

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON FIRE AND EMERGENCY
MANAGEMENT JOINTLY WITH THE
COMMITTEE ON GOVERNMENTAL
OPERATIONS

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August 31, 2022
Start: 10:10 a.m.
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HELD AT: Council Chambers-City Hall

B E F O R E: Joann Ariola,
Chairperson

COUNCIL MEMBERS:

David M. Carr
Carmen N. De La Rosa
Oswald Feliz
James F. Gennaro
Robert F. Holden
Kevin C. Riley
Lynn C. Schulman
Kalman Yeger
Shahana Hanif
Gale A. Brewer
Marjorie Velázquez

A P P E A R A N C E S

Christina Farrell
NYCEM

Robert Bristol
NYCEM

Daniel Steinberg
Mayor's Office of Operations

Barbara Dannenberg
DCAS

Roman Gofman
DCAS

Dr. Celia Quinn
New York Health Department

Oren Barzilay
President of FDNY EMS Local 2507

Nadia Chait
Assistant Vice President for Policy, Advocacy and
Communications at the Coalition for Behavioral
Health

Lyric Thompson
Speaking on Fire Safety

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SERGEANT SADOWSKY: And good morning, this is a microphone check for the Committees on Fire and Emergency jointly with Governmental Operations. Today's date is August 31, 2022, recorded by Steven Sadowsky.

And good morning, and welcome to the Committees on Fire and Emergency jointly with Governmental Operations. At this time, we please ask to silence your phones. Thank you for your cooperation. Chair, we are ready to begin.

CHAIRPERSON ARIOLA: Good morning everyone.
[GAVEL] Good morning everyone. I'm Council Member Joann Ariola and I am the Chair of the Committee on Fire and Emergency Management.

I am joined today by Council Member Brewer, who is filling in as Chair to the Committee on Governmental Operations in the absence of Council Member Ung.

Before we move forward, I'd like to send condolences to Council Member Ung and her family on the loss of her beloved father and ask for a moment of silence.

At this time, I'd like to acknowledge those members of my Committee who are here today. Council

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2 Members Holden, Council Member Carr and Council
3 Member Hanif.

4 Today, the Committees on Fire and Emergency
5 Management, Government Operations will be conducting
6 a joint oversight hearing on examining the city's
7 preparedness and response to public health
8 emergencies as well as hearing two bills that are
9 specific to the city's planning for such emergencies,
10 Intro. 95 by Council Member Brannan and Intro. 367 by
11 Council Member Velázquez.

12 New York City's Emergency Management has
13 historically done an excellent job responding
14 promptly to numerous types of emergencies, as well as
15 coordinating with other city agencies to help ensure
16 the safety of all New Yorkers. However, deficit in
17 the city's overall response to the measles outbreak
18 of 2019, COVID-19 pandemic, including the spike of
19 new variants and the current monkey pox outbreak of
20 2022, have resulted in substantial public concern
21 regarding the city's preparedness.

22 For public health emergencies and its ability to
23 effectively coordinate the efforts of these agencies
24 and the development and execution of emergency plans,
25 which is why this hearing is being held.

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2 Although NYCEM, New York City Emergency
3 Management generally serves as a coordinating role in
4 emergency responses, primarily responsibility for
5 implementing such plans and relevant agencies where –
6 with relevant agencies where the expertise lays. In
7 this case, that agency would be the Department of
8 Health and Mental Hygiene. That is why in order to
9 have a comprehensive hearing, a representative of the
10 DOHMH needed to be present to answer questions
11 regarding these deficits. Since New York City
12 Emergency Management and the Mayor's Office of
13 Operations, are agencies that implement the
14 directives set by the DOHMH for all health
15 emergencies.

16 In January of 2021, the Fire and Emergency
17 Management Committee held an oversight hearing on
18 emergency planning and heard related legislation.
19 The Committee later enacted local law 12 of 2022,
20 which aimed to formalize periodic interagency review
21 of emergency plans and require reporting on such
22 substance of existing emergency plans. However,
23 recent issues surrounding the city's response to the
24 monkey pox outbreak have called into question the
25 adequacy of existing emergency planning and

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1
2 highlights the city's continued need to reassess how
3 they can effectively respond to rapidly developing
4 public health emergencies.

5 We are interested in examining the process by
6 which NYCEM plans for and responds to, large scale
7 public health emergencies. Specifically, we would
8 like to examine how NYCEM communicates and
9 coordinates with other city agencies, including
10 during the pre-planning stages and the actions taken
11 during impending disasters. Furthermore, we would
12 like to discuss the city's communication with the
13 public prior to, during and after health emergencies.
14 How NYCEM facilitates communication among the various
15 agencies and ensures coherent messages to the public.

16 In addition to the oversight portion, this
17 Committee will hear Introduction 95, which would
18 require the Commissioner of the New York City
19 Emergency Management to submit an annual report to
20 the City Council, describing the city's preparation
21 for and response to any state disaster emergency or
22 local state of emergency declared in relation to an
23 infectious disease that effects the city's public
24 health.

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2 I am looking forward to hearing the
3 Administrations testimony today on the General
4 Oversight topic and specifically on the Bills before
5 the Committees. I'm going to turn the microphone
6 over to Council Member Brewer for her opening
7 remarks.

8 CHAIRPERSON BREWER: Thank you very much Council
9 Member and I am Gale Brewer and I am just the Interim
10 Chair of the Committee on Governmental Operations and
11 you heard why and I want to thank Council Member
12 Joann Ariola for her leadership on this topic and
13 many others.

14 As you know the Committees will be seeking an
15 answer to a very straight forward question. Given
16 what we've learned from the painful experience of
17 COVID-19, the pandemic, monkey pox, what more can the
18 city do to ensure that we're better prepared for the
19 next health emergency? Although I'm sure you're
20 thinking about it.

21 To help answer this question, the Committee on
22 Governmental Operations is considering legislation
23 related to planning for future pandemics. As you may
24 know, Introduction 367, sponsored by Council Member
25

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1 Velázquez and she'll say a few words about it in a
2 minute. Would establish an office dedicated
3 exclusively to pandemic preparedness. It would be
4 responsible for reviewing pandemic related plans
5 produced by city agencies and would hold an annual
6 pandemic planning summit for agency heads, experts
7 and other stakeholders.
8

9 In addition, we'll be looking as you heard
10 earlier, reviewing the city's plans for ensuring
11 continuity of government operations during future
12 public health emergencies. Of course we hope we
13 don't have them but we assume we will. Including in
14 the event of another statewide work from home order.
15 We'll be hearing from the Administration regarding
16 the continuity of operations plan that it developed
17 pursuant to a recently enacted state law and we'll be
18 asking how the city is repairing how to ensure that
19 they can implement necessary public health measures
20 without causing unnecessary interruption in our very
21 vital government services.

22 We all know that the next public health emergency
23 could strike at any time. And when it does, I think
24 the public expects us in government to be prepared.
25 That's why it's so important to conduct planning now

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1 and for the public to know what our priorities are.

2
3 Given all that our city has been through over the
4 last few years, as we know, we do not want to be
5 caught flat footed. The city must have comprehensive
6 emergency plans in place, so that when this health
7 emergency arises, if it does, we can keep New Yorkers
8 safe with a swift response.

9 I do want to thank the representatives from the
10 Office of Emergency Management and the Office of
11 Operations who have come to testify. I'd like to
12 thank Committee Staff Josh Kingsley, William Hongach,
13 Erica Cohen and CJ Murray because they helped put
14 this hearing together.

15 And now, I'm going to turn it over for an opening
16 statement to Council Member Velázquez.

17 COUNCIL MEMBER VELÁZQUEZ: Thank you. Good
18 morning colleagues and good thank you Chair Ariola
19 and Interim Chair Brewer for holding this important
20 hearing. I also want to acknowledge Chair Ung and
21 while she is not with us right now, she is definitely
22 in our thoughts.

23 In the spring of 2020, the sounds of ambulance
24 sirens filled our streets. Our healthcare systems
25 quickly became overwhelmed, as hospitals across the

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1 city built make shift morgues. Many businesses were
2 forced to shut their doors and tens of thousands of
3 New Yorkers lost their jobs. Tragically, since
4 COVID-19 rocked New York City, more than 40,000 New
5 Yorkers have lost their lives. What is clear is that
6 New York City should have been more prepared for the
7 COVID pandemic and that we must be ready for the next
8 one. That is why I'm proud to sponsor Intro. 367,
9 which would establish an office of pandemic
10 preparedness. This office would require other city
11 agencies to submit materials and plans to the office
12 in relation to their preparedness for future
13 pandemics. The Office of Pandemic Preparedness will
14 be responsible for submitting all materials as stated
15 including any plans related to pandemic preparation
16 to the Office of Emergency Management.

17
18 As we learn, pandemic readiness falls under the
19 umbrella of emergency response. And to have an
20 effective plan, we must ensure that OEM has as much
21 information as possible to act fast.

22 To further enhance our city's leadership
23 pandemics, Intro. 367 would also require the Office
24 of Pandemic Preparedness to organize an annual
25 pandemic planning summit with representatives from

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1 city agencies, academic institutions, healthcare
2 providers, commercial industry groups and experts in
3 the fields of infectious disease and disaster
4 planning.

5
6 Having our experts collaborate and learn from one
7 another will help ensure the knowledge and resources
8 to fight back future pandemics. Lastly, as we strive
9 for transparency and accountability, this office will
10 submit a report with detailed findings and
11 recommendations for best practices in pandemic
12 planning to the Mayor, the Speaker and Director of
13 OEM. Our word, our transparency will allow us to
14 lead a successful response plan of action without
15 bearing the burdens of our past.

16 New Yorkers deserve to feel assured that the city
17 is ready for the next pandemic and I believe Intro.
18 367 will help us get there. I look forward to
19 hearing any testimony today and I will turn it back
20 to Chairs Ariola and Brewer.

21 CHAIRPERSON ARIOLA: Thank you Council Member
22 Velázquez. I'm now going to pass the mic to our
23 Counsel Josh Kingsley.

24 COMMITTEE COUNSEL: Welcome everyone. For our
25 first panel, we'll be hearing testimony from the

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1 Administration. I'm going to list the names of the
2 panelists and then I'll swear you in to give your
3 testimony. First we have from NYCEM Christina
4 Farrell and Robert Bristol. From the Mayor's Office
5 of Operations we have Daniel Steinberg. From DCAS we
6 have Barbara Dannenberg and Roman Gofman and from the
7 New York Health Department we have Dr. Celia Quinn.

9 If you all could raise your right hand and just
10 affirm the following statement. Do you affirm to
11 tell the truth, the whole truth, and nothing but the
12 truth in your testimony before this Committee and to
13 respond honestly to Council Member questions? Great,
14 thank you so much. You may begin.

15 CHRISTINA FARRELL: Good morning, Chairpersons
16 Ariola and Brewer, and members of the Committees on
17 Fire and Emergency Management and Government
18 Operations. I am Christina Farrell, First Deputy
19 Commissioner at New York City Emergency Management,
20 and I am here to discuss the coordinating role that
21 Emergency Management plays in pandemic preparedness
22 and response. I am joined here today by Robert
23 Bristol, Director of Health and Medical at Emergency
24 Management; Dr. Celia Quinn, Deputy Commissioner of
25 Disease Control at the Department of Health and

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2 Mental Hygiene; Dan Steinberg, Director of the
3 Mayor's Office of Operations; Barbara Dannenberg,
4 Deputy Commissioner of Human Capital and Roman
5 Gofman, Acting Deputy Commissioner of Citywide
6 Procurement, both at the Department for Citywide
7 Administrative Services.

8 First, on behalf of the New York City Emergency
9 Management and our colleagues here today, we want to
10 express our agency's condolences to Chairperson Ung
11 on the passing of her father, George. We hope she
12 are finding comfort during this difficult time.

13 New York City Emergency Management is responsible
14 for coordinating citywide emergency planning and
15 response before, during and after emergencies, as
16 well as educating New Yorkers on how to prepare for
17 emergencies and sharing information with the public.
18 From water main breaks to fires to coastal storms and
19 global pandemics, we are a 24/7 response agency that
20 coordinates resources so agencies can fulfill their
21 core missions during emergencies. We are staffed by
22 more than 200 dedicated professionals with diverse
23 backgrounds and areas of expertise including
24 logistics, planning, response, community engagement,
25

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2 communications, finance and contracting, and
3 mitigation and resilience, among other disciplines.

4 Our planning process is one of collaboration and
5 coordination. As we all know, every emergency will
6 create new and unforeseen circumstances. Emergency
7 Management uses citywide objectives for coordinating
8 roles and responsibilities of key stakeholders, which
9 are primarily city agencies for emergencies
10 formalized under the Citywide Incident Management
11 System or CIMS.

12 CIMS, which is based on the Nationwide Incident
13 Management System, but is customized to best serve
14 New York City, assigns responsibilities in various
15 emergencies based on agencies' core competencies.
16 For example, NYPD is responsible for law enforcement
17 and investigating terrorism, FDNY is responsible for
18 fire suppression, and Sanitation is responsible for
19 snow and trash removal.

20 In public health emergencies, including
21 pandemics, CIMS designates the Department of Health
22 and Mental Hygiene, the Fire Department and the
23 Police Department as the lead agencies under a
24 unified command structure, with DOHMH as the clinical
25 lead.

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1 DOHMH, with 7,500 employees, has multiple bureaus
2 with expertise in public health and infectious
3 disease planning and response, as well as charter
4 authority in this sphere.
5

6 As Health Commissioner Vasan testified to the
7 Council last week, their role is to strategize,
8 organize and to plan our public health responses; to
9 be the chief architect of public health for the City
10 of New York. As with other emergencies, during a
11 pandemic, Emergency Management plays a role in
12 coordinating among city, state, and federal agency
13 partners as well as nonprofit and private sector
14 partners, providing information to the public through
15 Notify NYC and other distribution channels,
16 coordinating supplies and logistical needs,
17 conducting citywide coordination and command element
18 calls, and performing other actions to facilitate the
19 abilities of agencies to execute their core
20 competencies.

21 New York City Emergency Management also oversees
22 the Continuity of Operations or COOP program, which
23 ensures that city agencies have the tools necessary
24 to develop comprehensive plans to continue to provide
25 essential services to the public in the event of a

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2 disruption. This includes providing guidance on
3 resiliency by building on and connecting existing
4 contingency plans, practices and resources among New
5 York City agencies.

6 As part of our continuous improvement efforts, we
7 lead evaluations of emergency responses and
8 activations through a multiagency assessment process
9 called an After-Action Review. This includes fact-
10 finding through post-emergency debrief sessions,
11 surveys, interviews, and document review leading to
12 an after-action report with recommendations for
13 improvement. City agencies then implement
14 recommended improvements by building them into
15 citywide and agency-specific plans and protocols.
16 The city is currently engaged in an after-action
17 review for the COVID-19 response.

18 Now I will speak about the legislation we are
19 hearing today. Emergency Management is opposed to
20 Introduction 95, which would require the commissioner
21 of emergency management to report on the city's
22 preparedness and response to citywide public health
23 emergencies. As discussed, this core competency does
24 not fall under Emergency Management as the Department
25 of Health and Mental Hygiene's core competency is

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1 public health. We do not have charter authority to
2 report out on and audit our sister agencies.
3

4 Regarding Introduction 367, which would establish
5 an office of pandemic preparedness, this legislation
6 is duplicative of work already underway. New York
7 City Emergency Management, the Health Department,
8 Fire Department and NYPD, have identified procedures
9 for notifying each other of a potential public health
10 threat and how to convene the agencies to share
11 situational awareness and to identify operational
12 strategies for a pandemic response.

13 Emergency Management is working through
14 operational coordination and strategies while DOHMH
15 is working through the clinical and scientific
16 functions of pandemic preparedness. We are
17 interested in engaging with the Council further on
18 this topic to better discuss this ongoing work and
19 incorporating elements into it that the Council feels
20 may be needed.

21 Planning for emergencies in New York City is a
22 complex endeavor requiring continuous collaboration,
23 consultation, and coordination. We are proud of the
24 work we have done to plan for emergencies in New York
25 City while recognizing that improvement and

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1 adaptation is an ever-present necessity. There is,
2 unfortunately, no shortage of emergencies and our
3 agency of just over 200 people work diligently and is
4 dedicated to their mission.
5

6 That said, our emergency managers have
7 essentially been activated for coming close to three
8 years, and as with other agencies, we are feeling the
9 effects of a long pandemic and its inevitable
10 consequences on the changing workforce. We hope that
11 our testimony today has explained to you the role of
12 emergency management, but we are always happy to
13 discuss more and, as always, our doors are open to
14 all Council Members and your staff to visit our
15 headquarters and see the Emergency Operations Center
16 to have a better sense of the scope of our work.

17 In conclusion, and especially as tomorrow begins
18 National Preparedness Month, we want to thank the
19 Council for your collaboration in preparing your
20 constituents for emergencies and being true partners
21 in our mission. Thank you for inviting us to
22 testify. My colleagues and I are happy to answer your
23 questions.
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CHAIRPERSON ARIOLA: Thank you Deputy
Commissioner. I do have a few questions and these
are directed at New York City Emergency Management.

What are the various components of the city's
emergency planning for public health emergencies?

CHRISTINA FARRELL: So, the planning process in
general and I think you probably already know some of
this. We go through a planning process. There are
hazard specific plans such as pandemics, winter
weather, heat, coastal storm, and then there are also
all hazard plans, like debris removal, language
access, mass fatality, those type of plans.

So, we have a planning and resilience division.
The maintain more than 100 citywide plans and they
work with all of our partner agencies to identify
when we need new plans, to update plans and then as
these plans are written, we do interagency review
with all of our partners. Once they are - I don't
know that any of our plans are ever final but once
the plans are in a place that we feel they are at a
good place, we will do training on these plans. We
will do exercise on these plans and then as we
mentioned, if we have an incident, we will then do an
after action review to see what needs to be updated

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2 in the plans. I think it's also important to note
3 that with as everything in life, plans are important
4 but they're a guidance and they are a jumping off
5 point. You know, switching gears for a second to
6 look at hurricanes. We're coming up on the tenth
7 anniversary of Sandy. Tomorrow is the first
8 anniversary of Ida. Two years ago this month was
9 Isaias. Those were all hurricanes and tropical
10 storms but if you look at what they did to the city,
11 the response, you can see how different emergencies
12 are. You can also see the differences between COVID
13 and between the MPV virus. So, uhm, you know the
14 plans are very important and that is one of our core
15 missions but they really are the starting point as we
16 face the emergencies, the response and the recovery
17 from those emergencies.

18 CHAIRPERSON ARIOLA: Thank you. What after
19 action review has NYCEM undertaken to evaluate the
20 city's emergency response to the COVID-19 pandemic?
21 Like, where do you see we did well and where do you
22 see we could have done better?

23 CHRISTINA FARRELL: So, as I noted, the city in
24 September, the city administration is kicking off a
25 large after action review, much like we did after

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1 Hurricane Sandy, to look at different aspects of the
2 COVID-19 emergency but you know beginning in March
3 and going through the different waves and the
4 different variants, uhm, we have been looking, as
5 have all of the agencies at you know what COVID-19
6 has brought, what the response has been, what we can
7 do better. I would say and I'm going to kick it to
8 Rob to talk a little bit about some of our findings
9 with COVID-19 and some of the early response. I
10 would say one of the most important lessons that
11 emergency management learned, uhm, is you know the
12 two things. There had never been in our lifetime a
13 global emergency like this, where the entire city,
14 state, country and world. We're all facing it at the
15 same time. We're all facing global shortages. It
16 was obviously unprecedented for Hurricane Sandy ten
17 years ago. The region was effected but we were able
18 to bring in resources from California, from Maine,
19 from all different places that weren't effected by
20 the hurricane. Obviously, that was a different
21 situation for COVID.

22
23 The other thing I would say is uhm, you know we
24 realized early on in the early days of COVID that all
25 the other emergencies were not going to stop.

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1 Coastal storm season was going to come. Severe heat
2 season was going to come. Blizzards were going to
3 come, water main breaks, fires. So, emergency
4 management, a lot of our work was also figuring out
5 how to deal with emergencies at the same time and how
6 the response to those could be safe.
7

8 So, if we were opening up cooling centers or if
9 we had to open up a shelter after an incident, how
10 could we maintain social distancing, have correct
11 PPE? How could people that you know because a lot of
12 the people that were vulnerable for COVID are also
13 the ones that are more vulnerable for heat
14 emergencies or you know may have been facing other
15 emergencies and we wanted to make sure that we could
16 keep those people safe while managing both
17 emergencies.

18 Do you want to say a little more about it?

19 ROBERT BRISTOL: And I would just add in the
20 health and medical sphere, as with almost every
21 emergency, regardless of category or hazard,
22 communication is always one that we can look back on
23 say that we need to improve. We work very closely
24 with our colleagues across the city to communicate as
25 agencies but through the emergency support function

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1 with our public health partners, down to the
2 clinician level is to really get our emergency
3 preparedness information to them, as well as receive
4 information of what are the hazards that they're
5 facing and how can we as a city best assist them in
6 treating patients, which is our ultimate goal.
7

8 I think that we have made strides over – since
9 the COVID pandemic of integrating our private
10 healthcare facilities and our clinicians into our
11 planning process and getting them the information
12 they need and making sure that we support them in
13 doing their ultimate goal, which is treating
14 patients.

15 CHAIRPERSON ARIOLA: Okay, and I know that NYCEM
16 really works hard to make sure that languages are at
17 the forefront of your outreach but I just want you to
18 explain it for those who don't know you know how hard
19 you have worked and how many languages your
20 information for outreach are available and how that
21 outreach is done.

22 CHRISTINA FARRELL: Sure. So, we couldn't agree
23 more and I think you know looking at the COVID
24 pandemic but also looking at Tropical Storm Ida, you
25 know one of our number one goals is increasing

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1 language access and making sure that people can
2 receive the information in the language that they
3 need and in the format that they need.

4
5 As probably all Council Member know, our main way
6 of getting information out to the public during
7 emergencies is Notify NYC. We have one million
8 subscribers, which we are proud of but we would like
9 that number to be three or four million. Also, I
10 will say that of that one millions subscribers, the
11 vast majority receive information in English and we
12 know that that is not the reality of life in New York
13 City. Notify NYC is available in 14 languages,
14 including American sign language. We are working
15 diligently to get the word out.

16 We have done a lot of work with the Council and
17 we thank you for that and with nonprofit partners and
18 others to encourage people to sign up in the language
19 that uhm, you know works best for them, so they can
20 receive that information. We also shortly before
21 COVID but it really, we really tested it the most
22 during COVID, we set up a short code system, so for
23 different emergencies, uhm, the first no notice
24 emergency we did it for was the South Ozone Park
25 sewage backup in November of 2019 and then we did it

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2 for COVID. We currently have one set up for the MPV
3 virus and we did one for the tragic Bronx fire in
4 January. So, instead of going through the whole
5 Notify NYC sign up process, people can text a
6 designated word like monkey pox, COVID-19, Bronx fire
7 to 692692. It's also available in Spanish and for
8 the Bronx fire, we were able to provide it in French
9 and this way people can get text messages about for
10 example for monkey pox, we send out vaccination
11 information we received from the Health Department,
12 you know clinical guidance, ways to avoid it.

13 We have a lot of work to do with language access,
14 we recognize that. Uhm, and a big goal of ours also
15 is we are just 200 people but we are really working
16 to find people that speak two, three languages that
17 can do that work for us you know, person to person.
18 I would also note that the Health Department exceeded
19 these standards that have been set during COVID-19
20 and I think that their information was being put out
21 in 20, more than 20 languages.

22 So, there is more work to do on language access.
23 I don't think - that's a sphere where our work will
24 never be done but we are very dedicated to that and
25 continue to push what is possible.

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2 CHAIRPERSON ARIOLA: And just my final question
3 for this round. I just, just again go through, and I
4 know you do this but things change, it's very fluid.
5 So, what is currently, what type of multiagency
6 trainings for emergency plans? How are they
7 conducted and what agencies do you do it jointly
8 with? And what agencies are you getting a response
9 from to do this and what agencies are you having a
10 bit of push back from?

11 CHRISTINA FARRELL: Uhm, so we have a robust
12 training program. We are also happy; it's been
13 basically remote the last couple years but we are
14 starting to do more in-person training. You know,
15 which can be really helpful for this type of
16 training. So, we are very happy that we are able to
17 start offering some in-person training at our
18 headquarters and at other facilities.

19 We really work with all city agencies. We also
20 work with partners such as the State Department of
21 Homeland Security and Emergency Services with FEMA,
22 with ConEd, with hospitals, all different partners
23 and we offer a wide variety of training starting with
24 incident command, understanding how CIMS and other
25 systems work and then looking at hazard specific

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2 training such as coastal storm, staffing or uhm,
3 service center staffing or different pieces.
4 Training is like language access, you know, you can
5 always do more. We're always looking, cyber security
6 is a large area where we are involved in training
7 right now and we have also opened up this training to
8 the Council and its staff and we are happy to tell
9 you more about that if there are people that would
10 like to partake in any of the training.

11 CHAIRPERSON ARIOLA: Thank you. I'm going to
12 turn the mic over to my Interim Co-Chair Gale Brewer.

13 CHAIRPERSON BREWER: Thank you very much. So, I
14 have one question to start with. Who has time to
15 watch TV? Not me but there's a nuclear something PSA
16 that you are doing. Can you explain why you selected
17 it? It may be a great reason. I have very difficult
18 constituents. They don't like it, so I'm just
19 wondering if you could explain why it was a priority?
20 Why you selected it to be the PSA?

21 CHRISTINA FARRELL: Sure, uhm, so, over the years
22 and I know you know because we've done a lot of
23 events with you as Councilperson and Borough
24 President and now again as Council Member. You know,
25 so far this year, we've done 460 emergency

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1 preparedness events across the city and you know we
2 will continue to do those and you know as we do
3 those, whether they're virtual or in person, we
4 receive a lot of feedback from your constituents and
5 others.
6

7 CHAIRPERSON BREWER: I get them every minute, so
8 I know what your talking about.

9 CHRISTINA FARRELL: And uh, you know asking about
10 other hazards and what they can do to be prepared.
11 One that has come up multiple times over the years is
12 nuclear preparedness. The city as part of a
13 nationwide exercise with FEMA in 2007 operation
14 Gotham Shield, also some of the findings from that
15 exercise were that there was a lack of information in
16 that area and you know information was wanted. For
17 obvious reasons, I think uhm, you know we did not put
18 it out in 2020 as originally planned. Uhm, you know
19 based on everything else going on.

20 So, you know we want people to be prepared for
21 all different emergencies. Uhm, you know, we
22 understand the feedback that we have received from
23 people and as just with the other things we do,
24 there's always room for improvement and to you know,
25 our goal was never to scare people or put people on

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2 edge, it was just to talk about an event that would
3 have high impact. Has a very low probability and uhm
4 -

5 CHAIRPERSON BREWER: Well, I guess it's trying to
6 be avoided in another country as we speak, so there
7 is something to be said of that. But just so you
8 know, is that the only PSA that is available at this
9 time? Are there other topics that are similar?

10 CHRISTINA FARRELL: No, we have many PSA's. We
11 have Mayor Adams was gracious enough to do one for us
12 on hurricane preparedness.

13 CHAIRPERSON BREWER: Oh, great.

14 CHRISTINA FARRELL: And we also have done some
15 internally, which we are you know are in rotation and
16 we actually have an ongoing relationship with the ADD
17 Council where we are able to take our add money. You
18 know our budget, which is small and really multiply
19 it with the resources that the ADD Council gives us,
20 so we are starting to work on that new PSA campaign.

21 CHAIRPERSON BREWER: And just picking up Council
22 Member question about the after action review. I was
23 Borough President at the time and you were great to
24 work with but one of the questions, we worked a lot
25 with EDC, as terms of - is that obviously one of the

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1 agencies that would be part of this after action
2 review?
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4 CHRISTINA FARRELL: It will. They did a lot of
5 work with us giving us some locations for alternate
6 hospitals and other facilities. I think that
7 basically, most agencies in the city will be part of
8 the after action review. I mean obviously, the
9 Health Department, Health + Hospitals, the Fire
10 Department, they will play a bigger role but EDC is
11 always a terrific partner of ours and they really
12 uhm, you know I know Rob did a lot of work with them
13 during COVID.

14 CHAIRPERSON BREWER: The reason I ask is in
15 addition to the obvious health concerns, like even
16 things that EDC hopefully will do more of, how can we
17 manufacture locally more readily. How can we make
18 sure that all of us who got healthcare maybe didn't
19 have insurance? Now, we have insurance. All that
20 kind of stuff that is not necessarily preparation for
21 the next but is preparation for a better city. Is
22 that - I mean, I'm being very general but you get the
23 picture. Is that something that's part of the after
24 action review because it's not necessarily in the
25

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1 scope that you might be thinking of. It's economic
2 development. It's you know, go on.
3

4 CHRISTINA FARRELL: Yeah, no, no, for sure and I
5 would also say the state is doing an after action
6 review and we are coordinating with them to make sure
7 that we are in sync. You know part of the after
8 action review process, it can be specific for a
9 hazard but as Rob noted, there are some themes that
10 always come across. Things like communications,
11 preparedness that you mentioned.

12 And so, uh, we will look at specific operations
13 and how they can be improved but also, you know
14 whether it's a hurricane or a prolonged heat wave or
15 a pandemic, if there is something that can improve
16 the city's operations or the overall emergency
17 management framework, that is definitely something
18 that -

19 CHAIRPERSON BREWER: Something like manufacturing
20 locally, which came up during the pandemic because we
21 didn't have any place else to go. Would that be part
22 of the after action review also?

23 CHRISTINA FARRELL: I will look at that specific
24 issue and get back to you.
25

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2 CHAIRPERSON BREWER: Okay and just better
3 healthcare in general. Alright, uhm, as the state
4 law as you know, the city has developed as you
5 mentioned in your testimony a plan for the
6 continuation of government operations in the event of
7 another disease. Uhm, I think you mention if there's
8 any other, are there any other lead agencies that
9 help develop this plan or have you kind of mentioned
10 them all?

11 CHRISTINA FARRELL: I think Dan is going to talk
12 about the state law. I can talk more specifically
13 about the city's program.

14 CHAIRPERSON BREWER: Okay, yup.

15 DANIEL STEINBERG: Can you hear me?

16 CHAIRPERSON BREWER: Yes.

17 DANIEL STEINBERG: Okay, thank you. Yes, I did
18 want to make an important distinction between the
19 COOP plan that's posted on the operations website,
20 which was completed subject to the state law that was
21 cited in past, during the pandemic. And so, I think
22 what's important to know about that plan, which was a
23 product of the previous administrations Restart
24 Taskforce, that was done in close collaboration with
25 the uhm, with DCAS, OLR, OMB, uhm, is that it was

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2 posted to satisfy a state requirement and it does
3 remain a relevant and very crucial framework for the
4 continuation of – for the continuity of government
5 operations.

6 And in many ways it sets a framework that is
7 instructive and gives a lot of discretion to agency
8 heads but within certain guidelines, you know
9 essentially defining certain requirements that set
10 the parameters for the continuity plans. But the
11 most important thing to know is that uhm, the city
12 has been uhm doing continuity planning for much
13 longer than the state required. It goes back to an
14 executive order in 2007 and that's really the key to
15 why the city was able –

16 CHAIRPERSON BREWER: That's no so long ago in my
17 opinion.

18 DANIEL STEINBERG: Not so long ago, but the
19 pandemic extended the –

20 CHAIRPERSON BREWER: Alright.

21 DANIEL STEINBERG: But the city's been doing
22 continuity planning for many years. That's what you
23 heard NYCEM testify about and that's the real flesh
24 in the sort of more detailed version of the city's
25 preparedness and uhm, and the other obvious point

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1 about the COOP plan that was done under state law is
2 that it's very context dependent.
3

4 So, the one that's posted is you know pertains to
5 the COVID-19 pandemic in many ways. If you look at
6 the tier of who the essential workers are or the sort
7 of guidelines around health protocols. They're
8 really lead by the science and the public health that
9 was pertinent at that time. And so, just making the
10 obvious point that even the continuity plans need to
11 be rooted in the context of the emergency at hand.

12 So, I do want to – you know so for questions
13 about the Coup, I'm very happy to discuss what's on –
14 what's in that material but it really kind of pales
15 in comparison to the full comprehensive COOP that the
16 city administers.

17 CHAIRPERSON BREWER: Okay, do you want to add to
18 that?

19 CHRISTINA FARRELL: Sure, so as I know you
20 remember, in 2003 there was a citywide blackout,
21 August 14th. As part of that after action review,
22 Mayor Bloomberg was very clear that city agencies
23 back then, 19-years-ago, there was challenges getting
24 in touch with people. There were challenges with
25 agencies performing their core functions. And so,

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2 born out of that as Dan mentioned was the executive
3 order and the COOP program. That has been active for
4 about 15 years now, so all mayoral agencies
5 participate in that. It sits in emergency
6 management. We have a team that goes through that.
7 So, every city agency has a COOP plan. They exercise
8 these plans. They were activated during Sandy and
9 during COVID, but many times they've also been
10 activated for small individual agency emergencies,
11 like a fire, a power outage in their headquarters or
12 a flood.

13 We do a COOP conference every year. The last one
14 was in December that all the agencies participated in
15 and it was uhm, focused on cyber security. So, it is
16 a very robust program that continues to grow. And
17 so, you know, we're happy that the state has passed
18 that legislation but we'll continue to build our COOP
19 programming and we're happy to get more in depth and
20 share more of that with the Council.

21 CHAIRPERSON BREWER: Okay, that's very helpful.
22 I think COVID changed so many things but one of them
23 is, who's working, who's not working? What's hybrid,
24 what's not? And I think in your situation, probably

25

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1 most of you are full-time because it's the kind of
2 agency that needs that.
3

4 But uhm, have you figured out where every agency
5 and maybe part of this plan, the essential positions?
6 Are those publicly available? Do they get shared
7 with the unions? I think this is more relevant now
8 because it's a different world. And so, how does
9 that apply to OEM and to your planning? Whats
10 essential, what's not?

11 CHRISTINA FARRELL: So, I can speak a little bit
12 about us and COOP and then I think DCAS probably has
13 something to say.

14 So, you know emergency managers work - uhm, will
15 be working this weekend. You know, we work wherever
16 the job takes us. Right now, we have people at the
17 U.S. Open. We have people working on the asylum
18 seekers. We have people looking at the hurricane
19 down in the tropics. So, uhm, you know we have
20 people in our office but we also have people in the
21 field and uhm, today, we're actually doing a day of
22 action for Hurricane Ida. So, we also have people at
23 30 subway stations around the city talking to people
24 about how they can be prepared and I would say that
25 the vast majority of our staff was also in uhm, you

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1 know in our headquarters all throughout COVID under
2 different circumstances to get the work done.

3
4 For Coup, uh, each agency does layout their
5 essential workers based on their essential tasks. I
6 don't believe that most of that information is public
7 because it has peoples cell phones and home phones
8 and other information, but you know again, we can do
9 a more formal briefing on Coup, especially if there
10 are specific agencies that the Council is interested
11 in to learn about their continuity of operations. We
12 also have a liaison with every – and a backup liaison
13 with every agency, and so, they are the ones that
14 will come to the emergency operation center. Again,
15 on the calls, you know do the work with us but I'll
16 defer to my colleagues for the other question.

17 CHAIPERSON BREWER: Okay.

18 BARBARA DANNENBERG: Good morning and also to add
19 to that, the agencies are responsible for identifying
20 who the essential employees are but they doing that
21 in response to guidance that is shared through the
22 oversight agencies and through the executive orders.
23 In this case, regarding COVID.

24 Regarding whether the employee lists are shared
25 with labor, that's a question for the Office of Labor

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1 Relations. I'm not really sure if those are shared
2 or not, if they're public.
3

4 CHAIRPERSON BREWER: Okay and do you find that in
5 this time when it's hard to hire people sometimes
6 that the list of essential workers is sufficient or
7 that would not be - do you review that list or is
8 that just done through - who reviews the list to make
9 sure that the agencies are giving you enough
10 essential workers? Is that DCAS?

11 BARBARA DANNENBERG: DCAS does not review the
12 list of essential employees. However, if agencies do
13 have difficulty either performing mission critical
14 work, they will reach out to DCAS for guidance and
15 assistance in filling those roles and their hiring
16 process.

17 CHAIRPERSON BREWER: So, OEM would know that you
18 know Parks has enough essential workers or whatever.
19 Is that who would know?

20 CHRISTINA FARRELL: Uh, so the way the COOP plans
21 work is they are updated every year. Each agency
22 Commissioner is responsible for signing off on their
23 plan. Uhm, they are entered into our system and our
24 COOP planners will review them to make sure that they
25 are not deficient.

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2 You know, individual staffing based on seasonal
3 needs or other things you know is probably a larger
4 discussion.

5 CHAIRPERSON BREWER: Okay.

6 CHRISTINA FARRELL: Uhm, I will also, I'll just
7 say one other thing. If there are specific needs,
8 there is a large, you know if we're talking about an
9 emergency like CAS or Sandy or something, you know
10 there is a nationwide process where we can - it's
11 called EMAC, the Emergency Management Assistance
12 Compact, where we can either send people to different
13 places, which we have done many times or we can
14 request emergency managers or building inspectors or
15 other people from other jurisdictions, whether in New
16 York State or across the nation, come in to help with
17 the immediate response.

18 CHAIRPERSON BREWER: Okay, do you work with
19 Community Boards in any of this?

20 CHRISTINA FARRELL: We do, Emergency Management
21 works a lot with Community Boards. You know looking
22 especially on the preparedness side, on the Notify
23 NYC side, you know we understand that they're the
24 unit of local government and uhm, you know have a lot

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2 of questions. We go to the District Service Cabinet
3 Meetings and the other meetings.

4 CHAIRPERSON BREWER: Okay, alright. Without
5 getting into too many specifics because I could go on
6 forever on the technology front. I would say that's
7 where, not your fault but that was the flatfooted
8 situation. So, what are you doing because there's a
9 whole bunch of questions here, I don't need to take
10 up everybody's time but just in terms of the future,
11 uhm, obviously you've got you know PD's doing a lot
12 of work on cyber. You've got the Notify but just
13 generally, how are you thinking about making it more
14 of a different kind of a priority? It changes all
15 the time, the technology.

16 You know, how are you looking at that as the
17 future for participating in better ways in terms of
18 preparedness? It is the key, I would say.

19 CHRISTINA FARRELL: I agree. You know one thing
20 I would say, like we said, there's always things that
21 we learn. One thing throughout COVID because of the
22 copious amounts of data, because of the need, because
23 the fact that people were not in the same space. You
24 know we were able to automate many of our reporting
25 systems. We used to do a static situation report

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1 that would get sent to city leadership twice a day.

2 We now have dashboards where the numbers populate and
3 we've been able to do that for coastal storms for
4 severe heat and for winter weather and it's a much
5 better system. So, we are happy that we have that in
6 place and we are working very closely as I think are
7 our partners with the Chief Technology Office to look
8 at you know other along with cyber security, other
9 systems that can be automated in technology that can
10 improve our performance.
11

12 CHAIRPERSON BREWER: Okay, so that's what you
13 think is it. Okay, I'll turn it over to my Co-Chair.

14 CHAIRPERSON ARIOLA: Thank you. These questions
15 are for the Department of Health and Mental Hygiene.
16 We are now faced with the monkey pox virus, and so
17 what I wanted to talk to you about is - and that was
18 why I really felt that you needed to be here because
19 this - when we take care of a pandemic or a virus or
20 anything that will effect tens of thousands, maybe
21 millions of people, it's important that all the
22 agencies that are the leads in making sure that
23 people are kept safe and informed are at the table.
24 So, I appreciate you coming and uhm, you know and it
25

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1 was on short notice and I do appreciate that, so
2 that's something.
3

4 So, I just would like to know, how does DOHMH
5 plan to engage, educate, and train various city
6 agencies that you collaborate with to promote
7 understanding of their respective roles in responding
8 to public health emergencies since you are the lead.

9 DR. CELIA QUINN: Thank you Council Member and
10 thank you for including us in the hearing. Happy to
11 be here.

12 So, I'll just start by saying that you know the
13 Health Department has and will continue to work to
14 advance the city's ability to prevent, prepare for,
15 respond to and mitigate the impact of public health
16 emergencies. It's a core part of what the Health
17 Department does and it's a commitment that we take
18 very seriously.

19 I think to your specific question, you know the
20 Health Department has some specific roles under CIMS,
21 which Christina already mentioned a little bit. Some
22 of our core competencies are around surveillance and
23 epidemiology, also around issuing public health court
24 orders and clinical guidance. Doing mass prophylaxis
25 and vaccination, laboratory testing, public health

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assessment are some of the core things that we do.
We do need to collaborate with other city agencies to
implement these when there's a public health
emergency and we really rely on our collaboration
with other city agencies during the preparedness
phase. Emergency Management being the lead for that
coordination piece, to help us work with the other
agencies that are going to be involved in any kind of
public health emergency.

CHAIRPERSON ARIOLA: Thank you and what efforts
does the Department of Health and Mental Hygiene -
what efforts have you taken to ensure best practices
in emergency responses? Like, working with other
jurisdictions. You know whether this is a virus that
has gone like COVID-19 did countrywide, worldwide?

You know, now we're dealing with monkey pox,
which could possibly be in the tristate area, so how
are you coordinating all of that with other
jurisdictions, both on the state and federal level to
make sure that we're receiving everything that we
need both financially and physically from other
levels of government?

DR. CELIA QUINN: Yeah, thank you for that
question. You know we work really closely with a lot

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1 of other jurisdictions. Most importantly, probably
2 New York State. So, we work really closely with our
3 state colleagues in public health as do our Emergency
4 Management colleagues on the Emergency Management
5 side, to make sure that we are coordinated. Not just
6 the public health and science aspects of public
7 health emergency but the logistics and you know,
8 operational side as well.
9

10 For in terms of coordinating with other states
11 and jurisdictions, domestically here in the U.S., we
12 do that through a number of organizations but the
13 lead for that is really CDC and so, we work with CDC,
14 Centers for Disease Control, as well as you know
15 other jurisdictions regionally and across the country
16 to understand what other public health departments
17 are doing. How they are approaching certain
18 problems. You know, how they are innovating and
19 that's something that we also take seriously. Our
20 responsibility as the New York City Health
21 Department, we often are leading and innovating
22 across the country and we try to share what we are
23 doing with other jurisdictions as well.
24
25

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2 CHAIRPERSON ARIOLA: So, you rely on the CDC and
3 their guidelines to then you know, define what your
4 role will be and how you will promote?

5 DR. CELIA QUINN: So, I mean, the New York City
6 Health Department is responsible for New York City
7 and the health of New York residents.

8 CHAIRPERSON ARIOLA: Right.

9 DR. CELIA QUINN: The CDC has some ability to
10 coordinate across different states and jurisdictions.
11 We do that in some ways with them. Also,
12 independently, you know, there is a lot of public
13 health professionals across the country that you
14 know, know each other and work informally during
15 these kinds of events as well.

16 CHAIRPERSON ARIOLA: Good and when we first went
17 into the COVID-19 pandemic, there was such a deficit
18 of PPE and those scrambling to get all sorts of masks
19 and shields. I worked for a hospital network at the
20 time and I just wanted to find out, where are we with
21 our stockpile for this type of PPE equipment?

22 DR. CELIA QUINN: Yeah, so, the Health Department
23 does oversee a stockpile of personal protective
24 equipment for the Healthcare Delivery System and
25 that's something that we worked with Emergency

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1 Management and other agencies to develop during the
2 COVID-19 response.
3

4 In addition, New York State has requirements for
5 healthcare facilities now to stockpile a certain
6 amount of personal protective equipment. So, those
7 are things that are currently in place that were not
8 fully in place prior to COVID-19.

9 CHAIRPERSON ARIOLA: Great and now that we're you
10 know four variants out on COVID-19, has there been an
11 assessment within the DOHMH to see where there were
12 deficits? Where there was best practice and how the
13 gaps can be filled?

14 DR. CELIA QUINN: Sure, so uhm, I mentioned that
15 we're participating in helping to guide with
16 Emergency Management, the Citywide After Action
17 Review Process. We also have Internal Health
18 Department After Action Review Processes that are
19 ongoing.

20 I think in terms of some of the key lessons from
21 COVID-19 on the Health Department side, we really had
22 some success with really hyper-local, hyper-focused,
23 neighborhood level interventions during COVID-19.
24 That's something that we're currently actively
25 working to build out and to make sustainable, so that

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2 that type of resilience is available to us during
3 other kinds of public health emergencies.

4 CHAIRPERSON ARIOLA: I appreciate it, thank you.
5 I'd like to now turn the mic back to our Counsel for
6 any panelists that have questions. No questions, oh,
7 Council Member Hanif.

8 COUNCIL MEMBER HANIF: Thank you so much for
9 being here with us this morning. I'd love to
10 understand how DOHMH and OEM are working or
11 coordinating efforts to support asylum seekers coming
12 in over the last few weeks and the ongoing arrivals.

13 CHRISTINA FARRELL: Sure, so for the Emergency
14 Management side, we have been working with primarily
15 the Mayor's Office of Immigrant Affairs and the
16 Department of Social Services on two aspects. The
17 first is, the buses coming into the Port Authority at
18 different times. You know as individuals are coming
19 off of those buses, they may need some - or they
20 definitely need some assistance. You know some water
21 and other supplies and then the other large role that
22 we have been playing is the navigation center that
23 has you know was soft, had a soft opening and is
24 ramping up where any person in New York that entered
25 as an asylum seeker from January 1st of this year on,

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1 can set up an appointment and can go and uhm, you
2 know there are different city services and then also,
3 nonprofit services to assist them as they begin their
4 new life here.
5

6 COUNCIL MEMBER HANIF: Could you describe some of
7 the particular services? Uhm, and then onsite, I've
8 been there a couple times so far and water
9 distribution is the primary focus.

10 CHRISTINA FARRELL: Uh, for us, the primary focus
11 has been the water distribution. Yeah, and then for
12 the navigation center, uhm, you know, as I said,
13 social services is there, Mayor's Office of Immigrant
14 Affairs, Department of Education, as there are many
15 children coming and then uh, you know different
16 nonprofits looking at other types of community
17 assistance. Other resources that can be given to
18 individuals and families and also, you know the
19 asylum seeker process obviously is a legal one. Uhm,
20 so you know providing legal service as needed.

21 COUNCIL MEMBER HANIF: Sorry about that. Uhm
22 yeah, so I can speak a little bit about this but we
23 may want to follow-up with some additional details
24 after the hearing. You know the Health Department
25 does have a role and participate in the navigation

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1 hub. Some of the roles of the Health Department
2 involve you know immediate mental health emergency,
3 you know emergency mental health first aid, as well
4 as connecting people to access to healthcare and
5 other public health services, including screenings
6 for infectious diseases, like my area. But I think
7 for the more comprehensive you know how the Health
8 Department has been involved, we'll want to follow up
9 afterward.
10

11 COUNCIL MEMBER HANIF: That sounds great, I'd
12 love to better understand how urgently we're meeting
13 the needs of the mental health aspect of asylum
14 seekers coming in. Having talked to many upon
15 arrival and also folks who've already been placed in
16 shelters, returning to the Port Authority for
17 additional services. It is just clear that the
18 trauma is going to be something that we really need
19 to prioritize. So, would love to follow-up and learn
20 more. Thank you so much.

21 CHAIRPERSON ARIOLA: Chair, Interim Chair Brewer
22 is now going to resume questioning.

23 CHAIRPERSON BREWER: Thank you. Just before I
24 talk about one of the bills, when you say hyperlocal;
25 that's what I was asking about the Community Boards,

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2 what do you mean? Because to me, that's what we did
3 all during the pandemic when I was Borough President,
4 it was a such a huge asset to be able to work with
5 funding for the hyperlocal and that's you know sort
6 of based on the census list, hyperlocal, COVID list.
7 It seemed to work. Is that going to be part of the
8 after - I guess I call it afterthought, after review,
9 whatever the hell it's called. Something that will
10 continue with funding?

11 CHRISTINA FARRELL: So, one of the ways that
12 we're continuing that work specific to COVID is the
13 Public Health Corp., which I think you're familiar
14 with.

15 CHAIRPERSON BREWER: I am.

16 CHRISTINA FARRELL: So, that is something we
17 intend to sustain. We have also funded community-
18 based organizations for work with the monkey pox
19 virus response. So, in terms of our After Action
20 Review, I think this will be a finding that is
21 something we want to continue. I also you know,
22 we'll be working on how to make it more organized and
23 permanent, as part of how our responses function.

24 CHAIRPERSON BREWER: Okay, that's helpful. Thank
25 you.

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2 So, Intro. 367, I think you heard a little bit
3 about from Council Member Velázquez and I think
4 understandably, the Administration say that they
5 don't support it because there is certainly a
6 duplicative nature to this bill and I would agree
7 with that.

8 Uhm, so, I think just so we're clear to see if it
9 really is duplicative, is there a point person or
10 team, specifically that is responsible for reviewing
11 pandemic related plans? Materials produced by city
12 agencies? I think you talked about it a little but
13 if you could be specific about the day to day work of
14 this team. Is it all of the agency? I call it OEM;
15 I don't know where this CEM come from. I'm old
16 fashioned. Any old name of an agency, I still call
17 it, so OEM. How do we discuss the preparedness that
18 you do that's coordinated, so that we're clear?

19 CHRISTINA FARRELL: Sure, and I just wanted to
20 uhm, add on to what Dr. Quinn said. Uhm, as part of
21 COVID, we also saw that there was a need for more
22 local preparedness. And so, we were able to take
23 some initial funding, which has now happily been
24 funded longer term by OMB but we have a program
25 strength in communities where we work with existing

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2 community groups and we are able to give them
3 \$40,000. \$20,000 initially to build an emergency
4 preparedness plan and coordinate with us and then
5 \$20,000 to address issues that come up throughout the
6 year, and then sustainment money every year. We have
7 16 of those networks so far in all five boroughs and
8 this fiscal year, we'll be adding 20. So, you know
9 we're really grateful for these partners and grateful
10 that we can give that funding.

11 CHAIRPERSON BREWER: Congratulations. I think
12 that is the way to go. I feel very strongly about
13 it, congratulations.

14 CHRISTINA FARRELL: Yeah, so we're you know very
15 happy. Obviously, we would like at least one in each
16 Council district and we'll continue to advocate for
17 that but uhm, you know we've been using the networks
18 already and it's you know very promising. And we're
19 speaking to FEMA about you know this being more of a
20 nationwide model.

21 CHAIRPERSON BREWER: Congratulations.

22 CHRISTINA FARRELL: Since the person who started
23 it now runs FEMA.

24 CHAIRPERSON BREWER: Okay, now, back to 367.

25

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2 CHRISTINA FARRELL: We also feel optimistic about
3 that. Uhm, you know looking at the planning process,
4 we do – so we have a planning division as I
5 mentioned, it has health and medical, transportation,
6 utilities infrastructure, human services and then
7 there also is a plan management piece to that that
8 oversees you know the building of different plans as
9 we're doing the after action. We are also looking,
10 working with the Health Department and other agencies
11 because we know you know, that the city needs a
12 comprehensive pandemic plan. You know the clinical
13 piece will always be uhm, with the Health Department
14 but every agency, you know large emergencies effect
15 everyone and looking at all the different pieces with
16 that.

17 So, we will continue to build that and review
18 that and you know work with all of our agency
19 partners to make sure that it is a strong and
20 flexible plan.

21 CHAIRPERSON BREWER: I think my suggestion would
22 be to make it clear to the public that this entity
23 exists within and get the information out in a way
24 that is understandable. So, people that know that it
25 exists. It's a problem with government. We don't

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1 tell anybody, not necessarily you in a comprehensive
2 fashion, anybody can understand what the hell we're
3 doing.
4

5 And along those lines, I know that the bill
6 called for this annual planning summit. I think you
7 mentioned that you just did one on cyber.

8 CHRISTINA FARRELL: Yeah, we do many and like I
9 said, tomorrow starts National Preparedness Month.
10 We'll be doing several dozen events, large and small
11 across the city. We do do the COOP Conference, we do
12 a community outreach conference every winter, spring,
13 focusing on vulnerable individuals and so, we do many
14 of those. Your point that they could be better
15 publicized, is well taken, especially because for
16 some of them like the community engagement one,
17 again, one of the benefits have gone through the
18 pandemic, is that you know it's a post Zoom world.
19 We used to have maybe 100, 200 people at that
20 conference. The last couple, we've had 500, 600 from
21 across the city and across the country. So, we want
22 to take the best of both, you know the things that we
23 can do in person and then the things that we can
24 expand through technology to involve more people in
25 all five boroughs.

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2 CHAIRPERSON BREWER: Okay, uhm, I think in order
3 to sort of address again, the concerns that are in
4 this bill, are there other ways that you think you
5 are duplicating what this bill might entail if it was
6 passed? You know specifically, the conference is
7 called for, collaboration is called for. Are there
8 other ways that you think you are doing what the bill
9 states is its goal?

10 CHRISTINA FARRELL: Uhm, I think I might defer
11 that to Dr. Quinn to talk about you know there's
12 already a lot of surveillance going on. You know
13 there are ways. You know one thing I would say too
14 as we continue to sign people up for Notify NYC,
15 because a lot of this is getting the communication
16 out you know using the short code. We have 70,000
17 people in English and about 1,000 in Spanish that are
18 receiving the information on monkey pox and we want
19 to increase that, so people understand you know that
20 this is where you go. It's the one-stop shop to get
21 information, which is the key.

22 CHAIRPERSON BREWER: Notify NYC is big but I do
23 not care about the person who got lost in Rockman
24 County, you know. So, it needs to have a diff- in my
25

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2 opinion, I they cut me off because I didn't open it
3 enough. I don't know.

4 CHRISTINA FARRELL: We don't cut anyone off,
5 especially you.

6 CHAIRPERSON BREWER: Well, somebody cut me off
7 because I just realized I haven't seen it in a while.

8 CHRISTINA FARRELL: I will say that the silver
9 alerts that you're referencing, that was a City
10 Council law that was passed, so we are required to do
11 every silver alert through City Council law. So, we
12 can talk about updates to that law.

13 CHAIRPERSON BREWER: There's somebody in Rockman
14 County who I really care about. But anyway, go
15 ahead.

16 DR. CELIA QUINN: Yeah, so I mean, the Health
17 Department is also committed to improving the health
18 of New Yorkers, especially during public health
19 emergencies. We agree that the bill is duplicative
20 of some of the work that we already do at the Health
21 Department.

22 My colleague from Emergency Management commented
23 on our surveillance systems. We have extremely
24 robust surveillance systems in New York City Health
25 Department to monitor infectious disease, to

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1
2 understand who is being impacted. To anticipate
3 where they might be headed, so those are things that
4 are very intrinsic to the work that the Health
5 Department does on a day to day basis that would
6 inform how the city needs to respond to a public
7 health emergency.

8 So, that's definitely something that the Health
9 Department has expertise in. And you know, I think
10 in terms of pandemic preparedness, you know again, we
11 will continue to offer the scientific expertise and
12 work with other city agencies about their ability to
13 manage those risks when they emerge.

14 CHAIRPERSON BREWER: Thank you very much.

15 CHAIRPERSON ARIOLA: I just had one follow-up for
16 Department of Health that I forgot to ask earlier.
17 Do you consider us to be in a health emergency now
18 with the uptick in the monkey pox virus?

19 DR. CELIA QUINN: So, a health emergency was
20 declared at multiple levels of government. I think
21 you know; I will say people should definitely visit
22 our website. The cases of monkey pox have been
23 declining. We still have a lot of work to do. We
24 are still trying to vaccinate New Yorkers who maybe
25 at risk to prevent those severe consequences, so our

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1 work on this response is not done even though things
2 are headed in a better direction than they were at
3 the time the emergency was declared.
4

5 CHAIRPERSON ARIOLA: Thank you. I'm going to
6 move my questions over to Intro. 95 and also in your
7 testimony, the agency does not approve of this. It
8 is not for it. So, I just have some questions
9 regarding it. What public health warnings or
10 declarations have been issued by the city or state
11 during the past year and what actions were taken
12 pursuant to each such warning or declaration?

13 DR. CELIA QUINN: I think we would have to take
14 that one as a follow-up. There were many and so, I
15 don't want to misspeak. I think we can bring that
16 back and provide that to you.

17 CHAIRPERSON ARIOLA: That's fine. And what
18 guidelines already exist for notifying and
19 communicating with the public and city officials
20 during a public health emergency?

21 CHRISTINA FARRELL: So, as I have mentioned, the
22 main way that we work to get information out to the
23 public is through Notify NYC.

24 Uhm, you know it is citywide and in 14 languages.
25 We also, we have - there are citywide emergencies but

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1 that you can also sign up for specific buckets. One
2 of those is public health concerns and so, a subset
3 of people that receive Notify NYC do receive
4 information on those public health emergencies. If
5 it's something large, it goes citywide to everyone
6 but it is something more specific to a specific
7 neighborhood or for a specific public health, it will
8 go in there.
9

10 As I mentioned, we also do the short code, the
11 COVID-19 one, which at its height had about 875,000
12 New Yorkers signed up for it. That is still active,
13 although obviously we are messaging much less on that
14 than we were at the height and we also have the MPV
15 virus, the monkey pox short code set up. In addition
16 to that, we do you know lots of outreach with elected
17 officials, with nonprofits. Since January of 2020,
18 we have been running a private sector call. It was
19 twice a week, then once a week, now it's every other
20 Wednesday. We have a doctor from the Health
21 Department that faithfully comes on and speaks to all
22 our private sector partners, which are large industry
23 groups and we still have 40, 50 people every week on
24 that call.
25

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2 So, you know we're grateful for the Health
3 Department that they have continued to work on that
4 and that call has morphed, monkey pox has come up,
5 polio, you know other emergencies that you know are
6 on peoples minds have come up. And then, you know,
7 like I said, through the strengthening communities
8 and other groups, we are working to do a lot of local
9 focused emergency messaging.

10 CHAIRPERSON ARIOLA: So, if you could describe
11 procedures to ensure the city's public healthcare
12 workforce and how it can surge its capacity to meet
13 the demands during a public health emergency.

14 DR. CELIA QUINN: So, I think it was mentioned
15 earlier, the Health Department has a large number of
16 staff. So, first, we make sure that all of our staff
17 are trained in emergency management, understand their
18 roles and can utilized to support the public health
19 emergency in those various roles, supporting the
20 functions that are outlined in our plans.

21 If you're asking about the greater healthcare
22 delivery system, I might ask my colleague Rob to
23 comment on that a bit.

24 ROBERT BRISTOL: And I think as I mentioned in an
25 earlier question about you know looking back and kind

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1 of that review, things that we've changed mid
2 response. Increasing the communication, being able
3 to get those warning signs from our healthcare
4 providers, from our facility partners as quick as
5 possible.
6

7 And going back to the communication question, one
8 of the things that we were able to enact you know
9 pre-COVID, pre-pandemic when we were in a traditional
10 work environment, we were regulated to conference
11 calls and emails out to our partners. One of the
12 things that we were able to integrate is Microsoft
13 teams and kind of this two-way collaboration message
14 board and system that we have over 300 members from
15 federal, state and local healthcare emergency
16 managers and facility directors that we can get
17 information out to them right away whether its coming
18 in messaging from our Health Department, from our
19 federal partners or from within the Administration,
20 as well as receive warning signs from our facility
21 partners to be able to get them the resources they
22 need so they can submit resource requests through us
23 through our emergency support function. And work
24 with our other partner agencies to address any of
25

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1
2 those acute needs, whether it be staffing, resources
3 or space that we saw during the COVID-19 pandemic.

4 CHAIRPERSON ARIOLA: Thank you. I'm going to
5 switch gears now to the City Council enacted Local
6 Law 12, requiring New York City Emergency Management
7 to ensure the periodic review of all citywide
8 emergency plans. Representatives from relevant city
9 agencies would be required to participate in this
10 review every two years. Additionally, the law
11 requires that summaries detailing the provisions of
12 such plans be posted online and procedures would be
13 developed to provide public with the opportunity to
14 comment on the substance of such plans.

15 What I'd like to do is just delve into it a
16 little bit and see how is NYCEM planning for the
17 implementation of this law?

18 CHRISTINA FARRELL: So, we are working on this.
19 We have a planning cycle, where all of our plans you
20 know depending on uhm, how quickly situations may
21 change are reviewed every couple years. But you know
22 coming in line with the legislation, we will
23 obviously review them you know based on what the
24 requirements of the legislation are.

25

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1 We also, as I mentioned, review legislation when
2 something significant happens. So, for example, the
3 Flash Flood Plan after Tropical Storm Ida last year,
4 went through a large revamp. You know, because we
5 realized we're in a new situation and we need more –
6 we needed to update that plan.
7

8 We are looking. We have provided plan
9 information before, such as the Severe Heat Plan,
10 based on other legislation that was passed in 2021
11 and we have gone through two cycles of putting that
12 up on our website. You know and we will look and we
13 did a whole lot of plan sharing after Sandy. And so,
14 we are you know reviewing the legislation, looking at
15 what is logistically possible for us and we will be
16 in compliance with that law by the due date.

17 CHAIRPERSON ARIOLA: Okay, uhm, in practice what
18 does the interagency collaboration in emergency
19 preparedness as designed by this law entail and how
20 does it promote improved emergency responses?

21 CHRISTINA FARRELL: So, our you know all of our
22 plans uhm, are based – activating them is based on
23 specific triggers. It could be a forecast trigger if
24 we're talking about you know heat or winter weather
25 or coastal storm. It could be a trigger of how many

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1 people were impacted such as a fire or a building
2 collapse or a water main break. You know if it's a
3 public health emergency, you know the Department of
4 Health as discussed has very specific triggers. Uhm,
5 so you know as we get close to thinking that we're
6 going to activate a plan or that conditions may
7 continue such like, coastal storms, you know we think
8 it is likely. As I mentioned, we have interagency
9 liaisons you know in city agencies but also state and
10 federal agencies. You know, our utility partners,
11 Red Cross, all you know private sector, all different
12 partners. Usually our first step will be an
13 interagency conference call where we will put our
14 liaisons on the phone, go through what the conditions
15 are and then what the steps may be.

17 If the emergency is such that we think it's going
18 to be more significant, we will also do a
19 commissioner level call. We have been doing those
20 for the MPV virus over the last month and uhm, you
21 know based on those calls and the activation in the
22 plan, then the different operational strategies in
23 the plan are activated and agencies as I mentioned
24 have trained and exercised on these operational
25 strategies. So, they understand what their

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1 responsibilities are. If there are – uhm, there are
2 always challenges but if there are significant road
3 blocks, that will be discussed to figure out how we
4 can you know get the agencies the resources they need
5 to activate the plan successfully.
6

7 CHAIRPERSON ARIOLA: Okay, and just final
8 question, what extend is NYCEM involved with DOHMH in
9 formulating the city's messaging and response
10 strategy to the monkey pox outbreak?

11 CHRISTINA FARRELL: So, we work you know very
12 closely with the Department of Health and Mental
13 Hygiene with their external affairs folks. That's
14 the world that I came from before I was in this role
15 and uhm, there's a system in the city called, the
16 joint information system. It can be in-person or it
17 can be remote and when there is a public health
18 emergency or some other type of emergency, you know
19 City Hall, Press and Communication, Emergency
20 Management and then the relevant agencies, so
21 obviously for Public Health, it's Department of
22 Health and other agencies. You know we all work
23 together to formulate the message, to put out
24 materials, to figure out what languages they need to
25

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1
2 be in, and to really push out information as robustly
3 as possible.

4 CHAIRPERSON ARIOLA: Thank you. I just and I say
5 it at every hearing, I cannot really tell anyone loud
6 enough or enough times to follow Notify NYC and I
7 want to thank you Assistant Deputy Commissioner for
8 being able to change gears so quickly, especially for
9 my own district, where people were drowning because
10 of riptides and Notify NYC immediately put out
11 riptide emergency notifications. They were followed,
12 as well as uhm, beaches that didn't have lifeguards,
13 so thank you for that.

14 CHRISTINA FARRELL: And I just want to note that
15 we really appreciate, I mean first of all, that was a
16 very - those Friday night phone calls with you when
17 there were the drownings, to be able to and Notify
18 can move very quickly, but also, all the Council
19 Members, you know your districts the best. You know
20 what things are happening there, so that's a perfect
21 example. We now have a protocol and those riptide
22 emergencies go out. We're also doing shark siting
23 emergencies now or notifications but if there are
24 other issues that come up or other things that are
25 concerned, you know for Notify NYC, people have

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1 signed up to receive this information and many uhm,
2 you know have told us that you know we really can't
3 send out too much.
4

5 So, uhm, we appreciate any heads up, any
6 suggestions, ways that we can improve the system,
7 additional categories, because we really do just want
8 to protect New Yorkers.

9 CHAIRPERSON ARIOLA: Thank you. I'll now turn
10 the mic back to our Counsel Josh Kingsley.

11 COMMITTEE COUNSEL: Great, thank you. We'll now
12 turn to the public testimony section of the hearing,
13 so the Administration panel, you are dismissed.

14 For the public testimony, if any individual in
15 the chambers wants to testify, please go up to the
16 Sergeant at Arms in the front of the room to
17 register. We'll begin with Oren Barzilay from the
18 EMS Union. Oren, once you are unmuted, you could
19 start with your testimony sir.

20 OREN BARZILAY: Thank you. Good afternoon
21 everybody, Committee Chairs and honorable members of
22 the Council.

23 I am Oren Barzilay, President of FDNY EMS Local
24 2507, representing EMT's, paramedics and fire
25 inspectors. I am here today to testify in strong

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1 support of Intro. 95-2022, to require the
2 Commissioner of Emergency Management to report to you
3 and the public about the city's lack of preparedness
4 and response to citywide public health emergencies.
5 On behalf of DFDNY service, we believe that the FDNY
6 Emergency Medical Service is less prepared today for
7 a pandemic than it was back in March of 2020.

9 As mentioned earlier by Council Member Velázquez,
10 EMS and CF Fire sirens were the only sound heard on
11 our city streets back in 2020. It's called on a
12 surge to unprecedented levels. FDNY EMS is not
13 currently able to keep up with existing 911 emergency
14 medical calls, let alone any extra surge on the
15 system.

16 You may not be aware, but we were recently
17 briefed by EMS Operations that the FDNY is seeking to
18 reduce EMS staff and coverage by deleting all the
19 dozens units, 24 hour EMS units. At a time when EMS
20 is short staffed by hundreds of personnel. Simply
21 put, the medical first response portion of the FDNY
22 is at a breaking point.

23 A total lack of investment in its human capital
24 in our workplace, conditions can do that. Why else
25

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1 would EMS attrition rate be over 70 percent after
2 five years?

3
4 What would you expect when the poverty rate pay
5 is \$18 an hour for doing such a difficult and highly
6 stressful job? What would you say about an agency
7 that few are willing to remain working for because of
8 such poor work conditions, poverty wages, and
9 crumbling infrastructure?

10 This week, the California legislator passed the
11 Fast Act to set a new wage level of \$22 per hour for
12 fast food workers in that state. With automatic
13 annual wage increases that allow consumer price that
14 followed consumer price index.

15 SERGEANT AT ARMS: Time.

16 OREN BARZILAY: And we'll be making \$4 an hour
17 more than the city's EMT's and that is shameful. Our
18 current EMS stations were generally deemed to be
19 ramshackle many years ago for fire fighters to use,
20 so that's what we are left with.

21 Many of our members can't even get paid for the
22 hours or overtime they are forced to work because the
23 city refuses to fix a long broken EMS specific
24 payroll system.

25

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1
2 New York City has thousands of buildings for
3 missed inspections, behind schedule. Yet, during the
4 pandemic, our members who are FDNY Fire Inspectors,
5 were diverted from building safety inspections to
6 instead, hand out masks and serve as a defect to
7 Department of Health and restaurant inspectors, to
8 warn these local businesses that they better follow
9 COVID protocols or risk being shut down. That's not
10 part of our life saving mandate.

11 The bottom line, there are not enough ambulances
12 to cover the city property. There are not enough
13 paramedics. We are currently 200 short in
14 paramedics. There are not enough EMS supervisors,
15 currently 100 short. Just a rare bones EMS
16 operations. The city and FDNY will assure you,
17 everything is going to be alright. Kind of like what
18 Bob Marley said. Yet FDNY, EMS volumes have doubled
19 in recent years, even as the headcount has remained
20 the same or dropped.

21 Somehow the math does not add up and the EMS
22 workforce is constantly getting the short end of the
23 stick. We are in strong support of this legislation
24 to require the city's emergency management office to
25 submit an annual report on the city's preparation

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1 form and to respond to any state disaster, emergency
2 or local state of emergency declared in relation to
3 an infectious disease that effects the city's public
4 health.
5

6 There finally needs to be some higher level of
7 accountability. The FDNY's refusal to fix the
8 problem that plaques the nation's busiest EMS medical
9 first responders agencies is a major miscalculation.
10 Our brother and CFR members were the only ones along
11 with us, when we were the only ones allowed to enter.
12 I recognize that the legislation mandates a
13 description of the city's current public healthcare
14 workforce and ways to improve medical surge capacity.

15 Our expert on the ground assessment is that the
16 city and FDNY EMS might just be the only one, only
17 one straw way from finally breaking the camel's back.

18 I thank you for the time and your attention to
19 this urgent matter. I just want to remind the
20 Council that back in 2019, November and December of
21 2019, when COVID pandemic was unfolding in China, our
22 city stood by and did nothing to prepare.

23 On March 5, 2020, Michael Greckle(SP?), my Vice
24 President, sat in front of these chambers and
25 testified that we were not prepared. On March 6th,

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1 after his testimony, the Mayor, de Blasio placed an
2 order for emergency PPE equipment for our men and
3 women. It is unreasonable that yet in 2022, we are
4 not prepared for a surge capacity. I am here to take
5 any questions and answer them to the best of my
6 ability.
7

8 COMMITTEE COUNSEL: Thank you so much for your
9 testimony Oren. Next, we'll hear from Nadia Chait
10 followed by Lyric Thompson.

11 NADIA CHAIT: Good afternoon or good morning and
12 thank you for the opportunity to testify today. I'm
13 Nadia Chait, the Assistant Vice President for Policy,
14 Advocacy and Communications at the Coalition for
15 Behavioral Health.

16 We represent over 100 community-based mental
17 health and substance use providers who serve hundreds
18 of thousands of New Yorkers annually. And I'm here
19 today to remind us all that pandemics are not just
20 about infectious disease, but that we see all too
21 often epidemics that have deadly consequences,
22 stemming from untreated mental health and substance
23 use. Today is International Overdose Awareness Day
24 and the overdose epidemic worsens every day. The
25 most recent data that the city released showed that

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1 in just one quarter of 2021, more New Yorkers died
2 from overdose than in any single year from 2007-2011.
3 Since 2020, every new release of overdose data breaks
4 new records as the magnitude of this devastating
5 epidemic continues to increase.
6

7 More New Yorkers die of drug overdoses than from
8 homicide, suicide and motor vehicle crashes combined.
9 This is a public health emergency that our city is
10 facing every day and that we simply are not doing
11 enough about. When we talk about preparedness, it is
12 clear that we were not prepared to fight this
13 overdose epidemic and that we remain unprepared to
14 end this epidemic.

15 While the Department of Health and Mental Hygiene
16 has taken many important steps, we need an approach
17 that spans every single city agency and we have yet
18 to really see that materialize. When the COVID
19 pandemic hit our city, we saw action across
20 government to combat the devastating impacts of that
21 disease. But we have seen the same action when it
22 comes to overdose.

23 I wanted to highlight several areas where we feel
24 more action is needed to stem the tide. First, we
25 encourage the city to expand overdose prevention

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2 centers. Uhm, both to additional locations and to
3 operate 24 hours per day. The services provided at
4 overdose prevention centers are life saving and it's
5 critical that we expand these services citywide.
6 It's also critical that we increase access to opioid
7 antagonist medication, such as Naloxone, which save
8 lives.

9 The city has taken several steps to do that but
10 these efforts are often disjointed and difficult for
11 individuals to navigate on the ground. Several City
12 Council members have proposed various legislation to
13 expand access to Naloxone, which we strongly support,
14 including Intro. 56 to expand access to Naloxone in
15 night clubs. Intro. 304 to require that Parks
16 Enforcement Patrol Officers carry Naloxone and Intro.
17 198 to require the stocking of Naloxone in all school
18 buildings.

19 These bills critically highlight that this effort
20 can't just be from the Department of Health and
21 Mental Hygiene but that we need to involve all of our
22 city agencies to think about where overdose is
23 happening and how we can prevent overdose from
24 happening in those settings.

25 We also encourage the city -

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SERGEANT AT ARMS: Time.

NADIA CHAIT: To expand – uh, I’ll wrap up quickly. Uhm, we also encourage the city to expand access to Fentanyl test strips and to take dramatic action to increase access to substance use treatment. National data shows that just six and a half percent of people who need substance use treatment are actually receiving it. While the numbers are slightly higher in New York City, it’s clear that we are not meeting the need for treatment and we will not be able to end the epidemic without doing so. Thank you.

COMMITTEE COUNSEL: Thank you so much for your testimony Nadia. Next, we’ll hear from Lyric Thompson.

SERGEANT AT ARMS: Time start.

LYRIC THOMPSON: Thanks for having me here today. My name is Lyric and I am here to speak about fire safety. In fact, Councilwoman Ariola, we are having a serious issue with HPD enforcing these standards for doors and egress. They don’t know the standards for doors and egress. Now, I’ve contacted your office, being that you are the Chair of Fire Safety and this is a fire safety issue. You Chief of Staff

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2 Phyllis told me she was going to work on this and
3 then that turned into you just not answering the
4 phone.

5 Now, Councilwoman Ariola, we have people dying in
6 the common areas of their hallway while fleeing for
7 fire because HPD doesn't know the codes or standards
8 for vestibule doors and/or entrance doors. So, can
9 somebody on the panel please explain to me how HPD is
10 supposed to enforce standards they have not been
11 trained in?

12 And this is a question I'm asking for an answer,
13 please from the Chair. Council Member Ariola, do you
14 have an answer for that question?

15 CHAIRPERSON ARIOLA: This is not the appropriate
16 hearing for that question but certainly my office
17 will be in touch with you to answer the question.
18 Thank you for your question.

19 LYRIC THOMPSON: This is not an appropriate
20 hearing for that question. Council Member Ariola, it
21 is not my job as a citizen to run after Council
22 Members or HPD for that matter to enforce codes that
23 have been on the books for decades.

24 Now, you are Chair and it has been nine months
25 since the Twin Park fire and 17 people died in the

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2 common areas of their hallway due to non-code
3 compliant doors. So, I expect a little bit more from
4 your office than, this is not the appropriate hearing
5 and we will get back to you. That's unacceptable
6 Council Member. That is unacceptable.

7 And Oswald Feliz - is Council Member Feliz on the
8 Committee? Is he there today? Again, that's a
9 question.

10 CHAIRPERSON BREWER: He's not here today.

11 LYRIC THOMPSON: Okay, well can anybody explain
12 to me how his bill, the copy and paste of the
13 definition of self-closing is to save anybody's life.
14 How is that supposed to work and why is it so
15 difficult to get an NFPA trained class, training
16 class? I mean the class is about an hour people. The
17 class is about an hour and peoples lives are at risk
18 and not just the citizens of this city but every
19 single fire fighter that has to enter these buildings
20 that are not even equipped with the basic safety
21 codes that are on the books to keep them safe as
22 well.

23 You are not doing your job Council Member and I
24 find it offensive and I'm outraged as a citizen of

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2 this city and as an American to be quite frank. We
3 deserve better than what you are offering.

4 SERGEANT AT ARMS: Time expired.

5 COMMITTEE COUNSEL: Thank you so much for
6 testimony.

7 LYRIC THOMPSON: Have a nice day.

8 COMMITTEE COUNSEL: And with that, if there's any
9 other members on the Zoom or present who want to ask
10 questions. Seeing none, I will turn back to Chair
11 Ariola to close out the hearing. Thank you.

12 CHAIRPERSON ARIOLA: I'd just like to thank
13 Council Staff Will Hongach, as well as Josh Kingsley
14 and my Chief of Staff Phyllis Inzerillo for helping
15 put this hearing together and my more than able
16 Interim Co-Chair Gale Brewer. It has been an
17 absolute honor to work with you today. Thank you.

18 [GAVEL].

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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 September 9, 2022