaration that impacts the city.

And finally, Resolution 837, which calls upon the Metropolitan Transit Authority to install encased, alarmed, and publicly accessible fire extinguishers in subway cars and stations.

Before I go on, I'd like to acknowledge that Council Member Lynn Schulman has joined us.

I'd like to thank also Josh Kingsley, our Committee Counsel; Will Hongach, our Senior Analyst; Phyllis Inzerillo, my Chief-of-Staff who worked very hard on this legislation along with the Speaker's Office, and Declan McPherson from the Legislative Counsel. And I'd like to thank those from the public who are here and representatives from the Administration who are here to provide testimony.

I will now read the names of the people who will be testifying and then hand over to Committee Counsel for swearing in and testimonies to be given. Christina Farrell, First Deputy Commissioner, New York City Emergency Management;

1 COMMITTEE ON FIRE AND EMERGENCY MANAGEMENT

8

2 Jeremy Brooks, Deputy Commissioner for Support  
3 Services, FDNY; Dr. David Prezant, Chief Medical  
4 Officer, Special Advisor to the Commissioner on  
5 Health and Policy and the Director of the World Trade  
6 Center Health Program; James Canty, Chief of Safety,  
7 FDNY; Chief Paul Miano, Chief of EMS, FDNY; Chief  
8 Kevin Woods, Chief of Fire Operations, FDNY; Carleen  
9 McLaughlin, Director of Legislative Affairs, New York  
10 City DEP.

11 I now hand the mic over to Committee  
12 Counsel.

13 We've also been joined by Council Member  
14 Simcha Felder.

15 COMMITTEE COUNSEL KINGSLEY: Thank you,  
16 Chair.

17 can just raise your right hands and just  
18 affirm the following? Do you swear to tell the truth,  
19 the whole truth, and nothing but the truth before  
20 this Committee and to answer honestly to Council  
21 Member questions.

22 ADMINISTRATION: (INAUDIBLE RESPONSE)

23 COMMITTEE COUNSEL KINGSLEY: Seeing you  
24 all acknowledge that, you may go ahead.

25



CHIEF WOODS: I'm going to go first. Good afternoon, Chair Ariola and Members of the Fire and Emergency Management Committee. My name is Kevin Woods, and I am the Chief of Fire Operations at the New York City Fire Department. I am joined today by Paul Miano, Chief of EMS; James Canty, Chief of Safety; Dr. David Prezant, Chief Medical Officer, Special Advisor to the Commissioner on Health Policy and Director of the World Trade Center Health Program; and Jeremy Brooks, Deputy Commissioner for Support Services. Thank you for the opportunity today to discuss several pieces of legislation pending before the Council.

First, I'd like to take a moment to thank Chair Ariola for attending the funeral of Firefighter Patrick Brady this past weekend. We appreciate your support for our members, unwavering support.

I know that it is your concern and the Council's concern for the safety of firefighters that led to the introduction of several bills on the topic of polyfluoroalkyl substances, or PFAS. Exposure to PFAS is an issue that we take very seriously. Bunker gear consists of three layers, the outer shell, the moisture barrier, and the thermal barrier. PFAS is

2 incorporated in the moisture barrier. This layer,  
3 which does not come into contact with the skin,  
4 prevents moisture penetration while maintaining  
5 breathability. This is an essential feature given the  
6 extreme temperatures faced by New York City  
7 firefighters. This functionality significantly  
8 reduces the risk of burn injuries, heat exhaustion,  
9 and heart attacks, which are the leading causes of  
10 firefighter fatalities during firefighting  
11 operations. The FDNY fights fires differently than  
12 most other departments. As a result, we have  
13 equipment needs that differ from most other  
14 departments. Due to the density of the neighborhoods  
15 and the nature of the building stock in New York  
16 City, FDNY firefighters use an aggressive interior  
17 attack strategy in which firefighters enter the  
18 burning building and directly attack or fight the  
19 fire. The volume of fires occurring in New York City  
20 also dwarfs that of other jurisdictions. As a result,  
21 FDNY firefighters receive much greater exposure to  
22 extreme temperatures than their counterparts in other  
23 cities. The bunker gear that we use must be up to the  
24 challenge. The Department maintains an active Safety  
25 Command and Research and Development Unit that

2 monitors the evolution of equipment in order to  
3 outfit FDNY members with the safest possible  
4 firefighting equipment. Currently, manufacturers have  
5 not developed an alternative breathable moisture  
6 barrier that reliably matches the effectiveness of  
7 those contained in PFAS. Once such a product becomes  
8 available, the Fire Department will test its  
9 reliability and safety to ensure that it is suitable  
10 to protect FDNY firefighters. We do have a few  
11 potential products that we expect to begin testing  
12 early next year. These are brand new, and we won't  
13 know for several months whether they are suitable for  
14 our members. We cannot afford to risk firefighter  
15 safety by making a change prematurely.

16           Given this uncertain timeline, we do not  
17 know if this will take place by January 1, 2028, as  
18 put forth in Introduction 1452 and 1453, so we  
19 appreciate the language allowing for flexibility  
20 based on the availability of appropriate gear. We  
21 know that the industry continues to work on this  
22 challenge as we speak, and we are looking forward to  
23 transitioning our members to PFAS-free gear as soon  
24 as a viable alternative becomes available and a full  
25 transition is possible.

Regarding disposal, we have vendors in place who handle gear disposal under existing contracts so it would not be necessary to set up an additional program with other City agencies.

Regarding testing water from drinking fountains for PFAS, Introduction 1454, we have consulted with the Department of Environmental Protection, and our understanding is that the testing that DEP performs at the water source entry point would make additional testing at the point of faucets unnecessary.

The Department does not currently perform screenings that are specific to PFAS exposure, Introduction 1455, but we do perform extensive testing within a world class health monitoring program that screens firefighters on a regular basis for a variety of job-related chemical exposures and illnesses including cancer. We value this broader testing practice because we want to be certain that we are able to detect indications of illnesses that result from the large variety of potential exposures that firefighters encounter including but not limited to PFAS.

Introduction 1140 would require the Fire Department to report annually on needs and the status of firehouse vehicles, equipment and supplies. We can report the status of vehicle inventory and needs, and we would work with the Department of City Administrative Services for additional responsive data. We would like to work with the Council to clarify the meaning of equipment and supplies so that we better understand what is expected and to ensure that the reporting requirement is structured in a way that would enable the Department to comply with the law.

Introduction 1229 would require the Fire Department to report on availability of emergency medical service units for each day of the prior calendar year categorized by unit type and EMS station. We maintain data on EMS unit availability and believe that we can report the type of information that the Council is seeking. We would want to work with the Council to refine the bill language to make sure that the requirements align with how we track that data and that the time periods are feasible for reporting.

Thank you. At this time, we will be happy to answer any of your questions.

CHAIRPERSON ARIOLA: Thank you.

FIRST DEPUTY COMMISSIONER FARRELL: Good afternoon, Chairperson Ariola, Council Member Felder, and Council Member Schulman. I am Christina Farrell, First Deputy Commissioner at New York City Emergency Management, and I'm here today to discuss as noted two items of legislation currently directed towards our agency's code.

Regarding Introduction 1243, legislation to create uniform emergency response maps for City properties, NYCEM currently opposes this bill in its form because it falls outside the responsibilities and mandates of our agency. If Council would like to continue discussions, we recommend reaching out to the Department of Citywide Administrative Services, DCAS, which as the City's landlord, is responsible for overseeing the properties named in this legislation, and to the New York City Office of Technology and Innovation, OTI, which has a similar project already in progress and can speak to the details of their work in this sphere. Both DCAS and OTI have the relevant authority and expertise and are

2 aware of the legislation and will make themselves  
3 available to continue this conversation with the  
4 Council.

5           Regarding Introduction 1300 and the  
6 codification and public publishing of after-action  
7 reports, we respect the intent of Council and are  
8 interested in furthering this conversation. An after-  
9 action report is a comprehensive document created  
10 after significant emergencies. It serves as a  
11 collaborative effort for all involved City agencies  
12 and our partners to evaluate the response, highlight  
13 successes, document lessons learned, and recommend  
14 improvements for future incidents. The AAR is a  
15 crucial tool for assessing response operations,  
16 identifying strengths, and capturing insights from  
17 all participating agencies. To ensure a thorough  
18 evaluation, participation from key representatives is  
19 essential, including staff from health, logistics,  
20 leadership, public safety, and utilities. Throughout  
21 this process, which can take anywhere from weeks to  
22 years depending on the complexity of the emergency,  
23 the process undergoes multidisciplinary reviews as  
24 part of the citywide incident management system and  
25 can be a living rather than static document for some

time period. Not every emergency undergoes an AAR review process. New York City Emergency Management focuses AAR efforts on major citywide emergencies such as COVID-19 and Hurricane Sandy that involve extensive coordination with state and federal partners. However, smaller scale incidents or limited declarations typically do not result in a full AAR, allowing resources to be dedicated to events with the greatest potential for organizational learning and system improvement. While some AARs are made public, such as the significant emergencies referenced above like COVID and Hurricane Sandy, not all are developed with an eye for public distribution. Rather, they serve to analyze events and implement changes for improved responses in the future. These reports offer agencies and partners the chance to apply lessons learned, thereby strengthening future emergency activations and enhancing interagency collaboration. AARs often include operational and technical details that could reveal vulnerabilities such as emergency response procedures and response times, infrastructure weakness, gaps in communications or coordinations, and tactical decisions or delays in execution. If they were to be made public, essential



partners, both internal and external to the City, could be reluctant to participate due to concerns about sensitive information becoming public. Without their participation, the AAR would be incomplete, which would impede progress. This endeavor also requires a significant investment of time, coordination, and analytical effort, raising concerns about financial sustainability. Additionally, allocating more resources to generate AARs for lower impact incidents could hinder the agency's ability to implement necessary corrective actions and update strategic plans.

That being said, if the intent is to ensure transparency and continuous improvement, this is something that Emergency Management prioritizes at multiple levels. We are committed to responding to requests and inquiries as quickly as possible. Each Bureau within our agency has specific goals and objectives that are evaluated quarterly, and we report our metrics to City Hall for several reports, including the Mayor's Management Report. Additionally, we published our strategic plan for the upcoming five years and annually release a report summarizing our accomplishments and lessons learned.

1 COMMITTEE ON FIRE AND EMERGENCY MANAGEMENT 18

2 And as you all know, preparedness is a crucial step  
3 everyone can take to help us ensure safety for all.

4 Just some examples of how we achieve this are by  
5 hosting calls with key stakeholders before weather  
6 emergencies, participating in discussions with our  
7 elected partners to address the concerns of their  
8 constituents, and working with the private sector to  
9 leverage continuity of services. We are always  
10 available to our elected partners, participating  
11 often in calls hosted by Borough Presidents, the  
12 Public Advocate, and other elected partners to keep  
13 them updated on incidents in their district and relay  
14 information they can amplify to their constituents,  
15 while discussing the City's response, lessons  
16 learned, and strategies for future events. Our Ready  
17 New York team actively engages with communities  
18 across the City to reach as many people as possible  
19 in their communities and in their languages. This  
20 outreach helps us identify areas for improvement and  
21 learn from our stakeholders about what services would  
22 best meet their needs. We look forward to continuing  
23 this conversation with Council.

24 Thank you for the opportunity to testify  
25 today.

CHAIRPERSON ARIOLA: Thank you for your testimony.

So, I guess I'll begin questioning and my first questions are for the Fire Department.

To what extent is the Fire Department aware of PFAS chemicals in firefighting gear used by their employees?

CHIEF CANTY: Yeah. We are aware that it's contained within our bunker gear, like we explained in the opening remarks. It's found in the moisture barrier. That's the only part of our bunker gear that contains PFAS. I actually have a handout here for you if you'd like it. It explains our bunker gear and where the moisture barrier is. It's sandwiched in between the thermal layer and the outer garment, so it never has direct contact with the skin of the membership. But we are aware that there is and our membership is aware. We make it clear to them, we sent this out, Getting to Know Your Gear, and we put out messaging that there is PFAS contained within a thermal liner, within the moisture barrier, I'm sorry.

CHAIRPERSON ARIOLA: Right. And those moisture barriers are located where?

CHIEF CANTY: In between the outer shell and the inner shell, so it doesn't touch the skin.

CHAIRPERSON ARIOLA: But in which areas?

CHIEF CANTY: Throughout the whole bunker gear ensemble.

CHAIRPERSON ARIOLA: Because what I've seen and we've documented along the way is that we're seeing a lot of instances where firefighters are getting cancer in their throat, in their thyroid, in their kidneys, prostate, so you know those would be like hot spots for where they're wearing the hood, where they're buckling their pants, and where the you know where the bottom of their jackets would be. So, would those be the moisture areas or it's just completely through?

CHIEF CANTY: It's completely through and, you know, we see that uptick in that cancer and we put out messaging for that. I don't think it just has to do with PFAS itself, it's all the carcinogens we face. So, our messaging to clean your gear, to shower after fires, after responses, to make sure you're taking care of yourself and your equipment, we get that messaging out pretty robustly.

2 CHAIRPERSON ARIOLA: How do you get that  
3 messaging out?

4 CHIEF CANTY: We do it through emails. We  
5 actually have an EDR app that everyone's allowed to  
6 use where our membership can actually send their gear  
7 out to be cleaned whenever they feel like. That's on  
8 top of the mandated twice-a-year cleaning. We do it  
9 through LMS, which is a learning management system.  
10 We do it through every platform we have.

11 CHAIRPERSON ARIOLA: Every firefighter has  
12 access to that or is it only, you know, the  
13 administrators?

14 CHIEF CANTY: No. Every firefighter has  
15 access to that. Every firehouse has a kiosk in the  
16 kitchen where they can log on to that.

17 CHAIRPERSON ARIOLA: Yeah. So I get it and  
18 I think it's a good idea to tell them to take it off  
19 and to take a shower, but our contention is the water  
20 has been contaminated as well, so they would be not  
21 only going out into a fire wearing something that  
22 contains PFAS, but there's a potentiality that the  
23 water, because it is not tested within the house  
24 itself, could also be contaminating them. And that's  
25 why I think that, yes, there are other carcinogens,

the fire itself, whatever the building is made up of, whether it's an older building with asbestos or whether there's lead paint, but they're entering the fire with already gear and coming from a firehouse that could potentially be giving them the carcinogens in addition to what they're getting through their work. So that's why we felt that this was very important.

DEPUTY COMMISSIONER BROOKS: So just in regard to the water, IN speaking with DEP, the water would come from... the PFAS is tested at their water treatment plant before it reaches, say, the end locations.

CHAIRPERSON ARIOLA: Right. But if I have my gear on and then I'm contaminated, I get into the shower, then that shower can be contaminated, the person gets in after, I think that it's a vicious cycle. I think that that's why we would like the testing to be done at the firehouses and not at its point of origin.

Has the Fire Department spoken with labor representatives regarding its knowledge of PFAS exposure faced by their employees?

CHIEF CANTY: We're in constant contact with the unions, yeah, so they're familiar with what we know and all the information we have and we share information with each other.

CHAIRPERSON ARIOLA: Okay. And how old is the department equipment that contains PFAS? Has it evolved over the years? Is it only the older gear that you think has it or even the newer gear?

CHIEF CANTY: Right now, all of our bunker gear contains PFAS.

CHAIRPERSON ARIOLA: Old and new.

CHIEF CANTY: Old and new.

CHAIRPERSON ARIOLA: Okay. So, routine replacement and recycling of that equipment now wouldn't make a difference because it would be the same carcinogen that's in every older piece of garment that they put on, bunker gear, etc. It'll be the same with any new purchase.

CHIEF CANTY: So right now, I just want to make it clear, we want to be PFAS free. We are moving towards that and right now the moisture barrier is the only thing holding us back. There are three manufacturers outside that make PFAS-free moisture barriers, Milligan, Gore, and Steadfast. Right now,

we use Gore that contains PFAS. They have made a PFAS-free product. The reason it's taking us a while to test it is because the government shutdown. This stuff has to be approved by NIOSH before they can go out and test it. So we got that tested. We're looking to test this stuff coming, we just mentioned in the opening statement, this winter. Our testing process is pretty robust, wear trials and everything else. It does take two to two and a half years to just get through the process and that goes to other factors. I gave you the handout. We talk about thermal protection and breathability. We are in our gear so often, we got to make sure our guys are prepared for every season. So we have to have breathability and thermal protection. Make sure the heat leaves, especially in the summer months, that reduces our heat exhaustion and heart attacks. So there's a lot of variables to it and that's why it's such a robust testing program we do before we decide on a product. But we are prepared. We do want to go PFAS-free. That is our goal.

CHAIRPERSON ARIOLA: Okay. And this might be just the legislation to be the impetus to make it happen sooner than later because a lot of times not



your departments or your agencies because you do want to see healthy gear, but sometimes administration after administration, it's hard to push it through so this is why we legislate.

To what extent can PFAS chemicals be found in equipment or persons or transferred onto surfaces such as faucets or shower heads?

So we don't have that. See, this legislation would cause us to know those answers. We want to protect our protectors.

Has the FDNY conducted any testing on PFAS levels found in firefighting equipment? Firehouses, their faucets. You've conducted none of those testings, and that's why we don't have any answers for that question?

CHIEF CANTY: There's so many contaminants that we'd have to, you know, PFAS is just one contaminant we face. We'd have to test for so many different contaminants. That's why we go through such strict messaging and robust messaging on how to clean your gear, decon your gear, make sure you shower. Our goal is to keep them away from these carcinogens. There are so many we wouldn't even know where to begin to test.

CHAIRPERSON ARIOLA: How often does gear get cleaned?

CHIEF CANTY: Mandated twice a year and, like I said, anyone can send their gear out whenever they like to have it cleaned.

CHAIRPERSON ARIOLA: What are some of the other contaminants that you would have to test for?

CHIEF CANTY: Any products of combustion would be, any chemicals that are the products of combustion, we'd have to test for all of them. There's thousands.

CHAIRPERSON ARIOLA: Right. But this legislation is strictly on PFAS and it's because, you know, it's believed that it is a major carcinogenic and it is on our firefighters every single day, our first responders, and it was enough for us to get together and put this legislation in an effort to help you, not to condemn you, in an effort to help you get from point A to point B, which is where I know you want to be, where your membership is safe.

DEPUTY COMMISSIONER BROOKS: I just want to add that we've done water testing at a lot of our firehouses, and we have never found PFAS in the water supply.

2 CHAIRPERSON ARIOLA: When was the last  
3 time you did testing?

4 DEPUTY COMMISSIONER BROOKS: Well, we do  
5 testing on an as-needed basis in various facilities  
6 and when we do water testing we have a bunch of  
7 different criteria and we've never hit PFAS when we  
8 do water testing because it comes from the water  
9 entry from DEP, from the water filtration system. It  
10 doesn't flow through the pipes because if it did, if  
11 DEP found water in basically their treatment plant,  
12 it would be the whole area, not isolated to one  
13 building.

14 CHAIRPERSON ARIOLA: But they wouldn't be  
15 subject to the bunker gear. It really is about the  
16 house itself and what's going on at the house itself.  
17 So, if you have any information that you could share  
18 with Committee Counsel of the various houses that  
19 you've tested, I would love to see the results of  
20 that.

21 Yeah. So, that leads like, honestly, it  
22 piggybacks onto the next question which, you know,  
23 I'm very interested in the infrastructure of the  
24 firehouses, the plumbing, the ventilation, the  
25 cleaning facilities for the presence of PFAS. I mean,

it gets all over. If you today wanted to order a pair of waterproof boots online, they wouldn't deliver to New York because it's an anti-PFAS state. Yet we're draping, you know, bunker gear over our firefighters every day that contains PFAS so it doesn't make sense to me at all and that's why, you know, we need this to happen by 2028, which I think is enough time, even in your own testimony, saying that you've been working on it, you're looking towards things. But a lot of times, as I said before, legislation gives you the timeframe and now the administration, no matter who it is, that has to give the funding and whatever it's necessary to make the change, then they're forced to make the change because of legislation.

Is the FDNY aware of any firefighters who have become sick from the exposure to PFAS and the chemicals?

Just state your name for the record.

CHIEF MEDICAL OFFICER DR. PREZANT: Dr. David Prezant, Chief Medical Officer, New York City Fire Department. So it is impossible to link... Dr. David Prezant, Chief Medical Officer, New York City Fire Department. So it is impossible with any technology to identify a cancer or a disease and link

it to a specific exposure. When someone comes down with cancer, unfortunately, the pathology doesn't identify whether it was PFAS or hydrocarbon or PVC or any of the 1,000 or more chemicals that every firefighter is unfortunately exposed to at every fire. With the World Trade Center Health Program that I direct and helped to design, we do not require that there be a specific dust that's identified as coming from the World Trade Center. Rather, we have a universal concept that anybody was there, has been exposed, and therefore any disease or illness that they get from that exposure is covered.

CHAIRPERSON ARIOLA: How often are voluntary tests done on firefighters to see the level of PFAS in their system?

CHIEF MEDICAL OFFICER DR. PREZANT: So, we do not test firefighters for a specific chemical exposure. We don't test them to see if it's PFAS or PVC or hydrocarbons or polyuremic hydrocarbons. That would not be worth, in our opinion and in almost everyone's opinion, the dollars necessary. Rather, what we do, because you can't distinguish one disease from one specific exposure, is we believe in universal screening and monitoring for all of the

potential diseases that could happen from a fire.

It's very important that we screen, monitor, and treat our firefighters and our EMS providers for all of these illnesses, whether their PFAS level is high, medium, or low. Everyone has PFAS, unfortunately, in their system, and we would never want to link our treatment and our presumptive bills to a specific PFAS level. Rather, we operate as we do with the World Trade Center Health Program, that everyone was exposed, regardless of what a particular level would be. It's very, very important that you understand, that everyone understands, that we assume that all of our firefighters and EMS providers are exposed. We value a broader testing practice that looks for disease, screens for illnesses at their very early level, so that we can then institute early diagnosis, followed by early treatment. Our World Trade Center cancer survivors, five years later, are alive, 86 percent of them, while New York State cancer survivors are only alive five years later at 66 percent. That is proof that our program is working.

CHAIRPERSON ARIOLA: Before we go on, I'd like to acknowledge that Council Member Oswald Feliz has joined us via Zoom.

I don't know if you were here earlier when I said that we're hearing, in working with the unions and being on the ground in the different firehouses, that there's been an uptick in throat cancer, thyroid cancer, kidney cancer, prostate cancer. Would you agree with that statement?

CHIEF MEDICAL OFFICER DR. PREZANT: Yes. There has been an uptick in many of the cancers. We were the first, actually, to report that in the Lancet Journal, one of the top three journals in the world. We were the first to report that in 2011, I believe. We definitely agree with that. That is not linked to a specific exposure, but to all of the exposures that they have. Therefore, operating under a universal concept, every dollar spent should be towards the screening and treatment of disease, rather than identifying a specific level of the thousands of chemicals that they're exposed to.

CHAIRPERSON ARIOLA: If you know a firefighter has abnormally high rates of PFAS, let's say you did test, is there a preventable measure that can be taken to reduce the chance of illness, to reduce the levels within their body?

CHIEF MEDICAL OFFICER DR. PREZANT: That is exactly what I'm saying. Thank you for asking that. Because we operate by doing that for every potential level of PFAS. We do not have a higher protection for people that were at the World Trade Center during the collapse, compared to people who are at the World Trade Center the day after. We don't discriminate against people with lesser exposure, because we don't know, and no one knows, what the exact cutoff for an exposure would be, whether it be for PFAS or any of these chemicals. Therefore, we afford the same level of testing and treatment to every member of our Department.

CHAIRPERSON ARIOLA: I appreciate that. I do. But I also think that, and I don't think that you could disagree with me, that these measures that would be taken with this package of legislation would only further protect our firefighters, and could honestly be the impetus for the administration, because we would put a timeframe of when we had to change out the bunker gear and everything that's used, and the testing of the different houses, and voluntary testing of the firefighters themselves, that it could only be a positive thing. It would



never be a negative thing. You want to do it anyway, and this would be what would cause the administration to put it into effect, because it's law.

CHIEF MEDICAL OFFICER DR. PREZANT: I absolutely understand your interest in helping us, and we so do need your help. And the fact of the matter is, is that we're providing this umbrella of testing, treatment, and diagnosis and treatment to all of our active firefighters, and to our retirees who were at the World Trade Center. Where we would need your help is actually in providing that same level of testing, diagnosis, and treatment to our retirees that were never at the World Trade Center. They unfortunately do not have annual medical monitoring and treatment after their retire date. So, if you're looking to plug a hole, that would be the place where your efforts and dollars would make their most value, not just to treat them, not just to identify a PFAS level, but to provide them with the same umbrella coverage that we provide to every active firefighter and EMS provider, and every retiree who was at 9/11.

2 CHAIRPERSON ARIOLA: Well, that's  
3 something that we can take into consideration. I'm  
4 glad you bring that up.

5 But if we can pass legislation that shows  
6 that PFAS are a main cause of perhaps the cancers  
7 that they have, our retirees, they would be  
8 umbrellaed in. And any time, and Doctor, you know  
9 this, everybody's disease is different, right, so you  
10 cannot have an umbrella approach. This is a targeted  
11 approach because the carcinogenic that our  
12 firefighters are most exposed to are PFAS, because  
13 it's in their clothing.

14 CHIEF MEDICAL OFFICER DR. PREZANT: And  
15 that's why we test, diagnose, and treat every cancer,  
16 not just single cancers, but every one.

17 CHAIRPERSON ARIOLA: But we need to try  
18 and stop them from getting that cancer...

19 CHIEF MEDICAL OFFICER DR. PREZANT:  
20 Certainly agree.

21 CHAIRPERSON ARIOLA: From their bunker  
22 gear. And that's the whole impetus of this package of  
23 bills. So, I'm glad that we're doing the testing, but  
24 I'm not happy that our firefighters are dying of  
25 cancer when it could be prevented.

1 COMMITTEE ON FIRE AND EMERGENCY MANAGEMENT

35

2 CHIEF MEDICAL OFFICER DR. PREZANT:

3 Absolutely. Thank you.

4 I now will yield to either of my  
5 Colleagues who have questions.

6 COUNCIL MEMBER SCHULMAN: What I will say  
7 as Chair of the Health Committee, this is something  
8 that's very important to me, and I echo the remarks  
9 from Chair Ariola.

10 CHAIRPERSON ARIOLA: Okay. We're going to  
11 leave that topic for a second.

12 Let's go to EMS. Okay. How many total  
13 ambulances are there in EMS FDMY fleet? I know I've  
14 asked that question at different hearings, but I have  
15 to ask it again.

16 CHIEF MIANO: It's approximately 650.

17 CHAIRPERSON ARIOLA: Right. And of those  
18 ambulances, how many provide basic life support?

19 CHIEF MIANO: So how many of those  
20 ambulances are staffed by EMTs specifically?

21 CHAIRPERSON ARIOLA: Yeah.

22 CHIEF MIANO: I'll get back to you with  
23 the exact number of how many ambulances we run a day.

24 CHAIRPERSON ARIOLA: And how many are  
25 advanced life support ambulances?

CHIEF MIANO: I'll have to get back to you. We run a total of 648 ambulances a day. The breakdown of ALS to BLS varies between the day and the nighttime. So to break it down to those exact numbers, I will have that information for you.

CHAIRPERSON ARIOLA: Perfect. How many ambulances per tour per day are operated by FDMY EMS?

CHIEF MIANO: 648.

CHAIRPERSON ARIOLA: 648. Okay. On average, how many ambulances are out of service at any given time, and what are the reasons that ambulance might be out of service?

CHIEF MIANO: So that's a hard number to give you an exact pinpoint on.

CHAIRPERSON ARIOLA: Ebbs and flows.

CHIEF MIANO: Yeah. So, a unit can go off service because they were just exposed to a bloodborne pathogen on an assignment, so they need to go back and clean the ambulance so that would put the ambulance off service. They also would need to go off service sometimes to restock because they've used the medications and soft wares inside the ambulance to treat patients. Other times ambulances, the vehicle itself is off service would be for preventative

2 maintenance to try and stop them being off service  
3 for long-term periods of time because of mechanical  
4 issues. So, the times that when we say a vehicle  
5 being off service versus when a running ambulance off  
6 service are two different numbers, but those numbers  
7 vary throughout the day based on different  
8 situations.

9 CHAIRPERSON ARIOLA: What about for  
10 insufficient staffing?

11 CHIEF MIANO: So for insufficient  
12 staffing, we're averaging about 10 ambulances a day  
13 off service.

14 CHAIRPERSON ARIOLA: Right. Would that be  
15 the same as the 20 percent that you testified to at a  
16 previous hearing that would come out about 20  
17 percent?

18 CHIEF MIANO: That would also include... so  
19 again, I just need to differentiate between when I'm  
20 talking about an actual vehicle or a unit running. So  
21 units running are off service for insufficient  
22 staffing about 10 a day. Vehicles being off service  
23 for those varying reasons could be about 20 percent  
24 of the fleet.

1 COMMITTEE ON FIRE AND EMERGENCY MANAGEMENT 38

2 CHAIRPERSON ARIOLA: Okay. What is the EMS  
3 headcount by job title?

4 CHIEF MIANO: So EMS headcount total EMTs  
5 is 2,779, paramedics 924, lieutenants 499, sergeants  
6 35, captains 75, deputy chiefs 32, division chiefs  
7 21, and staff chiefs 11.

8 CHAIRPERSON ARIOLA: Okay. And what are  
9 the vacancy rates for each job title?

10 CHIEF MIANO: So EMTs right now, I am  
11 minus 68, paramedics minus 83. However, we will be  
12 graduating a class in about two weeks of, I believe  
13 it's 74 paramedics so that number will be drastically  
14 reduced. EMS lieutenants, we're down 12, sergeants,  
15 we're down one, EMS captains, I'm down two, deputy  
16 chiefs, I am minus six. However, division chiefs, I  
17 am plus six, and staff chiefs, we are plus two.

18 CHAIRPERSON ARIOLA: Okay. Are there any  
19 specific EMS jobs in titles or roles that are  
20 necessarily driving more ambulances to be out of  
21 service due to a lack of staffing?

22 CHIEF MIANO: So those would just be the  
23 EMTs and paramedics. You know, those numbers I gave  
24 you, not having those numbers there are driving  
25 ambulances being off service.

CHAIRPERSON ARIOLA: Okay. And what are the steps that you've taken? You say there's a class that will be graduating. What other steps have been taken to address specific staff deficits, such as more ambulances or perhaps more operational ambulances?

CHIEF MIANO: So, some of the steps that we've taken are trying to have ambulances be more available throughout the city. And we've done things like the Paramedic Response Unit program, which is a non-transport paramedic unit that will respond to life-threatening emergencies and it also responds alongside a BLS ambulance, which transports. If it's determined that it is not a life-threatening emergency, then the ALS unit is able to relinquish care over to that basic life support unit for transport to the hospital, allowing those advanced life support medics to be available again for the city. We also have put into place our Hospital Liaison Unit, which is a group of officers and EMTs at hospitals when patients are brought in and it is a low acuity type of illness or injury, they're able to hand that patient off to those members at the hospital and they're able to return to service while

the Hospital Liaison Unit is able to wait around to be triaged at the hospital with those patients. We also consistently look throughout the day at highs and lows in different areas for call volume and we are able to redeploy ambulances throughout the city, sometimes from one borough to another, to be able to fill those voids where there is higher call volume and maybe less availability.

CHAIRPERSON ARIOLA: Would you say that response times can be hindered by first responders needing to navigate inside buildings that they're not necessarily familiar with?

CHIEF MIANO: So, if we're going to measure response time in that manner, the initial response would be the time that the call came in to 9-1-1 to the time we arrive at the address. And then we would have another metric that we would look at from the time we arrive to the time we are at the patient side. So sometimes unfamiliarity of buildings can play into that. However, in a lot of buildings throughout, especially in Manhattan, there is always someone within the building that is able to direct us to certain floors and even give us information on the best way to enter a facility where maybe there is a



service elevator that can hold a stretcher as opposed to not and also be able to control elevators for us to be able to get us up and down. That's particularly useful when we respond with CFR, our Fire Department counterparts, because they're able to control the elevator for us and take us straight up to floors.

CHAIRPERSON ARIOLA: So if I'm hearing you correctly, then there is a value in having increased understanding of the interior layout of a City-owned building.

CHIEF MIANO: Yes.

CHAIRPERSON ARIOLA: Thank you.

Again, I yield to my Colleagues.

COUNCIL MEMBER SCHULMAN: Hi. So, I wanted to ask, when you talked about the liaisons at the City hospitals that help with determining the acuity and all that, do you have them at every hospital or just some?

CHIEF MIANO: So we're at 15 hospitals throughout the city right now in different boroughs and not just at H and H hospitals. We are in some private hospitals as well. And we are looking at different ways to be able to try and expand that. But right now, I'd rather have the resource on the

ambulance responding to the call before we actually think about expanding.

COUNCIL MEMBER SCHULMAN: So I used to, many years ago, work at EMS on the admin side, and we used to use people that couldn't go on duty because they had some issue, and we used to use them and put them in the hospitals. Is that what you're doing now or not?

CHIEF MIANO: So it's hard for me to say yes or no, because when somebody is injured, there are different limitations. But generally, we would not place somebody who is injured in one of those situations.

COUNCIL MEMBER SCHULMAN: Okay. And also, a question that I have is, I know there was a rule at one point that if somebody is in extremis, they go to the nearest hospital. But if somebody is not in extremis, what's the timeframe in terms of going to a hospital where they may have their medical records and all of that?

CHIEF MIANO: So right now, the CAD system, our computer-aided dispatch system, we put into the system a level of acuity. And also, not just the level of acuity, but what the condition is. If

it's somebody who's having a stroke, there's only certain hospitals in the city that are designated as stroke centers or cardiac centers, trauma centers, burn centers. So when we put it in, it searches for the closest hospitals for that. But there's also times where those hospitals are unable to handle patients because they're on diversion. They have a high patient census. Perhaps a piece of equipment at the hospital is off-service, like a CAT scan, which would not be prudent to take a patient who's possibly having a stroke to one of those locations. So the computer processes all that information and then gives us a listing of the hospitals that we can transport to.

COUNCIL MEMBER SCHULMAN: So that information aside, there used to be a 10-minute rule, like somebody could ask to go to a hospital within 10 minutes of where they got picked up. Is that still in effect, or is that different?

CHIEF MIANO: So right now, if a patient wants to go to a hospital that's not recommended by the computer, an EMS officer can respond to the location and make the determination on whether or not

the patient could be transported to a hospital that's a further distance.

COUNCIL MEMBER SCHULMAN: Okay. Thank you.

CHAIRPERSON ARIOLA: Just getting back to the bunker gear and the PFAS, if you had your way, would you say that having all the bunker gear taken that has PFAS in them now and returned for gear that doesn't by 2028, would that be optimal for the Fire Department?

CHIEF CANTY: So like I said, there's...

CHAIRPERSON ARIOLA: I'm not saying whether you think it can be done.

CHIEF CANTY: No.

CHAIRPERSON ARIOLA: Do you think it would be optimal for the Fire Department?

CHIEF CANTY: The health and safety of our members, yeah, to move anything that we think might be cancer causing, we would love to do, but there's so many variables. We talk about the gear we have now has reduced our burn injuries to 80 percent. Some of these burns can be debilitating to these members for the rest of their lives. There's so many factors that are into play. We want to do it. I want to go PFAS-free. I don't know if we can meet the 2028 timeframe.

Just with the standards we have and the way we test our gear to make sure all the variables are met. Like we said, we're an aggressive interior attack. There's other variables, burn injuries, heat exhaustion, heart attacks that we need to take in. We can't protect them in one area to the detriment of another, if you understand what I'm saying.

CHAIRPERSON ARIOLA: No, absolutely not. But the sooner the better would be the right answer. Thank you.

Commissioner, how are you? Good, good, good.

So, Intro. 1300 is about after-action reports. So, following emergency declarations, what type of after-action review does NYCEM conduct? I know you testified to it, but I'd like you to go on the record with the question.

FIRST DEPUTY COMMISSIONER FARRELL: Sure. So, we do different types of after-actions. Like I said, there are citywide emergencies. Luckily, not that often. But the most recent two catastrophic events were Hurricane Sandy and COVID. For those, we did large after-actions pulling in, you know, multiple partners from City agencies, all different

people that we worked with, and those were published.

We do quarterly updates. The COVID AAR was published

in March, and we did an update in July, you know,

looking at all, but that has about like 75

recommendations. 50 of them are currently in progress

so we're working with the different agencies to close

out as many of those as we can. And then when other

events come up that may, you know, be involved with

that, we'll look at that. We also do several in-house

smaller ones that are not public. We do about two or

three a year over the last several years. People may

remember, I'm sure they remember the tragic Bronx

fire right at the beginning of this Administration.

We did an after-action report on that, working with

some agencies. There was a large water main break up

in the Bronx last December. Actually, at the request

of the Fire Department, we did an after action on

that, looking at some of the specific things that

came out of that. And then we have done some others

based on heat and others. So it depends really, you

know, sometimes there are state of emergencies

declared by the City or by the State that may be more

about communications or other things. But just

because a state of emergency may be called for as

short as a few hours, that doesn't automatically trigger an after action.

CHAIRPERSON ARIOLA: So it would have to be a certain level of emergency?

FIRST DEPUTY COMMISSIONER FARRELL: Well, the large ones are, and the public ones are ones, like I said, like COVID and Sandy. For the smaller ones, you know, there's something specific that happens. We see some type, something that was surprising or that we want to dig into a little bit. So I wouldn't say, you know, there are many, many emergencies in the city all day long, but we only do two or three a year because this is a pretty laborious, intensive process. I will say we do a lot of what we call hot washes and other things where internally we will sit down with our on-call team, we'll sit down with response, with our external affairs folks, and we'll look at, you know, we'll messaging, we'll look at things that you and your Colleagues bring up that, were we aware of this or how did this work, and so it will depend. There isn't like a specific level where we're going to automatically do an after-action or automatically not. It depends on a lot of other factors.

2 CHAIRPERSON ARIOLA: If you do an after-  
3 action or if you do what you say is a hot wash, are  
4 written documents as part of the review from those  
5 discussions or actions taken?

6 FIRST DEPUTY COMMISSIONER FARRELL:  
7 Usually there may be notes or there may be some type  
8 of report. Yes.

9 CHAIRPERSON ARIOLA: And then that's  
10 filed. And if someone wanted the information, they  
11 would put in for what? How would they get that  
12 information? What is the process now?

13 FIRST DEPUTY COMMISSIONER FARRELL: Yeah.  
14 Well, we share them with our partners. So for  
15 example, the one we did last year in the Bronx with  
16 the Fire Department and other agencies, we will then  
17 share it with them. They may have questions. We may  
18 come back together and discuss. Generally, those type  
19 of after-actions that are very operational and that  
20 are talking about very specific incidents are not  
21 made public due to the sensitivities. But again, if  
22 elected officials, if a community board invites us to  
23 come or a civic organization because it affected  
24 their neighborhood and they want to share their  
25 experience or they want to talk about the lessons



2 learned and how we might approach it in the future,  
3 we always make ourselves available and work with our  
4 partner agencies to attend those events.

5 CHAIRPERSON ARIOLA: Okay. And you would  
6 then share the information that you've gathered at  
7 the smaller meetings with that civic group or  
8 community organization.

9 FIRST DEPUTY COMMISSIONER FARRELL: We'll  
10 share the non-sensitive information.

11 CHAIRPERSON ARIOLA: Non-sensitive.

12 FIRST DEPUTY COMMISSIONER FARRELL: The  
13 non-operational side of it.

14 CHAIRPERSON ARIOLA: And to what extent  
15 are city emergency plans altered based on findings of  
16 after-action reviews?

17 FIRST DEPUTY COMMISSIONER FARRELL: So  
18 within Emergency Management, we do a planning review  
19 process every year, and one of the things we look at  
20 is the emergencies that we've had over the previous  
21 year, what plans we activated, you know, things that  
22 came out of that so, I mean, our plans are living  
23 documents. Like I said, we're updating them all the  
24 time. New technology may come into play. You know,  
25 there may be changes in resources. There may be

changes in capabilities. And so our plans are updated pretty regularly. And, certainly, what we learn reviewing our emergency responses and our emergency coordination comes into play as we update those plans.

CHAIRPERSON ARIOLA: So you notify other City agencies. You discuss it with the City agencies. Was there an after-action report after the migrant crisis?

FIRST DEPUTY COMMISSIONER FARRELL: We're doing some internal work on our response. I don't know because, you know, we're coming to the end of this Administration. I don't know that there's going to be a larger public event.

CHAIRPERSON ARIOLA: So do you think that the review will continue, or do you think it will end? It was one of the most serious humanitarian crises to ever hit this city, no matter who the Administration is.

FIRST DEPUTY COMMISSIONER FARRELL: I can speak to, at Emergency Management, we are reviewing, you know, how we did a very intensive internal review, and that is addressing our plans and if we had to stand up something similar in the future.

CHAIRPERSON ARIOLA: In the COVID-19 Response Review Report, recommendation 2.20 states New York City Health Department with support from relevant City agencies should evaluate the effectiveness and potential drawbacks of vaccine mandates and incentive programs. Do you know what evaluations are being done by H and H and will NYCEM be putting out an update of the findings for each of the evaluation recommendations that is given in your reports?

FIRST DEPUTY COMMISSIONER FARRELL: So like I said, we do a quarterly update. About 50... I don't have all 74 recommendations in, you know.

CHAIRPERSON ARIOLA: Can you speak just to the COVID?

FIRST DEPUTY COMMISSIONER FARRELL: No, I'm saying there are 74 recommendations as part of the COVID AAR. Like you said, they go on to health and vaccinations and other things. We do a quarterly update talking to all the partners to see where they are, and then we will have to work with all of our partners with the new Administration to see how they want to make these updates public. But all of this is

going in as we look at other public health emergencies that may affect the city.

CHAIRPERSON ARIOLA: So does NYCEM have a concern with publicly sharing the findings of an after-action review or is it just that's just been the standard operating procedure?

FIRST DEPUTY COMMISSIONER FARRELL: Like I said, for the larger ones, we work with all the City agencies and our other partners. Everyone comes together and we publish that. For the smaller ones, you know, we need our partners to come to the table. If people don't feel that they can speak, you know, honestly and candidly about how things went, because as we all know, you know, an emergency is a stressful situation. Things certainly do not go according to plan all of the time. And so if, you know, there are things that have to be hashed out and if that process is going to become public, you know, people are not going to be as honest. We're not going to necessarily get the people at the table that we need and then we may not be able to work those things out. But the overall how we're responding to things, how we're addressing things, you know, those are public. They can see them in our plans. We come and we testify and

we do elected calls. We have other tools to get the information out.

CHAIRPERSON ARIOLA: So, in your testimony, it really stuck with me when you said that your partners would not feel comfortable being honest and now you've just repeated that. So, what would be the reason why they wouldn't want to share valid documentation with the public and why would they feel that they couldn't be honest when sharing it if the results that they would be sharing affected the people who had taken the vaccine or who had COVID? So, I mean, it may not be something that you can answer now, but that's why we're putting this legislation forth because people deserve to know what the implications and the long-term effects that you may be privy to or H and H may be privy to because they took the vaccine or that they had COVID. And that's why transparency is very important. And if people want to hide from that, that means they're hiding something from the public that the public deserves to know.

Do any of my Colleagues have questions on this?

I would like to thank both agencies for the excellent work that you do because I know that you are understaffed, underfunded, and you really did step up during the immigration humanitarian crisis and during the COVID crisis.

Okay. Josh. Thank you. Are there any national organizations that are studying to test suitability of non-PFAS gear or is the FDNY singularly responsible for such testing? Final question. Thank you, Josh.

CHIEF CANTY: Can you just repeat that again?

CHAIRPERSON ARIOLA: Sure. Are there any national organizations that are studying and testing suitability of non-PFAS gear or is the FDNY singularly responsible for such testing?

CHIEF CANTY: There are other departments out there. There is one department down in Florida that has gone PFAS-free. That was with the Milligan. They were the only one that had a PFAS-free moisture barrier. They just decided to go with that one. They didn't compare it to any others. We were just waiting on the government shutdown to get the other two so we have three to compare. But I think that and there's

one in Canada that went PFAS-free, but they just went with the first PFAS-free moisture barrier that was available. We're going to field test the three that we have available to us and decide what's best for us within our parameters, like the thermal heat release and the thermal protection.

CHAIRPERSON ARIOLA: Thank you. And again, I want to thank you for your testimony. Thank you for the hard work that you do each and every day. And my condolences to the loss of Firefighter Brady. He is a constituent of mine and friends to many people that I know and it was a heartbreak. I know it's a loss that we all grieve. Thank you so very much.

We can dismiss the panel and go into public testimony.

Okay. I now open the hearing for public testimony.

I remind members of the public that this is a formal government proceeding and that decorum shall be observed at all times. As such, members of the public shall remain silent at all times.

The witness table is reserved for people who wish to testify. No video recording or photography is allowed from the witness table.

2 Further, members of the public may not present audio  
3 or video recordings as testimony, but may submit  
4 transcripts of such recordings to the Sergeant-at-  
5 Arms for inclusion in the hearing record.

6 If you wish to speak at today's hearing,  
7 please fill out an appearance card with the Sergeant-  
8 at-Arms and wait to be recognized. When recognized,  
9 you will have two minutes to speak on today's hearing  
10 topics.

11 COMMITTEE COUNSEL KINGSLEY: Thank you so  
12 much, Chair.

13 First, we'll be hearing from Tyler Weaver  
14 on Zoom so I will unmute you now.

15 SERGEANT-AT-ARMS: Starting time.

16 TYLER WEAVER: Okay. Thank you. Hi. My  
17 name is Tyler Weaver. I'd like to talk about Intro.  
18 1229. My relevant background for testifying today is,  
19 as some of you already know, I had a tragic incident  
20 in my family where my son had a cardiac arrest in the  
21 Bronx and waited 19 minutes for an ambulance.  
22 Additionally, I have been a volunteer EMT and have  
23 personally responded as a first responder to hundreds  
24 of 9-1-1 calls myself. I am also currently certified  
25 as a New York State EMTB. As I mentioned, I'd like to



talk about Intro. 1229, which is about reporting on emergency medical service unit availability. I really just wanted to suggest some enhancements to it, really. I mean, it looks good what I saw. What I wanted to suggest was that right now it seems that the law was only going to track the raw number of ambulances per day by EMS station and unit type, but not also breaking those numbers down by unit numbers and shift numbers. I believe that knowing which of the three daily shifts an individual ambulance unit was shut down would actually be useful information to know. So, my suggestion is not only are we doing it by station and advanced versus basic, but also which unit was shut down and which shift was it shut down. Was it shut down for first shift, second shift, third shift, or all three, or whatever it's going to be?

Secondly, the second of my three suggestions, I didn't see a specific requirement to aggregate the numbers by borough. Since past experience have shown that there's a significant borough to borough response time inequity between, for example, the Bronx versus Manhattan or Brooklyn, I thought it might be good to just call out that the

numbers need to be reported on a borough wide basis or at least specifically call out the need for that.

And then the third, last item was what I saw is that the data would need to be provided annually. I actually think that releasing the data every 30 days, the same as they already do for the Local Law 119 ambulance response time data would be even better. Releasing the data once per year would really make it too late to recognize a problem and take proactive intervention and, by the time the annual data is reported, circumstances on the ground will have changed by that point. So that was my third item.

That really concludes my remarks. I think it's great that we would have a law to collect more ambulance data, and if it could just be tweaked a little bit more, that would be great.

CHAIRPERSON ARIOLA: I thank you so much for your testimony. And with this legislation, it would be reported by community board so that would make it a little more specific, but I just needed you to know that. But I don't disagree. Thank you so much.

TYLER WEAVER: Okay. All right. Thank you.

2 COMMITTEE COUNSEL KINGSLEY: Thank you,  
3 Chair.

4 Next we'll be hearing from individuals in  
5 the Chambers here.

6 CHAIRPERSON ARIOLA: I'd like to call up  
7 James Brosi and Bobby Eustace from the UFA and the  
8 UFOA.

9 President Brosi, please go first.

10 JAMES BROSI: Good morning. My name is  
11 James Brosi, President of the Uniformed Fire Officers  
12 Association. First, I'd like to thank you for  
13 bringing this legislation forward. Although this has  
14 been codified at the State level, it is important to  
15 make it a City concern. I do appreciate you adding  
16 language in there when practical, because I do think  
17 this is a challenge for the Department to actually  
18 meeting this need without compromising both the  
19 flexibility and the resistance to water from  
20 penetrating the gear, which also creates a very  
21 debilitating effect on firefighters under very  
22 strenuous circumstances. And I think somewhere  
23 between that demand and that loose language, I think  
24 we also need to put pressure on the City to focus not  
25 only more research and development, but also to

putting pilot programs in effect both at the academy and on the fire ground so that we get to this resolution quickly. I also appreciate that putting a timeframe of replacing all of the gear within a three-year time frame will prevent the Department from legging out this exchange process to make it more monetarily feasible at the detriment of our members. And so those guidelines, I think, are good boundaries once the appropriate gear is there. And while I do agree with Dr. Prezant, and I do believe he has the best interest in the members of our Department, and it is impossible to depict which cancer-causing agent is the one that's most detrimental to us, I think the one thing we've overlooked regarding PFAS is what is the level of PFAS that is currently penetrating our very porous system. As most people know, when they're exposed to high temperatures, their pores open exponentially, which allows the toxicity of both the contaminants in the air and the gear to penetrate us quickly. And so unfortunately, since no one's measuring the baseline blood levels of members prior to entering the Department, or after the six months they spend in the academy with routine, rigorous exposure under a

variety of temperatures since they're there for multiple seasons, we have no knowledge of how much of a threat this actually is. And while I do appreciate the testimony of Chief Canty in saying that it does not rely, it does not lean directly onto my skin, it is also encapsulated within that same vapor barrier, forcing that repeated exposure at high temperatures, which often have a tendency to off-gas at a more rapid rate, which increases the level of exposure in which I'm being contaminated. And yes, I do agree with you, that hood is a major issue, and more so for the New York City Fire Department than any other agency in the country. And I would say that's attributed mostly to its adherence to our skin, for the frequency of the runs, and the level of contamination we're being exposed to on a regular basis. So while I do believe there may be value in the water, I think there may be more value in the human. Because I think if we were able to determine that these chemicals were entering the bloodstream at a much larger rate, we might take this as a much greater risk, and we might have a much more level of urgency to replace this gear and this material with a reasonable substitute. Whether or not one is readily

available that meets the needs of what we have currently is hard to say, but I do look forward to any pressure we can put within reason to get us to the best and safest gear possible. And I thank you for your time.

CHAIRPERSON ARIOLA: Thank you so much, and thank you for really representing your members and our firefighters in general. I agree with you and what you bring up about being a porous substance when you're in a fire and the pores are open, and it is literally pouring toxins and carcinogens right into their body, and it is the very clothes that's on them as well as everything that's around them so thank you for that point, because that is mind-blowing.

Mr. Eustace.

BOBBY EUSTACE: Thank you very much. Bobby Eustace, Vice President, Uniformed Firefighters Association. Jim didn't really leave much for me to talk about. He pretty much nailed it. Way to go. No, I agree with this legislation full-heartedly as well. You are putting your foot to the fire, and we need to have this done. Again, there's something we say about hazardous materials of time, distance, and shielding, and you need to take this stuff off. And you can't

have it absorbed, and you can't keep wearing it. And we can't keep going years and years and years. We do as well agree wholeheartedly with the Department that we have a certain standard set here that we can't be lowered. And we do need to find an adequate replacement, and that does need to meet the standards of the FDNY. With that being said, we can't keep kicking the can down the road. And we can't keep kicking this can down the road. We can't allow it to be kicked down the road. We need to be able to find something. We can't keep having occupational cancer rise, which is the number one killer of firefighters across this country and in our Department here. So we need to be able to have something that finally puts a stop on this, forces the City.

I also want to say thank you for putting the equipment bill on this too. It's something the Fire Department is grossly under-budgeted on. It's something that we keep saying we need more, we need more, and we keep not having these things replaced. So reporting on equipment that needed finally put something on record here. When this bill was going through the State, our opinion was asked to, and we asked for the PFAS levels to be put on the bunker

gear, because they're in parts per million, and 100 parts per million is almost untraceable for people that don't understand that. So we wanted it to be similar to a surgeon general's warning, so people had to see it in your face. It's like saying smoking is bad. We all know that, but how bad is it? And it's the same thing with the exposure rates, like Jim mentioned, about it being encapsulated, the absorption level, how long you have to wear this gear, how long we're forced to do it, how many parts per million, all that stuff that goes into your exposure level's baseline. So we, once again, greatly appreciate this legislation. It holds the City accountable. It puts a baseline on it. It's a race to the moon, if you will, to find the better stuff to help our members be safer. And I yield my time. Thank you very much.

CHAIRPERSON ARIOLA: And I would just like to thank the UFA and the UFOA for your input in helping us. I know Phyllis was working very closely with both your unions so that this would be comprehensive legislation. And that's why, when I said we can go administration to administration, and like you said, kick the can and kick the can before



you know it. But now, with legislation, when it's passed, it has a dropdead date, no pun intended, of 2028, and they have to do it. It will force them to get the three bids that they need. And to blame the government shutdown is ridiculous because they've been working on this way before there was a government shutdown and they should have had the three bids by now. So, thank you so much for your testimony.

Next, we will have Furhan Ahmed from the FDNY and Michael Rodgers.

Welcome, both of you. Thank you so much for coming in to testify. Would you like to begin?

MICHAEL RODGERS: Yes, ma'am. Thank you for the opportunity today. Good afternoon. It's a pleasure to be here to discuss a topic I'm very passionate about. Chair Ariola, Members of the Committee, thank you for this opportunity to testify in support of Committee Bill 1243. I'd also like to thank Council Member Salamanca for all of his work on this legislation.

My name is Michael Rodgers, and I was fortunate to be born into a public safety family. My father is a fifth-generation police and fire, and I

always thought that would be the path that I was going to follow, but ultimately the unfortunate events of 9/11 changed that. After graduating West Point, I entered the Army and deployed half a dozen times as a member of U.S. Army Special Operations. I learned several things during my time in the service. The most important was the use of standardized mapping data to ensure efficient communication and navigation during a critical incident. Most importantly, it put us all on the same sheet of music during an emergency. Today, I'm proud to serve as the Chief Executive Officer of a company called the Critical Response Group. Our company is comprised of former Special Operations members and first responders whose sole purpose is to ensure that first responders have the mapping data that they need during an emergency. Our organization is one of several across the country that provides mapping services similar like this requirement throughout the country. As of today, 23 states have passed similar legislation to Bill 1243 with the purpose of establishing standards to ensure uniform emergency response maps are created and on file with public safety professionals. It is important to note that

our company has already begun work in several key locations throughout the city. Penn Station, Hudson Yards, Javits Center, and several other key landmarks throughout the city are now mapped and on file with first responders throughout the city. Because of the mapping work that our company has completed throughout the city, I have had the pleasure of working directly with responders. It has been my experience that if asked, they will attest to their lack of access to school mapping and building mapping data. This is a specific issue that they have been attempting to tackle for several years. The tragedies of 9/11 taught our country several lessons, but as highlighted in the 9/11 Commission, two of the biggest lessons learned were about the importance of interoperability and information sharing. This legislation specifically addresses those findings and ensures that the mapping information for the schools and other City buildings is interoperable and shared with responders responsible for providing life-saving services throughout the city. It is a very dangerous assumption to expect first responders to know the layout and labeling convention of every building in their area of responsibility. If an EMT is told to

respond to the cafeteria or to stage a vehicle outside door two, they very often have no idea where those locations are. In an emergency, whether medical, fire, or active threat, every second counts. Responders need accurate, accessible information to reduce response times and deploy resources as effectively as possible. Today, at best, first responders in this city have out-of-date architectural floor plans. These floor plans are not built to assist in emergency response, but simply for construction. They are outdated, they lack the labels and the classrooms of the doors and classrooms, and are also inaccessible in the systems in use by public safety today. It is unfortunate, but the reality is of the 25,000 schools that my company has mapped across the country, we have yet to find a single accurate floor plan in any (TIMER CHIME) location. This is also true of the buildings our company has mapped throughout the city. As you're aware, the responders throughout the city rely upon several different emergency software platforms. This legislation ensures that no matter what technology is procured and currently in place, the mapping data will be available in those systems. I truly

appreciate your time and consideration on this matter. Thank you.

CHAIRPERSON ARIOLA: Thank you so much for your testimony.

Firefighter.

FURHAN AHMED: Good afternoon, Chair, Council Members. My name is Furhan Ahmed. I proudly served New York City for 20 years as an FDNY firefighter, and before that, EMT and an NYPD police officer. I'm here today because this is personal, not political. For two decades, I put on bunker gear every single day I worked, believing it was protecting me. What we now know is that much of the gear was soaked in PFAS, cancer-causing forever chemicals, and every hour wearing it, every fire we respond to, every moment it rubbed our necks and our wrists, we were being exposed without ever being warned. I've watched friends, former colleagues battle cancer. I've seen firefighters in their 30s and 40s facing diagnoses no one can call random. The numbers don't lie. Firefighters face cancer rates far above the general population. PFAS-treated gear is a major reason why. This hearing matters because firefighters don't choose our equipment. We trust the

City, the Department, and the manufacturers to give us gear that protects us, not harm us. I'm urging the Council to move forward on the legislation today of an exchange program of bunker gear, equal or better protection that meets the standards of the FDNY, annual cancer screenings, and a clear timeline to phase out PFAS gear. These are not radical steps. These are basic protections every firefighter deserves. The City should refuse to spend another taxpayer dollar on gear that contains known carcinogens. Firefighters should never again be put in a position where the tools meant to keep us alive are quietly shortening our lives. Firefighters show up for this city every single day in every emergency without hesitation. This is the moment for the City to show up for us. Thank you for the opportunity to testify.

CHAIRPERSON ARIOLA: So, Firefighter Ahmed, would it be fair to say that you were not given any instruction that your bunker gear contained PFAS?

FURHAN AHMED: It was learned about recently. I'm retired. I just retired recently as well.

CHAIRPERSON ARIOLA: So, during your tenure active, you said over 20 years?

FURHAN AHMED: Yes. It was told to us toward the end of my career. We did not know about that in the beginning of my career when I started, in that 20-year timeline.

CHAIRPERSON ARIOLA: Well, we're working to make sure no other firefighter ever has to say that again. Thank you so very much for your testimony.

FURHAN AHMED: We appreciate that. Thank you so much.

CHAIRPERSON ARIOLA: Thank you.

COMMITTEE COUNSEL KINGSLEY: If there's anyone else present who would like to testify, please see the Sergeant-at-Arms to fill out a form.

Seeing no one, we will turn back to Chair Ariola to close the hearing.

CHAIRPERSON ARIOLA: Seeing that there's no one else to testify, I will now close the hearing on Fire and Emergency Management. [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 December 5, 2025