



Wednesday, October 22, 2025

**STATEMENT OF ASSISTANT CHIEF RICHARD NAPOLITANO
NEW YORK CITY POLICE DEPARTMENT**

**BEFORE THE NEW YORK CITY COUNCIL
COMMITTEES ON LABOR RELATIONS, FIRE AND EMERGENCY MANAGEMENT,
AND PUBLIC SAFETY**

**COUNCIL CHAMBERS
OCTOBER 22, 2025**

Good morning Chair De La Rosa, Chair Ariola, Chair Salaam and members of the Council. I am Assistant Chief Richard Napolitano, Commanding Officer of the Office of the First Deputy Commissioner of the New York City Police Department. I am joined today by Inspector Bienvenido Martinez, Commanding Officer of the Department's Communications Division, as well as our partners from the New York City Fire Department. On behalf of Police Commissioner Tisch, we thank you for the opportunity to discuss the critical services provided by the Department's Police Communications Technicians, or PCTs, who serve as the Department's 911 call operators. Under Commissioner Tisch, the Department has taken substantial steps to reduce call delays in the 911 system times while simultaneously enhancing the quality of life for PCTs. We look forward to sharing with you the significant strides we have made towards both of those goals.

PCTs serve as the hub for the Department's daily efforts to ensure public safety. As 911 call takers, they serve as the first point of contact for New Yorkers in moments of stress, agony, and sometimes terror. The 911 call takers then share vital information with the PCTs serving as dispatchers to generate a rapid and effective police response. All of this must be done quickly, accurately, and with sensitivity to the needs of witnesses and victims calling for help. This is demanding and stressful work, and the Department has a responsibility to ensure the health and welfare of our PCTs. That is why one of Commissioner Tisch's early priorities as Police Commissioner was to optimize the efficiency of the call-taking system, expedite hiring and bolster training, and improve the quality of life of our PCTs.

The most important step has been to increase staffing levels. We have hired over 200 PCTs since April. With another class expected before the end of the year we are on track to far surpass 2023 and 2024 PCT hiring. We analyzed where inefficiencies existed in our deployment of PCTs and discovered that certain tours were understaffed while others were overstaffed; these mistakes have been corrected. We found particular staffing challenges for PCTs working 10-hour and 12-hour tours, so we reintroduced 8-hour tours for PCTs. We also created a voluntary overtime sign-up system and allow PCTs to swap tours as necessary. This ensures flexibility and allows PCTs to better schedule their days.

These adjustments helped our PCTs and simultaneously resulted in a reduction in call delays. Between January and end of September 2024 there were 189,343 delayed calls, and in the same time period in 2025 there were 108,421 delayed calls – a 42.7% decrease year to date. Year over year, looking at September 2024 – September 2025, we've decreased delayed calls by 87%. Now, the Department answers 92% of calls within 5 seconds and 98% of calls within 30 seconds. For



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comparison, the established national standard for 911 calls is that 90% should be answered within 15 seconds.

We also realized that we needed additional supervisory oversight in the 911 system. We now require a supervisor to review response times every 2 hours, and to make real-time decisions about staffing and job assignment. What that means, for example, is that when a call comes over and there are no nearby units available to respond, the desk sergeant is alerted to the delay and will either redirect a car that is responding to a less critical job or reach out to an adjoining precinct for assistance. This small change helps quickly direct responses to emergencies and drives down response times.

The Department is also taking steps to improve working conditions for PCTs and boost morale. We are having regular meetings with DC-37 and Local 5911, the unions representing the PCTs, to understand the concerns of PCTs and affirmatively address them. We are working to update and modernize the 911 call centers where PCTs work. We are taking steps to recognize our top performing PCTs for their outstanding efforts. And we are making sure that when a PCT experiences a traumatic call the PCT is able to take a break from the phones and has mental health resources available to provide support. The PCTs are so important to the Department and to the people of New York City, and we must continue to provide them with resources and support.

Thank you for the opportunity to speak with you today, and we look forward to answering any questions you may have.



October 22, 2025

Testimony of Paul Miano, Deputy Chief of EMS Operations, FDNY

“Oversight: Working Conditions Within New York City’s Emergency Response System”

Good morning, Chair Ariola and members of the Fire and Emergency Management Committee, Chair De La Rosa and members of the Civil Service and Labor Committee, and Chair Salaam and members of the Public Safety Committee. My name is Paul Miano, and I am the Acting Chief of EMS for the Fire Department of New York. Today is my first day as Acting Chief of EMS, and I am honored to spend part of it here with the Councilmembers who sit on these committees. I am joined by Denise Werner, Chief of Emergency Medical Dispatch. I appreciate the opportunity to speak on this oversight topic, an issue that directly affects the men and women who continuously give life to this city: working conditions within New York City’s Emergency Response System.

FDNY EMTs and Paramedics are among the hardest-working people in city service. They work long, demanding tours, moving from emergency to emergency, providing medical care and saving lives hour after hour. Our ambulances cover every corner of New York City and its surrounding waters, responding everywhere from the tallest high-rise above to the deepest tunnels below. Each member is assigned to a station where they report at the start of their tour and then head to pre-designated cross-street locations within the surrounding neighborhood, but the reality is that they go wherever the calls for medical assistance take them.

On a busy day, a crew can drop a patient at a hospital and be called into action again before they even leave the ambulance bay. It is not uncommon for EMS members to start their tour in one borough and finish it in another, never once seeing their assigned cross-street location. In a recent tour I spent on an ambulance with one of my crews, I responded to calls in three different boroughs.

My priority is always the safety of our members. The reality is that EMS work often puts them in dangerous situations. EMTs and Paramedics walk into the unknown on every single call, inside homes, out on the streets, below in the subways - anywhere someone needs help. They face situations that can turn unpredictable fast. At any moment, they can be confronted with a combative patient, distraught family members, or a chaotic crowd. During these moments, our members are threatened, and too often, they are assaulted while simply trying to save a life.

We train FDNY EMTs and Paramedics to stay safe in every situation they face. From their first day on the job and throughout their careers, they receive ongoing instruction focused on recognizing and managing danger. That includes how to deal with aggressive patients, false calls intended to lure members, and how to recognize potential threats to the city and our homeland. We teach them to size up a scene before they ever step out of the vehicle, maintain situational awareness, to never separate and keep in constant communication with their partners, identify an escape route, and to stay alert to everything happening around them. Our members are taught to clear exit paths, keep a safe distance from onlookers, and take control of the scene. They are also trained in tactical communication, knowing how to talk to people under stress, how to de-escalate volatile situations, and how to keep themselves and others safe.

While EMS members train and prepare for every imaginable scenario, tragedies still occur. In the last nine years, two of our own have lost their lives to senseless acts of violence while serving the people of this city. In 2017, EMT Yadira Arroyo, a 14-year veteran, was murdered by an individual who hijacked her ambulance. In 2022, Captain Alison Russo, a 24-year veteran, was murdered in an unprovoked knife attack. We mourn their loss, and the losses of all our members who have died in the line of duty, including those who have been victims of vehicular accidents like Andre Lehans; communicable diseases like Tracy Allen Lee; cardiac events like Barbra Popo; and injuries sustained while caring for others like Brendan Pearson, today and every day. Their memory and their legacy continue to drive the Department's commitment to keeping every member safe.

EMS members are trained to check the premise history of an address, when available, before they arrive so they have a better sense of the environment they are walking into. We work closely with our NYPD partners, and our EMTs and Paramedics know they can immediately call for help if they encounter weapons, acts of violence, or if the tone of a scene begins to turn aggressive. Members are trained to recognize when a situation may become unsafe and to act quickly by calling for assistance, communicating with dispatchers who can alert nearby units, and, in the worst cases, removing themselves completely from danger. We know that not every scene is going to be an ideal circumstance. However, when we approach a situation, EMTs and Paramedics ask themselves, "Is the scene safe enough?" and unless it's too dangerous, we do our jobs. That is why the Department works to make sure every member has the training, awareness,

and support they need to complete their tour safely and go home afterward, unharmed, to their families.

Beyond physical danger, the work of an EMT or Paramedic takes a heavy mental and emotional toll. Our members operate in high-pressure situations where every decision they make can mean the difference between life and death. They are expected to be the calm in the midst of chaos. Day after day, they witness tragedy, trauma, and loss while trying to comfort people who are experiencing the worst moments of their lives.

It can be even harder when the person in need is one of our own or another first responder. When a police officer and firefighter is injured, it is my members who come to their aid. Carrying the weight of being the difference between life and death for both civilians and fellow first responders can take a serious toll, leading to stress, anxiety, depression, and post-traumatic stress.

To support our members, the Department has built a strong network of mental health resources through our Counseling Services Unit, known as CSU. Established more than 35 years ago, CSU has become a national model for first responder mental health care. It is staffed by FDNY members, volunteers, and licensed mental health professionals who understand the unique pressures of this work. The team includes social workers, counselors, and, for those in the World Trade Center Health Program, psychiatrists and nurses. Every clinician is trained in specialized therapies such as Eye Movement Desensitization and Reprocessing, which treats post-traumatic stress, and Emotionally Focused Therapy, which helps members process intense emotional

responses. CSU provides evaluation, treatment, and referrals through five locations across the city. Members can connect in person or by phone, 24 hours a day, seven days a week, and every service is free and completely confidential.

In addition to clinical support, the Department runs a peer-to-peer program that connects current and retired FDNY members directly with their colleagues in the field. The program was recently expanded and now operates two full tours of trained peers who are available five days a week. We have even added a therapy dog named Scarlet to the team. Peer members visit stations throughout the year and serve as proactive outreach, often bridging the gap between a member who is struggling and the professional help they may need. While CSU teams routinely visit EMS stations, they are also called upon to respond after major incidents such as a line-of-duty death or serious injury, a major vehicle collision, a mass-casualty event, or a pediatric cardiac arrest or abuse call. Peer support members go to the scene, to hospitals, and to EMS stations to offer immediate support, then follow up as needed in the ensuing days and weeks.

It can be difficult for a first responder to ask for help. In the past, doing so may have been viewed by some as a form of weakness, but Commissioner Tucker has made it a priority to change that mindset. He has emphasized the importance of de-stigmatizing mental health care and building a department philosophy that encourages members to reach out before a problem becomes a crisis. CSU staff speak regularly at the EMS Academy, meeting with new EMTs, Paramedics, and officers to reinforce that seeking support is a sign of strength, not weakness. Through continued leadership, education, and normalizing mental health care, we are working to

make mental health as much a part of our readiness as our physical and operational safety training.

EMS offers multiple career paths for our members. Most begin their service as EMTs and can advance through civil service promotion exams to become Paramedics. Once paramedics they can move into supervisory ranks such as Lieutenant, Captain, and Chief. Others choose to take the civil service exam to become firefighters. Chair Ariola is very familiar with that process, having sponsored legislation that addressed an issue of fairness for EMS members who missed the firefighter exam because of COVID-related delays. The FDNY is grateful for her continued support of our workforce.

Another issue that Councilmembers have raised in prior hearings is EMS pay. As I have discussed throughout my testimony, the work of an EMT or Paramedic is demanding, both physically and emotionally. Every day, they respond to critical emergencies, make life-or-death decisions, and represent this Department with professionalism and compassion.

I wear the Paramedic patch on my uniform's right shoulder with pride and I have witnessed firsthand the burden carried by our EMTs and Paramedics. When New Yorkers call 911 because they fear for their health or even their lives, it is EMS members who respond and use their formidable skills and training to give each patient his or her best hope for recovery.

Compensation for that expertise is not determined by the FDNY; it is established through collective bargaining with the City's Office of Labor Relations. The unions representing our EMS members are currently in contract negotiations and, while the outcome is not within the

department's control, we hope a contract resolution will be reached soon. EMS members are known as New York City's Best, and they deserve the best.

New York City runs on the strength of its people, and no one embodies that strength more than the members of EMS. I thank the members of the Council for their attention to these issues and for their continued support. I would be happy to answer any questions at this time.



JUMAANE D. WILLIAMS

**STATEMENT OF PUBLIC ADVOCATE JUMAANE D. WILLIAMS
TO THE NEW YORK CITY COUNCIL COMMITTEE ON FIRE & EMERGENCY
MANAGEMENT, COMMITTEE ON PUBLIC SAFETY, & COMMITTEE ON CIVIL
SERVICE AND LABOR
OCTOBER 22, 2025**

Good Morning,

My name is Jumaane D. Williams, the Public Advocate for the City of New York. Thank you to Chair Ariola, and the Committee on Fire and Emergency Management, Chair Salaam and the Committee on Public Safety, and Chair De La Rosa, and the Committee on Civil Service and Labor for holding this hearing.

New York City's emergency response system faces critical challenges. Understaffing, low pay, and high turnover among EMS and 911 dispatchers lead to burnout. These dispatchers endure mandatory overtime and lack sufficient mental health support despite assisting New Yorkers in crisis¹. Across the state, both EMS and 911 dispatchers report serious health and safety concerns, including physical harm, inadequate equipment, and long hours². Governor Hochul recently vetoed a bill establishing an electric vehicle emergency response training program for firefighters, police, and tow operators, which had broad legislative support³.

NYC's emergency medical response service is the busiest in the world, handling more than 1.6 million calls in 2023⁴. The city's EMS workers are part of the New York City Fire Department (FDNY) which faces recruitment and retention challenges because its employees are among the lowest-paid public workers, according to these workers' unions. Firefighters earn almost twice the amount of Emergency Medical Specialists (EMTs) at starting salary and over time⁵. This incredibly low salary has created a staffing dilemma where ambulance response times have risen in NYC for the fourth year in a row⁶.

NYC's 911 emergency operators and dispatchers are vital in crisis response, triaging calls and deciding appropriate actions. As NYC transitions to an all-electric grid with more

¹ ["Could 911 go silent? NYC operators and dispatchers say it is already happening due to working conditions"](#)

² [NYS Department of Health | WHERE ARE THE EMERGENCY MEDICAL RESPONDERS?](#)

³ [Hochul vetoes electric vehicle emergency response training bill](#)

⁴ [The City of New York | Mayor Eric L. Adams | PRELIMINARY MAYOR'S MANAGEMENT REPORT 2025](#)

⁵ [New York City's Understaffed, Overwhelmed EMS Workers Strain to Meet Demand](#)

⁶ ["Something has to give": FDNY ambulance response times rise for fourth year, union blames staffing crisis • Brooklyn Paper](#)

EVs (electric vehicles), electric buses, and battery energy storage facilities⁷, the city needs to commit to specialized, mandatory training for first responders to handle EV fires. The current lack of comprehensive training raises safety concerns, especially regarding battery energy storage facilities, which are crucial for grid modernization.

Although the FDNY recently received a budget increase, the City Council's Fiscal 2025 Budget Response notes that the slight increase in EMS workers' wages does not achieve pay parity.⁸ The City is urged by workers and the concerned public to not only retain existing staff, but to incentivize the hiring of additional personnel to address New Yorkers' health needs regarding EV fires and overall public safety. As the Executive Budget did not allocate funding for EMS Pay Parity, the FDNY must draft a budget that facilitates pay parity and present it at City Council Oversight Hearings⁹. Mayor Adams stated during his campaign that he would address this pay parity issue, yet it remains unresolved.¹⁰ At this juncture, the City Council can collaborate with the FDNY and an EMS pay parity budget to offer recommendations to our impending Mayor, thereby genuinely investing in fire safety, beginning with an agreement on pay raises for this vital work.

Thank You

⁷ [State of the New York City Grid](#)

⁸ [Note on the Fiscal 2025 Executive Plan and the Fiscal 2025 Executive Capital Commitment Plan for the Fire Department of New York](#)

⁹ [Fire Department of New York \(PDF\)](#)

¹⁰ [FDNY EMS Crews Still Waiting for Pay Parity Promised by Mayor](#)

October 22, 2025

Subject: Urgent Staffing and Schedule Management at 911 Center

Issue at a glance

- 911 Communications Center is severely understaffed (1,043 frontline operators; 1,474 total staff) amid high call volumes, causing delays and operator stress.
- Scheduling flaws (e.g., 09:45–19:30 followed by 20:15–06:00) create handover gaps, fatigue, and automatic mandatory overtime.
- One Police Communications Technician is being scheduled across three tours instead of one.
- Labor Relations has declined two union schedule proposals and has not realigned tours/squads, despite saying the proposed schedule could reduce OT—yet the gap would still force OT.

What's needed

1. Staffing & Hiring Plan
 - Hire enough operators to match demand and cut hold/handling times.
 - Phased plan adding 2–3× the current understaffing, with funding, milestones, recruitment incentives, training capacity, and retention strategies.
2. Schedule Redesign
 - Create a sustainable 24/7 schedule that eliminates relief gaps and reduces OT.
 - Run pilot schedules with clear metrics (response/hold times, abandonment, accuracy) and an evaluation period under city oversight.
3. Governance & Accountability
 - Establish a cross-functional committee (911 leadership, Labor Relations, HR, Finance, frontline operators).
 - Provide quarterly public updates on staffing, OT costs, call volume, and service levels.
 - Ensure compliance with laws, union agreements, and city policy.

Why it matters

- Faster, accurate dispatch saves lives; delays increase community risk.
- Protecting staff reduces burnout, errors, and turnover, improving service.
- Transparent, accountable leadership restores trust.

Request to City Hall

- Share a concrete plan and timeline for immediate staffing and scheduling fixes.
- Meet to discuss details and review supporting data.

Contact

Tabitha Sheppard — Police Communications Technician, President, Local 5911
Email: Tsheppard5911@yahoo.com Phone: 646-866-9515

Average 911 call volume in New York City

Time Period	Calculation	Average Number of Calls
Daily	$9,000,000 \div 365$	~24,658
Weekly	$24,658 \times 7$	~172,606
3 Months	$24,658 \times 91$	~2,243,878
6 Months	$24,658 \times 182.5$	~4,500,000
Yearly	N/A	9,000,000

Note on calculations:

- Daily: The number of calls per day was calculated by dividing the annual total of 9 million by 365 days.
- Weekly, 3 Months, and 6 Months: These figures were calculated by multiplying the average daily call volume by the number of days in the respective time periods.
- Annual: This figure is based on the 2022 annual report from the NYC Office of Technology and Innovation.

GREATER NEW YORK HOSPITAL ASSOCIATION

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October
Twenty-Two
2025

Council Member Joann Ariola
Chair, Committee on Fire and Emergency Management
New York City Council
250 Broadway, Suite 1555
New York, NY 10007

Council Member Carmen De La Rosa
Chair, Committee on Civil Service and Labor
New York City Council
250 Broadway, Suite 1880
New York, NY 10007

Council Member Yusef Salaam
Chair, Committee on Public Safety
New York City Council
250 Broadway, Suite 1776
New York, NY 10007

RE: Statement for Hearing on “Working Conditions in New York City’s Emergency Response System”

Council Members Ariola, De La Rosa, and Salaam:

Thank you for the opportunity to submit a statement on behalf of the Greater New York Hospital Association (GNYHA), which represents every public and voluntary hospital in New York City, as well as hospitals and health systems throughout New York State, New Jersey, Connecticut, and Rhode Island. The hospitals and health systems that GNYHA proudly serve provide 24/7/365 care for all their patients.

Hospitals across New York City have a long history of operating ambulances in partnership with the Fire Department of the City of New York (FDNY). The City’s 911 Emergency Response System (EMS) relies on ambulances from voluntary hospitals that comprise approximately a third of City ambulance resources. Voluntary hospitals that participate in the system provide their own emergency medical technicians, paramedics, vehicles, and other equipment—either through their



GNYHA is a dynamic, constantly evolving center for health care advocacy and expertise, but our core mission—helping hospitals deliver the finest patient care in the most cost-effective way—never changes.

own employees or third-party vendors—at no cost to the City. Their participation is governed by agreements made between the voluntary hospitals and FDNY and they operate in accordance with FDNY policies and guidelines and State and regional transport rules.

FDNY assigns ambulance locations based on dynamic operational needs. Earlier this year the FDNY modified its EMS transportation policy by requiring ambulances to transport to the closest hospital—eliminating patient choice and disrupting continuity of care for some patients. Hospitals raised their concerns with FDNY leadership, and the two sides met regularly to monitor the impact of the transportation policy change. The FDNY has since further modified its policy to allow ambulances to consider patient choice of up to three emergency department destinations within 15 minutes of the patient’s location. This change facilitates patient choice and continuity of care for certain calls. GNYHA members have requested that the FDNY update its operations guide and medical affairs director to reflect its updated policy.

Over the years, GNYHA member hospitals that participate in the EMS system have often added ambulance units and tours during high call volume, weather events, or other emergencies. GNYHA member hospitals provide the FDNY with patient billing information on a monthly basis to help them collect reimbursement for providing EMS services. This reimbursement is critical for hiring and retaining workers, investing in ambulances and equipment, and contingency planning. All these efforts are part of voluntary hospitals’ commitment to ensuring stability, predictability, and safety in the EMS system.

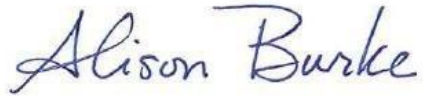
Unfortunately, hospitals across New York City and State now face the largest and most destructive health care cuts in American history. These cuts, enacted in the One Big Beautiful Bill Act (OBBBA), will strip health insurance from up to 1.5 million New Yorkers, place 34,000 hospital jobs at risk, and wreak havoc on New York hospitals. A recent analysis by GNYHA and the Healthcare Association of New York State shows that New York hospitals can expect a direct revenue hit of \$5 billion from lower reimbursements and increased uncompensated care costs, and a \$3 billion cut to Medicaid reimbursements due to reduced Federal funding for New York’s Medicaid program. About half of this estimated impact will hit hospitals in New York City.¹ Given this dire new fiscal reality, hospitals must find savings wherever possible to keep their doors open, including the possibility of reallocating EMS staff and equipment.

We appreciate the City Council’s interest in this matter and look forward to working together to protect the EMS system and the workers who make it run as hospitals brace for the OBBBA’s catastrophic impacts.

¹ Assumes that hospitals take a proportionate share hit from the estimated reduction in Federal funding for New York State.

Please contact me (aburke@gnyha.org) or David Labdon (dlabdon@gnyha.org) with any questions or concerns.

Sincerely,

A handwritten signature in blue ink that reads "Alison Burke". The script is cursive and fluid.

Alison Burke
Vice President, Regulatory and Professional Affairs

Brennan Srisirikul

Boston, MA



October 25, 2025

To the Members of the New York City Council Committee on Mental Health, Disabilities, and Addiction:

My name is Brennan Srisirikul, and I am a disabled producer, accessibility advocate, and founder of Disabled Down Center, a nonprofit program dedicated to uplifting disabled people in entertainment, through performance as well as training and development initiatives. Though I live in Boston, much of my stage, screen, and live events work takes place in New York City, where I collaborate with disabled artists and allies, venues, and organizations in my commitment to inclusive storytelling in every way.

As a disabled producer, I know firsthand both the cost of accommodations for disabled people and the bridge that even the smallest accommodations can build. Media teaches the public how to behave, and disabled people are a crucial part of public life. Intro 1307 ensures that cost is never a barrier to inclusion, funding accommodations. The bill also supports Production Access Coordinators so productions can hire the most qualified artists and crew in every arena of our industry: onstage, onscreen, and behind the scenes, without financial worries or pressure.


Accessibility benefits everyone. When disabled professionals are included among our diverse peer group, we enrich storytelling, strengthen collaboration, and grow the creative economy. I urge the Council to pass this bill and help make New York City a model for inclusive and authentic representation in the arts, nationally and globally.

Respectfully,

Brennan Srisirikul

Founder & Lead Producer, Disabled Down Center

From: [Tonya Moore](#)
To: [Testimony](#)
Subject: [EXTERNAL] Exhausted
Date: Friday, October 24, 2025 8:25:21 PM



My name is LaTonya Henderson who works at as a Police Communications Technician and we are over worked. There are weeks on end that we are getting mandatory overtime consecutive days. The problem is that we do not have enough employees. The numbers on paper does not match what's happening on the operational floor. We are short 911 operators, Transit dispatcher's, Division dispatcher's and Citywide dispatcher's. This has been long enough already. It's to the point that people are going to the hospital in ambulances. These 16 hour shifts are ridiculous. Personally I'm tired of the higher ups speaking for us when they get to go home. I understand that 911 is the lifeline of New York City and we have to do overtime but not like this. We are not robots we are people. It's 41 different tours and squads but not enough people in those squads to cover the operational floor.

WE NEED HELP PLEASE
LaTonya Henderson

From: [Shawn Jackson](#)
To: [Testimony](#)
Subject: [EXTERNAL] 911 Communications Testimony
Date: Friday, October 24, 2025 11:45:48 AM
Attachments: [IMG_8881.png](#)

Dear Members of the City Council,

My name is Shawn Eric Jackson, and I have been a Police Communication Technician for 12 years as of October 16, 2025. I recently watched the council meeting and would like the opportunity to testify and speak about the working conditions and challenges faced by 911 Communication Technicians.

Since at least January of this year and quite possibly earlier, I have personally witnessed the 911 Communications Section being ordered for mandatory overtime multiple days each week, often resulting in 16-hour shifts. As Mr. Denoon mentioned, our tours vary: some of us work 5 days, others 3 or 4, but across the board, we are constantly and consistently being held for extended overtime, some more than others.

For example, my assigned tour is 9:45 a.m. to 7:30 p.m. (1930) on Wednesdays through Saturdays, with Sundays through Tuesdays as my regular days off. Yet, I am routinely held for extended overtime on Wednesdays, Thursdays, and Saturdays, keeping me at work for up to 16 hours at the “needs of the command.” Additionally, if they’re short on Fridays, I’m held on that day too. When the department claims they are unaware of this excessive overtime and that we are not working 16-hour

shifts, that is simply untrue. We are working our full tours plus mandatory overtime that often totals 16 hours or up to it depending on if they decide to let us go early which is why the written notification no longer reflects a time frame for us to be held it says “extended tour.”

This past summer, the situation became unbearable. My coworkers and I were frequently working 16-hour shifts three to four days per week and still being required to report for mandatory overtime on one of our off days, under the threat of being written up if we refused. Additionally, we were also penalized if we were late and it's our day off.

Many of us, myself included, have underlying medical conditions. I suffer from sickle cell anemia, which makes performing this excessive overtime extremely difficult and unsafe. Yet, there is no consideration or accommodation for our health conditions, even though we play a vital role in the city's emergency response system, keeping both the public and our officers safe. Not to mention we have to keep ourselves safe to do the job.

Adding to this, many of us have been banned from using Teladoc, the telehealth service, because the contracted physicians claim we use it too frequently. However, after COVID, primary care appointments are often booked months in advance, and it is unreasonable to expect workers to see their doctors' multiple times per week. Urgent care visits cost around \$50 per visit, and hospital visits can reach \$150 per visit, amounting to hundreds or even thousands of dollars per month, expenses we simply cannot afford.

The department is well aware that working 16-hour shifts for several consecutive days leads to severe sleep deprivation, chronic fatigue, and hypervigilance. Despite this, we are still

expected to come in early, stay late, and report on time, no matter how long we were held the previous day or even the same day due to the fact that we have to report back to work within a few hours of leaving. Prime example, my tour is from 945 am to 7:30 pm. If I'm held for overtime it could be until 145 am and I'm not getting home until 4 am with the department expecting me to be back at work by 9:45 am.

The sad and alarming part about all of this is that the department expects us to keep the city safe, especially our officers, while showing little to no care for our own safety and well-being. Everyone on the panels, boards, and within the department has a loved one who need emergency assistance because we all have a family member that do and they want their family members to receive the best possible help. But how can we provide that level of service if we ourselves are exhausted, overworked, and not operating at 100 percent?

Another major concern is the pay disparity. Police Officers can make up to \$120,000 after five years, while the top pay for a Police Communication Technician is approximately \$59,000, a difference of about \$60,000. The common justification is that officers are outside and put their lives on the line. However, as 911 call-takers, we are mentally and emotionally impacted by every single call. Each call is different, and every person who calls 911 needs a different type of help. While we may not be physically outside, we are mentally and emotionally impacted as well as physically at desks looking at multiple screens 16 hours a day multiple days a week.

As someone who also serves as a dispatcher, our responsibilities have increased drastically. It is often one dispatcher covering two to five precincts, each with multiple officers and countless public interactions. We are responsible not only for the safety of those officers but also for the safety of the general public. Our duties

include verifying officer call-backs, sending critical reminders about safety protocols, and reading mandatory messages during shootings, fires, family disputes involving weapons for each job that requires the message to be read. We constantly have to remind officers how to thoroughly do their jobs and when they fail to do so, it falls back on us.

Additional stress placed upon us is the strict timing requirements we must meet. Dispatchers are required to read out priority jobs within one minute and regular jobs within two minutes, no matter how many precincts or incidents we are handling. Meanwhile, officers are often allowed to “kick back” multiple jobs at the end of their tours, meaning members of the public do not receive timely help, and we, the dispatchers, are held responsible for trying to get those calls answered. This imbalance creates a hardship for us but again that is overlooked while we are being micromanaged to assign and reassign the jobs to get the public help. Not to mention our personals were reduced from 15 minutes to 10 minutes.

On top of this, officers and their superiors often make our jobs more difficult. Many are reluctant to respond promptly to the jobs assigned to them and insist that call-backs be double-checked before they even arrive at the scene. As call-takers, we are required to obtain specific information such as the apartment number for every call, yet officers frequently demand that the caller come outside to meet them at the RMP instead of entering the building or apartment to assess the situation. Despite this officers are highly paid and recognized widely while call takers and dispatchers are doing just as much if not more when, again, it's 1 person to two to five precincts. The exception is there's a few area that has a back up person which includes transit dispatchers.

Additionally, when jobs are holding and we read them out while

notifying the patrol supervisor, we often hear responses such as, “Assign it to the next available unit,” even when they themselves are the next available unit. These supervisors are also officers who are capable of responding, yet they choose to leave the jobs pending. This delays assistance to the public while we, as dispatchers, are left to figure out who can respond, often under pressure from our own supervisors who continue to ride and harass us to constantly notify the patrol supervisors that they’re holding the job and figure out who to assign it to.

The inequality doesn’t end there. Officers are provided with Metrocards to help with their commute to work, while we are not. Officers receive unlimited sick time, while we are given only 12 sick days per year, essentially allowing us to go sick just once a month. Yet, despite these limitations, we are constantly subjected to mandatory overtime, and when our bodies finally shut down, we are still expected to report to work or risk being penalized. Going over your allotted sick days can result in receiving an “overall below” on your yearly evaluation and be subjected to being told you’re excessively sick as I was.

Additionally, these concerns have been brought to the higher-ups repeatedly, but as you can see during the meeting you held, no one seems to know anything, they don’t have the numbers, they say they’ll get back to you, they fabricate the information they provide to make it look like they’re doing what they can to help, or they simply don’t show up to meetings at all. If their family members had to endure the long hours, stress, and emotional strain that we face every day, I’m sure the response and urgency would be very different. I will say this, Inspector Martinez has been trying and is hands-on, and but he’s only one person with superiors of his own. There’s but so much he can do.

What’s so disheartening is that the same people who sit at the table during these meetings are the ones who get to decide the

fate of my peers and I, determining what we're entitled to, what we deserve, and what we should or shouldn't receive, while often fabricating information to make themselves look good. Many of us are left to fend for ourselves, with no real support system to rely on. For example, I lost both of my parents in 2018, my best friend who worked for the department in 2019, my brother and uncle in 2020, my niece in 2021, and my grandfather in 2022. Yet, these same individuals who decide my future would look at me and say I'm "fine," that I don't deserve more money, adequate help, or proper accommodations, and would even deem me unfit for duty if I failed to perform at 110 percent. Many of my peers and coworkers are in the same predicament, facing similar hardships and underlying health conditions. And for those who don't have medical conditions, they are developing them from the relentless fatigue, stress, and exhaustion we all endure. However, we, the lifeline of the city, don't deserve to be paid more and atleast \$100,000.

Many of my peers are afraid to speak up because, with speaking up, often comes retaliation. As someone who has already experienced it and suffers from anxiety and depression at the hands of the department, I understand why they remain silent. I lost both of my parents within two months, and I also live with sickle cell anemia, yet when I was grieving and struggling to cope, I was told there was "no evidence" that my father had died and that my four bereavement days were considered an "accommodation." Instead of receiving compassion, I was told that I needed to "learn how to handle stress better." That moment was devastating, and it revealed how little understanding or empathy there is for the people who hold this city together. It is extremely uncomfortable having to walk on eggshells, knowing you're being watched and judged under a fine-tooth comb, yet still being expected to perform flawlessly under such unbearable conditions.

It has been seven years since I truly enjoyed what I do, and I used to love it. Now, it feels like being trapped in an abusive relationship, one that many of us are desperately trying to escape, whether that means quitting, resigning, transferring, or retiring early and taking a pay cuts from their pensions to preserve their peace of mind. We are forced to endure the abuse while remaining silent, because speaking up often comes with consequences. This is why the 911 Communication Section has become a revolving door, new hires come in, realize the emotional toll, the lack of support, the lack of pay, the highly demanding workload, and quickly find their way out.

911 Call-Takers and Dispatchers deserve to be recognized, respected, and properly compensated for the vital role we play in keeping the city safe. We are the first point of contact when someone is having the worst day of their lives, and our performance can mean the difference between life and death. We deserve to be treated and paid accordingly, not treated like we are beneath everyone, including the officers.

We are overworked, underpaid, understaffed, and underappreciated. The level of exhaustion and disregard for our well-being is alarming. We are asking the Council to please hear our voices, investigate these conditions, and take steps to protect the health, safety, and dignity of all 911 operators and communication technicians. I look forward to any further questions you may have and I'm willing to meet in person.

Thank you for your time, your attention, and your service to the City of New York.

Respectfully,

Shawn Eric Jackson

POLICE DEPARTMENT
CITY OF NEW YORK

July 2, 2025

From: Commanding Officer, Administrative Services
To: 0945D PCT Shawn Jackson
Subject: NOTIFICATION OF ORDERED OVERTIME

Your Union contract requires that the Department provide you with written notification (when possible), whenever you are required to perform overtime. In conformance with the City wide contract between the City of New York and DC37 Local AFSCME AFL-CIO you are hereby notified that you are to perform the ordered overtime on the date indicated, until dismissed by competent authority.

PPCT Melissa Brown

DATE & TIME: Wednesday** July 02, 2025**EXTENDED TOUR OVERTIME

SIGNATURE: _____ DATE: _____

IF YOU ARE SICK AND CANNOT PERFORM THIS OVERTIME, YOU
WILL BE REQUIRED TO SUBMIT A DOCTORS NOTE.

81/52 5202-02-2025 07-04-27 p.m.

Admin Service Room 320 718828357 155082801

POLICE DEPARTMENT
CITY OF NEW YORK

July 3, 2025

From: Commanding Officer, Administrative Services
To: 0945D PCT Shawn Jackson
Subject: NOTIFICATION OF ORDERED OVERTIME

Your Union contract requires that the Department provide you with written notification (when possible), whenever you are required to perform overtime. In conformance with the City wide contract between the City of New York and DC37 Local AFSCME AFL-CIO you are hereby notified that you are to perform the ordered overtime on the date indicated, until dismissed by competent authority.

PPCT Melissa Brown

DATE & TIME: Thursday** July 03, 2025**EXTENDED TOUR OVERTIME

SIGNATURE: _____ DATE: 7/3/25

IF YOU ARE SICK AND CANNOT PERFORM THIS OVERTIME, YOU
WILL BE REQUIRED TO SUBMIT A DOCTORS NOTE.

718828357 15/58 5202-02-07 07-39-16 p.m.

Admin Service Room 320 155082801 07-04-2025

POLICE DEPARTMENT
CITY OF NEW YORK

July 3, 2025

FROM: Commanding Officer, Administrative Services
TO: 0945D PCT Jackson, Shawn E. (C/R)
SUBJECT: NOTIFICATION OF ORDERED OVERTIME

Your Union contract requires that the Department provide you with a written notification (when possible), whenever you are required to perform overtime. In conformance with the City wide contract between the City of New York and DC37, Local 1549, AFSCME AFL-CIO you are hereby notified that you are to perform the ordered overtime on the date indicated, until dismissed by competent authority.

PPCT M. Brown

Commanding Officer

DATE/TIME: Sunday, July 6, 2025***1200X2000***RDO OVERTIME **

____ 11 MTC or ____ PSAC II

SIGNATURE: _____ DATE: _____

***ATTENTION SPCTS PLEASE PRINT, SIGN AND DATE ***

PRINT: _____ SIGNATURE: _____ DATE: _____

***IF YOU ARE SICK AND CANNOT PERFORM THIS
OVERTIME, YOU WILL BE REQUIRED TO SUBMIT A DOCTORS NOTE***

26/57 06-34-00 p.m. 07-03-2025

Admin Service Room 320 718828357 155082801

POLICE DEPARTMENT
CITY OF NEW YORK

July 4, 2025

From: Commanding Officer, Administrative Services
To: 0945D PCT Shawn Jackson
Subject: NOTIFICATION OF ORDERED OVERTIME

Your Union contract requires that the Department provide you with written notification (when possible), whenever you are required to perform overtime. In conformance with the City wide contract between the City of New York and DC37 Local AFSCME AFL-CIO you are hereby notified that you are to perform the ordered overtime on the date indicated, until dismissed by competent authority.

PPCT Melissa Brown

DATE & TIME: Saturday** July 05, 2025**EXTENDED TOUR OVERTIME

SIGNATURE: _____ DATE: _____

IF YOU ARE SICK AND CANNOT PERFORM THIS OVERTIME, YOU
WILL BE REQUIRED TO SUBMIT A DOCTORS NOTE.

718828357 Admin Service Room 320

07-53-35 p.m. 07-04-2025 18/40

You are unable to access
teladoc.com



Why have I been blocked?

This website is using a security service to protect itself from online attacks. The action you just performed triggered the security solution. There are several actions that could trigger this block including submitting a certain word or phrase, a SQL command or malformed data.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: OREN BARTILAY

Address: [REDACTED] WHITESTONE NY

I represent: FDNY EMS LOCAL 2507

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. N/A Res. No. _____

☐ in favor ☐ in opposition

Date: 10/22/25

(PLEASE PRINT)

Name: Assistant Chief Richard

Address: NYPD NAPOLITANO

I represent: NYPD

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Chief Denise Werner, Chief of

Address: Emergency Medical Dispatch

I represent: FDNY

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Chief Paul Miano, Acting Chief of EMS

Address: _____

I represent: FDNY

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. N/A Res. No. _____

☐ in favor ☐ in opposition

Date: 10/22/25

(PLEASE PRINT)

Name: Inspector Bienvenido

Address: NYPD Martinez

I represent: NYPD

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10/23/2025

(PLEASE PRINT)

Name: Tabitha Sheppard

Address: 125 Barclay Street NY NY 10007

I represent: President, Local 59th, DC 37

Address: (911 operators)

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10/23/2005

(PLEASE PRINT)

Name: Kadeem Denoon

Address: 125 Barclay Street NY NY 10007

I represent: Vice President Local 5911, DC 37

Address: 911 operators

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 10/23/05

(PLEASE PRINT)

Name: Christopher Taha SA

Address: Self

I represent: _____

Address: _____

Please complete this card and return to the Sergeant-at-Arms