

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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June 11, 2020
Start: 10:05 AM
Recess: 11:22 AM

HELD AT: REMOTE HEARING (VIRTUAL ROOM 1)

B E F O R E: JOSEPH C. BORELLI
CHAIRPERSON

COUNCIL MEMBERS: Justin L. Brannan
Fernando Cabrera
Chaim M. Deutsch
Alan N. Maisel

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

Laura Kavanagh, First Deputy Commissioner
New York City Fire Department

John Sudnik, Chief of Department
New York City Fire Department

Lillian Bonsignore, Chief of EMS
New York City Fire Department

Ben Krakauer, Executive Advisor to the
Commissioner of Emergency Management

Andrew D'Amora, First Deputy Commissioner
New York City Emergency Management

Joseph Jardin, Chief NYC Fire Department

2 MALE SPEAKER: Recording started.
3 (inaudible) You may begin your opening statement.

4 SERGEANT-AT-ARMS: Good morning and
5 welcome to the remote hearing on the Committee of
6 Fire and Emergency Management. At this time will all
7 panelists please turn on their videos. Please place
8 electronic devices on vibrate or silent mode. If you
9 wish to submit a testimony, you may do so at
10 testimony@Council.NYC.gov. That's
11 testimony@Council.NYC.gov. Thank you for your
12 cooperation, and we will be ready to begin shortly.
13 (pause) Chair, we are ready to begin.

14 CHAIRPERSON BORELLI: Good morning
15 everyone. Thank you for joining our virtual hearing
16 today on the city's Emergency Management Plan for a
17 potential second wave or COVID-19 infections. I'd
18 like to point out that we've been joined by my
19 colleagues. So far, I see Council Member Cabrera and
20 Council Member Deutsch. I'd like to begin by reading
21 an opening statement. By the way, please forgive me.
22 I was in my basement, but I had to come outside
23 because of screaming, screaming loud children. Good
24 morning. I am Councilman Joe Borelli. I have to
25 gavel in right there. (gavel) That officially starts

1 the meeting. Good morning. I am Council Member Joseph
2 Borelli. I'm Chair of the Committee on Fire and
3 Emergency Management. I'm joined by, as I mentioned,
4 Council Member Deutsch and Cabrera at this moment.
5

6 I'd like to begin by having a moment of (pause).

7 Well, thank you. So, today we're here to discuss the
8 important and chilling topic of the city's

9 preparedness for a second wave of COVID-19 impacting
10 our population. As we know, we're already seeing

11 news stories emerge about this wave hitting and

12 spiking in other parts of the country. Although the

13 COVID-19 outbreak in New York City has slowed, we

14 should be thankful and business reopening has begun.

15 Experts have warned a second wave of COVID infections

16 is likely to occur during the fall and winter months.

17 To be better prepared for the next disease outbreak

18 whenever it may come the committee plans to review

19 and assess the city's Emergency Management Response

20 to COVID-19 in hopes of learning what measures can be

21 taken to protect our first responders and ensure the

22 highest quality of emergency medical services for all

23 New Yorkers. During the early stages of the

24 outbreak, the city experienced a massive increase in

25 emergency medical calls, and EMS workers valiantly

2 worked to meet an ever-increasing demand for care.

3 At the time there were widespread shortages of
4 essential medical, and forcing healthcare workers and
5 first responders to ration vital n92 masks and other
6 personal protective equipment and hospitals to
7 scramble to secure medical equipment to combat the
8 disease such as ventilators. The committee would like
9 to hear from the Administration and New York City
10 Emergency Management on how the city will be better
11 prepared to move forward. Additionally, the
12 Committee will also hear two pieces of legislation
13 both of which I have introduced. First, Intro No.
14 824, which would require the Fire Department to
15 implement a comprehensive plan for increasing the
16 recruitment and hiring of individuals prior to
17 military service. Additionally, the Department would
18 be required to report on the relevant recruitment
19 efforts and the rates of hiring of individuals with
20 prior military experience. Second, the Introduction—
21 the second introduction would require the Fire
22 Department to issue reports on the department's Fire
23 Alarm Inspection Unit. The bill specifically requires
24 two years of reporting on the staffing of the
25 Inspection Unit, the number of inspections occurring

2 during that prior physical year, and the time elapsed
3 for the processing and conduction of fire alarm
4 inspections. The committee looks forward to hearing
5 from both the Administration and public on this
6 important oversight. I have to introduce you in case
7 you're listening to my child scream, this is my son.
8 He is in the window screaming really loud if you hear
9 him. So, I apologize for that, and that's why I am
10 outside in a bit—a little less formal than I would
11 otherwise be. So, I will now turn it over to
12 moderator, Committee Counsel Josh Kingsley to go over
13 some procedural items.

14 JOSH KINGSLEY: Thank you, Chair Borelli.
15 I am Josh Kingsley, Counsel to the Fire and Emergency
16 Management Committee of the New York City Council.
17 Before we begin testimony, I want to remind everyone
18 that you will be on mute until you are called on to
19 testify. Afterwards, you will be unmuted by the
20 host. I will be calling on panelists to testify.
21 Please listen for your name to be called. The first
22 panelist to give testimony will be representatives
23 from the New York City Fire Department and New York
24 City Emergency Management. For FDNY testimony will be
25 provided by First Deputy Commissioner Laura Kavanagh,

2 Chief of Department John Sudnik, and Chief of EMS

3 Lillian Bonsignore, and for NYSOM, testimony will be

4 provided by First Deputy Commissioner Andy Del Moro.

5 Additionally, the following representatives will be

6 available for answering questions: The Fire

7 Department Chief Joseph Jardin, and Deputy Director

8 Lakisa Noonan and from NYCEM Ben Krakauer Executive

9 Advisor to the Commissioner. I will call on you to

10 speak when it is your turn. (bell) During the hearing

11 if Council Members would like to ask a question of

12 the Administration or specific panelists, please use

13 the Zoom Raise Hand function, and I will call on you

14 in order. All hearing participants should submit

15 with their testimony to testimony@council.nyc.gov. We

16 will now call on representative of the Administration

17 to testify. Before we begin, I will administer the

18 oath. First Deputy Commissioner Kavanagh, Chief

19 Sudnik, Chief Bonsignore, Chief Jardin, First Deputy

20 Commissioner D'Amora, Deputy Director Noonan and Mr.

21 Krakauer. I will call on each of you individually for

22 response. Please raise your right hands. Do you

23 affirm to tell the truth, the whole truth and nothing

24 but the truth in your testimony before this committee

25

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2 and to answer honestly to Council Member questions?

3 First Deputy Commissioner Kavanagh.

4 FIRST DEPUTY COMMISSIONER KAVANAGH: Yes,
5 I do.

6 JOSH KINGSLEY: Chief Sudnik

7 CHIEF SUDNIK: I DO.

8 JOSH KINGSLEY: Chief Bonsignore.

9 CHIEF BONSIGNORE: I do.

10 CHIEF JARDIN: I Do. (pause)

11 JOSH KINGSLEY: Deputy Director Noonan.

12 (pause.

13 JOSH KINGSLEY: Deputy Director Noonan,

14 do we hear you or...?

15 DEPUTY DIRECTOR NOONAN: Can you hear me
16 now?

17 JOSH KINGSLEY: We can. Thank you.

18 DEPUTY DIRECTOR NOONAN: I do.

19 JOSH KINGSLEY: Okay, thank you so much
20 and finally, Mr. Krakauer. (pause) Mr. Krakauer, are
21 you unmuted now?

22 BEN KRAKAUER: I do.

23 JOSH KINGSLEY: Thank you so much.

24 BEN KRAKAUER: I just put it on.

25

2 JOSH KINGSLEY: Thank you so much.

3 Folks, you could proceed as I believe the Fire
4 Department is going to go first so go ahead. (pause)

5 Can you guys hear me? Josh? Yes, good?

6 Alright. Good morning Chair Borelli and all of the
7 Council Members present. My name is Laura Kavanagh.
8 I am the First Deputy Commissioner of the New York
9 City Fire Department. In addition to our colleagues
10 from New York City Emergency Management, I am joined
11 today by Chief of Department John Sudnik, Chief of
12 Emergency Medical Services Lillian Bonsignore, Chief
13 Joseph Jardin the Chief of Fire Prevention and Efesa
14 (sp?) Hernandez, Assistant Commission or Recruitment
15 and (inaudible) Thank you for the opportunity to
16 speak with you today about the Fire Department's
17 response to the COVID-19 Pandemic and our agency's
18 preparedness for a potential second wave of the
19 virus. I'd like begin by acknowledging the
20 extraordinary time we are in as a city and as a
21 department. We are in the midst of global pandemic
22 and which our members responded to historic levels of
23 calls under unprecedented and unknow circumstances.
24 We are in the third week of demonstrations against
25 racial injustice after the murders of George Floyd,

1 Breonna Taylor, and Ahmaud Arbery. As they respond to
2 COVID-19 at work, our members are also grappling with
3 COVID-19 at home as they experience sickness and loss
4 in friends, family, co-worker and even themselves. As
5 they respond to the demonstrations, they are also
6 confronting issues of racial injustice themselves.
7 As always, our members have risen to the occasion and
8 responded to both of these once intergeneration
9 events ensuring fire and medical calls are answered,
10 and the public was cared for no matter the
11 circumstances. The COVID-19 Pandemic presents a
12 massive challenge for emergency medical services
13 across the country and the world. At FDNY this meant
14 rising to meet a rapidly expanding workload with
15 record heights of 6,500 medical emergencies a day.
16 Cardiac arrest calls and death tolls that have never
17 been higher and confronting the virus that even as we
18 are providing medical care to patients it's taking a
19 toll on our members. We were able to succeed under
20 these difficult circumstances because we too early
21 action to shore up our resources and make
22 preparations for before the virus hit. We remain
23 flexible and active to an operational environment
24 that shifted daily and sometimes hourly and most
25

1 importantly, because we were able to draw upon the
2 strength and professionalism of our members. We were
3 also aided by courageous partners in New York and
4 across the country. Through the extraordinary efforts
5 of our EMTs, Paramedics, firefighters, officers and
6 civilian support staff, the Department was able to
7 thrive giving the city our best when it needed us
8 most. COVID-19 has taken lives across the world, and
9 at the Fire Department we felt pain from our own
10 family. We mourn the loss of eleven members of the
11 Department: Auto Mechanic, James Galacco; Deputy
12 Chief Inspector Sayed Maran; Fiscal Services
13 Supervisor Kelly Childs; Supervising Fire Protection
14 Inspection Edward Mungan; EMT Gregory Podge; EMT Ron
15 Redd; EMT Edris Bay; Supervisor of Mechanics Thomas
16 Ward; EMT Richard Seeberry; Supervising Fire
17 Inspector Mark Reynolds, you know, and other members,
18 another Member of the Bureau of Fire Prevention whose
19 family asked for anonymity. I also wish to recognize
20 that the Paramedic Paul Perry of Denver, Colorado who
21 traveled to New York as part of the Federal Emergency
22 Management Agency's National Ambulance Contract. One
23 of the reasons that the Fire Department has been
24 successful in combatting the COVID-19 Pandemic up to
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1 this point is that we took early and decisive action
2 to prepare for COVID related cases. In January, the
3 Office of Medical Affairs researched the virus and
4 drew upon the Department's experience responding to
5 the Ebola and H1N1 outbreaks to help streamline
6 necessary adjustments. It consulted with the Centers
7 for Disease Control and the New York City Department
8 of Health and the State Department of Health, and we
9 took steps to ensure that our equipment was
10 appropriate to meet requirement of the COVID
11 outbreak. We confirmed that the rate of air exchange
12 of our ambulances met CBC Standards and was
13 sufficiently safe for our members and patients during
14 and after a potential COVID patient was present in
15 the vehicle. We were advised of decontamination
16 protocols, and increased the rate of cleaning and
17 disinfecting at EMS and for-hire facilities. The
18 Department also made changes to the way that we
19 dispatch medical calls implementing a fever cost
20 (sic) call pipe with 911 dispatchers asking callers
21 questions about symptoms and at that point about
22 recent travel. This change, which we made on January
23 30th enabled the Department to analyze data about the
24 virus as it began impacting New York helping us to
25

1 track the scope of the spread and better inform our
2 partners in city government. It also helped us to
3 advise our members during each response so that they
4 would know when to don appropriate personal
5 protective equipment before arriving at each patient.
6 One of the key areas of focus as we prepared for
7 COVID-19 to reach New York was securing enough PBE to
8 enable our members to do their jobs safely. This
9 involved reviewing available stockpiles and
10 developing new sources to drastically increase our
11 inventory. The Office of Medical Affairs closely
12 tracks DDC and DOHMH and New York State DOH guidance
13 of on PPE usage and created training and instruction
14 for members. On March 4th we activated two incident
15 management themes. One was detailed for Emergency
16 Management and the other was assigned to help manage
17 the FDNY's clear response including our PPE-PBE
18 inventory. The IMT was very successful at securing
19 supplies of our 95 masks, eye protection, gowns and
20 gloves even—even as agencies across the world vied
21 for the same materials. We developed and began
22 distributing a daily internal update regarding COVID
23 data, changes in protocols and precise tracking of
24 PBE inventory at usage. During this time, we executed
25

1 several moves to increase the number of resources
2 available to respond to the outbreak. Working with
3 our partners at Emergency Management and FEMA we
4 requested and received approval to use hundreds of
5 ambulances staffed by EMTs and Paramedics for around
6 the county under the National Ambulance Contract.
7 Through our agreements with private hospitals who
8 participated in the 911 system we requested that they
9 increase their share of ambulance to ours and we
10 brought in voluntary ambulances from across the city
11 to respond 911 calls as well. By Expediting training
12 at our EMS and Fire Academies we increased our
13 available fire and medical personnel as well
14 graduating hundreds of probationary EMTs, Parmedics
15 and firefighters during the worst of the pandemic and
16 we accelerated training courses to get other members
17 and instructors back into the field. By adding so
18 many resources into the 911 system, we were able to
19 continue effectively covering medical calls even as
20 they soared to record breaking levels. Early on in
21 the COVID outbreak we made changes to the way our
22 members staffed their shifts to reduce exposure and
23 mitigate the spread of the virus within our own ranks
24 by decreasing the number or partners and an EMT or
25

2 Paramedic work with each week, and limiting the pool
3 from the—that the firehouse to draw on for overtime.
4 We closely monitored the growing medical leave break
5 and worked 24/7 to make operational changes needed to
6 continue our response. Each change we made required
7 coordination between EMS and our operations, our
8 medical staff, and each administrative bureau.
9 Examples of this include instituting a mobile
10 coordinated staffing system, which allowed us to
11 include the NAC (sic) units from across the country
12 and the New York City 911 factoring matrix. We also
13 instituted a Telemedicine program as part of the 911
14 system, which put callers reporting lower acuity
15 medical issues in touch with a medical professional
16 by phone in order to reduce the number of ambulance
17 responses and transports. This benefitted our members
18 and patients we serve in the hospitals that were
19 overwhelmed at the time. Each change was a
20 significant undertaking, and those efforts while
21 lengthy, have given us a blueprint from which to make
22 immediate changes if a second COVID waver were to
23 occur. The Department's IMT continue to go in PPE
24 sourcing and distribution throughout the surge. WE
25 work with a wide variety of sources including

2 Emergency Management, DOHMH, DCAS and the Mayor's

3 Office, and we developed a large number of our own

4 sources throughout the world. As we all learned

5 tragically many healthcare organizations around the

6 world struggled to obtain appropriate level PPE.

7 Thanks to the tenacious efforts of the members tasked

8 to obtain supplies, the Fire Department has always

9 been able to maintain enough PPE to meet or exceed

10 CPC Guidelines for all operations. As the pandemic

11 unfolded, we also worked to support our members when

12 they were off duty. We coordinated with the

13 Department of Education to help our members to enroll

14 their children in their Regional Enrichment Centers

15 across the city, provided meals and a safe place for

16 children to learn while their parents were busy

17 serving the community. We partnered with LIP and City

18 Bike to provide alternative forms of transportation

19 for members to commute. We launched a program with

20 the FDNY Foundation to provide free lodging for

21 members who wish to forego being home to avoid the

22 potential exposure of family members. As of last

23 week nearly 600 members have made use of it and

24 others have enrolled in similar lodging programs run

25 by the Administration. We work with Health and

2 Hospitals Corporation to provide free COVID testing
3 for all of our members and most recently we worked
4 with the CDC and Foster(sic) Diagnostics to make free
5 COVID antibody testing available to all FDNY
6 employees. It has now been more than a month since
7 the peak of our call volume. However, it is worth
8 cautioning New Yorkers today and periodically as we
9 move forward that New York City is still in the midst
10 of this pandemic. I'm happy to report that our
11 medical call volume has reduced from historic highs.
12 The last of the National Ambulance Contract Units
13 departed at the end of May. We have reduced the surge
14 tours that we are requesting from our private
15 hospital partners. We no longer have a need to
16 include the volunteer ambulance in the 911 system. We
17 continue building and refining our Tele-Medicine
18 System, which serve a crucial function over the last
19 few months. We continue to track data in real time
20 and we are prepared to immediately shift resources
21 again if the virus experiences a second waive in New
22 York City. As businesses and community activities
23 begin to reveal them, we will remain vigilant and
24 take swift action to meet any increase for emergency
25 medical services. We remain in close contact with

our partners at Emergency Management, 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 PPEs so that if a second COVID wave does occur, we have an ample supply of equipment ready to use. We all saw first hand the dis-ordinary 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 supply of PPEs, which will afford us the flexibility and independence that comes with not having to scramble and compete against other agencies. We also continue to support our members in every way possible. We have advocated for line of 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 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...media including department orders, digital resources, dispatch messaging and in-person

2 encounters. CSU is currently in the process of
3 reaching out to every probationary firefighter and
4 EMT who graduated during the pandemic. Note that for
5 those members the first experiences of their career
6 took place in some of the most harrowing environments
7 possible. (DISTORTED SOUND) Over the next week we'll
8 be conducting external after-action reviews of the
9 performance at the height of the pandemic. Senior
10 leadership will be evaluating the way that each unit
11 function paying particular attention to areas of
12 achievement that lagged and making necessary
13 improvements. These are challenging times for the
14 FDNY and the communities we serve. However, in the
15 155-year history of the Department we have faced down
16 countless obstacles and triumphed in the most
17 difficult of environments. I am proud of the courage
18 and perseverance that our members have shown through
19 the COVID crisis, and a Department we will continue
20 striving to provide the best possible service to the
21 people of New York City. I'll defer now to my
22 colleagues at New York City Emergency Management.
23 Thank you.

24 (pause/technical difficulties)

2 Okay, there. Okay. Now I think you can
3 hear us, right?

4 CHAIRPERSON BORELLI: UH-HM.

5 ANDREW D'AMORA: Thank you, First Deputy
6 Commissioner Kavanagh. Good morning Chairperson
7 Borelli and members of the Committee on Fire and
8 Emergency Management. I'm First Deputy Commissioner
9 Andrew D'Amora, and I'm happy to be here today on
10 behalf of New York City Emergency Management to
11 discuss the role that Emergency Management to discuss
12 the role that Emergency Management played and
13 continued to play in the COVID-19 response. I'm
14 joined by my colleague Ben Krakauer, Executive
15 Advisor to the Commission of Emergency Management.
16 Before I get into our response to COVID-19, I just
17 wanted to take a moment to acknowledge how
18 challenging the past few months have been to everyone
19 in New York City. We are all experiencing prime
20 events through our own lens, but public service in
21 the city is built on the strength of our diversity,
22 our respect for one another, and our ability to
23 listen and learn from each other. It's hard to
24 express how dedicated the Emergency Managements of
25 the city are, but please believe me our team will

1 stay the course no matter the weather. Let me shift
2 now to discuss the last few months at our agency.

3 From December 2019 cases of known COVID Virus were
4 confronted with Wuhan, China. Cases quickly. Cases
5 quickly spread across the globe. New York City began
6 to prepare for what would become a global health
7 crisis. Emergency Management started to prepare for
8 this inevitable COVID-19 in New York City in January.

9 We held our first inter-agency coordination call
10 followed by a series of table topics the size of this
11 arm to review and discuss the citywide response to
12 this developing pandemic. We held the panel that
13 started on January 24th and the second on March 2nd.

14 Both exercises focused on situational COVID-19 Update
15 by the New York City Department of Health and Mental
16 Hygiene, and the agency shared their preparedness for
17 COVID-19 and detailed their response plans and
18 protocols. Between the two exercises we continued to
19 convene interagency conference calls, meetings and
20 workshops at city agencies and federal partners.

21 Emergency Management discussed the medical supply
22 chain with the New York State Department of Health
23 and the U.S. Department of Health and Human Services.

24 Agency leadership reviewed guidelines and
25

1 recommendations for social distancing, frontline
2 worker protection, with distribution and need for
3 personal protective equipment and public messaging.
4

5 We continued to develop some areas to prepare for the
6 cascading due path of healthcare surge, fatality
7 management, major event cancellations, decreased
8 citywide workforce, food and supply shortage and
9 potential virus mutations. Although the first case
10 of COVID-19 in New York City was not confirmed until
11 March, Emergency Management activated the Emergency
12 Operation Center on February 1st to implement the
13 Federal Quarantine Directives, and build a structure
14 of Interagency Crisis Action Planning taskforces to
15 rapidly develop policies, procedures and
16 recommendations to implement as the situation
17 worsened. Tasks and responsibilities of HD staff are
18 about to meet the needs the needs of the emergency.
19 For example, the Operations Division expanded its
20 daily rows (sic) by stamping the COVID-19 information
21 desk and employing citywide incident coordinators to
22 conduct daily visits to food (sic) distribution
23 centers to confront normal operations and to evaluate
24 hospital surge sites. Senior agency leaders were
25 charged with implementing and managing massive

1 operations including food distribution, healthcare
2 surge management, isolation over time, continuity of
3 operations and fatality management. Many of these
4 operations continue to server New Yorkers today. One
5 of the first priorities was to operationalize and
6 expand the city's capability to treat a rapidly
7 expanding number or patients. This included
8 operations supporting medical staffing, medical
9 search space, and a procurement of critical medical
10 supplies. Emergency Management and other city
11 agencies coordinated to open large alternate care
12 sites in non-traditional settings. This included the
13 Jacob Javits Center in Manhattan, Village and the
14 facility in Queens and the Brooklyn Cruise Tunnel.
15 For COVID-19 a larger station supported a range of
16 operations including hospital surge, fatality
17 management, donations, food distribution and field-
18 testing sites. To date, the Logistics Center has
19 handled more than 2,000 requests, which comprised
20 more than 7,000 assets such as generators, tents and
21 specialized personnel. A significant portion of the
22 Emergency Management stockpile generally used during
23 coastal storms and including special medical needs
24 cots, emergency food and medical supplies were
25

1 deployed. Items not contained in our stockpile were
2 procured from the state and federal governments as
3 well as the private sector. We assisted in
4 distributing PPE for hospitals and nursing homes
5 received through the Department of Health's
6 warehouse. Additionally, we hosted weekly citywide
7 donations management call from informed city agencies
8 and non-profit organizations on COVID-19 donation
9 processes and issues. Emergency Management quickly
10 sourced and entered into emergency contracts with
11 healthcare staffing firms that have brought thousands
12 of doctors, nurses, and other medical professionals
13 to the bedsides of New Yorkers when they needed it
14 most. We set up a staffing cell that rapidly placed
15 volunteers into hospitals and worked airline partners
16 to fly them in. More than 2,500 staff have been
17 referred to 128 healthcare facilities to address
18 COVID-19 needs. Further, Emergency Management
19 coordinated the request and placement of medical
20 supplies from the United States armed forces for
21 provided care in all of our public hospitals. Mass
22 care operations during COVID-19 response have not
23 been limited to hospital sites. Our HC continues to
24 coordinate a Hotel Program to provide rooms to New
25

1
2 Yorkers from congregate settings for healthcare
3 workers. The Hotel Program also supported the
4 relocation of vulnerable individuals from congregate
5 settings like supportive housing programs. The city
6 set up several emergency food programs including
7 Department of Education Grab and Go Meals at over 400
8 citywide sites, senior meal deliveries and deliveries
9 to vulnerable populations. Emergency Management had
10 assisted with logistical operations for this such as
11 the ten location sites across the five boroughs and
12 working with the Get Food staff, TLC, National Guard
13 on logistical set-up. More than 28 million meals
14 have been served in an effort to ensure no New Yorker
15 goes hungry. In most disasters human service
16 operations like service centers allow individuals to
17 access critical services in person. Due to the
18 nature of COVID-19, however, our Service Center
19 partners decided a virtual service center would be
20 the safest option. The Virtual Service Center
21 became the Help Now website, a one-stop shop for
22 information on how New Yorkers can give assistance
23 and receive help during this time. The agency also
24 rolled out the COVID-19 Pet Hotline, a resource for
25 pet owners who need assistance if they have been

1 affected by the virus. Public messaging to New
2 Yorkers expand-expanded beyond social media and
3 websites during this emergency. The Notify NYC team
4 launched a short COVID messenger program to ensure
5 New Yorkers received critical updates about COVID 19.
6 More than 840,000 individuals have subscribed to
7 these messages in English, and more than 31,000
8 Hispanics. As of today, 177 English and 174 Spanish
9 messages have been sent to subscribers. Notify NYC
10 subscribers can receive COVID 19 messages in
11 traditional Chinese or simplified Chinese as well. In
12 addition, we sent two wireless emergency alerts to
13 all New York City cellphones in English and Spanish.
14 With a diverse population of more than 8.5 million
15 people, New York City's response to COVID-19 also
16 meant that the language access priorities of city
17 agencies would evolve. In addition to coordination-
18 coordinating American sign language interpreters to
19 each of the Mayor's press conferences, Emergency
20 Management is an active member of the Language Access
21 Taskforce, which led the efforts to make sure that
22 New Yorkers with limited English proficiency had
23 access to critical information such as materials
24 translated into 25 languages. Emergency Management

2 continues to lead a weekly call with hundreds of
3 community and faith-based leaders, which serves as
4 platform to give updates on city's operations,
5 provide actionable recommendations to participants on
6 how to prepare and support their respective
7 communities and incorporates experts from various
8 city agencies to share their COVID-19 specific
9 services with the stakeholders. Our public/private
10 team also started talking to the city's private
11 sectors earlier this year, and throughout the
12 emergency. That team remains engaged working on
13 supporting the food team, supply train monitoring and
14 industries across the city. Although we are still in
15 the midst of the emergency remaining activated, we
16 have started the process of looking at our response
17 over the last several months and analyzing lessons
18 learned as we prepare for the potential second wave,
19 summer heat and hurricane season. While this after-
20 action review is ongoing, we have already identified
21 successes and challenges. For the first time ever
22 much of the agency and our interagency partners need
23 to operate remotely for extended periods of time with
24 remote working challenges of data collection and
25 management. In March, we were still heavily relying

2 on traditional records including emails, static
3 attachments and phone calls. Seemingly over night
4 our small data and technology teams identified,
5 configured and implemented more advanced virtual
6 work, data management and visualization technologies
7 that have advanced how we do business. The COVID-19
8 response has highlighted the need for the city to
9 prioritize sophisticated and integrate data sharing
10 technology. Adapting the city's commodity
11 distribution point plan leads to social distance,
12 sustains delivery model delivering over 28 million
13 meals and counting the people who are both COVID 19
14 vulnerable and food insecure in the last two months
15 was a true success. Yes, it has not come without
16 challenges and we continue to develop and improve
17 food distribution site operations to maximize the
18 city's ability to feed hungry New Yorkers during this
19 crisis while minimizing localize community impacts.
20 Operationalizing the citywide staffing self to search
21 healthcare worker staff and coordinate with state,
22 federal and private partners to operate medical
23 search bases for COVID-19 patients was a tremendous
24 effort. Going forward we identified facilities to
25 potentially use as alternate care sites in all

2 boroughs working with our federal partners on
3 mobilization plans and developing revised approaches
4 to serve staff. Finally, we continue to continue to
5 refine our process and our processes and procedures
6 to support virtual instead of in-person coordination.
7 Ultimately, Emergency Management and our workforce
8 will be better able to serve New Yorkers to release
9 technological advancements. As the city enters month
10 five of this aggravation, (sic) Emergency
11 Management's priorities remain the same, flattening
12 the curve and raising the bar. We continue to work on
13 a large hotel and program for healthcare who are
14 unable to safely isolate at home, supplying food for
15 vulnerable populations, supporting ongoing fatality
16 management operations and keeping the public
17 informed. Early on in our response we created a
18 Cascading Impacts Planning Team. The Purpose of the
19 team is to adapt the city's emergency plans to
20 account for the challenges the city would still face—
21 still face as around social distancing and COVID-19
22 impacts. The Cascading Impacts Planning Team was
23 charged with looking forward, and developing plans
24 for what comes next in COVID-19 world. To date, our
25 Vacate Protocol, the Emergency Plan, power and

1 including center operations have been updated to
2 reflect our new reality. As the Atlantic Hurricane
3 Season and heat season arrive, the Cascading Impacts
4 Team is working with our partners on revising our
5 heat and coastal storm plans to ensure the city can
6 appropriately respond to additional seasonal
7 emergencies. Remember those who have succumbed to
8 the disease have already surpassed an unimaginable
9 toll. City employees have lost...have been lost in the
10 battle against COVID-19 including our own Gregory
11 Hodge a 20-year FDNY EMT who was detailed to the
12 Emergency Management in our Watch Command. As the
13 world continues to fight this pandemic, we are
14 reminded that while this is a turn of uncertainty, we
15 are in this together and we will never stop cleaning
16 and we will never stop preparing. Our dedicated
17 Emergency Managements are all in and up to the
18 challenge. Now, Emergency Management and FDNY are
19 happy to take any questions that you may have. Thank
20 you.
21

22 JOSH KINGSLEY: Thank you for your
23 testimony. I will now turn it over to Chair Borelli
24 for questions. Panelists, please stay as muted as
25

2 possible during this question period. Thank you,
3 Chair Borelli. Please begin.

4 CHAIRPERSON BORELLI: Thank you. I first
5 want to acknowledge that we're joined by Council
6 Members Maisel, Yeger and Brannan who have joined us
7 since my last update. I want to stay with Deputy
8 Commissioner D'Amora for a moment, and I want to just
9 address very frankly an issue that has made a number
10 of New York City families extremely angry and
11 extremely concerned. You had mentioned when you spoke
12 about healthcare surge the wonderful job that the
13 agency did building facilities in non-conventional
14 locations. You the Javits Center, you mentioned the
15 Brooklyn Water Terminal. You mentioned the Billy
16 Jean King Tennis Center. Explain to me and really
17 explain to the public then why those facilities would
18 not have been used to house COVID-19 positive
19 patients who were otherwise living in nursing homes
20 and why those people would have been sent back to
21 nursing homes and not those facilities?

22 ANDREW D'AMORA: Um, nursing home
23 facilities as well as all healthcare movement is
24 controlled by the, um, patient (inaudible) by the New
25 Yorkers State Department of Health. So, it was under

2 their purview to give guidance on where—what patients
3 would go where especially for nursing homes because
4 that's directly under their purview.

5 CHAIRPERSON BORELLI: But...but just as a,
6 as a practical matter did the agency ever raise any
7 red flags and say hey guys, you know, there's
8 available beds at these facilities. We spent all
9 this time and money building these facilities. It's
10 counter productive that you would be sending those
11 people back to nursing homes when we have those
12 facilities. So, again, were there any sort of red
13 flags waved to your knowledge by NYC OEM or perhaps
14 even New York City Department of Health or Health and
15 Hospitals Corporation?

16 ANDREW D'AMORA: Well, we just one of
17 the---we—we had coordination calls practically every
18 day the Department of Health. New York State
19 Department of Health was operating a, um, evacuation,
20 a coordination center at the Javits Center. So, they—
21 they were aware of then the eligibility spaces that
22 were able to be used, but it was actually on the
23 health of where those patients were.

24 CHAIRPERSON BORELLI: Okay, so just to be
25 clear, Department of Health was well aware of the

2 problem of, you know, COVID-19 patients returning to
3 nursing homes, but they were also keenly aware of the
4 availability of beds in facilities that were designed
5 to take COVID-19 positive patients and this was all
6 because of a New Yorkers State Department of Health
7 guideline that in my opinion was issued on March
8 25th. I think that's the date but that was all the
9 ways of that particular guideline?

10 ANDREW D'AMORA: I believe so, yes.

11 CHAIRPERSON BORELLI: So, so is it fair to
12 say that an overwhelming number of COVID-19 deaths in
13 New York City are attributable to—to some degree to
14 this decision to return COVID-19 patients to nursing
15 homes and not the availability of beds that your
16 agency and—and the federal government and other
17 resources did a great job building.

18 ANDREW D'AMORA: Yeah, well, I would say
19 it's probably a lot of factors. I just say on a
20 positive note we had supplied PPE to nursing homes.
21 You know, we tried to do the best we can to support
22 them, but ultimately that policy decision was that
23 the State Department.

24 CHAIRPERSON BORELLI: But it was pretty
25 clear, you know, not—not even that late into the

2 pandemic that older New Yorkers and older citizens
3 are particularly vulnerable to COVID-19, correct?

4 ANDREW D'AMORA: Yes.

5 CHAIRPERSON BORELLI: Okay, so I just want
6 to just be clear that I...that many of the deaths that
7 unfortunately befell our city were attributed to
8 this...this insane decision to put the disease back
9 into proximity with our most vulnerable population
10 into facilities that otherwise may not be able to
11 have cared for that in isolation, but let's just go
12 now to some other things. Um, this is going to be
13 for the Fire Department. You have to excuse me. I
14 can't actually face anyone when I address them, so
15 I'll just... I'll just sort of call out who I'm going
16 to ask the question. Um, we had sort of a
17 compounding issue with FDNY and fees, and we know
18 that we had to implement the National Ambulance
19 contract. I got to meet with so many of those units
20 from around the country. It was great to see them,
21 and great to meet them, and, you know, a great job by
22 FEMA and the Fire Department for coordinating that,
23 but as we look towards the recovery, and we look
24 towards a potential second wave, can you just go over
25 again--perhaps, you know Chief Sudnik or Deputy

2 Commissioner Kavanagh how you plan on addressing that
3 problem if the absence rate of the EMTs becomes an
4 issue again?

5 DEPUTY COMMISSIONER KAVANAGH: Chief
6 Bonsignore, do you want to take that one?

7 CHAIRPERSON BORELLI: Alright, Chief, but
8 I didn't see you there. How are you. I see you.

9 CHIEF LILLIAN BONSIGNORE: Great. Good
10 morning. So, um, yeah, the--the National Ambulance
11 Contract was extremely helpful for us during the
12 first wave when we a very rapid and increasing number
13 of calls coming in. We got up to about 25% medical
14 leave during that period of time, and by-by
15 reinforcing the field with not only the--the National
16 Ambulance Contracts, but also our partners in the
17 voluntary hospital sector and our volunteers. That
18 was very helpful, but one of the other things we--we
19 did and we would do again in the future if we had to
20 do this is we took all of our off-line position
21 people from all internal kind of units and areas and
22 put them all back out into the field. So, we had a
23 nice, um, influx of people, and we broke it down into
24 two waves so that, you know, we--we knew that medical
25 leave was getting high. We knew that this was a

1 highly contagious and infectious environment. So,
2 the first wave of people went out, and they were
3 timed with the wave of the Nap Units that we got, and
4 then the second wave went out a couple of weeks later
5 with the second wave of NAP Units that we got. So,
6 part of getting the second wave out meant that we had
7 to expedite training. We finished up our paramedic
8 basic class. We finished up our PROBI class and we
9 were able to get the rest of the people who were, um,
10 still inside positions out to the field. So, they
11 were, you know—it was an influx of several hundred
12 people including the Nap Units. So, part of our
13 strategy moving forward is going include anybody who
14 is in an offline position go back into the field
15 including our training staff, and we cancel—we cancel
16 training. Another critical point for us and we would
17 ask to do the same thing in the future should this
18 happen. I f it happens more immediately we're still
19 covered, but we requested and we were received an
20 extension of all of our EMS certifications. So, both,
21 un, New York State and also REMAC Certifications were
22 extended for all EMS providers for one year, which
23 meant that we weren't going to have to face taking
24 people offline due to—due to expiring certifications.
25

2 So, all--all of those tactics can be employed very
3 quickly again.

4 CHAIRPERSON BORELLI: I don't believe
5 there are any proposed headcount cuts for EMS
6 personnel. Has there been any push on your end on the
7 agency's end to recruit additional EMS personnel?

8 CHIEF LILLIAN BONSIGNORE: Yes, sir. In
9 fact, we are swearing in 180 new trainee EMT Trainees
10 on June 22nd. So, we're--we're going full--full fledge
11 with hiring and keeping our headcount, you know,
12 steady. We're also taking--

13 CHAIRPERSON BORELLI: Will that--will that
14 maintain it? Will that maintain the headcount or
15 will that grow the headcount?

16 CHIEF LILLIAN BONSIGNORE: That--that will
17 grow the headcount for now, and we hope to continue
18 hiring at our regular rate in order to, um, you know,
19 reach our--our headcount. Also, also we have our
20 Medic Basic Class that we had pulled out of training,
21 and put them back in the field. They're going back
22 into training. They're going back into the medic
23 class so, um, by January we'll have another full
24 class of paramedics hitting the field, and by
25 October, so we'll have about 180 or slightly less

2 EMTs hitting the field. So, you know, we are in a
3 hiring cycle that we hope to continue, and, um, you
4 know that keeps us on track with what we were trying
5 to achieve pre-COVID.

6 CHAIRPERSON BORELLI: And what will
7 trigger sort of the contingency plans whether they be
8 pulling people back into the field or doing and
9 implementing EMS shift scheduling work?

10 CHIEF LILLIAN BONSIGNORE: So, so some of
11 the triggers include and again like the Commissioner
12 mentioned, we are monitoring these, um, these numbers
13 daily, but some of the triggers include increase in
14 call volume, trends of types of calls. For example,
15 fever, cough, which is a—a category that was, um,
16 instituted so we could track specific types of
17 patients and clusters of patients as well as medical
18 leave. The...the rate of medical leave. So, these
19 things are all, um, you know, monitored on a regular
20 basis, and, you know, the other thing that we have
21 done is we were able to move the entire EMS system to
22 a 12-hour tour schedule, which is something that
23 didn't exist prior. You know, it meant that we had to
24 revamp the entire, um, scheduling platform for EMS,

2 but we were able to successfully do that. So, that
3 helps us as well.

4 CHAIRPERSON BORELLI: Thank you. I want to
5 talk next about PPE. I noticed my, um, my screen had
6 froze for a moment. So, Josh, if you see that it
7 comes up, if I'm coming in clear. Thank you. Okay. I
8 want to speak about PPE because I've spoken to some
9 of the Department folks, and this is this is the Fire
10 Department, um, who talked about the stockpiling of
11 PPE and masks, and there was an idea that the
12 stockpile, um, would have lasted for about three
13 months if there was normal use. Can-can you just
14 explain what that meant, and why there was a
15 shortfall and what the Department plans on doing to
16 change the--change the concept perhaps of normal use?

17 DEPUTY COMMISSIONER KAVANAGH: So, I think
18 I would say maybe not normal use since EMS never
19 operates in normal circumstances, but average use. We
20 had built up our stockpile of about three months,
21 which had been a number that our doctors had
22 recommended in other pandemics. We obviously saw a
23 huge increase in the use of PPE in this pandemic and
24 I think most significantly was the worldwide
25 competition for PPE. That was, you know, a huge

2 challenge with the Fire Department and huge challenge
3 for other agencies in particular because while we
4 knew how long our stockpile would last, we did not
5 know whether or not the country would even have PPE
6 at some point in this emergency, and that was a huge
7 concern for us, and a reason that me monitored the
8 PPE that we had so closely, and we went to such
9 lengthy efforts to get it from—from every possible
10 place including through our foundation. In the
11 future, we have already begun stockpiling that PPE at
12 much great levels. We now have a COVID use level and
13 so our stockpiling and our goals are based on that
14 COVID use level, and it is also based on the idea
15 that we won't be able to necessarily count on federal
16 stockpile which had been Plan B prior to this. We
17 are...we are preparing a stockpile that we can support
18 ourselves through a second time.

19 CHAIRPERSON BORELLI: Okay, and, um, can
20 Emergency Management also comment on that as far as
21 their stockpile for use, presumably by other agencies
22 and non-profirs?

23 DEPUTY COMMISSIONER D'AMORA: Yes, so we
24 coordinate with the Department of Health in their
25 warehouse. So, if we get any requests we sort of—we

2 field to them to sort of push to, um, or we push into
3 hospitals or healthcare facilities. So, any request
4 we get we work with the Department of Health to fill
5 those requests.

6 CHAIRPERSON BORELLI: Okay, Commissioner
7 Kavanagh, I just want to speak to you briefly then
8 about telemedicine. You had mentioned it. Can you
9 sort of give us again, and forgive me if you sort of
10 mentioned of mentioned it already, but can you give
11 us sort of the overview of the Department's use of
12 telemedicine?

13 DEPUTY COMMISSIONER KAVANAGH: So, the
14 Department implemented telemedicine as the COVID
15 Pandemic hit. We were able to do that under the
16 Emergency Order that the state had issued. We had
17 been planning to implement telemedicine prior to this
18 and so we had a lot of the infrastructure in place
19 already, but we did not have the ability to implement
20 it. We were still working with the state to get some
21 of the permissions that are required, but the
22 emergency order gave us that permission and so we
23 implemented it right away. For us, telemedicine is
24 utilized when patients call 911 and they may have a
25 condition, which needs to treatment of some sort,

2 which and emergency room would not be the ideal place
3 or the only place they can get actually in, and
4 obviously in the midst of COVID as everybody knows an
5 emergency room was an especially difficult place to
6 seek treatment both because of the risk of getting
7 COVID and we share an alert patient's emergency room.
8 So, some examples of that might be somebody who needs
9 a prescription filled in order to manage a chronic
10 illness. Telemedicine can deal with that, and our
11 dispatchers are able to identify those patients
12 through triage and transfer them over to a doctor on
13 the telemedicine hotline so that they can have their
14 medical issue addressed, but not be picked up or
15 transferred by us and not be—not in the emergency
16 room.

17 CHAIRPERSON BORELLI: Do you have an idea
18 of how many calls were resolved through telemedicine,
19 a percentage or a volume number?

20 DEPUTY COMMISSIONER KAVANAGH: I don't
21 have a volume off hand. We can get back to you for
22 sure.

23 CHAIRPERSON BORELLI: Okay and if you
24 were—if you had talked to me over a cup of coffee in
25

2 layman's terms would you say the use of telemedicine
3 is working?

4 DEPUTY COMMISSIONER KAVANAGH: I would
5 say that it's working and we should continue to
6 implement it and ensure that it is working even
7 better for any condition where it is appropriate.
8 It's absolutely I think something that New Yorkers
9 want and need and that was proven out in this
10 pandemic as we were able to divert people from
11 emergency rooms. So, I would encourage the whole city
12 to keep moving forward on the implementation.

13 CHAIRPERSON BORELLI: And you see a role
14 for telemedicine in the future of potential wave of
15 COVID as well?

16 DEPUTY COMMISSIONER KAVANAGH:
17 Absolutely. I think speaking to what Chief Bonsignore
18 was addressing about these spikes in volume and all
19 of the different resources that we have to bring
20 together to address those—those major spikes,
21 telemedicine is a key part of that because it helps
22 treat patients that aren't in need of EMS or
23 emergency room services. So, make sure that our EMTs
24 and paramedics are available for those critically ill
25 patients, which is exactly what we want.

2 CHAIRPERSON BORELLI: Okay, before I...I'm
3 going to give one more question to the Department of
4 Emergency Management. Then I'm going to hand it over
5 to some of my colleagues who have questions and then
6 I would like to come back with some COVID budget
7 related questions after they—they give some
8 questions. So, just—oh, yeah, can you just give is
9 the overview of the contracts you are now involved
10 with with hotels whether they need to be continued
11 and—and is there any—any thought on keeping those
12 through the next wave?

13 DEPUTY COMMISSIONER D'AMORA: Yeah, um,
14 the Department has a couple of contracts that are
15 helping the healthcare workers, 11,000 healthcare
16 workers (inaudible) We also have other contracts
17 regarding MOCJ hotels that are housing some folks.
18 So, I think we're in the process of renewing some of
19 them with Hotel Engine who's a subcontractor to Crew,
20 but I think by the end of June I think we'll have
21 some more information about that.

22 CHAIRPERSON BORELLI: Okay. No members
23 actually have their hands raised right now for
24 questions. So, I'll just continue. Budget related to
25 with the FDNY the, um, the three largest civilian

2 headcount lines are street maintenance, dispatchers
3 and headquarters inspection. Um, can you just go over
4 perhaps how many of these positions are currently
5 vacant and, um, how many need to be filled or whether
6 this is an area where headcount reduction is
7 possible?

8 DEPUTY COMMISSIONER KAVANAGH: So, I don't
9 know exactly these off hand. There are a few
10 vacancies in all of those area, and I'd say those are
11 full essential services with the Fire Department and
12 so we do need to fill those vacancies. I would not
13 consider those areas where reduction is possible at
14 this point.

15 CHAIRPERSON BORELLI: Can you just
16 discuss, um, what a hiring freeze for the Department
17 would mean in terms of where we would sooner be
18 short-staffed than not and what would be the impact
19 on the—the public face of the Department and the
20 interaction with public either in emergencies or on
21 the civilian inspection site?

22 DEPUTY COMMISSIONER KAVANAGH: Sure, so
23 I—I think as you know, we are still in the middle of
24 budget discussions so I can't say for sure where the
25 city will land on this, but certainly in other budget

2 crises, the Fire and EMS personnel has been the last
3 place where hiring freezes have take effect because
4 the is our core mission and that is what we need to
5 continue to do every day and as Chief Bonsignore
6 mentioned we are still, um, being instructed to hire
7 on those fronts. In terms of other critical positions
8 that play an administrative role for our uniformed
9 personnel, I think that we are—are still working on
10 that, but the positions that you mentioned are
11 essential requiring EMS operations to do their jobs.
12 Obviously, mechanics have to make sure a fire truck
13 is working. Dispatchers have to make sure calls are
14 answered. I think that we would see our hiring
15 freeze impacting far more the, um, administrative
16 civilian positions especially those, those that are
17 unfilled in the department right now will probably
18 not be filled in the course of this hiring freeze.

19 CHAIRPERSON BORELLI: And there's
20 definitely no-no talk about the hiring freeze with
21 respect to EMS training at all. Correct?

22 DEPUTY COMMISSIONER KAVANAGH: I have not
23 heard one. No.

24 CHAIRPERSON BORELLI: Okay.
25

2 DEPUTY COMMISSIONER KAVANAGH: I should
3 also mention and I failed to mention that the fire
4 prevention those are revenue generating positions.
5 So, that's a separate conversation that we expect to
6 continue with--with OMB about filling Chief
7 positions.

8 CHAIRPERSON BORELLI: Um, has there been
9 any, um, drop-off in inspections moving forward
10 considering a role that some of the inspectors have
11 had to take on with respect to enforcement of the
12 COVID Rules?

13 DEPUTY COMMISSIONER KAVANAGH: Chief
14 Jardin, do you want to take that one?

15 CHIEF JARDIN: Sure. I go to place that
16 is the--I recognize the drop-off and inspections due
17 to the repurposing of a number of inspectors to the,
18 um, Emergency Order effort. They role is to formally
19 inspect places of assembly, and restaurants and night
20 clubs, which, of course were closed, although we did
21 experience a drop off of inspections. It was mostly
22 due to the fact that the places we were--we would
23 normally inspect were closed and, in fact, we had a
24 number of our inspectional and support staff who were
25 on COVID related leave for a couple weeks at a time.

2 so, I don't know that the repurposing of our staff
3 was the cause of a reduction in our normal inspection
4 types.

5 CHAIRPERSON BORELLI: Deputy Commissioner
6 Kavanagh, can you just talk about the counseling that
7 the Department has offered to some of its members
8 whether they're EMTs or firefighters in response to
9 COVID and some of the challenges that the—the program
10 has faced?

11 DEPUTY COMMISSIONER KAVANAGH: Sure. So,
12 Councilman this is unit that is very well boxed and
13 very much tailored to the need of our uniformed
14 members. It was grown after 9/11 out of that need and
15 has continued to grow ever since. We do believe that
16 we will need to grow the unit particularly peer
17 counselors where uniformed members who help connect
18 members in the field to professional mental health
19 services. So, we actually believe that an add-on
20 (sic) which we're going to need to load going
21 forward. You know, as you know, our members have seen
22 an extraordinary amount of loss in the course of
23 their jobs and particularly our EMTs and paramedics,
24 and we have a number or people who graduated from
25 prior EMS academies prior EMS academies in the middle

1 of this pandemic and that is...that is a really intense
2 experience to have gone through. So, we're actually
3 going to be growing our Counseling Services Unit. We
4 believe that there are a couple positions in that
5 unit that will not be affected by the hiring freeze
6 and we are going to utilize the combination of the
7 filling those lines of professional counselors along
8 with our rank peer counselors to address the mental
9 health needs of our members coming out of this
10 pandemic.
11

12 CHAIRPERSON BORELLI: So, some folks are
13 proposing an early retirement incentive for members
14 of the Fire Department along with nearly every
15 agency. This something that the city did in 2010 and
16 11. The city did it also in '95 and '91 with various
17 agencies. Given the economic foreshadowing that we
18 think will happen over the next—certainly the next
19 year if not potentially the future. Does the
20 Department even know the numbers on what an early
21 retirement incentive might look like? Who would
22 qualify? I don't want to get into details now
23 because I know and you know that this will—the rumor
24 mill will go crazy with people interested in perhaps
25

2 taking advantage, but is there something that the
3 Department is actively looking at?

4 DEPUTY COMMISSIONER KAVANAGH: So, we're
5 not actively looking.

6 DEPUTY COMMISSIONER KAVANAGH: So, we're
7 not actively looking at because as you mentioned, we
8 have not seen the specifics of what that would look
9 like. If we had the specifics of the terms we would
10 obviously run that and look at what impact that would
11 have on our membership. I think, as you know that has
12 been done in previous budget crises and so we expect
13 that that may be something we will be asked to look
14 at in the near future. I think we would share your
15 point of view and that we would prefer to do that
16 before we laid off or did any kind of increases. So,
17 I think we are aligned on that front, but we have not
18 heard any specifics and so we haven't been abler to
19 run any numbers in that regard.

20 CHAIRPERSON BORELLI: Has OMB asked you to
21 do any analysis of what that would look like
22 potentially?

23 DEPUTY COMMISSIONER KAVANAGH: I think I'd
24 have to ask our Budget Director. They have not asked

2 me but that would typically not be my role. So, we
3 can check with them and get back to you.

4 CHAIRPERSON BORELLI: Thank you. On
5 promotional exams, can you give us the status of
6 promotional exams from Lieutenant to Captain, et
7 cetera? From EMS to EMS Officers. Just give us the
8 grand scope of promotional exams and what you
9 envision doing for the next fiscal year and beyond?

10 CHIEF LILLIAN BONSIGNORE: So, we are
11 currently in discussions with DCAS. I could let
12 Chief Sudnik expand on that if you would like but we
13 are currently in discussions with that and to find
14 out what that looks like, what promotional exams look
15 like in a COVID world with social distance which will
16 be very different than how our exams have been given
17 in the past. So, as I'm sure you know, a number of
18 them have been delayed, but we are actively working
19 with DCAS to figure out when to reschedule them and
20 what an exam would look like in this new environment.
21 So, we don't really plan to continue those
22 promotional exams as soon as that is feasible.

23 CHAIRPERSON BORELLI: And is there any
24 decision made to sort of kick down some of the
25 classes of promotions?

2 CHIEF LILLIAN BONSIGNORE: What do you
3 mean by kick down?

4 CHAIRPERSON BORELLI: Meaning delay them
5 to save money?

6 CHIEF LILLIAN BONSIGNORE: I don't think
7 there is a plan at this time. Chief Sudnik, is there
8 anything that you would like to-

9 CHIEF SUDNIK: Yeah there's no, um, no
10 plan to reduce the number of promotions at this time
11 so both on the fire operation side our lieutenants
12 list, the current lieutenants list and Captains list
13 both expire on the same day in August. Tests-exams
14 were scheduled for May and June. For lieutenant and
15 captain obviously, we couldn't have those exams due
16 to the pandemic. So, over the last couple of weeks
17 we've been having some tele-conferences with-with
18 DCAS, and trying to come up with a solution to
19 administer an exam for both the Captain and
20 Lieutenant as soon as possible. The panels were, um,
21 were enlisted. They got the bulk of their work done
22 prior to the pandemic. So, we're just trying to come
23 up with a solution as far as a venue is concerned,
24 and to try to conduct a-try to get a venue large
25 enough where we can conduct a, um, an exam using

2 social distancing and, um, and—and all the other
3 precautions we need to take to protect our members.
4 So, we have another call on this later on this week.
5 So, we're working hard to try to get those exams in
6 place. I know for the members in their field they're
7 concerned because they study hard for these exams. We
8 acknowledge that. It's a very difficult process.
9 They only give an exam once every four years. So, it
10 clearly—there's a lot of anxiety in the field about
11 the uncertainty behind this, but we are working hard
12 to try to come up with that solution.

13 CHAIRPERSON BORELLI: And what is the
14 typical timeframe between the issuing of an exam
15 being the date it's set and the actual hiring of new
16 classes?

17 CHIEF SUDNIK: So, that's a good
18 question. We anticipate it could take up to a year by
19 the time you would miss the exam and then you process
20 it to where you actually come out with a list. A lot
21 of that is beyond our control. Most of it is beyond
22 our control. Actually, it depends on how fast DCAS is
23 able to process the, um, protest sessions and things
24 like that. so, um, but typically, um, past experience
25 has shown it could take up to a year. So, for example

2 if we were able to administer an exam later this
3 summer in a best-case scenario it could take upwards
4 to another year so next summer before we could see a
5 list be established. So, um...

6 CHAIRPERSON BORELLI: Does it affect--?

7 CHIEF SUDNIK: so, how does, how does
8 that impact the hiring?

9 CHAIRPERSON BORELLI: The budget.

10 CHIEF SUDNIK: Well, the budget I-I'll
11 have to defer to Commissioner Kavanagh as far as
12 that's concerned, but again from what we're hearing,
13 as of right now, there are no plans, concrete plans
14 to, um, for Fire Operations or EMS Operations, the
15 uniform side for any budget reductions in that regard
16 at this point. She can comment on that if I'm
17 accurate in that statement.

18 DEPUTY COMMISSIONER KAVANAGH: That's
19 correct.

20 CHAIRPERSON BORELLI: Thank you. So, just
21 my final question for New York City Emergency
22 Management. Has that agency been directed to have any
23 sort of hiring freeze, and if so, where will
24 operations be short-staffed or where is there need
25

2 within the agency to bring in staff that you might
3 not be budgeted for?

4 DEPUTY COMMISSIONER D'AMORA: Well, as
5 you know we have a lot of details there, but myself
6 here so we're not going anywhere, but, um, I think as
7 we look at the budget going further we'll see how we
8 could manage that if there is any potential with not
9 hiring folks, but we will continue to talk. So, I
10 think—right now I think there's a—there is some sort
11 of budgetary constraints, but we're looking at that
12 right now, and also thank you. All our grants are
13 still—are still effectively be higher up grants as
14 well. So, I think on the grant side we're okay.

15 CHAIRPERSON BORELLI: Thank you and then
16 just my final question of the Department just you
17 guys didn't comment on the comment on the two bills
18 that were needed in today's hearing. Do you have any
19 objections to the bill regarding recruitment of
20 military personnel or the reporting of the inspection
21 units?

22 DEPUTY COMMISSIONER KAVANAGH: We do not
23 have an objection. There might be some small changes
24 we might want to make to the language, which way to
25 align with how we keep our data, but those would be

2 relatively minor. We can discuss them offline.

3 Commissioner Noonan, I don't know if you want add
4 anything, but we already do pretty extensive
5 recruitment investments.

6 CHAIRPERSON BORELLI: Let the record show
7 that it froze after you said I have no objection.

8 DEPUTY COMMISSIONER KAVANAGH: (laughs)

9 CHAIRPERSON BORELLI: I don't see any-any
10 Council Members with questions. I'll give everyone a
11 moment.

12 DEPUTY COMMISSIONER KAVANAGH: Can I just
13 mention one other thing?

14 CHAIRPERSON BORELLI: Oh, yes.

15 DEPUTY COMMISSIONER KAVANAGH: Well, you-
16 you talked about the Veterans Bill but there are two
17 bills and the other bill we would have a second (sic)
18 simply because we worry that it would take staff away
19 from inspection services in order to report the
20 information required in the bill. So, that's one that
21 we'd like to discuss with you a little bit further
22 before we move forward.

23 CHAIRPERSON BORELLI: Great, thank you.

24 Josh, has any member signed up for questions? No.

25 Okay. Then I will dismiss this panel and, I will turn

2 it back over to the Committee Counsel to figure out
3 who is the next panel.

4 COMMITTEE COUNSEL: Thank you, Chair.
5 Thank you for the testimony of both those agencies. I
6 would that someone from the Administration stay on
7 the line to hear the remaining public testimony,
8 which as of now is only two individuals. So, that
9 shouldn't--I hope that you're able to stay. We'll now
10 turn to the public testimony section of this hearing.
11 I'd like to remind everyone that unlike our Council
12 hearings we will be calling on individuals one by one
13 to testify. Council Members who have questions for a
14 particular panelist should use the Raise Hand
15 function in Zoom and I will call on them after the
16 panelist has completed their testimony. For
17 panelists, once your name is called our member and
18 the staff will unmute you and you can begin
19 delivering your testimony. Um, so, I think we're
20 going to start with Oren from the EMS Unit. Oren are
21 you unmuted? You are?

22 OREN: Yep.

23 LEGAL COUNSEL: Oh, go ahead, sir.

24 OREN BARCLAY: Okay. Good morning, Chair
25 and committee members. My name is Oren Barclay

1 President of FDNY EMS Local 2507 representing EMTs
2 Paramedics, and Fire Inspectors. Once again, I come
3 before the distinguished members of this committee to
4 provide insight into the latest of a long list of
5 inadequacies within the FDNY EMS. As usual and as
6 always, the system squeak and groans nearly
7 collapsing in the face of a crisis response. The
8 order that we were give was changing on a daily and
9 sometimes hourly basis for an inept reaction as
10 opposed to an innovative proaction. We have handled
11 crisis responses such as super storms, blizzards,
12 heat waves, terrorism and responded appropriately.
13 This was unlike anything we have ever seen, and their
14 responses should not have relied on those precedents.
15 The deadly COVID virus spiked to 7,000 calls with
16 numerous assignments located in highly infectious
17 environments. The Department was unable to provide
18 the highest level of PPE. Our members were issued
19 basic masks and hinted these masks should be reused.
20 This local was forced to procure PPE from outside
21 donations, masks, face shields and goggles were
22 donated to us, and the likes of the Department
23 provided PPE became a national embarrassment. Aside
24 from the lack of person protective equipment, the
25

2 Department failed to timely secure other means of
3 measures to protect our members. The treatment of
4 symptoms caused by the virus with our EMTs and
5 Paramedics to often perform critical respiratory
6 care. This includes oxygen administration,
7 aerosolized medication administration, manual
8 assistance ventilations and incubation. While all
9 these life saving treatments are necessary for the
10 care of the patients, they also pose a risk to
11 increase the spread of the virus. Equipment such as
12 bacterial vial filters would have greatly decreased
13 that risk. Potentially decreasing the number of sick
14 EMTs and Paramedic. From the beginning of this
15 emergency the Department ignored the advice of this
16 union to enact 12-hour tour shifts. A scheduling
17 change would have greatly limited the exposure by
18 members having one steady partner as opposed to two,
19 and limiting the rotation to members through the
20 stations. As well as a schedule and rest for the
21 members to recuperate and stay healthy. Instead the
22 Department enacted ill-convinced scheduling thoughts
23 that resulted in soaring off service times. This
24 resulted in my members working 16-hour shifts day
25 after day, sometimes five days straight. We saw an

1 increased rate of infection and illnesses totaling
2 over 1,400 EMTs and Paramedics to date, and the best
3 of EMT Richard Seeberry, John Read, Edris Bay, Greg
4 Hodge and two fire inspectors that they family
5 requested their names be kept confidential. Only
6 after these incidents did the Department adopt our
7 suggestions and it was no surprise to us. The rate of
8 infections declined and in-service times and staffing
9 increased to over 100%, which has rarely been seen
10 even prior to the point of that. The EMS workforce
11 was the first and frontline response to the virus.
12 See, if our response was decreased to only respond to
13 priority one assignments. PD response was propelled.
14 The entire burden of the 911 response was placed
15 squarely on the members of the Emergency Medical
16 Service. It's only marginal support. There are talks
17 of a second wave. Whether it is next month or next
18 year will the Department be prepared or will history
19 repeat itself as it always has and at the expense of
20 our members. Thank you for your time. I will take any
21 questions.
22

23 LEGAL COUNSEL: We'll go to Chair Borelli
24 to start.

2 CHAIRPERSON BORELLI: Thanks. Sorry, I was
3 hanging with the mute. (sic) Oren, if you could just—
4 I just have one question. Considering this is a
5 hearing about going forward I really want to know
6 your quick take on what the Department should be
7 doing to prepare for a second wave with respect to
8 how your members can better serve the public.

9 OREN BARCLAY: Well, um, some equipment
10 as I mentioned about aerosolized treatments that
11 needed to be done. I haven't heard anything of that
12 equipment arriving. I know it's been ordered. When we
13 intubate patients that's a critical time for our
14 members to be infected, and these filters have been
15 out there for quite some time. We still haven't
16 heard about that shipment arriving. I'm glad that
17 they're, you know, stockpiling on the N-95s and other
18 PPE equipment that's necessary to protect the men and
19 women. However, if you look around the country, and
20 95 masks and goggles is not the end-all technically
21 speaking. As I said a second ago, if you look around
22 the country, they a full body gear that they cover
23 themselves. This thing lands on your hair, it lands
24 on your clothes. Then you touch it, you know, after
25 you're—you're done with your patient contact. You

2 know you go like this, and you can contaminate
3 yourself again. So, um, if—again, if you look at
4 some cities were using SCBAs, they were using full
5 Tyrexes. This thing is unpredictable. Just yesterday
6 the World Health Organization is now saying that they
7 made a mistake that asymptomatic patients are now
8 contagious. So, I'm just hoping that we learned a
9 lesson, get better equipment so we don't face many
10 more first responders.

11 CHAIRPERSON BORELLI: Thank you. I—I have
12 no further questions for you, Oren if we want to call
13 our next witness Josh.

14 LEGAL COUNSEL: Well, thank you, Chair
15 Borelli. We will now receive testimony from Laura
16 Loftlag. (SP?) you may, you may go ahead.

17 LAURA LOFTLAG: Good morning Chairman
18 Borelli and members of the New York City Council
19 Committee on Fire and Emergency Management. My name
20 is Laura Loflack (sp?) and I'm providing testimony on
21 behalf of the New York Coalition of Career
22 Consultants also known as NYCCC. NYCCC is a non-
23 profit trade organization whose members specialize in
24 securing construction and development approvals from
25 municipal agencies as well as building code and

1 zoning consulting. I am testify today in support of
2 Intro 1841, which would require the Fire Department
3 to issue reports on the Department's Fire Alarm
4 Inspection Unit. NYCCC member companies work very
5 closely with the FDNY Fire Alarm Inspection Unit as
6 well as other units within the FDNY to ensure
7 compliance and safety in New York City's buildings.
8 As an organization, we have had regular discussions
9 with FDNY to share industry feedback and discuss ways
10 in which FDNY and industry partners can work together
11 more efficiently without compromising safety. FDNY
12 has been a collaborative partner to the industry and
13 receptive to our recommendations, but the agency is
14 lacking critical resources and staff to perform their
15 essential functions. It is our understanding that
16 the delays in fire alarm inspections are due to the
17 need for additional technical staff within the unit
18 compounded by a growing number of new applications.
19 With the COVID-19 crisis impacting city funding
20 across the board, we fear that the resource problem
21 of FDNY will only be compounded further. Even though
22 the construction industry is getting back to work,
23 the FDNY's lack of resources can hinder the city's
24 economic rebound in a meaningful way. While we
25

2 understand that this bill will not solve the critical
3 funding issues that need to be addressed, NYCCC
4 supports this bill as a step in the right direction
5 for more transparency. However, we suggest that the
6 Council amend the bill to also include reporting on
7 fire alarm plan examinations. Plan examinations are a
8 critical part of the process for building occupancy
9 to occur. Recently, FDNY absorbed all of the plan
10 review responsibilities that were previously managed
11 in part by the Department of Buildings significantly
12 increasing FDNY's burden. The wait time for plan
13 review is 40 days and if there are any objections,
14 the second review takes 40 more days and so on. Our
15 hope is that FDNY can provide City Council would do
16 them on an ongoing basis not in the manner that has
17 been—that is an administrative burden for the agency
18 but so that data can inform the important funding
19 decisions of this body. We thank you for your
20 consideration of this important matter.

21 CHAIRPERSON BORELLI: Thank you very much.

22 I do not have any questions for you so I will turn it
23 over to the Committee Counsel to see if there are any
24 other members who have questions or any other members
25 who of the public who wish to testify.

2 LEGAL COUNSEL: In so much, Chair
3 Borelli, at this time if any members have any
4 questions please speak up or if there's anyone else
5 who wishes to testify please raise your hand using
6 Zoom Raise Hand Function. If not, I'll turn it back
7 to Borelli to close thins out.

8 CHAIRPERSON BORELLI: Thank you. Thank
9 you very much to the members of the FDNY and to New
10 York City Emergency Management for their
11 participation in today's hearing. This officially
12 closes out this hearing of the Committee on Fire and
13 Emergency Management. [gavel] Sorry, everyone.

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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 June 18, 2020