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Testimony of Laura Kavanagh, First Deputy Commissioner, FDNY

Oversight: The City's Emergency Preparedness for a Potential Second Wave of COVID-19

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Good afternoon Chair Borelli and all of the Council Members present. My name is Laura Kavanagh and I am First Deputy Commissioner of the New York City Fire Department. In addition to our colleagues from New York City Emergency Management (NYCEM), I'm joined today by Chief of Department John Sudnik, Chief of Emergency Medical Services Lillian Bonsignore, Joseph Jardin, Chief of Fire Prevention, and Nafeesah Noonan, Assistant Commissioner of Recruitment and Retention. Thank you for the opportunity to speak with you today about the Fire Department's response to the COVID-19 pandemic and our agency's preparedness for a potential second wave of the virus.

I'd like to begin by acknowledging the extraordinary time we are in as a city and as a Department. We are in the midst of a global pandemic in which our members responded to historic numbers of calls under unprecedented and unknown circumstances. We are in the third week of demonstrations against racial injustice sparked by the murders of George Floyd, Breonna Taylor, and Ahmaud Aubrey. As they respond to COVID-19 at work, our members are also grappling with COVID-19 at home, as they experience sickness and loss in friends, family, co-workers or even themselves. As they respond to the demonstrations, they are also confronting issues of racial injustice themselves. As always, our members have risen to the occasion, responding to both of these once-in-a-generation events, ensuring fire and medical calls were answered and the public was cared for, no matter the circumstances.

The COVID-19 pandemic presented a massive challenge for emergency medical services across the country and the world. At FDNY, this meant rising to meet a rapidly-expanding workload that reached record heights of 6500 medical emergencies a day; cardiac arrest calls and death totals

that have never been higher; and confronting a virus that, even as we were providing medical care to patients, was taking a toll on our members. We were able to succeed under these difficult circumstances because we took early action to shore up our resources and make preparations before the virus hit, we remained flexible and adapted to an operational environment that shifted daily and sometimes hourly, and, most importantly, because we were able to draw upon the strength and professionalism of our members. We were also aided by courageous partners from New York and across the country. Through the extraordinary efforts of our EMTs, paramedics, firefighters, officers, and civilian support staff, the Department was able to thrive, giving the city our best when it needed us most.

COVID-19 has taken lives across the world, and at the Fire Department, we felt its pain among our own family. We mourn the loss of eleven members of the Department: Auto Mechanic James Villecco; Deputy Chief Inspector Syed Rahman; Fiscal Services Supervisor Kellie Childs; Supervising Fire Protection Inspector Edward Mungin; EMT Gregory Hodge; EMT John Redd; EMT Idris Bey; Supervisor of Mechanics Thomas Ward; EMT Richard Seaberry; Supervising Fire Inspector Mark Remolino; and another member of the Bureau of Fire Prevention whose family asked for anonymity. We also wish to recognize the sacrifice of Paramedic Paul Cary of Denver, Colorado, who traveled to New York as part of Federal Emergency Management Agency's (FEMA) National Ambulance Contract.

### **Preparing for COVID-19**

One of the reasons that the Fire Department has been successful in combatting the COVID-19 pandemic up to this point is that we took early and decisive action to prepare for COVID-related cases. In January, the Office of Medical Affairs researched the virus and drew upon the Department's experience responding to the Ebola and H1N1 outbreaks to help streamline necessary adjustments. We consulted with the Centers for Disease Control (CDC), the New York City Department of Health and Mental Health (DOHMH), and the State Department of Health (DOH), and we took steps to ensure that our equipment was appropriate to meet requirements

of a COVID outbreak. For example, we confirmed that the rate of air exchange in our ambulances met CDC standards and was sufficiently safe for our members and patients during and after a potential COVID-patient was present in the vehicle. We revised decontamination protocols and increased the rate of cleaning and disinfecting at EMS and Fire facilities.

The Department also made changes to the way that we dispatch medicals calls, implementing a Fever/Cough call type, with 911 dispatchers asking callers questions about symptoms and, at that point, about recent travel. This change, which we made on January 30, enabled the Department to analyze data about the virus as it began impacting New York, helping us to track the scope of the spread and better inform our partners in City government. It also helped us to advise our members during each response so that they would know to don appropriate personal protective equipment (PPE) before arriving at each patient.

One of the key areas of focus as we prepared for COVID-19 to reach New York was securing enough PPE to enable our members to safely do their jobs. This involved reviewing our available stockpiles and developing new sources to drastically increase our inventory. The Office of Medical Affairs closely tracked CDC and DOHMH and NYS DOH guidance on PPE usage and created training instructions for members. On March 4, we activated two Incident Management Teams (IMTs). One was detailed to NYCEM and the other was assigned to help manage the Department's COVID response, including PPE inventory. The IMT was very successful in securing supplies of N95 masks, eye protection, gowns, and gloves, even as agencies across the world vied for the same materials. We developed and began distributing a daily internal update regarding COVID data, changes in protocols, and precise tracking of PPE inventory and usage.

During this time, we executed several moves to increase the number of resources available to respond to the outbreak. Working with our partners NYCEM and FEMA, we requested and received approval to use hundreds of ambulances staffed by EMTs and paramedics from around the country under the National Ambulance Contract. Through our agreements with private hospitals who participate in the 911 program, we requested that they increase their share of

ambulance tours, and we brought in volunteer ambulances from across the city to respond to 911 calls as well. By expediting training at our EMS and Fire Academies, we increased our available fire and medical personnel as well, graduating hundreds of probationary EMTs, paramedics, and firefighters during the worst of the pandemic, and we accelerated training courses to get other members and instructors back into the field. By adding so many resources into the 911 system, we were able to continue effectively covering medical calls even as they soared to record-breaking levels.

### **Responding to the Crisis**

Early on in the COVID outbreak, we made changes to the way that our members staffed their shifts to reduce exposure and mitigate the spread of the virus within our own ranks by decreasing the number of partners that an EMT or paramedic worked with each week and limiting the pool from which a firehouse could draw on for overtime. We closely monitored the growing medical leave rate and worked 24/7 to make operational changes needed to continue our response. Each change we made required coordination between EMS and Fire Operations, our medical staff, and each administrative bureau.

Examples of this include instituting a mobile Computer-aided dispatching system, which allowed us to include NAC units from around the country in the New York City 911 dispatching matrix. We also instituted a telemedicine program as part of the 911 system, which put callers reporting lower-acuity medical issues in touch with a medical professional by phone in order to reduce the number of ambulance responses and transports. This benefitted our members, the patients that we serve, and the hospitals that were overwhelmed at the time. Each change was a significant undertaking, and those efforts – while lengthy – have given us a blueprint from which to make immediate changes if a second COVID wave were to occur.

The Department's IMT continued handling PPE sourcing and distribution throughout the surge. We worked with a wide variety of sources, including NYCEM, DOHMH, DCAS, and the Mayor's

office, and we developed a large number of our own sources throughout the world. As we all learned, tragically, many healthcare organizations around the world struggled to obtain appropriate levels of PPE. Thanks to the tenacious efforts of members tasked to obtain supplies, the Fire Department has always been able to maintain enough PPE to meet or exceed CDC guidelines for all operations.

As the pandemic unfolded, we also worked to support our members when they were off duty. We coordinated with the Department of Education to help our members to enroll their children in the Regional Enrichment Centers across the city, providing meals and a safe place for children to learn while their parents served the community. We partnered with Lyft and Citi Bike to provide alternative forms of transportation for members to commute. We launched a program with the FDNY Foundation to provide free lodging for members who wished to forgo going home to avoid potential exposure of family members. As of last week, nearly 600 members have made use of it, and others have enrolled in a similar lodging program run by the administration. We worked with Health and Hospitals Corporation to provide free COVID testing for all of our members, and, more recently, we worked with the CDC and Quest Diagnostics to make free COVID antibody testing available to all FDNY employees.

### **Looking Ahead**

It has now been more than a month since the peak of our call volume. However, it is worth cautioning New Yorkers – today, and periodically as we move forward – that New York City is still in the midst of this pandemic. I’m happy to report that our medical call volume has reduced from historic highs. The last of the National Ambulance Contract units departed at the end of May. We have reduced the “surged” tours that we are requesting from our private hospitals partners, and we no longer have a need to include volunteer ambulance corps in the 911 system.

We continue building and refining our telemedicine system, which served a crucial function over the last few months. We continue to track data in a real time, and we are prepared to immediately shift resources again if the virus experiences a second large wave in New York City. As businesses and community activities begin to re-open, we will remain vigilant and take swift action to meet any increase in demand for emergency medical services. We remain in close contact with our partners at NYCEM, DOHMH, the Mayor's Office, and the CDC, and our doctors continue to monitor developments with the virus around the world. We are also building a stockpile of PPE so that if a second COVID wave does occur, we'll have an ample supply of equipment ready for use. We all saw firsthand the disorganized distribution of PPE at the federal level. We will continue to ensure that FDNY operations are not impacted by that dysfunction by building our own cache of PPE and supplies, which will afford us the flexibility and independence that comes with not having to scramble and compete against other healthcare agencies.

We also continue to support our members in every way possible. We have advocated for Line of Duty benefits for our members who lost their lives to COVID-19, and we know that the risk of losing members in the future is very real. All of our frontline members have been through an extremely difficult stretch, and that's why our Counseling Services Unit (CSU) has rolled out expanded counseling resources, sending Peer Counselors to visit every firehouse and EMS station and communicating with members via a wide variety of media including department orders, digital resources, dispatch messaging, and in person encounters. CSU is currently in the process of reaching out to every probationary firefighter and EMT who graduated during the pandemic, knowing that for those members, the first experiences of their career took place in some of the most harrowing environments possible.

Over the next several weeks, we will be conducting an internal after-action review of the Department's performance during the height of the pandemic. Senior leadership will be evaluating the way that each unit functioned, paying particular attention to areas of achievement that lagged, and making necessary improvements.

These are challenging times for the FDNY and for the communities we serve. However, in the 155 year history of the Department, we have faced down countless obstacles and triumphed in the most difficult environments. I am proud of the courage and perseverance that our members have shown throughout the COVID crisis, and as a Department we will continue striving to provide the best possible service to the people of New York.

I'll defer now to my colleagues at New York City Emergency Management.



**Testimony of Andrew D’Amora  
First Deputy Commissioner  
New York City Department of Emergency Management  
Before the New York City Council Committee on  
Fire and Emergency Management  
June 11, 2020**

Good morning Chairperson Borelli and members of the Committee on Fire and Emergency Management. I am First Deputy Commissioner Andrew D’Amora, and I am happy to be here today on behalf of New York City Emergency Management (NYCEM) to discuss the role that NYCEM played – and continues to play – in the COVID-19 response. I am joined by my colleague Ben Krakauer, Executive Advisor at NYCEM. Before I get into our response to COVID-19, I just want to take a moment to acknowledge how challenging the past few months have been for everyone in New York City. We are all experiencing current events through our own lens, but public service in this City is built on the strength of our diversity, our respect for one another, and our ability to listen and learn from each other. It’s hard to express how dedicated the emergency managers of this City are, but please believe me; our team will stay the course, no matter the weather.

Let me shift now to discuss the last few months for our agency. In December 2019, cases of a novel coronavirus were confirmed in Wuhan, China. Cases quickly spread across the globe. New York City began to prepare for what would become a global health crisis. NYCEM started to prepare for the inevitable — COVID-19 in New York City — in January. We held our first interagency coordination call, followed by a series of tabletop exercises designed to review and discuss the citywide response to the developing pandemic. We held the first mayoral exercise on January 24<sup>th</sup> and the second on March 2<sup>nd</sup>. Both exercises focused on a situational COVID-19





update by the New York City Department of Health & Mental Hygiene, and agencies shared their preparedness for COVID-19 and detailed their response plans and protocols.

Between the two exercises, we continued to convene interagency conference calls, meetings, and workshops with City agencies and our state and federal partners. NYCEM discussed the medical supply chain with the New York State Department of Health and the U.S. Department of Health and Human Services. Agency leadership reviewed guidelines and recommendations for social distancing, frontline worker protection, the distribution and need of personal protective equipment, and public messaging. We continued to develop scenarios to prepare for the cascading impacts of healthcare surge, fatality management, major event cancellations, decreased citywide workforce, food and supply shortage, and potential virus mutations.

Although the first case of COVID-19 in New York City was not confirmed until March, NYCEM activated the Emergency Operations Center on February 1<sup>st</sup> to implement the federal quarantine directives and build a structure of interagency crisis action planning task forces to rapidly develop policies, procedures, and recommendations to implement as the situation worsened. Tasks and responsibilities of agency staff evolved to meet the needs of the emergency. For example, the Operations Division expanded its daily roles by staffing the COVID-19 information desk and deploying Citywide Incident Coordinators to conduct daily visits to main food distribution centers to confirm normal operations and to evaluate hospital surge sites. Senior agency leaders were charged with implementing and managing massive operations, including food distribution, healthcare surge management, isolation hoteling, continuity of operations, and fatality management. Many of these operations continue to serve New Yorkers today.



One of the first priorities was to operationalize and expand the City's capability to treat the rapidly expanding number of patients. This included operations to coordinate medical surge staffing, medical surge space, and the procurement of critical medical supplies. NYCEM and other City agencies coordinated to open large alternate care sites in nontraditional settings. This included the Jacob Javits Center in Manhattan, the Billie Jean King Tennis Facility in Queens, and the Brooklyn Cruise Terminal.

For COVID-19, our logisticians supported a range of operations, including hospital surge, fatality management, donations, food distribution, and field testing sites. To date, the Logistics Center has handled more than 2,000 requests, which comprised more than 7,000 assets such as generators, tents, and specialized personnel. A significant portion of the NYCEM stockpile – generally used during coastal storms and including special medical needs cots, emergency food, and medical supplies – were deployed. Items not contained in our stockpile were procured from the state and federal governments as well as the private sector. We assisted in distributing PPE for hospitals and nursing homes received through the Department of Health's warehouse. Additionally, we hosted a weekly citywide donations management call to inform City agencies and nonprofit organizations on COVID-19 donation processes and issues.

NYCEM quickly sourced and entered into emergency contracts with healthcare staffing firms that have brought thousands of doctors, nurses, and other medical professionals to the bedsides of New Yorkers when they needed it most. We set up a staffing cell that rapidly placed volunteers into hospitals and worked with airline partners to fly them in. More than 2,500 staff have been referred



to 128 healthcare facilities to address COVID-19 needs. Further, NYCEM coordinated the request and placement of medical providers from the United States Armed Forces who provided care in all of our public hospitals.

Mass care operations during the COVID-19 response have not been limited to hospital sites. Our agency continues to coordinate a hotel program to provide rooms for New Yorkers from congregate settings and for healthcare workers. The hotel program also supported the relocation of vulnerable individuals from congregate settings like supportive housing programs.

The City set up several emergency food programs, including Department of Education grab-and-go meals at over 400 citywide sites, senior meal deliveries, and deliveries to vulnerable populations. NYCEM has assisted in logistical operations for this, such as determining location sites across the five boroughs and working with the GetFood staff, TLC and National Guard on logistical set up. More than 28 million meals have been served in an effort to ensure no New Yorker goes hungry.

In most disasters, human service operations like service centers allow individuals to access critical services in person. Due to the nature of COVID-19, however, our service center partners decided a virtual service center would be the safest option. The virtual service center became the Help Now website, a one-stop shop for information on how New Yorkers can give assistance and receive help during this time. The agency also rolled out the COVID-19 Pet Hotline, a resource for pet owners who need assistance if they've been affected by the virus.



Public messaging to New Yorkers expanded beyond social media and websites during this emergency. The Notify NYC team launched a short code messaging program to ensure New Yorkers receive critical updates about COVID-19. More than 840,000 individuals have subscribed to these messages in English, and more than 31,000 for Spanish. As of today 177 English and 174 Spanish messages have been sent to subscribers. Notify NYC subscribers can receive COVID-19 messages in Traditional Chinese or Simplified Chinese. In addition, we sent two Wireless Emergency Alerts to all New York City cell phones in English and Spanish.

With a diverse population of more than 8.5 million people, New York City's response to COVID-19 also meant that the language access priorities of City agencies would evolve. In addition to coordinating American Sign Language interpreters for each of the Mayor's press conferences, NYCEM is an active member of the language access task force, which led the efforts to make sure that New Yorkers with limited English proficiency have access to critical information, such as materials translated into 25 languages. NYCEM continues to lead a weekly call with hundreds of community and faith-based leaders, which serves as a platform to give updates on the City's operations, provide actionable recommendations to participants on how to prepare and support their respective communities, and incorporates experts from various City agencies to share their COVID-19 specific services with these stakeholders. Our Public/Private team also started talking to the City's private sector early this year and throughout this emergency. That team remains engaged, working on supporting the food team, supply chain monitoring and industries across the city.



Although we are still in the midst of the emergency and remain activated, we have started the process of looking at our response over the last several months and analyzing lessons learned as we prepare for a potential second wave, summer heat, and hurricane season. While this After-Action Review is ongoing, we have already identified successes and challenges. For the first time ever, much of the agency – and our interagency partners – needed to operate remotely for extended periods of time. With remote work came challenges in data collection and management. In March, we were still heavily reliant on traditional methods including emails, static attachments, and phone calls. Seemingly overnight, our small data and technology teams identified, configured, and implemented more advanced virtual work, data management, and visualization technologies that have advanced how we do business. The COVID-19 response has highlighted the need for the City to prioritize sophisticated and integrated data sharing technology.

Adapting the City’s Commodity Distribution Point plan into a socially distanced, sustained delivery model delivering over 28 million meals and counting to people who are both COVID-19 vulnerable and food insecure in the last two months was a true success. Yet it has not come without challenges and we continue to develop and improve food distribution site operations to maximize the City’s ability to feed hungry New Yorkers during this crisis, while minimizing localized community impacts.

Operationalizing a Citywide Staffing Cell to surge healthcare worker staff and coordinating with state, federal, and private partners to operate medical surge spaces for COVID-19 patients was a tremendous effort. Going forward, we are identifying facilities to potentially use as Alternate Care Sites in all boroughs, working with our federal partners on mobilization plans, and developing



revised approaches to surge staffing. Finally, we continue to refine our processes and procedures to support virtual – instead of in-person – coordination. Ultimately, NYCEM and our workforce will be better able to serve New Yorkers through these technological advancements.

As the City enters month five of this activation, NYCEM’s priorities remain the same - flattening the curve and raising the bar. We continue to work on a large hoteling program for healthcare workers who are unable to safely isolate at home, supplying food for vulnerable populations, supporting ongoing fatality management operations, and keeping the public informed.

Early on in our response, we created the Cascading Impacts Planning Team. The purpose of the team is to adapt the City’s emergency plans to account for the challenges the City would and still faces around social distancing and other COVID-19 impacts. The Cascading Impacts Planning Team was charged with looking forward and developing plans for what comes next in a COVID-19 world. To date, our vacate protocol, heat emergency plan, power and cooling center operation have been updated to reflect our new reality. As the Atlantic hurricane season and heat season arrive, the Cascading Impacts Team is working with our partners on revising our heat and coastal storm plans to ensure the City can appropriately respond to additional seasonal emergencies.

The number of those who have succumbed to the disease has already surpassed an unimaginable death toll. City employees have been lost in the battle against COVID-19, including Gregory Hodge – a 20-year FDNY EMT who was detailed to NYCEM in Watch Command. As the world continues to fight this pandemic, we are reminded that while this is a time of uncertainty, we are in this together and we never stop planning and we never stop preparing. Our dedicated emergency



managers are all in and up to the challenge. NYCEM and FDNY are now happy to take any questions you may have. Thank you.